

2023 SEBB Medical Benefits Comparison



Use the following charts to compare the deductibles, out-of-pocket limits, per-visit out-of-pocket costs, and prescription drug costs for SEBB medical plans. Most coinsurance (%) does not apply until after you pay your annual deductible unless noted that the deductible is waived. Most copays (\$) apply regardless of your deductible unless enrolled in UMP High Deductible. You must pay the deductible first for most covered services before copays or coinsurance apply to UMP High Deductible.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31). Call the plans directly for specific benefit information, 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.

| What you pay | Managed Care and Health Maintenance Organization (HMO) Plans | | | | | | | |
|----------------------------------------------|--------------------------------------------------------------|----------------------------------|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|------------------------------|----------------------------------|
| | Kaiser Foundation Health Plan of the Northwest ¹ | | | Kaiser Foundation Health Plan of Washington | | | | Premera Blue Cross |
| | Plan 1 | Plan 2 | Plan 3 | Core 1 | Core 2 | Core 3 | SoundChoice | HMO |
| Annual costs | | | | | | | | |
| Medical deductible | \$1,250/person \$2,500/family | \$750/person \$1,500/family | \$125/person \$250/family | \$1,250/person \$3,750/family | \$750/person \$2,250/family | \$250/person \$750/family | \$125/person \$375/family | \$750/person \$1,500/family |
| Medical out-of-pocket limit | \$4,500/person \$9,000/family | \$4,000/person \$8,000/family | \$2,500/person \$5,000/family | \$4,000/person \$8,000/family | \$3,000/person \$6,000/family | \$2,000/person \$4,000/family | | \$3,500/person \$7,000/family |
| Prescription drug deductible | None | | | None | | | | None |
| Prescription drug out-of-pocket limit | Combined with medical limit | | | Combined with medical limit | | | | Combined with medical limit |

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.

| What you pay | Preferred Provider Organization (PPO) Plans | | | | | | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|
| | Kaiser Foundation Health Plan of Washington Options ¹ | | | Premera Blue Cross | | Uniform Medical Plan ² | | | |
| | Summit PPO 1 | Summit PPO 2 | Summit PPO 3 | High PPO | Standard PPO | Achieve 1 | Achieve 2 | UMP Plus | High Deductible |
| Annual costs | | | | | | | | | |
| Medical deductible | \$1,250/ person \$2,500/ family | \$750/ person \$1,500/ family | \$250/ person \$500/ family | \$750/ person \$1,875/ family | \$1,250/ person \$3,125/ family | \$750/ person \$2,250/ family | \$250/ person \$750/ family | \$125/ person \$375/ family | \$1,500/ person \$3,000/ family |
| Medical out-of-pocket limit | \$4,500/ person \$9,000/ family | \$3,500/ person \$7,000/ family | \$2,500/ person \$5,000/ family | \$3,500/ person \$7,000/ family | \$5,000/ person \$10,000/ family | \$3,500/ person \$7,000/ family | \$2,000/person \$4,000/family | | \$4,200 ³ / person \$8,400 ³ / family |
| Prescription drug deductible | None | | | \$125/ person \$312/ family | \$250/ person \$750/ family | \$250 ⁴ / person \$750 ⁴ / family | \$100 ⁴ / person \$300 ⁴ / family | None | Combined with medical deductible |
| Prescription drug out-of-pocket limit | Combined with medical limit | | | Combined with medical limit | | \$2,000/person \$4,000/family | | | Combined with medical limit ³ |

1. Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO plans.
2. Administered by Regence BlueShield and Washington State Rx Services.
3. Not to exceed \$7,000/member.
4. Applies to Tier 2 only, except covered insulins.

