

2026 PEBB Medicare Benefits Comparison

Use the following charts to view the per-visit costs for some network benefits and prescription drug costs for PEBB Medicare plans. If your plan has a deductible, you must pay the deductible before most copays (\$) or coinsurance (%) apply, unless noted that the deductible is waived.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31).

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.

- Uniform Medical Plan (UMP) with Part D (PDP) is administered by Regence BlueShield and ArrayRx.
- Kaiser Permanente NW and Kaiser Permanente WA offer Medicare Advantage plans with Part D, 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.

Some benefits in this document include symbols to represent additional information as described below:

* Deductible is waived

‡ See additional terms and conditions in the plan's benefits booklet

▲ Visit [cms.gov](https://www.cms.gov) for updates

Specialist copay

What you pay ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic Medicare with Part D (PDP)	Medicare Supplement Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

Annual costs (individual/family)

Medical deductible	\$250 / \$750	Part B deductible ▲	\$0	\$0	\$0	
Medical out-of-pocket limit	\$2,500 / \$5,000		\$2,500	\$1,500	\$2,000	\$500
Prescription drug deductible	\$100 (Tiers 3, 4, and 5)	N/A	\$0	\$0	\$100 (Tiers 2, 3, and 4)	
Prescription drug out-of-pocket limit	\$2,100		\$2,100	\$2,100	\$2,100‡	

Emergency services

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

What you pay ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan UMP Classic Medicare with Part D (PDP)	Premiera Blue Cross Medicare Supplement Plan G	Kaiser Permanente WA Medicare Advantage with Part D	Kaiser Permanente NW Senior Advantage with Part D	UnitedHealthcare	
					PEBB Balance	PEBB Complete

Hospital care

Inpatient	\$200 per day up to \$600 per admission	\$0	\$200 per day up to \$1,000 per admission†	\$500 per admission	\$500 per admission	\$0
Outpatient	15%		\$200	\$50	\$250	

Office visits

Primary care	15%	\$0	\$15	\$25	\$15	\$0
Specialist			\$30	\$35	\$30	
Urgent care			\$15 (\$30#)		\$15	\$15
Preventive care	\$0		\$0	\$0	\$0	\$0
Telemedicine/virtual care	Varies‡		\$0	\$0	Varies‡	

Hearing services

Hearing aids (per ear)	\$0 up to the allowed amount every 36 months‡	Not covered	\$0 up to \$3,000 every 36 months	\$0 up to \$3,000 every 36 months	\$0 up to \$3,000 every 3 years (limited to UnitedHealthcare Hearing Network)	
Routine annual hearing exam	\$0*		\$15 (\$30#)	\$35	\$0	

Vision care

Glasses and contact lenses	Any amount over \$200 every 2 years‡	Not covered	Any amount over \$300 every 24 months	Any amount over \$200 every 24 months	Any amount over \$300 every 24 months	
Routine annual eye exam	\$0‡		\$15‡	\$25	\$0	

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. If your plan has a deductible, you must pay the deductible before most copays or coinsurance apply, unless noted that the deductible is waived.

What you pay ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premiera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic with Part D (PDP)	Medicare Supplement Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

Inpatient treatment

Hospital facility (mental health & substance use)	\$200 per day up to \$600 per admission†	\$0	\$200 per day up to 5 days per admission and up to 190 days per lifetime in a Medicare-certified psychiatric hospital	\$500 per admission up to 190 days per lifetime in a Medicare-certified psychiatric hospital	\$500 per admission	\$0
Residential treatment facility			Not covered	\$250 per admission		

Outpatient treatment

Hospital (mental health)	15%	\$0	\$15 per individual or group therapy visit	\$25 per individual therapy visit \$12 per group therapy visit	\$55 per day†	\$0
Hospital (substance use)			\$30 per visit (opioid treatment) \$0 per individual or group therapy visit†			
Partial hospitalization (or day treatment program)	15%	\$0	\$0 per day†	\$25 per day	\$55 per day†	\$0
Intensive outpatient (mental health)			\$15 per individual or group therapy visit†			
Intensive outpatient (substance use)			\$30 per visit (opioid treatment) \$0 per individual or group therapy visit†			

