

# 2026 PEBB Medical Benefits Comparison

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

You must pay your annual deductible before most coinsurance (%) or copays (\$) apply, unless noted that the deductible is waived.

Some costs are separate for single subscribers and families. These costs are shown in order as individual/family.

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 charts conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

Physical, occupational, speech, and neurodevelopmental therapies have a combined visit limit unless otherwise noted.


**Note:** Some benefits include symbols to represent additional information that is described on the next page.

Continued on next page →

What you pay 	Managed Care and Health Maintenance Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Annual costs (individual/family)						
Medical deductible	\$300 / \$900	\$1,700 / \$3,400	\$175 / \$525	\$125 / \$375	\$250 / \$750	\$1,700 / \$3,400
Medical out-of-pocket limit	\$2,500 / \$5,000	\$5,100 / \$10,200	\$2,000 / \$4,000		\$3,000 / \$6,000	\$5,100 / \$10,200
Prescription drug deductible	None	Combined with medical deductible	\$100 / \$300 (does not apply to Value or Tier 1 drugs)			Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit		\$2,000 / \$8,000			Combined with medical limit
Emergency services						
Ambulance	15%		20%*			10%
Emergency room			\$250	\$75 + 15%	\$300	
Hearing services						
Hearing aids (per ear)	\$0 every 36 months*	\$0 every 36 months	\$0 every 36 months*			\$0 every 36 months
Routine annual hearing exam	\$35	\$30	\$15 (\$30#)	\$20* (15%#)	\$30 (\$50#)	10%


**Some benefits include symbols to represent additional information as described below:**

- \* Deductible is waived
- # Specialist copay/coinsurance
- ‡ See additional terms and conditions in the plan's benefits booklet
- † Total combined visits
- \*\* \$0 for ages 17 and under
- ▲ Out-of-pocket limit not to exceed \$7,000 per member

What you pay 	Preferred Provider Organization (PPO) Plans		
	Uniform Medical Plan		
	Classic	Select	CDHP
Annual costs (individual/family)			
Medical deductible	\$250 / \$750	\$750 / \$2,250	\$1,700 / \$3,400
Medical out-of-pocket limit	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,200 / \$8,400▲
Prescription drug deductible	\$100 / \$300 (Tier 2 only)	\$250 / \$750 (Tier 2 only)	Combined with medical deductible
Prescription drug out of pocket limit	\$2,000 / \$4,000		Combined with medical out-of-pocket limit
Emergency services			
Ambulance	20%		
Emergency room	\$75 + 15%	\$75 + 20%	15%
Hearing services			
Hearing aids (per ear)	\$0 up to the allowed amount every 36 months‡*		\$0 up to the allowed amount every 36 months‡
Routine annual hearing exam	\$0		15%

Uniform Medical Plan is administered by Regence BlueShield and ArrayRx.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, employees contact your payroll or benefits office; retirees and continuation coverage members call 1-800-200-1004 (TRS: 711).


What you pay 	Managed Care and Health Maintenance Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Hospital care						
Inpatient	15%		\$150 per day up to \$750 per admission	\$500 per admission	\$250 per day up to \$1,250 per admission	10%
Outpatient			\$150	15%	\$200	
Office visits						
Preventive care*	\$0		\$0			
Primary care	\$25*	\$20	\$15	\$20*	\$30	10%
Specialist	\$35*	\$30	\$30	15%	\$50	
Telemedicine / virtual care	\$0*	\$0	\$10 (\$0 virtual care)*			\$10 (\$0 virtual care)
Urgent care	\$45*	\$40	\$15 (\$30#)	15%	\$30 (\$50#)	10%
Therapies (cost/visits per year)						
Acupuncture	\$35*/12 (no limit with referral)	\$30/12 (no limit with referral)	\$15/24	\$20*/24	\$30/24	10%/24
Chiropractic (spinal manipulations)			\$15 (\$30#)/24	\$20* (15%#)/24	\$30 (\$50#)/24	10%/24
Massage	\$25*/12	\$25/12	\$30/24‡	15%/24‡	\$50/24‡	10%/24‡
Physical, occupational, speech, and neurodevelopmental therapy (NDT) †	\$35*/60	\$30/60	\$30/60 (no limit NDT)	15%/60 (no limit NDT)	\$50/60 (no limit NDT)	10%/60 (no limit NDT)

