

# 2018 Medical Benefits Cost Comparison

The chart below briefly compares the per-visit costs of some in-network benefits for PEBB medical plans. Some copays and coinsurance do not apply until after you have paid your annual deductible. Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions.

Annual Costs (You pay)	Medical deductible Applies to medical out-of-pocket limit	Medical out-of-pocket limit <sup>1</sup> (See separate prescription drug out-of-pocket limit for some plans.)	Prescription drug deductible	Prescription drug out-of-pocket limit <sup>1</sup>
<b>Kaiser Foundation Health Plan of the Northwest</b>				
<b>Kaiser Permanente NW Classic<sup>2</sup></b>	\$300/person \$900/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered services apply.	None	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
<b>Kaiser Permanente NW CDHP<sup>2</sup></b>	\$1,400/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible, copays, and coinsurance for most covered services apply.	Prescription drug costs apply toward medical deductible.	
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>				
<b>Kaiser Permanente WA (formerly Group Health) Classic</b>	\$175/person \$525/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family (Tier 2 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>Kaiser Permanente WA (formerly Group Health) CDHP Individual</b>	\$1,400/person	\$5,100/person Your deductible and coinsurance for all covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
<b>Kaiser Permanente WA (formerly Group Health) CDHP Family</b>	\$2,800/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible and coinsurance for all covered services apply.		
<b>Kaiser Permanente WA (formerly Group Health) SoundChoice</b>	\$250/person \$750/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family (Tier 2 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>Kaiser Permanente WA (formerly Group Health) Value</b>	\$250/person \$750/family	\$3,000/person • \$6,000/family Your deductible, copays, and coinsurance for all covered services apply.		
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>				
<b>UMP Classic</b>	\$250/person \$750/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	\$100/person \$300/family* (Tier 2 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>UMP CDHP</b>	\$1,400/person \$2,800/family*	\$4,200/person • \$8,400/family (\$6,850 per person in a family) Your deductible and coinsurance for most covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription coinsurance applies to the medical out-of-pocket limit.
<b>UMP Plus–PSHVN</b>	\$125/person \$375/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	None	\$2,000/person Your coinsurance for all covered prescription drugs applies.
<b>UMP Plus–UW Medicine ACN</b>				

\*Must meet family combined deductible (medical and prescription drug) before plan pays benefits.

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Benefits (You pay)	Ambulance Air or ground, per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics	Emergency room (Copay waived if admitted)	Hearing		Home health
					Routine annual exam	Hardware	
<b>Kaiser Foundation Health Plan of the Northwest</b>							
<b>Kaiser Permanente NW Classic<sup>2</sup></b>	15%	\$10	20%	15%	\$35	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	15%
<b>Kaiser Permanente NW CDHP<sup>2</sup></b>	15%	15%	20%	15%	\$30	You pay any amount over \$800 every 36 months after deductible has been met for hearing aid and rental/repair combined.	15%
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>							
<b>Kaiser Permanente WA (formerly Group Health) Classic</b>	20%	\$0; MRI/CT/PET scan \$30	20%	\$250	Primary care \$15 Specialist \$30	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	\$0
<b>Kaiser Permanente WA (formerly Group Health) CDHP</b>	10%	10%	10%	10%	10%		10%
<b>Kaiser Permanente WA (formerly Group Health) SoundChoice</b>	20%	15%	15%	\$75 + 15%	15%		\$0
<b>Kaiser Permanente WA (formerly Group Health) Value</b>	20%	\$0; MRI/CT/PET scan \$40	20%	\$300	\$20		\$0
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>							
<b>UMP Classic</b>	20%	15%	15%	\$75 + 15%	\$0	You pay any amount over \$800 every three calendar years for hearing aid and rental/repair combined. (CDHP is subject to deductible.)	15%
<b>UMP CDHP</b>	20%	15%	15%	15%	15%		15%
<b>UMP Plus–PSHVN</b>	20%	15%	15%	\$75 + 15%	\$0		15%
<b>UMP Plus–UW Medicine ACN</b>	20%	15%	15%	\$75 + 15%	\$0		15%

<sup>1</sup> Premiums, charges for services in excess of a benefit, charges in excess of the plan's allowed amount, coinsurance for out-of-network providers (UMP)<sup>3</sup>, and charges for non-covered services do not apply to the out-of-pocket limits. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

<sup>2</sup> Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR area.

<sup>3</sup> UMP Classic and UMP CDHP members who see an out-of-network provider will pay 40% coinsurance of the plan's allowed amount for most services, plus any amount the provider charges over the allowed amount. UMP Plus members will pay 50% coinsurance for out-of-network providers and may also pay any amount the out-of-network provider charges over the plan's allowed amount (known as balance billing).