| What you pay | Managed Care and Health Maintenance Organization (HMO) Plans | | | | | | | |
|-------------------------------------------------------|--------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------------------|-------------------------------------------|
| | Kaiser Foundation Health Plan of the Northwest ¹ | | | Kaiser Foundation Health Plan of Washington | | | | Premera Blue Cross |
| | Plan 1 | Plan 2 | Plan 3 | Core 1 | Core 2 | Core 3 | SoundChoice | HMO |
| Emergency services | | | | | | | | |
| Ambulance | 20% | | | 20% (deductible waived) | | | | 20% |
| Emergency room | 20% | | | \$150 + 20% | | | \$150 + 15% | \$150 + 20% |
| Hearing services | | | | | | | | |
| Hearing aids | \$0; one per ear every 60 months ² | | | \$0; one per ear any consecutive 60 months ² | | | | \$0; one per ear every 5 yrs ² |
| Routine annual hearing exam | \$40 | \$35 | \$30 | \$30 ³ (\$40 ⁴) | \$25 ³ (\$35 ⁴) | \$20 ³ (\$30 ⁴) | \$0 (\$30 ⁴) | \$0 |
| Hospital services | | | | | | | | |
| Inpatient | 20% | | | 20% | | | 15% | 20% |
| Outpatient | 20% | | | 20% | | | 15% | 20% |
| Office visits | | | | | | | | |
| Behavioral health | \$30 ³ | \$25 ³ | \$20 ³ | \$30 ³ | \$25 ³ | \$20 ³ | \$0 | \$10 |
| Preventive care ² | \$0 | | | \$0 | | | | \$0 |
| Primary care | \$30 ³ | \$25 ³ | \$20 ³ | \$30 ³ | \$25 ³ | \$20 ³ | \$0 | \$10 |
| Specialist | \$40 | \$35 | \$30 | \$40 | \$35 | \$30 | | \$40 |
| Urgent care | \$50 | \$45 | \$40 | \$30 ³ (\$40 ⁴) | \$25 ³ (\$35 ⁴) | \$20 ³ (\$30 ⁴) | \$30 | \$25 |
| Telemedicine/telehealth/virtual care | \$0 | | | \$0 | | | | See note ⁵ |
| Therapies (max number of visits/year) | | | | | | | | |
| Acupuncture | \$40 (20/yr) | \$35 (20/yr) | \$30 (20/yr) | \$30 ³ (20/yr) | \$25 ³ (20/yr) | \$20 ³ (20/yr) | \$0 (20/yr) | \$10 (24/yr) |
| Chiropractic/spinal manip. | \$40 no limit | \$35 no limit | \$30 no limit | \$30 ³ (\$40 ⁴) (20/yr) | \$25 ³ (\$35 ⁴) (20/yr) | \$20 ³ (\$30 ⁴) (20/yr) | | |
| Massage therapy | \$25 (20/yr) | | | \$40 ⁴ (20/yr) | \$35 ⁴ (20/yr) | \$30 ⁴ (20/yr) | | |
| Physical, occupational, speech, and neurodev. therapy | \$40 (60 combined/yr) | \$35 (60 combined/yr) | \$30 (60 combined/yr) | \$40 ⁴ (60 combined/yr, no limit for NDT) | \$35 ⁴ (60 combined/yr, no limit for NDT) | \$30 ⁴ (60 combined/yr, no limit for NDT) | | \$40 (45 combined/yr; 45 NDT/yr) |

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.
2. Deductible waived.

3. \$0 for ages 17 and under.
4. Specialist copay.
5. Telemedicine or e-visit, \$10 or \$40. Virtual care: Medical/dermatology, \$5; Behavioral health, \$10.

| What you pay | Preferred Provider Organization (PPO) Plans | | | | | | | | |
|--------------|------------------------------------------------------------------|--------------|--------------|--------------------|--------------|-----------------------------------|-----------|----------|-----------------|
| | Kaiser Foundation Health Plan of Washington Options ¹ | | | Premera Blue Cross | | Uniform Medical Plan ² | | | |
| | Summit PPO 1 | Summit PPO 2 | Summit PPO 3 | High PPO | Standard PPO | Achieve 1 | Achieve 2 | UMP Plus | High Deductible |

