

2021 Medicare Plans Benefits 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. Kaiser Permanente NW and Kaiser Permanente WA offer Medicare Advantage plans, but not in all areas. Premera Blue Cross also offers Medicare Supplement Plan F and Medicare Supplement Plan G. As of January 1, 2020, Plan F is closed to new enrollees.

Annual Costs

(You pay)

Plan	Medical deductible (Applies to medical out-of-pocket limit)	Medical out-of-pocket limit ¹ (See separate prescription drug out-of-pocket limit for some plans)	Prescription drug deductible	Prescription drug out-of-pocket limit ¹
Kaiser Foundation Health Plan of the Northwest				
Kaiser Permanente NW Senior Advantage²	\$0	\$1,500/person Your copays and coinsurance for most covered services apply (except prescription drug costs).	None	None
Kaiser Foundation Health Plan of Washington				
Medicare Advantage	\$0	\$2,500/person Your copays and coinsurance for most covered services apply (except prescription drug costs).	None	None
Original Medicare (coordinates with Medicare)	\$250/person \$750/family	\$2,000/person \$4,000/family Your medical deductible, copays, and coinsurance for all covered services apply.	None	Prescription copays and coinsurance apply to the medical out-of-pocket limit.
Uniform Medical Plan				
UMP Classic (Medicare)	\$250/person \$750/family	\$2,000/person \$4,000/family Your medical deductible, copays, and coinsurance for most covered services apply.	\$100/person \$300/family (Tier 2 and specialty except covered insulins)	\$2,000/person \$4,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)				
UnitedHealthcare PEBB Balance	\$0	\$2,000/person	\$0 for Tier 1, \$100 Tier 2, 3, 4	\$2,000 (Once out-of-pocket maximum is satisfied, all copays \$0.)
UnitedHealthcare PEBB Complete	\$0	\$500/person		

- 1 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 Classic), 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.
- 2 Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. KFHPNW Medicare plans have a larger service area.

Prescription drug benefits

Retail pharmacy prescription drugs (up to a 30-day supply)

Includes Medicare-approved diabetic disposable supplies (You pay)

Plan	Value tier	Tier 1 ¹	Tier 2 ²	Tier 3 ³	Most specialty drugs	Preventive
Kaiser Foundation Health Plan of the Northwest						
Kaiser Permanente NW Senior Advantage	N/A	\$20	\$40	N/A	N/A	N/A
Kaiser Foundation Health Plan of Washington						
Medicare Advantage	N/A					
Original Medicare (coordinates with Medicare)	\$5	\$20	\$40	50% up to \$250	N/A	\$0
Uniform Medical Plan						
UMP Classic (Medicare)	5% up to \$10	10% up to \$25	30% up to \$75	N/A	N/A	\$0
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)						
UnitedHealthcare PEBB Balance	5% up to \$10	10% up to \$25	30% up to \$47	50%	50% up to \$100	\$0
UnitedHealthcare PEBB Complete	(insulin only)					

Mail order prescription drugs (up to a 90-day supply)

Plan	Value tier	Tier 1 ¹	Tier 2 ²	Tier 3 ³	Most specialty drugs	Preventive
Kaiser Foundation Health Plan of the Northwest						
Kaiser Permanente NW Senior Advantage	N/A	\$40	\$80	N/A	N/A	N/A
Kaiser Foundation Health Plan of Washington						
Medicare Advantage	\$10					
Original Medicare (coordinates with Medicare)	N/A	\$40	\$80	50% up to \$750	N/A	N/A
Uniform Medical Plan						
UMP Classic (Medicare)	5% up to \$30	10% up to \$75	30% up to \$225	N/A	N/A	\$0
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)						
UnitedHealthcare PEBB Balance	Insulin 5% up to \$30	10% up to \$75	30% up to \$141	50%	50% up to \$100 for 30 day supply	N/A
UnitedHealthcare PEBB Complete						

1 Generics

2 Preferred brand. For UMP, also includes high-cost generic drugs and specialty drugs.

3 Nonpreferred

Hospital care

(You pay)

