



# School Employees Benefits Board (SEBB) Program

2024 Kaiser Foundation Health Plan of Washington Options, Inc.

## Summit PPO Plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

- **No copays for preventive care**, with no deductible.
- **No deductible for prescription drugs.** And mail-order pharmacy offers convenience and savings.
- **Virtual care options.** Virtual care, including 24/7 Care Chat, 24/7 advice line, phone and video appointments, and more.
- **Lower copays and coinsurance when you get care** from Kaiser Permanente clinicians and Tier 1 specialists and hospitals.
- **Manage your health anytime, anywhere.** With the Kaiser Permanente Washington app, it's easy for you to connect to care, resources, and wellness programs to help you live your healthiest life.

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

Benefits (In-Network)	Summit PPO 3		Summit PPO 2		Summit PPO 1	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
<b>Deductible</b> (single/family)	\$250/\$500		\$750/\$1,500		\$1,250/\$2,500	
<b>Medical maximum out-of-pocket limit</b> (single/family)	\$2,500/\$5,000		\$3,500/\$7,000		\$4,500/\$9,000	
<b>Telehealth</b>						
<b>Telemedicine</b> (real time interactive audio and video communications with provider)	\$10*		\$10*		\$10*	
<b>Telephone Services and Online Visits</b>	\$0*		\$0*		\$0*	
<b>Outpatient care</b>						
<b>Primary care</b>	\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Specialist</b>	\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
<b>Preventive care</b>	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*
<b>Behavioral health</b>	\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Diagnostic tests, X-ray/lab</b>	10%	30%	10%	30%	10%	30%
<b>Hospital services</b>	10%	30%	10%	30%	10%	30%
<b>Inpatient care</b>						
<b>Hospital services</b>	10%	30%	10%	30%	10%	30%
<b>Obesity-related surgery</b> (bariatric)	10%	30%	10%	30%	10%	30%
<b>Emergency, urgent care, and transportation</b>						
<b>Emergency room</b>	\$100 then 10%		\$100 then 10%		\$100 then 10%	
<b>Urgent care*</b>	\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Ambulance</b> (air/ground, per trip)	10%		10%		10%	

## 2024 SEBB Summit PPO Plans

Benefits (In-Network)		Summit PPO 3		Summit PPO 2		Summit PPO 1	
		Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
<b>Rehabilitation, therapy, and alternative medicine</b>							
<b>Rehabilitation</b> (occupational, physical, and speech therapy; pulmonary and cardiac rehabilitation) and neurodevelopmental therapy (NDT)		Combined therapy, 60 total visits per calendar year (no visit limit for NDT)					
		\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
<b>Massage therapy</b>		24 visits per calendar year					
		\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
<b>Acupuncture</b>		24 visits per calendar year					
		\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Chiropractic manipulations*</b>		24 visits per calendar year					
		\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Naturopathy</b>		Unlimited visits					
		\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
<b>Durable medical equipment, devices, and aids</b>							
<b>Durable medical equipment</b> (per calendar year)		Member pays any amount over \$300 for orthotic devices, in a calendar year					
		10%	30%	10%	30%	10%	30%
<b>Hearing aids</b>		\$0 up to \$3,000 per ear (every 36 months)*					
<b>Prescription drugs</b>							
<b>Rx deductible</b>		None					
<b>Rx out-of-pocket limit</b>		Combined with medical maximum out-of-pocket limit					
<b>Preferred generic</b>	Retail 30-day supply	\$5♦	\$15♦	\$5♦	\$15♦	\$10♦	\$20♦
	Mail order 90-day supply	\$10♦	n/a	\$10♦	n/a	\$20♦	n/a
<b>Preferred brand</b>	Retail 30-day supply	\$30♦	\$50♦	\$30♦	\$50♦	\$20♦	\$40♦
	Mail order 90-day supply	\$60♦	n/a	\$60♦	n/a	\$40♦	n/a
<b>Nonpreferred generic and brand</b>	Retail 30-day supply	\$65♦	\$95♦	\$65♦	\$95♦	\$30♦	\$60♦
	Mail order 90-day supply	\$130♦	n/a	\$130♦	n/a	\$60♦	n/a
<b>Preferred specialty</b>	Retail 30-day supply	\$150♦	\$150♦	\$150♦	\$150♦	\$150♦	\$150♦
<b>Nonpreferred specialty</b>	Retail 30-day supply	30%♦	30%♦	30%♦	30%♦	30%♦	30%♦

Monthly employee premiums	Summit PPO 3	Summit PPO 2	Summit PPO 1
<b>Employee</b>	\$237	\$143	\$100
<b>Employee and spouse**</b>	\$474	\$286	\$200
<b>Employee and children</b>	\$415	\$250	\$175
<b>Employee, spouse**, and children</b>	\$711	\$429	\$300

Tier 1 includes preferred in-network care from Kaiser Permanente providers and pharmacies and preferred contracted specialists and hospitals.

Tier 2 includes in-network care from other providers, including First Choice Health providers and First Health providers.

These plans include coverage from out-of-network licensed providers at a higher annual medical deductible, 50% coinsurance, and no maximum out-of-pocket limit.

\* Specialty care visit copay will apply if service is rendered by a specialist.

- ♦ Not subject to annual deductible
- ♦♦ Or state-registered domestic partner

Virtual care is offered when appropriate and available.

If you have questions, please call Kaiser Permanente WA Member Services at **1-888-901-4636 (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.