## SEBB Medical Rates 2023 Medical Plans Offered in Benton and Franklin Counties

	Monthly Premium					Medical out-		
Annual costs (what you pay)	Subscriber	Subscriber & spouse	Subscriber & children	Subscriber, spouse, & children	Medical deductible (applies to medical out-of- pocket limit)	of-pocket limit (see separate prescription drug out-of- pocket limit for some plans)	Prescription drug deductible	Prescription drug out-of- pocket limit
Kaiser Permanente WA Core 1	\$38.00	\$76.00	\$67.00	\$114.00	\$1,250/person \$3,750/family	\$4,000/person \$8,000/family	None	Combined with medical limit
Kaiser Permanente WA Core 2	\$43.00	\$86.00	\$75.00	\$129.00	\$750/person \$2,250/family	\$3,000/person \$6,000/family	None	Combined with medical limit
Kaiser Permanente WA Core 3	\$120.00	\$240.00	\$210.00	\$360.00	\$250/person \$750/family	\$2,000/person \$4,000/family	None	Combined with medical limit
Premera High PPO	\$97.00	\$194.00	\$170.00	\$291.00	\$750/person \$1,875/family	\$3,500/person \$7,000/family	\$125/person \$312/family	Combined with medical limit
Premera Standard PPO	\$49.00	\$98.00	\$86.00	\$147.00	\$1,250/person \$3,125/family	\$5,000/person \$10,000/family	\$250/person \$750/family	Combined with medical limit
UMP Achieve 1	\$42.00	\$84.00	\$74.00	\$126.00	\$750/person \$2,250/family	\$3,500/person \$7,000/family	Tier 2 and specialty except covered insulins; \$250 person \$750/family (applies to prescrip- tion out-of-pocket limit)	\$2,000/person \$4,000/family
UMP Achieve 2	\$105.00	\$210.00	\$184.00	\$315.00	\$250/person \$750/family	\$2,000/person \$4,000/family	Tier 2 and specialty except covered insulins; \$100/person \$300/family (applies to prescription out- of-pocket limit)	\$2,000/person \$4,000/family
UMP High Deductible	\$28.00	\$56.00	\$49.00	\$84.00	\$1,500/person \$3,000/family	\$4,200/person \$8,400/family	Combined (medical and prescription) deductible	Combined with medical limit