PEBB Program Plan Comparison

2025 Kaiser Foundation Health Plan of Washington

Kaiser Permanente of WA HMO and SoundChoice plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

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

What you pay	Classic	Value	Consumer-Directed Health Plan (CDHP)	SoundChoice
Medical deductible[1] (individual/family)	$175/$525	$250/$750	$1,650/$3,300	$125/$375
Prescription drug deductible (individual/family)	$100/$300	$100/$300	Combined with medical	$100/$300
Medical out-of-pocket limit (individual/family)	$2,000/$4,000	$3,000/$6,000	$5,100/$10,200	$2,000/$4,000
Prescription drug out-of-pocket limit (individual/family)	$2,000/$8,000	$2,000/$8,000	Combined with medical	$2,000/$8,000
Telehealth				
Telemedicine (real-time interactive audio and video communications with provider)	$10[2]	$10[2]	$10[1]	$10[2]
Telephone services and online visits	$0[2]	$0[2]	$0[2]	$0[2]
Outpatient care				
Primary care	$15	$30	10%	$20[2]
Specialist	$30	$50	10%	15%
Preventive care	$0[2]	$0[2]	$0[2]	$0[2]
Behavioral health	$15	$30	10%	$20[2]
Diagnostic tests, X-ray/lab	$0; MRI, CT, or PET scan $30	$0; MRI, CT, or PET scan $50	10%	15%
Hospital services				
Inpatient	Inpatient: $150/day up to $750/admission	Inpatient: $250/day up to $1,250/admission	10%	$500 per admission
Outpatient	$150	$200	10%	15%

2025 PEBB HMO and SoundChoice Plans

What you pay		Classic	Value	CDHP	SoundChoice
Emergency services					
Emergency room		$250	$300	10%	$75 + 15%
Urgent care		$15[3]	$30[3]	10%	15%
Ambulance (air/ground, per trip)		20%[2]	20%[2]	10%	20%[2]
Therapies					
Rehabilitation (occupational, physical, and speech therapy; pulmonary and cardiac rehabilitation) and neurodevelopmental therapy (NDT)		Inpatient: $150/day up to $750/admission	Inpatient: $250/day up to $1,250/admission	Inpatient: 10%	Inpatient: $500 per admission
		Combined visits limited to 60 total visits per calendar year (no visit limit for NDT)			
		Outpatient: $30	Outpatient: $50	Outpatient: 10%	Outpatient: 15%
Massage therapy		24 visits per calendar year			
		$30	$50	10%	15%
Acupuncture		24 visits per calendar year			
		$15	$30	10%	$20[2]
Chiropractic (spinal manipulations)		24 visits per calendar year			
		$15[3]	$30[3]	10%	$20[2,3]
Naturopathy		3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)			
		$15	$30	10%	$20[2]
Durable medical equipment and aids					
Durable medical equipment		20%	20%	10%	15%
Hearing aids		$0 up to $3,000 per ear every 36 months[2] (after deductible for CDHP)			
Prescription drugs					
Value Tier	Retail 30-day Mail order 90-day	$5[2]/$10[2]	$5[2]/$10[2]	n/a[4]	$5[2]/$10[2]
Tier 1 (preferred generic)	Retail 30-day Mail order 90-day	$20[2]/$40[2]	$25[2]/$50[2]	$20[5]/$40[5]	$15[2]/$30[2]
Tier 2 (preferred brand)	Retail 30-day Mail order 90-day	$40/$80	$50/$100	$40[5]/$80[5]	$60/$120
Tier 3 (nonpreferred brand and generic)	Retail 30-day Mail order 90-day	50% up to $250/ 50% up to $750	50%	50% up to $250[5]/ 50% up to $750[5]	50%
Tier 4 (preferred specialty)	30-day	n/a	$150	n/a	$150
Tier 5 (nonpreferred specialty)	30-day	n/a	50% up to $400	n/a	50% up to $400

Monthly employee premiums	Classic	Value	CDHP	SoundChoice

Employees of employer groups who work for a city, county, port, water district, hospital etc., need to contact their payroll or benefits office to find their monthly premiums.

[1] Annual deductible applies to most services.

[2] Not subject to annual deductible.

[3] Specialty care visit copay/coinsurance will apply if service is rendered by a specialist.

[4] Certain generic prescription medications considered preventive are covered in full before deductible is met.

[5] Medical deductible applies to these prescription drug services.

[6] Or state-regsitered domestic partner.

Virtual care is offered when appropriate and available.

Call our dedicated Member Services phone line for PEBB members at **1-866-648-1928** (TTY **711**). This is a brief summary of benefits. THIS IS NOT A CONTRACT OR EVIDENCE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your Evidence of Coverage.

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