Emergency services

| | | | | | | | | | |
|----------------|-------------|--|--|-------------|-------------|------------|------------|--|-----|
| Ambulance | 10% | | | 25% | 20% | 20% | | | |
| Emergency room | \$100 + 10% | | | \$150 + 25% | \$150 + 20% | \$75 + 20% | \$75 + 15% | | 15% |

Hearing services

| | | | | | | | | | |
|-----------------------------|---------------------------------------------------------|----------------------------------------|--|---------------------------------------------|--|---------------------------------------------|--|--|--------------------------------|
| Hearing aids | \$0; one per ear any consecutive 60 months ³ | | | \$0; one per ear every 5 years ³ | | \$0; one per ear every 5 years ³ | | | \$0; one per ear every 5 years |
| Routine annual hearing exam | \$20 ⁴ (\$40 ⁵) | \$10 ⁴ (\$20 ⁵) | | \$0 | | \$0 | | | 15% |

Hospital services

| | | | | | | | | | |
|------------|--------------------------------|--|--|-----|-----|------------------------------------------------------------|--------------------------------------------------------------------|--|-----|
| Inpatient | 10% (30% for Tier 2 hospitals) | | | 25% | 20% | \$200/day up to \$600 + 20% for pro. services ⁶ | \$200/day up to \$600 + 15% for professional services ⁶ | | 15% |
| Outpatient | | | | | | 20% | 15% | | |

Office visits

| | | | | | | | | | |
|--------------------------------------|----------------------------------------|----------------------------------------|--|---------------------------------------------------------------------------------------------------------|-----|-----|-----------------|-----|-----|
| Behavioral health | \$20 ⁴ | \$10 ⁴ | | \$25 | | 20% | 15% | | |
| Preventive care ² | \$0 | | | \$0 | | \$0 | | | |
| Primary care | \$20 ⁴ | \$10 ⁴ | | \$25 | | 20% | 15% | \$0 | 15% |
| Specialist | \$40 | \$20 | | \$50 | | | | 15% | |
| Urgent care | \$20 ⁴ (\$40 ⁵) | \$10 ⁴ (\$20 ⁵) | | 25% | 20% | | | 15% | |
| Telemedicine/telehealth/virtual care | \$0 | | | Telemedicine or e-visit, \$25 or \$50. Virtual care: Medical/dermatology, \$5; Behavioral health, \$25. | | | Varies, see COC | | |

Therapies (max number of visits/year)

| | | | | | | | | | |
|-------------------------------------------------------|------------------------------------------------|------------------------------------------------|--|----------------------------------|--|---------------------------|----------------------|----------------------|----------------------|
| Acupuncture | \$20 ⁴ (20/yr) | \$10 ⁴ (20/yr) | | | | | | | |
| Chiropractic/spinal manipulations | \$20 ⁴ (\$40 ⁵) (20/yr) | \$10 ⁴ (\$20 ⁵) (20/yr) | | \$25 (24/yr) | | \$15 (24/yr) ⁷ | | | |
| Massage therapy | \$40 (20/yr) | \$20 (24/yr) | | | | | | | |
| Physical, occupational, speech, and neurodev. therapy | \$40 (60 combined/yr, no limit for NDT) | \$20 (60 combined/yr, no limit for NDT) | | \$50 (45 combined/yr; 45 NDT/yr) | | 20% (80 combined/yr) | 15% (80 combined/yr) | 15% (60 combined/yr) | 15% (80 combined/yr) |

- Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO plans.
- Administered by Regence BlueShield and Washington State Rx Services.
- Deductible waived.

- \$0 for ages 17 and under.
- Specialist copay.
- 0% professional services for behavioral health.
- After deductible

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.

