

2023 PEBB Medical Benefits Comparison

Use the following charts to compare the deductibles, out-of-pocket limits, per-visit out-of-pocket costs, and prescription drug costs for PEBB medical plans.

Most coinsurance does not apply until after you have paid your annual deductible unless noted that the deductible is waived. Some copays apply regardless of meeting your deductible, unless enrolled in a consumer-directed health plan (CDHP) with a health savings account. You must pay the deductible first for most covered services before copays or coinsurance apply to a CDHP.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31). Call the plans directly for specific benefit information, including preauthorization requirements and exclusions. If anything in these tables conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

What you pay	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Foundation Health Plan of the Northwest ¹		Kaiser Foundation Health Plan of Washington			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Annual costs						
Medical deductible	\$300/person \$900/family	\$1,500/person \$3,000/family	\$175/person \$525/family	\$125/person \$375/family	\$250/person \$750/family	\$1,500/person \$3,000/family
Medical out-of-pocket limit	\$2,500/person \$5,000/family	\$5,100/person \$10,200/family	\$2,000/person; \$4,000/family		\$3,000/person \$6,000/family	\$5,100/person \$10,200/family
Prescription drug deductible	None	Combined with medical deductible	\$100/person; \$300/family (does not apply to Value or Tier 1 drugs)			Combined with medical deductible (does not apply to preventive drugs)
Prescription drug out-of-pocket limit	Combined with medical limit		\$2,000/person; \$8,000/family			Combined with medical limit
Emergency services						
Ambulance	15%		20% ²			10%
Emergency room			\$250	\$75 + 15%	\$300	
Hearing services						
Hearing aids	\$0 ² one per ear every 60 months	\$0 one per ear every 60 months	\$0 ² one per ear any consecutive 60 months			\$0 one per ear any consecutive 60 months
Routine annual hearing exam	\$35 ²	\$30	\$15 (\$30 ³)	\$0 (15% ³)	\$30 (\$50 ³)	10%

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.
2. Deductible waived.
3. Specialist copay/coinsurance.

What you pay	Preferred Provider Organization (PPO) Plans			
	Classic	Plus	Select	CDHP
Annual costs				
Medical deductible	\$250/person \$750/family	\$125/person \$375/family	\$750/person \$2,250/family	\$1,500/person \$3,000/family
Medical out-of-pocket limit	\$2,000/person \$4,000/family		\$3,500/person \$7,000/family	\$4,200 ² /person \$8,400 ² /family
Prescription drug deductible	\$100 ³ /person; \$300 ³ / family	None	\$250 ³ /person; \$750 ³ / family	Combined with medical deductible
Prescription drug out-of-pocket limit	\$2,000/person; \$4,000/family			Combined with medical out-of-pocket limit ²
Emergency services				
Ambulance	20%			
Emergency room	\$75 + 15%		\$75 + 20%	15%
Hearing services				
Hearing aids	\$0 (one per ear every 5 years) ⁴			\$0 (one per ear every 5 years)
Routine annual hearing exam	\$0 ⁴			15%

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1. Administered by Regence BlueShield and Washington State Rx Services.
2. Not to exceed \$7,000/member.
3. Applies to Tier 2 only, except covered insulins.
4. Deductible waived.

What you pay	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Foundation Health Plan of the Northwest ¹		Kaiser Foundation Health Plan of Washington			
	Classic ²	CDHP	Classic	SoundChoice	Value	CDHP
Hospital care						
Inpatient	15%		\$150/day up to \$750/admission	\$500/admission	\$250/day up to \$1,250/admission	10%
Outpatient			\$150	15%	\$200	
Office visits						
Behavioral health	\$25 ³	\$20 ³	\$15	\$0	\$30	10%
Preventive care (deductible waived)	\$0		\$0			
Primary care	\$25 ³	\$20 ³	\$15	\$0	\$30	10%
Specialist	\$35	\$30	\$30	15%	\$50	
Telemedicine/virtual care	\$0		\$0			
Urgent care	\$45	\$40	\$15 (\$30 ⁴)	15%	\$30 (\$50 ⁴)	10%
Therapies (max number of visits/year)						
Acupuncture	\$35 (Self-referred: 12 visits/year; Physician-referred: no limit)	\$30 (Self-referred: 12 visits/year; Physician-referred: no limit)	\$15 (12 visits/year)	\$0 (12 visits/year)	\$30 (12 visits/year)	10% (12 visits/year)
Chiropractic/spinal manipulations			\$15 (\$30 ⁴) (10 visits/year)	\$0 (15% ⁴) (10 visits/year)	\$30 (\$50 ⁴) (10 visits/year)	10% (10 visits/year)
Massage therapy	\$25 (Self-referred: 12 visits/year)		\$30 ⁴ (60 combined therapy visits/ year) No NDT limit	15% ⁴ (16 separate visits/year)	\$50 ⁴ (60 combined therapy visits/ year) No NDT limit	10% (60 combined therapy visits/ year) No NDT limit
Physical, occupational, speech, and neurodevelopmental therapy (NDT)	\$35 (60 combined visits/year)	\$30 (60 combined visits/year)		15% ⁴ (60 combined visits/year) No NDT limit		
Vision care						
Glasses and contact lenses	Any amount over \$150 every 2 years ⁵		Any amount over \$150 every 24 months ³			
Routine annual eye exam	\$25	\$20	\$15 (\$30 ⁴)	\$0 (15% ⁴) (deductible waived)	\$30 (\$50 ⁴)	10%

