

## 2018 PEBB Retirees

This is a summary of benefits.

See your Evidence of Coverage for full benefit details.

### **Kaiser Permanente WA Original Medicare (COB)**

(For Medicare Retirees living outside the Kaiser Permanente Medicare Advantage Service Area)

### **Kaiser Permanente WA Medicare Advantage (HMO)**

<b>Costs</b>		
Monthly rates—Retiree only	\$175.40	\$175.40
Annual deductible	None	Individual: \$250 Family: \$750
Out-of-pocket limit	\$2,500 per individual	Individual: \$2,000 Family: \$4,000
<b>Benefits</b>		
Primary care visit	\$20	\$15
Preventive care visit	\$0	◆ \$0
Specialty care visit	\$20	\$30
Prescription drugs 30-day supply (retail) 90-day supply (mail order)	Formulary generic / formulary brand / nonformulary \$20 / \$40 / 50% to \$250/ \$0 Vaccine \$40 / \$80 / 50% to \$750	Value tier / formulary generic / formulary brand / nonformulary ◆ \$5 / \$20 / \$40 / 50% to \$250/ \$0 Vaccine ◆ \$10 / \$40 / \$80 / 50% to \$750
Manipulative therapy	\$20 Maximum of 10 visits PCY	\$15* Maximum of 10 visits PCY
Naturopathy	\$20 Maximum of 3 visits per medical diagnosis PCY	\$15* Maximum of 3 visits per medical diagnosis PCY
Acupuncture	\$20 Maximum of 8 visits per medical diagnosis PCY	\$15* Maximum of 8 visits per medical diagnosis PCY

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PCY = Per calendar year

◆ Not subject to annual deductible.

\*The specialty care visit copay will apply if service is rendered by a specialist. See the certificate of coverage for the list of specialty providers.

Plans offered and underwritten by Kaiser Foundation Health Plan of Washington

## Kaiser Permanente WA Original Medicare (COB)

(For Medicare Retirees living  
outside the Kaiser Permanente  
Medicare Advantage Service Area)

## Kaiser Permanente WA Medicare Advantage (HMO)

Mental health	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$20	Inpatient: \$150 copay per day to a maximum of \$750 per admit  Outpatient: \$15*
Hospital	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$200	Inpatient: \$150 copay per day to a maximum of \$750 per admit  Outpatient: \$150
Skilled nursing facility	\$0; 100 days per benefit period	\$150 copay per day to a maximum of \$750 per admit; 150 days PCY
Ambulance	\$150	20%
Emergency care	\$65	\$250
Lab and radiology	\$0	\$0; MRI / CT / PET \$30
Vision exam	\$20	\$15*
Glasses and contacts	Enrollee pays any amount over \$150 every 24 months	◆ Enrollee pays any amount over \$150 every 24 months
Hearing exam	\$20	\$15*
Hearing aid benefit	Enrollee pays any costs over the covered benefit of \$800 every 36 months	◆ Enrollee pays any costs over the covered benefit of \$800 every 36 months
Rehabilitation therapy**	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$20	Inpatient: \$150 copay per day to a maximum of \$750 per admit (maximum of 60 days PCY) Outpatient: \$30 per visit (maximum of 60 visits PCY)
Diabetes Prevention Program	\$0	\$0
Annual Physical Exam	\$0	\$0
Telehealth	\$0	\$0

PCY = Per calendar year

◆ Not subject to annual deductible.

\* The specialty care visit copay will apply if service is rendered by a specialist.  
See the certificate of coverage for the list of specialty providers.

\*\* Services with mental health diagnoses are covered with no limit.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary may change at any time. You will receive notice when necessary. If you enroll in an MA or MAPD plan, you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan.