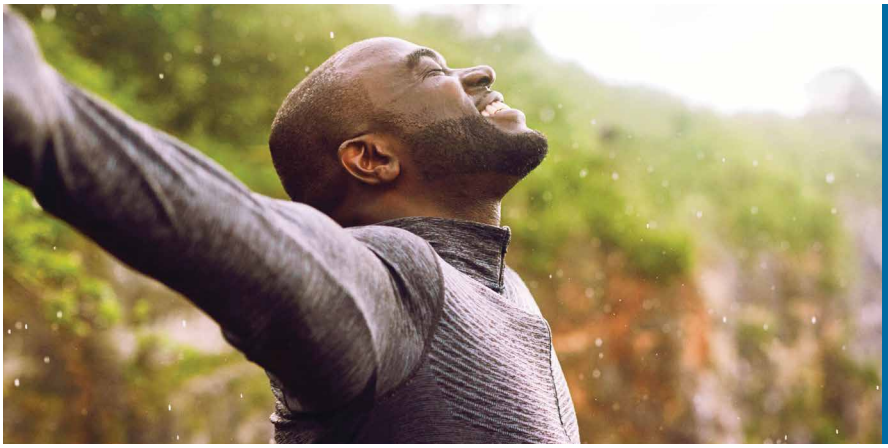

Public Employees Benefits Board (PEBB) Program

2024 Kaiser Foundation Health Plan of Washington

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

- **Quality care with you at the center.** Our integrated care model makes care feel easier and faster. Most of our locations let you see your doctor, get lab work or X-rays, and pick up a prescription – all in one trip.
- **Convenient virtual care options.** Virtual care, including 24/7 Care Chat, 24/7 advice line, phone and video appointments, and more. (Deductible applies for CDHP plan.)
- **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 (Network)	Classic	Value	Consumer-Directed Health Plan (CDHP)	SoundChoice
Medical deductible*	$175/$525	$250/$750	$1,600/$3,200	$125/$375
Prescription deductible (single/family)	$100/$300	$100/$300	Prescription combined with medical	$100/$300
Medical out-of-pocket limit	$2,000/$4,000	$3,000/$6,000	$5,100/$10,200	$2,000/$4,000
Prescription out-of-pocket limit (individual/family)	$2,000/$8,000	$2,000/$8,000	Prescription drug copays and coinsurance combined with medical-out of-pocket maximum limit	$2,000/$8,000
Telehealth				
Telemedicine (real time interactive audio and video communications with provider)	$10◆	$10◆	$10*	$10◆
Telephone Services and Online Visits	$0◆	$0◆	$0◆	$0◆
Outpatient care				
Primary care	$15	$30	10%	$20◆
Specialist	$30	$50	10%	15%
Preventive care	$0◆	$0◆	$0◆	$0◆
Mental health	$15	$30	10%	$20◆
Diagnostic tests, X-ray/lab	$0; MRI, CT, or PET scan $30	$0; MRI, CT, or PET scan $50	10%	15%
Hospital outpatient	$150	$200	10%	15%
Inpatient care				
Hospital services	Inpatient: $150/day up to $750/admission	Inpatient: $250/day up to $1,250/admission	10%	$500 per admission
Obesity-related surgery (bariatric)	Member pays cost-shares based on services provided when medical criteria is met			

kp.org/wa/pebb

Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

KAISER PERMANENTE®

2024 PEBB Kaiser Permanente of WA HMO and SoundChoice Plans

Benefits (Network)	Classic	Value	CDHP	SoundChoice
Emergency, urgent care, and transportation				
Emergency room	$250	$300	10%	$75 + 15%
Urgent care**	$15**	$30**	10%	15%
Ambulance (air/ground, per trip)	20%◆	20%◆	10%	20%◆
Rehabilitation, therapy, and alternative medicine				
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◆
Chiropractic manipulations	24 visits per calendar year			
	$15	$30	10%	$20**
Naturopathy	3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)			
	$15	$30	10%	$20
Durable medical equipment, devices, and aids				
Durable medical equipment	20%	20%	10%	15%
Hearing aids	$0 up to $3,000 per ear every 36 months◆ (after deductible for CDHP)			
Vision				
Exam	$15**	$30**	10%	$20**
Glasses and contacts (for members ages 19 and older)	Member pays any amount over $150 every 24 months◆			
Pediatric glasses and contacts (for members under age 19)	Member pays $0 for one set of glasses or 50% for one-year supply of contact lenses (in lieu of glasses) per calendar year◆			
Prescription drugs				
Value Tier Retail 30-day/Mail order 90-day	$5◆/$10◆	$5◆/$10◆	n/a±	$5◆/$10◆
Tier 1 (preferred generic) Retail 30-day/Mail order 90-day	$20◆/$40◆	$25◆/$50◆	$20±±/$40±±	$15◆/$30◆
Tier 2 (preferred brand) Retail 30-day/Mail order 90-day	$40/$80	$50/$100	$40±±/$80±±	$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±±/ 50% up to $750±±	50%
Tier 4 (preferred specialty)	n/a	$150	n/a	$150
Tier 5 (nonpreferred specialty)	n/a	50% up to $400	n/a	50% up to $400

* Annual deductible applies to most services.

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

◆ Not subject to annual deductible.

± Certain generic prescription medications considered preventive are covered in full before deductible is met.

±± Medical deductible applies to these prescription drug services.

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.

All plans offered and underwritten by
Kaiser Foundation Health Plan of Washington.
1300 SW 27th St., Renton, WA 98057

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Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

KAISER PERMANENTE®