

2023 PEBB Medicare Plan Comparison



Use the following charts to 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 tables conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet 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
	Uniform Medical Plan ¹	Kaiser Foundation Health Plan of Washington		Kaiser Foundation Health Plan of the Northwest ²	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: \$233/person ³
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	\$233/person
Prescription drug deductible	\$100 ⁵ /person, \$300 ⁵ /family	None		None	\$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/person	\$2,000/person	N/A

Emergency services

Ambulance	20%	20% ⁴	\$150	\$50	\$100	\$0	\$0
Emergency room	\$75 + 15%	\$250	\$65	\$50	\$65	\$65	\$0

Hearing services

Hearing aids	\$0 one per ear every 5 years ⁴	Any amount over \$1,400 per ear any consecutive 60 months ⁴		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 ⁴	\$15 (primary care) \$30 (specialist)	\$15 (primary care) \$30 (specialist)	\$35	\$0	\$0	Medicare-covered only

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

- The 2023 Medicare Part B deductible is set in the fall and may change from the 2022 deductible shown in this comparison
- Deductible waived.
- Applies to Tier 2 only, except covered insulins.

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Hospital care

Inpatient	\$200/day up to \$600/admission ³	\$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 (individual) \$15 (group)	\$0	\$0
Preventive care ⁴	\$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 ⁵	\$0	\$0

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3. Professional services: 15%; 0% for behavioral health.
4. Deductible waived.
5. \$0 for Doctor on Demand, AmWell, or Teledoc; \$15 for other providers; \$30 for behavioral health.

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Therapies (max number of visits/year)

Acupuncture	\$15 (24 visits/year)	\$15 (12 visits/year)	\$15 (12 visits/year)	\$35 (12 self-referred visits/year) ³	\$15 (24 visits/year)	\$0 (24 visits/year)	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) ⁴	\$15 (24 visits/year)	\$0 (24 visits/year)	
Massage therapy	\$15 (24 visits/year)	\$30 (60 visits/year combined; no limit for NDT)	\$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 (NDT)	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 \$300 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 (primary care) \$30 (specialist)	\$15 (optometry) \$30 (ophthalmology)	\$25	\$0	\$0	

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

For all plans, you pay no more than \$35 per 30-day supply for covered insulins.

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

Drug tiers	Uniform Medical Plan ¹	
	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; covered insulins 30% up to \$35	30% up to \$225; covered insulins 30% up to \$105

Drug tiers	Kaiser Foundation Health Plan of Washington			
	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		\$40	\$40
Tier 2 (preferred brand)	\$40		\$80	\$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	N/A

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	\$5		\$10	
Tier 2: Preferred brand	\$45		\$90	
Tier 3: Non-preferred	\$100		\$200	
Tier 4: Specialty	\$100 (limited to 30-day supply)		\$100 (limited to 30-day supply)	

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