



## 2020 SEBB Medical Benefits Comparison



The chart below briefly compares the medical deductibles and per-visit out-of-pocket costs of some in-network benefits for SEBB medical plans. Copays and coinsurances may apply; some copays and coinsurance do not apply until after you have paid your annual deductibles. 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.

Annual costs (what you pay)	Medical deductible (applies to medical out-of-pocket limit)	Medical out-of-pocket limit (see separate prescription drug out-of-pocket limit for some plans)	Prescription drug deductible	Prescription drug out-of-pocket limit
<b>Kaiser Foundation Health Plan of Washington</b>				
Kaiser Permanente WA Core 1	\$1,250/person \$3,750/family	\$4,000/person \$8,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Core 2	\$750/person \$2,250/family	\$3,000/person \$6,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Core 3	\$250/person \$750/family	\$2,000/person \$4,000/family	None	Applies to medical out-of-pocket limit
<b>Premera Blue Cross</b>				
Premera High PPO	\$750/person \$1,875/family	\$3,500/person \$7,000/family	\$125/person \$312/family <sup>1</sup>	Applies to medical out-of-pocket limit
Premera Standard PPO	\$1,250/person \$3,125/family	\$5,000/person \$10,000/family	\$250/person \$750/family <sup>1</sup>	Applies to medical out-of-pocket limit
<b>Uniform Medical Plan</b>				
UMP Achieve 1	\$750/person \$2,250/family	\$3,500/person \$7,000/family	Tier 2 and specialty; \$250/person \$750/family (applies to prescription out-of-pocket limit)	\$2,000/person \$4,000/family
UMP Achieve 2	\$250/person \$750/family	\$2,000/person \$4,000/family	Tier 2 and specialty; \$100/person \$300/family (applies to prescription out-of-pocket limit)	\$2,000/person \$4,000/family
UMP High Deductible	\$1,400/person \$2,800/family <sup>2</sup>	\$4,200/person \$8,400/family <sup>3</sup>	Combined (medical and prescription) deductible	Combined (medical and prescription) out-of-pocket limit

<sup>1</sup> Waived for preferred generic prescription drugs

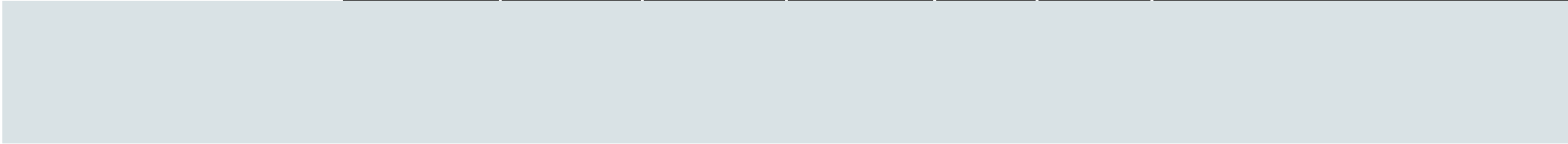
<sup>2</sup> Combined medical and prescription drug deductible

<sup>3</sup> Out-of-pocket expenses for a single family member are not to exceed \$6,900

Benefits (what you pay)	Ambulance (air or ground) per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics	Emergency room (copay waived if admitted)	Routine annual hearing exam	Hearing hardware	Home health	Therapy: Physical, occupational, and speech, and neurodevelopmental (per-visit cost for annual covered visits)
<b>Kaiser Foundation Health Plan of Washington</b>								
Kaiser Permanente WA Core 1	20%	20% over \$500	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$30	\$400 max benefit every 36 months	20% for 130 days/year	\$40 (60/year)
Kaiser Permanente WA Core 2	20%	20% over \$500	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$25	\$400 max benefit every 36 month	20% for 130 days/year	\$35 (60/year)
Kaiser Permanente WA Core 3	20%	20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$20	\$400 max benefit every 36 month	20% for 130 days/year	\$30 (60 combined/year)
<b>Premera Blue Cross</b>								
Premera High PPO	25%	25%	25%	\$150+25%	\$0	\$1,000 max benefit every 3 years	25%	\$40 (45 combined/year)
Premera Standard PPO	20%	20%	20%	\$150+20%	\$0	\$1,000 max benefit every 3 years	20%	\$40 (45 combined/year)
<b>Uniform Medical Plan</b>								
UMP Achieve 1	20%	20%	20%	\$75+20%	\$0	\$800 max benefit every 3 years	20%	20% (80 combined/year)
UMP Achieve 2	20%	15%	15%	\$75+15%	\$0	\$800 max benefit every 3 years	15%	15% (80 combined/year)
UMP High Deductible	20%	15%	15%	15%	15%	\$800 max benefit every 3 years	15%	15% (80 combined/year)