Note: All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible. Deductible is waived for covered insulins and you pay no more than \$35 per 30-day supply.

| Drug tiers | Kaiser Foundation Health Plan of the Northwest ¹ | | | | | |
|--------------------------|-------------------------------------------------------------|--------|--------|----------------------------|--------|--------|
| | Retail (30-day supply) | | | Mail-order (90-day supply) | | |
| | Plan 1 | Plan 2 | Plan 3 | Plan 1 | Plan 2 | Plan 3 |
| Generic | \$20 | \$15 | \$10 | \$40 | \$30 | \$20 |
| Preferred brand-name | \$40 | \$30 | \$20 | \$80 | \$60 | \$40 |
| Non-preferred brand-name | 50% up to \$100 | | | 50% up to \$200 | | |
| Specialty | 50% up to \$150 | | | Not covered | | |

| Drug tiers | Kaiser Foundation Health Plan of Washington | | | | | | | |
|--------------------------------------|---------------------------------------------|--------|--------|-------------|----------------------------|--------|--------|-------------|
| | Retail (30-day supply) | | | | Mail-order (90-day supply) | | | |
| | Core 1 | Core 2 | Core 3 | SoundChoice | Core 1 | Core 2 | Core 3 | SoundChoice |
| Preferred generic | \$5 | \$10 | | | \$10 | \$20 | | |
| Preferred brand-name | \$25 | | | | \$50 | | | |
| Non-preferred generic and brand-name | \$50 | | | | \$100 | | | |
| Specialty | 50% up to \$150 | | | | 50% up to \$300 | | | |

| Drug tiers | Premera Blue Cross | | | | | |
|--------------------------------------------------------------------------------------|------------------------|-------------------------|--------------|----------------------------|--------------------------|---------------------|
| | Retail (30-day supply) | | | Mail-order (90-day supply) | | |
| | HMO | High PPO | Standard PPO | HMO | High PPO | Standard PPO |
| Preferred generic | \$9 | \$9 (deductible waived) | | \$18 | \$18 (deductible waived) | |
| Preferred brand-name | \$40 | | 30% | \$80 | | 30% |
| Non-preferred generic and brand-name | 50% | | | 50% | | 50% |
| Specialty (Limited to 30-day supply through Premera's mail-order specialty pharmacy) | Not covered | | | \$75 (30-day supply) | | 40% (30-day supply) |

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.

| Drug tiers | Kaiser Foundation Health Plan of Washington Options ¹ | | | | | |
|--------------------------------------|------------------------------------------------------------------|--------------|--------------|----------------------------|--------------|--------------|
| | Retail (30-day supply) | | | Mail-order (90-day supply) | | |
| | Summit PPO 1 | Summit PPO 2 | Summit PPO 3 | Summit PPO 1 | Summit PPO 2 | Summit PPO 3 |
| Preferred generic | \$10 | \$5 | | \$20 | \$10 | |
| Preferred brand-name | \$20 | \$30 | | \$40 | \$60 | |
| Non-preferred generic and brand-name | \$30 | \$65 | | \$60 | \$130 | |
| Non-preferred specialty | 30% | | | Not covered | | |
| Specialty | \$150 | | | | | |

| Drug tiers | Uniform Medical Plan ² | | | | | | | |
|-----------------------------------------------------------------------|-------------------------------------------------|-----------|----------|--------------------------------------|---------------------------------------------------|-----------|----------|---------------------------------------|
| | Retail and mail-order (30-day supply) | | | | Retail and mail-order (90-day supply) | | | |
| | Achieve 1 | Achieve 2 | UMP Plus | High Deductible | Achieve 1 | Achieve 2 | UMP Plus | High Deductible |
| Value | 5% up to \$10 | | | 15%; covered insulins 5% up to \$10 | 5% up to \$30 | | | 15%; covered insulins 5% up to \$30 |
| Tier 1 (Primarily low-cost generic) | 10% up to \$25 | | | 15%; covered insulins 10% up to \$25 | 10% up to \$75 | | | 15%; covered insulins 10% up to \$75 |
| Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs) | 30% up to \$75; covered insulins 30% up to \$35 | | | 15%; covered insulins 30% up to \$35 | 30% up to \$225; covered insulins 30% up to \$105 | | | 15%; covered insulins 30% up to \$105 |

1. Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO Plans

2. Administered by Regence BlueShield and Washington State Rx Services