

## 2021 PEBB Medicare Retirees

This is an overview of benefits. See your Evidence of Coverage for full benefit details.

## Kaiser Permanente WA Original Medicare Coordination of Benefits (COB)

(For Medicare retirees living outside the Kaiser Permanente Medicare Advantage service area)

Costs	
Monthly rates – retiree only	\$177.10
Annual deductible	Individual: \$250 Family: \$750
Out-of-pocket limit	Individual: \$2,000 Family: \$4,000 (outpatient prescription drugs apply to the out-of-pocket limit)
Benefits	
<b>Outpatient Services</b>	
Primary care visit	\$15
Preventive care	\$0 <b>*</b>
Specialty care visit	\$30
Lab and radiology	\$0; MRI, CT, or PET scan \$30
Mental health (outpatient)	\$15*
Rehabilitation (outpatient)**	\$30 per visit (maximum of 60 visits PCY)
Hospital (outpatient)	\$150
Annual physical exam	\$0
Telehealth (virtual care)	\$0 <b>•</b>
Prescription Drugs	Value tier / Preferred generic / Preferred brand / Non-preferred generic and brand
30-day supply (retail)	\$5 • / \$20 / \$40 / 50% to \$250
90-day supply (mail-order)	\$10 • / \$40 / \$80 / 50% to \$750
Inpatient Hospital Care	
Hospital (inpatient)	\$150 copay per day to a maximum of \$750 per admit
Skilled nursing facility	\$150 copay per day to a maximum of \$750 per admit; 150 days PCY
Mental health (inpatient)	\$150 copay per day to a maximum of \$750 per admit
Rehabilitation (inpatient)**	\$150 copay per day to a maximum of \$750 per admit (maximum of 60 visits PCY)

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Emergency, Urgent Care, and Transportation	
Emergency care	\$250
Ambulance	20% •
Urgent care	\$15*
Alternative Medicine and Programs	
Manipulative therapy	\$15, 12 visits PCY
Naturopathy	\$15, 3 visits per medical diagnosis PCY
Acupuncture	\$15, 12 visits per medical diagnosis PCY
Diabetes prevention program	\$0
Vision and Hearing	
Vision exam	\$15*
Glasses and contacts	Enrollee pays any amount over \$150 every 24 months •
Hearing exam	\$15*
Hearing aid benefit	Enrollee pays any amount over \$1,400 per ear every 60 months •

PCY = Per calendar year

Medicare COB is available to retirees living in the following counties: Benton, Columbia, Franklin, Kittitas, Mason (98560 only), Walla Walla, Whitman, Yakima

Medicare COB Drug Formulary: **Drug Formulary for Large Employer Groups 3 Tier** (wa.kaiserpermanente.org/static/pdf/public/formulary/largegroup-tier3-formulary.pdf)

Medicare members may call to speak with a Kaiser Permanente Medicare specialist at **1-800-581-8252** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

<sup>◆</sup> Not subject to annual deductible.

<sup>\*</sup>The specialty care visit copay will apply if service is rendered by a specialist. See Evidence of Coverage for the list of specialty providers.

<sup>\*\*</sup>Services with mental health diagnoses are covered with no limit.