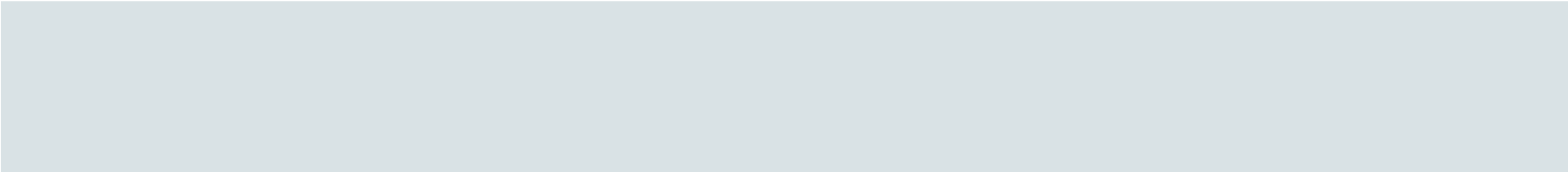
\* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

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Kaiser Permanente WA Core 2	20%	20%	\$25	\$25	\$35	\$25	20	20	20
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UMP Achieve 2	\$200/day up to \$600 for facility+15% for professional services	15%	15%	15%	15%	15%	16	16	16
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Benefits (what you pay) Prescription drugs: Retail pharmacy (up to a 30-day supply)	Value Tier (specific high-value prescrip- tion drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)	Tier 2 (preferred brand-name drugs, high-cost generic drugs, and specialty drugs for UMP)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs <sup>4</sup> )	Tier 4 (specialty and certain high cost generic drugs)
<b>Kaiser Foundation Health Plan of Washington</b>					
Kaiser Permanente WA Core 1	N/A	\$5	\$25	\$50	50% up to \$150
Kaiser Permanente WA Core 2	N/A	\$10	\$25	\$50	50% up to \$150
Kaiser Permanente WA Core 3	N/A	\$10	\$25	\$50	50% up to \$150
<b>Premera Blue Cross</b>					
Premera High PPO	N/A	\$7	\$30	30%	\$50
Premera Standard PPO	N/A	\$7	30%	50%	40%
<b>Uniform Medical Plan</b>					
UMP Achieve 1	5% up to \$10	10% up to \$25	30% up to 75%	N/A	N/A
UMP Achieve 2	5% up to \$10	10% up to \$25	30% up to 75%	N/A	N/A
UMP High Deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible	N/A	N/A

\* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

<sup>4</sup> Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.

! All plans pay 100% for covered preventive prescription drugs, with no deductible. Exception: On the UMP High Deductible plan, male condoms and male spermicides are paid at 100% after you meet the plan deductible.

Benefits (what you pay) Prescription drugs: Mail order (up to a 90-day supply)	Value Tier (specific high-value prescription drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)	Tier 2 (preferred brand-name drugs)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs <sup>4</sup> )
<b>Kaiser Foundation Health Plan of the Northwest (deductibles do not apply)</b>				
Kaiser Permanente NW 1	N/A	\$40	\$80	50% up to \$200
Kaiser Permanente NW 2	N/A	\$30	\$60	50% up to \$200
Kaiser Permanente NW 3	N/A	\$20	\$40	50% up to \$200
<b>Kaiser Foundation Health Plan of Washington (deductibles do not apply)</b>				
Kaiser Permanente WA Core 1	N/A	\$10	\$50	\$100
Kaiser Permanente WA Core 2	N/A	\$20	\$50	\$100
Kaiser Permanente WA Core 3	N/A	\$20	\$50	\$100
Kaiser Permanente WA SoundChoice	N/A	\$20	\$50	\$100
<b>Kaiser Foundation Health Plan of Washington Options, Inc. (deductibles do not apply)</b>				
Kaiser Permanente WA Options Access PPO 1	N/A	\$20 (\$10*)	\$100 (\$80*)	50% up to \$250
Kaiser Permanente WA Options Access PPO 2	N/A	\$20 (\$10*)	\$100 (\$80*)	50% up to \$250
Kaiser Permanente WA Options Access PPO 3	N/A	\$20 (\$10*)	\$100 (\$80*)	50% up to \$250
<b>Premera Blue Cross</b>				
Premera High PPO	N/A	\$14 (deductible waived)	\$60	deductible, then 30%
Premera Standard PPO	N/A	\$14 (deductible waived)	30%	50%
<b>Uniform Medical Plan</b>				
UMP Achieve 1	5% up to \$30	10% up to \$75	30% up to \$225	N/A
UMP Achieve 2	5% up to \$30	10% up to \$75	30% up to \$225	N/A
UMP High Deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible	N/A

\* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

<sup>4</sup> Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.

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