



## 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
Kaiser Foundation Health Plan of Washington				
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
Premera Blue Cross				
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
Uniform Medical Plan				
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, occupa- tional, and speech, and neurodevelopmental (per-visit cost for annual covered visits)
Kaiser Foundation Health Plan of Washington								
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)
Premera Blue Cross								
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)
Uniform Medical Plan								
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.

Benefits (what you pay)	Hospital services: Inpatient	Hospital services: Outpatient	Office visit: Primary care	Office visit: Urgent care	Office visit: Specialist	Office visit: Mental health	Number of visits covered per year:		
Kaiser Foundation Health Plan of Washington									
Kaiser Permanente WA Core 1	20%	20%	\$30	\$30	\$40	\$30	20	20	20
Kaiser Permanente WA Core 2	20%	20%	\$25	\$25	\$35	\$25	20	20	20
Kaiser Permanente WA Core 3	20%	20%	\$20	\$20	\$30	\$20	20	20	20
Premera Blue Cross									
Premera High PPO	25%	25%	\$20	25%	\$40	\$20	12	12	12
Premera Standard PPO	20%	20%	\$20	20%	\$40	\$20	12	12	12
Uniform Medical Plan									
UMP Achieve 1	\$200/day up to \$600 for facility+20% for professional services	20%	20%	20%	20%	20%	16	16	16
UMP Achieve 2	\$200/day up to \$600 for facility+15% for professional services	15%	15%	15%	15%	15%	16	16	16
UMP High Deductible	15%	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)
Kaiser Foundation Health Plan of Washington					
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
Premera Blue Cross					
Premera High PPO	N/A	\$7	\$30	30%	\$50
Premera Standard PPO	N/A	\$7	30%	50%	40%
Uniform Medical Plan					
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> )
Kaiser Foundation Health Plan of Washington (deductibles do not apply)				
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
Premera Blue Cross				
Premera High PPO	N/A	\$14 (deductible waived)	\$60	deductible, then 30%
Premera Standard PPO	N/A	\$14 (deductible waived)	30%	50%
Uniform Medical Plan				
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.



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.