Plan	Inpatient ¹	Outpatient ²	Home health	Emergency ³ room	Ambulance ⁴
Kaiser Foundation Health Plan of the Northwest					
Kaiser Permanente NW Senior Advantage	\$500/admission	\$50	\$0	\$50	\$50
Kaiser Foundation Health Plan of Washington					
Medicare Advantage	\$200/day for the first 5 days, up to \$1,000 maximum/admission	\$200	\$0	\$65	\$150
Original Medicare (coordinates with Medicare)	\$150/day, up to \$750 maximum/admission	\$150		\$250	20%
Uniform Medical Plan					
UMP Classic (Medicare)	\$200/day, up to \$600 maximum/admission + 15% professional fees	15%	15%	\$75 + 15%	20%
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)					
UnitedHealthcare PEBB Balance	\$500/admission	\$250	\$0	\$65	\$100
UnitedHealthcare PEBB Complete	\$0	\$0			\$0

Office visits

(You pay)

Plan	Primary care	Urgent care	Specialist	Mental Health ⁵	Chemo-therapy ⁶	Radiation ⁷	Telemedicine/virtual care
Kaiser Foundation Health Plan of the Northwest							
Kaiser Permanente NW Senior Advantage	\$25	\$35	\$35	\$25	\$0	\$0	\$0
Kaiser Foundation Health Plan of Washington							
Medicare Advantage					\$0	\$0	
Original Medicare (coordinates with Medicare)	\$15	\$15	\$30	\$15	\$30	\$30	\$0
Uniform Medical Plan							
UMP Classic (Medicare)	15%	15%	15%	15%	15%	15%	15%
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)							
UnitedHealthcare PEBB PEBB Balance	\$15	\$15	\$30	\$15 group/\$30 individual	\$0	\$30	\$15
UnitedHealthcare PEBB PEBB Complete	\$0	\$15	\$0	\$0		\$0	\$0

1 Residential treatment centers, psychiatric hospitals

2 Hospital affiliated clinics, outpatient facilities, etc.

3 Copay waived if admitted

4 Per trip, air or ground

5 Independent provider offices, medical groups, freestanding clinics

6 Does not include chemotherapy treatment

7 Does not include radiation treatment

Other services and equipment

(You pay)

Plan	Diagnostic tests, laboratory, and x-rays	Physical, occupational, and speech therapy	Durable medical equipment, supplies, and prosthetics	Spinal manipulations	Preventive care ¹
Kaiser Foundation Health Plan of the Northwest					
Kaiser Permanente NW Senior Advantage	\$0	\$35	\$0	\$35 (12 visits/year)	\$0
Kaiser Foundation Health Plan of Washington					
Medicare Advantage	\$0	\$30	20% For both plans	\$15 (12 visits/year for non-spinal, unlimited for spinal)	\$0
Original Medicare (coordinates with Medicare)	\$0 MRI/CT/PET scan \$30	\$30 (per-visit cost for 60 visits/year combined)		\$15 (12 visits/year)	For both plans
Uniform Medical Plan					
UMP Classic (Medicare)	15%	15% (60 combined visits per year)	15%	15% (10 visits/year)	\$0
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)					
UnitedHealthcare PEBB Balance	\$15	\$15	\$20	\$15 (20 visits/year combined with acupuncture)	\$0
UnitedHealthcare PEBB Complete	\$0	\$0	\$0	\$0 (20 visits/year combined with acupuncture)	For both plans

Hearing and vision

(You pay)

Plan	Hearing Routine annual hearing exam	Hearing hardware	Vision ² routine annual eye exam	Glasses and contact lenses
Kaiser Foundation Health Plan of the Northwest				
Kaiser Permanente NW Senior Advantage	\$35	One hearing aid per ear covered in full, up to the plan's allowed amount, during any consecutive 60 month period.	\$25	You pay any amount over \$150 every 24 months for frames, lenses and contacts combined.
Kaiser Foundation Health Plan of Washington				
Medicare Advantage	\$15	You pay any amount over \$1,400 per ear during any consecutive 60-month period	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Original Medicare (coordinates with Medicare)				
Uniform Medical Plan				
UMP Classic (Medicare)	\$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years.	\$0	\$0 up to the allowed amount for one pair of standard lenses and frames once every two calendar years; or, the plan pays up to \$150 for elective contact lenses in lieu of frames and lenses once every two calendar years. You pay a \$30 fitting fee for contact lenses.
UnitedHealthcare Medicare Advantage Prescription Drug (MAPD)				
UnitedHealthcare PEBB Balance	\$0	You pay any amount over \$2,500 every 5 years (only available through UnitedHealthcare hearing)	\$0	You pay any amount over \$300 every 24 months.
UnitedHealthcare PEBB Complete				

¹ See certificate of coverage or check with plan for full list of services.

² Contact your plan about copays and limits for children's vision care.