What you pay ↓	Preferred Provider Organization (PPO) Plan		
	Uniform Medical Plan		
	Classic	Select	CDHP
Hospital care			
Inpatient	\$200 per day up to \$600 15% professional services ‡	\$200 per day up to \$600 20% professional services ‡	15%
Outpatient	15%	20%	
Office visits			
Preventive care*	\$0		
Primary care	15%	20%	15%
Specialist	15%	20%	15%
Telemedicine / virtual care	Varies‡		
Urgent care	15%	20%	15%
Therapies (cost/visits per year)			
Acupuncture	\$15/24		
Chiropractic (spinal manipulations)	\$15/24		
Massage	\$15/24		
Physical, occupational, speech, and neurodevelopmental therapy †	15%/60	20%/60	15%/60

## Behavioral health benefits

Use the charts below to find out what you pay for behavioral health services such as substance use disorder treatment and mental health counseling.

What you pay 	Managed Care and Health Maintenance Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Inpatient treatment						
Hospital facility (mental health & substance use)	15%		\$150 per day up to \$750 admission	\$500 per admission	\$250 per day up to \$1,250 per admission	10%
Withdrawal management/ detoxification						
Residential treatment facility						
Outpatient treatment						
Hospital facility (mental health & substance use)	\$25* per visit or per day**	\$20* per visit or per day**	\$150	15%	\$200	10%
Partial hospitalization (or day treatment program)						
Intensive outpatient						
Withdrawal management/ detoxification						
Office visits for accessing outpatient mental health and substance use services						
Mental health & substance use	\$25*	\$20	\$15	\$20*	\$30	10%
Specialist	\$35*	\$30				
Telemedicine / virtual care	\$0*	\$0	\$10 (\$0 virtual care)*			\$10 (\$0 virtual care)
Urgent care (mental health & substance use crisis services)	\$45*	\$40	\$15 (\$30# )	\$20* (15%#)	\$30 (\$50#)	10%
Therapies						
Occupational and neurodevelopmental therapy (NDT) †	\$35/60	\$30/60	\$30/60 (no limit NDT)	15%/60 (no limit NDT)	\$50/60 (no limit NDT)	10%/60 (no limit NDT)

What you pay 	Preferred Provider Organization (PPO) Plans		
	Uniform Medical Plan		
	Classic	Select	CDHP
Inpatient treatment			
Hospital facility (mental health & substance use)	\$200 per day up to \$600‡		15%
Withdrawal management / detoxification			
Residential treatment facility			
Outpatient treatment			
Hospital (mental health & substance use)	15%	20%	15%
Partial hospitalization (or day treatment program)			
Intensive outpatient			
Withdrawal management / detoxification			
Office visits for accessing outpatient mental health and substance use services			
Mental health & substance use	15%	20%	15%
Specialist			
Telemedicine / virtual care			
Urgent care (mental health & substance use crisis services)			
Therapies			
Occupational and neurodevelopmental therapy	15%	20%	15%

## Prescription drug benefits

Amounts below show what you pay for prescription drugs. If your plan has a prescription drug deductible, you must pay the deductible before most copays or coinsurance apply, unless noted that the deductible is waived.

**Note:** Immunizations (vaccines) recommended by the Centers for Disease Control (CDC) are not subject to a deductible. You pay \$0 for immunizations covered under the preventive care benefit when received from a preferred or participating provider, network vaccination pharmacy, or public health department. All plans cover legally required preventive prescription drugs at 100 percent of the allowed amount with no deductible.

**Deductible is waived for covered insulins and you pay no more than \$35 per 30-day supply.**

Drug tiers	Kaiser Permanente NW			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Classic	CDHP	Classic	CDHP
Generic	\$15*	\$15	\$30*	\$30
Preferred brand name	\$40*	\$40	\$80*	\$80
Non-preferred brand name	\$75*	\$75	\$150*	\$150
Specialty	50% up to \$150*		50% up to \$150 for a 30-day supply	

Drug tiers	Kaiser Permanente WA							
	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	Not covered	\$150		Not covered	Not covered	\$150 (30-day supply)		Not covered
Non-preferred specialty		50% up to \$400				50% up to \$400 (30-day supply)		

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