Benefits (You pay)	Hospital services		Office visit					
	Inpatient	Outpatient	Primary care	Urgent care	Specialist	Mental health	Chemotherapy	Radiation
<b>Kaiser Foundation Health Plan of the Northwest</b>								
<b>Kaiser Permanente NW Classic<sup>2</sup></b>	15%	15%	\$25	\$45	\$35	\$25	\$0	\$0
<b>Kaiser Permanente NW CDHP<sup>2</sup></b>	15%	15%	\$20	\$40	\$30	\$20	\$0	\$0
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>								
<b>Kaiser Permanente WA (formerly Group Health) Classic</b>	\$150/day up to \$750 maximum/admission	\$150	\$15	\$15	\$30	\$15	\$15	\$30
<b>Kaiser Permanente WA (formerly Group Health) CDHP</b>	10%	10%	10%	10%	10%	10%	10%	10%
<b>Kaiser Permanente WA (formerly Group Health) SoundChoice</b>	\$200/day up to \$1,000 maximum/admission	15%	15%	15%	15%	15%	15%	15%
<b>Kaiser Permanente WA (formerly Group Health) Value</b>	\$250/day up to \$1,250 maximum/admission	\$200	\$30	\$30	\$50	\$30	\$50	\$50
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>								
<b>UMP Classic</b>	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	15%	15%	15%	15%	15%	15%
<b>UMP CDHP</b>	15%	15%	15%	15%	15%	15%	15%	15%
<b>UMP Plus–PSHVN</b>	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%
<b>UMP Plus–UW Medicine ACN</b>	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%

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Benefits (You pay)	Physical, occupational, and speech therapy (per-visit cost for 60 visits/year combined)	Prescription drugs Retail Pharmacy (up to a 30-day supply)					
		Value Tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Kaiser Foundation Health Plan of the Northwest</b>							
Kaiser Permanente NW Classic <sup>2</sup>	\$35	—	\$15	\$40	\$75	50% up to \$150	—
Kaiser Permanente NW CDHP <sup>2</sup>	\$30	—	\$15	\$40	\$75	50% up to \$150	—
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>							
Kaiser Permanente WA (formerly Group Health) Classic	\$30	\$5	\$20	\$40	50% up to \$250	—	—
Kaiser Permanente WA (formerly Group Health) CDHP	10%	\$5 (at Kaiser Permanente WA facilities only)	\$20	\$40 (\$30 at Kaiser Permanente WA facilities)	50% up to \$250	—	—
Kaiser Permanente WA (formerly Group Health) SoundChoice	15%	\$5	\$15	\$60	50%	\$150	50% up to \$400
Kaiser Permanente WA (formerly Group Health) Value	\$50	\$5	\$25	\$50	50%	\$150	50% up to \$400
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>							
UMP Classic	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP CDHP	15%	15%	15%	15%	15% (Non-specialty drugs only)	—	—
UMP Plus–PSHVN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP Plus–UW Medicine ACN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—

Benefits (You pay)	Prescription drugs				
	Mail order (up to a 90-day supply unless otherwise noted)				
	Value tier	Tier 1	Tier 2	Tier 3	Tier 4
<b>Kaiser Foundation Health Plan of the Northwest</b>					
Kaiser Permanente NW Classic <sup>2</sup>	—	\$30	\$80	\$150	50% up to \$150
Kaiser Permanente NW CDHP <sup>2</sup>	—	\$30	\$80	\$150	50% up to \$150
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>					
Kaiser Permanente WA (formerly Group Health) Classic	\$10	\$40	\$80	50% up to \$750	—
Kaiser Permanente WA (formerly Group Health) CDHP	\$10	\$40	\$80	50% up to \$750	—
Kaiser Permanente WA (formerly Group Health) SoundChoice	\$10	\$30	\$120	50%	—
Kaiser Permanente WA (formerly Group Health) Value	\$10	\$50	\$100	50%	—
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>					
UMP Classic	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP CDHP	15%	15%	15%	15% (Specialty drugs: up to a 30-day supply only)	—
UMP Plus–PSHVN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP Plus–UW Medicine ACN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—

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Benefits (You pay)	Preventive care See certificate of coverage or check with plan for full list of services.	Spinal manipulations	Vision care <sup>4</sup>	
			Exam (annual)	Glasses and contact lenses
<b>Kaiser Foundation Health Plan of the Northwest</b>				
Kaiser Permanente NW Classic <sup>2</sup>	\$0	\$35 Maximum 12 visits/year	\$25	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente NW CDHP <sup>2</sup>	\$0	\$30 Maximum 12 visits/year	\$20	
<b>Kaiser Foundation Health Plan of Washington (formerly Group Health)</b>				
Kaiser Permanente WA (formerly Group Health) Classic	\$0	\$15 Maximum 10 visits/year	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente WA (formerly Group Health) CDHP	\$0	10% Maximum 10 visits/year	10%	
Kaiser Permanente WA (formerly Group Health) SoundChoice	\$0	15% Maximum 10 visits/year	15%	
Kaiser Permanente WA (formerly Group Health) Value	\$0	\$30 Maximum 10 visits/year	\$30	
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>				
UMP Classic	\$0	15% Maximum 10 visits/year	\$0 You pay any amount over \$65 for contact lens fitting fees.	You pay any amount over \$150 every two calendar years for frames, lenses, and contacts combined.
UMP CDHP	\$0	15% Maximum 10 visits/year		
UMP Plus–PSHVN	\$0	15% Maximum 10 visits/year		
UMP Plus–UW Medicine ACN	\$0	15% Maximum 10 visits/year		

<sup>4</sup> Contact your plan about costs for children's vision care.

The information in this document is accurate at the time of printing.  
Contact the plans or review the certificate of coverage before making decisions.

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