

# 2022 PEBB Medicare plan comparison



Use the following charts to briefly compare the per-visit costs for some in-network benefits, as well as prescription drug costs for PEBB Medicare 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. If anything in these charts conflicts with the plan's certificate of coverage (COC), the COC takes precedence and prevails.

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

**Note:** All PEBB Medicare plans cover hospital, primary and specialist care, as well as outpatient surgery. You can compare each plan's additional benefits in the tables below.

What you pay	Original Medicare		Medicare Advantage				Medicare Supplement
	UMP	Kaiser Permanente WA		Kaiser Permanente NW	UnitedHealthcare		Premera Blue Cross
	Classic	Original Medicare	Medicare Advantage	Senior Advantage	PEBB Balance	PEBB Complete	Plan G

## Annual costs

Medical deductible	\$250/person \$750/family	\$250/person \$750/family	\$0	\$0	\$0		Part B Deductible: \$203/person
Medical out-of-pocket limit	\$2,500/person \$5,000/family	\$2,000/person \$4,000/family	\$2,500/person	\$1,500/person	\$2,000/person	\$500/person	\$203/person
Prescription drug deductible	\$100/person, \$300/family (for Tier 2 and specialty, except insulins)	None		\$0	\$100 (tiers 2, 3, and 4)	\$100 (tiers 2, 3, and 4)	N/A
Prescription drug out-of-pocket limit	\$2,000/person, \$4,000/family	Combined with medical out-of-pocket limit	None	None	\$2,000	\$2,000	N/A

## Emergency services

Ambulance (air or ground/trip)	20%	20% (deductible waived)	\$150	\$50	\$100	\$0	\$0
Emergency room	\$75 + 15%	\$250	\$65	\$50	\$65	\$65	\$0

## Hearing care

Hearing aids	\$0 one per ear every 5 years	Any amount over \$1,400 per ear any consecutive 60 months		Any amount over \$1,400 per ear every 60 months	Any amount over \$2,500 every 5 years (only from UnitedHealthcare Hearing)		Not covered
Routine annual hearing exam	\$0	\$15 (primary care) \$30 (specialist)	\$15 (with audiologist) \$30 (all other providers)	\$35	\$0	\$0	Medicare-covered only

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### Hospital care

Inpatient	\$200/day up to \$600/admission <sup>1</sup>	\$150/day up to \$750/admission	\$200/day for first 5 days up to \$1,000/admission	\$500/admission	\$500/admission	\$0	\$0
Outpatient	15%	\$150	\$200	\$50	\$250	\$0	

### Office visits

Behavioral health	15%	\$15	\$25	\$30	\$0	\$0
Preventive care	\$0	\$0	\$0	\$0		
Primary care		\$15	\$25	\$15	\$0	
Specialist	15%	\$30	\$35	\$30	\$0	
Urgent care		\$15 (primary care) \$30 (specialty)		\$35	\$15	
Telemedicine/virtual care	15%	\$0	\$0	See note <sup>2</sup>	\$0	\$0

### Therapies (max number of visits/year)

Acupuncture	\$15 (24 visits/year)	\$15 (12 primary care visits/year)	\$15 (12 visits/year)	\$35 (12 self-referred visits/year) <sup>3</sup>	\$15 (20 visits/year combined acupuncture/chiropractic)	\$0 (20 visits/year combined acupuncture/chiropractic)	Medicare-covered only
Chiropractic/spinal manipulations	\$15 (24 visits/year)	\$15 (12 visits/year)	\$15 (12 visits/year for non-spinal, unlimited for spinal)	\$35 (12 self-referred visits/year) <sup>4</sup>			
Massage therapy	\$15 (24 visits/year)	\$30 (60 visits/year combined)	\$30 (10 specialist visits)	\$25 (12 self-referred visits/year)	\$15 (30 visits/year)	\$0 (30 visits/year)	Not covered
Physical, speech, occupational, and neurodev. therapy	15% (60 visits/year combined)		\$30	\$35	\$15	\$0	\$0

### Vision care

Glasses and contact lenses	\$0 up to \$150 every 24 months	\$0 up to \$150 every 24 months		\$0 up to \$150 every 2 years	Any amount over \$300 every 24 months		Medicare-covered only
Routine annual eye exam	\$0	\$15	\$15	\$25	\$0	\$0	

1. 0% professional services for behavioral health.

2. \$0 for Doctor on Demand, AmWell, or Teledoc; \$15 for other providers; \$30 for behavioral health

3. \$20 each for up to 12 physician-referred visits in 90 days for chronic low back pain, additional visits 20/year.

4. Additional visits with prior authorization; no visit limit for physician-referred.

## Prescription drug benefits comparison

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: Premera Blue Cross Medicare Supplement Plan G does not cover prescription drugs.

Drug tiers	UMP	
	Retail and mail-order (up to 30-day supply)	Retail and mail-order (up to 90-day supply)
Value tier	5% up to \$10 (deductible waived)	5% up to \$30 (deductible waived)
Tier 1 (primarily low-cost generic)	10% up to \$25 (deductible waived)	10% up to \$75 (deductible waived)
Tier 2 (preferred brand-name, high-cost generic, and specialty drugs)	30% up to \$75	30% up to \$225

Drug tiers	Kaiser Permanente WA			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Original Medicare	Medicare Advantage	Original Medicare	Medicare Advantage
Value tier	\$5	N/A	\$10	N/A
Tier 1 (preferred generic)	\$20		\$60	\$40
Tier 2 (preferred brand)	\$40		\$120	\$80
Tier 3 (non-preferred generic and brand-name drugs)	50% up to \$250		50% up to \$750	

Drug tiers	Kaiser Permanente NW	
	Retail (up to 30-day supply)	Mail-order (up to 90-day supply)
Generic	\$20	\$40
Preferred brand-name	\$40	\$80
Non-preferred brand name	50% up to \$200	50% up to \$400
Specialty	50% up to \$200	50% up to \$600

Drug tiers	UnitedHealthcare			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	PEBB Balance	PEBB Complete	PEBB Balance	PEBB Complete
Tier 1: Preferred generic	10% up to \$25		10% up to \$75	
Tier 2: Preferred brand	30% up to \$47		30% up to \$141	
Tier 3: Non-preferred	50%		50%	
Tier 4: Specialty	50% up to \$100 (limited to 30-day supply)		50% up to \$100 (limited to 30-day supply)	