What you pay ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan UMP Classic with Part D (PDP)	Premiera Blue Cross Medicare Supplement Plan G	Kaiser Permanente WA Medicare Advantage with Part D	Kaiser Permanente NW Senior Advantage with Part D	UnitedHealthcare PEBB Balance	UnitedHealthcare PEBB Complete

Office visits for accessing outpatient mental health and substance use services

Mental health	15%	\$0	\$15*	\$25*	\$15‡	\$0
Substance use			\$30 per visit (opioid treatment) \$0 per individual or group therapy visit‡			
Specialist			\$30*	\$35*	\$30	\$15
Urgent care (mental health & substance use crisis services)			\$15* (\$30#)		\$15	
Telemedicine/virtual care			\$0*		\$30	

Therapies (cost/visits per year)

Occupational and neurodevelopmental therapy (NDT)	15%	\$0	\$30‡	\$35	\$15/30‡	\$0
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Therapeutic service benefits

The therapies listed in the tables below are limited by the number of visits per year. Please refer to the plan's benefits booklet for specific details of the therapy you are seeking. **Note:** Physical, occupational, speech, and neurodevelopmental therapies have a combined visit limit unless otherwise noted. Neurodevelopmental therapy is abbreviated as NDT..

What you pay ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan UMP Classic with Part D (PDP)	Premiera Blue Cross Medicare Supplement Plan G	Kaiser Permanente WA Medicare Advantage with Part D	Kaiser Permanente NW Senior Advantage with Part D	UnitedHealthcare	
					PEBB Balance	PEBB Complete

Therapies (cost/visits per year)

Acupuncture	\$15/24	Medicare-covered services only†	\$15/24†	\$35/12†	\$15/24†	\$0/24†
Chiropractic (spinal manipulations)	\$15/24		\$15†	\$35/12†	\$15/24†	\$0/24†
Massage	\$15/24	Not covered	\$30/24†	\$25/12†	\$15/30	\$0/30
Physical, speech, occupational, NDT	15%/60	\$0†	\$30†	\$35†	\$15†	\$0†

Prescription drug benefits

Amounts in the following tables 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.

For all plans, 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 allowed amount with no deductible. See the plan's benefits booklet for details.

You pay no more than \$35 per 30-day supply for covered insulins. Prices shown for UnitedHealthcare 90-day supply are only for the preferred mail-order pharmacy, Optum Rx.

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

Drug tiers	UMP Classic Medicare with Part D (PDP)	
	Retail/Mail order (up to 30-day supply)	Retail/Mail order (up to 90-day supply)
Tier 1: Preferred generic*	\$0	\$0
Tier 2: Generic*	\$10	\$20
Tier 3: Preferred brand name	\$40	\$80
Tier 4: Non-preferred brand name	\$75	\$150
Tier 5: Specialty	\$90	Not offered

Drug tiers	Kaiser Permanente WA Medicare Advantage with Part D	
	Retail/Mail order (up to 30-day supply)	Retail/Mail order (up to 90-day supply)
Tier 1: Preferred generic	\$20	\$40
Tier 2: Generic	\$20	\$40
Tier 3: Preferred brand name	\$40	\$80
Tier 4: Non-preferred brand name	\$100	\$200
Tier 5: Specialty	\$250	\$250 (limited to 30-day supply)

Drug tiers	Kaiser Permanente NW Senior Advantage with Part D	
	Retail/Mail order (up to 30-day supply)	Retail/Mail order (up to 90-day supply)
Tier 1: Preferred generic	\$20	\$40
Tier 2: Generic	\$20	\$40
Tier 3: Preferred brand name	\$40	\$80
Tier 4: Non-preferred brand name	\$100	\$200
Tier 5: Specialty	\$200	\$200 (limited to 30-day supply)

Drug tiers	UnitedHealthcare			
	Retail/Mail order (up to 30-day supply)		Retail/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 drug	\$100		\$200	
Tier 4: Specialty	\$100		\$100 (limited to 30-day supply)	