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.
2. Deductible waived for KPNW Classic copays.

3. \$0 ages 17 and under.
4. Specialist copay/coinsurance.
5. Includes contact lens fitting fee.

What you pay	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan ¹			
	Classic	Plus	Select	CDHP
Hospital care				
Inpatient	\$200/day up to \$600 Professional services: 15%; 0% for behavioral health		\$200/day up to \$600 Professional services: 20%; 0% for behavioral health	15%
Outpatient	15%		20%	15%
Office visits				
Behavioral health	15%		20%	15%
Preventive care (deductible waived)	\$0			
Primary care	15%	\$0	20%	15%
Specialist	15%		20%	15%
Telemedicine/virtual care	Varies, see certificate of coverage			
Urgent care	15%		20%	15%
Therapies (max number of visits/year)				
Acupuncture	\$15 (24 visits/year)			\$15 after deductible (24 visits/year)
Chiropractic/spinal manipulations	\$15 (24 visits/year)			\$15 after deductible (24 visits/year)
Massage therapy	\$15 (24 visits/year)			\$15 after deductible (24 visits/year)
Physical, occupational, speech, and neurodevelopmental therapy	15% (60 combined visits/year)		20% (60 combined visits/year)	15% (60 combined visits/year)
Vision care				
Glasses and contact lenses	\$0 up to the allowed amount for one pair of standard lenses and frames once every 2 years; or any amount over \$150 for elective contact lenses instead of frames and lenses once every 2 years (\$30 fitting fee for contact lenses)			
Routine annual eye exam	\$0			

1. Administered by Regence BlueShield and Washington State Rx Services.

Prescription drug benefits

Amounts in the following tables show what you pay for prescription drugs. Under the prescription drug benefit, most copays and coinsurance do not apply until after you have paid your annual deductible unless noted that the deductible is waived.

Note: All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible and you pay no more than \$35 per 30-day supply for covered insulins.

Drug tiers	Kaiser Foundation Health Plan of the Northwest ¹			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Classic	CDHP	Classic	CDHP
Generic	\$15		\$30	
Preferred brand-name	\$40		\$80	
Non-preferred brand-name	\$75		\$150	
Specialty	50% up to \$150		Not covered	

Drug tiers	Kaiser Foundation Health Plan of Washington							
	Retail (up to 30-day supply)				Mail-order (up to 90-day supply)			
	Classic	SoundChoice	Value	CDHP	Classic	SoundChoice	Value	CDHP
Value	\$5			N/A	\$10			N/A
Preferred generic	\$20	\$15	\$25	\$20	\$40	\$30	\$50	\$40
Preferred brand-name	\$40	\$60	\$50	\$40	\$80	\$120	\$100	\$80
Non-preferred generic and brand-name	50% up to \$250	50%		50% up to \$250	50% up to \$750	50%		50% up to \$750
Preferred specialty	\$150			Not covered				
Non-preferred specialty	Not covered	50% up to \$400		Not covered	Not covered			

Drug tiers	Uniform Medical Plan ²							
	Retail and mail order (up to 30-day supply)				Retail and mail order (up to 90-day supply)			
	Classic	Plus	Select	CDHP	Classic	Plus	Select	CDHP
Value	5% up to \$10			15%; covered insulins 5% up to \$10	5% up to \$30			15%; covered insulins 5% up to \$30
Tier 1 (Primarily low-cost generic)	10% up to \$25			15%; covered insulins 10% up to \$25	10% up to \$75			15%; covered insulins 10% up to \$75
Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs)	30% up to \$75; covered insulins 30% up to \$35			15%; covered insulins 30% up to \$35	30% up to \$225; covered insulins 30% up to \$105			15%; covered insulins 30% up to \$105

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2. Administered by Regence BlueShield and Washington State Rx Services.