

PEBB NW Traditional Plan

2024 Medical Benefit Summary Part-Time Employee

Plan benefits	Traditional Plan	\$250 Deductible Plan
Plan year deductible	None	\$250/individual \$750/family
Additional HEM non-participant deductible	Additional deductible: \$100/individual, \$300/family (Applies to all services unless otherwise noted)	
Out-of-pocket maximum per plan year	\$1,500/individual \$3000/family	\$1500/individual \$4500/family
Preventive care services / tests	\$0	\$0
Office visit copay	\$30	\$30
Specialist copay	\$30	\$30
Naturopathy	\$30	\$30
Outpatient surgery	\$30	20% after deductible
Urgent Care visit	\$30	\$50
Emergency room copay	\$150 (waived if admitted)	\$150 after deductible (waived if admitted)
Hospital inpatient care	\$500 per admission	\$500 per admission after deductible
MRI, CT, PET, SPECT Scans and Sleep Studies	\$100	\$100
Lab/X-ray/diagnostics	\$10	\$20
Prescription Drugs and Supplies	\$10 generic \$25 preferred brand \$50 specialty Mail order (31-90 day), \$20 generic, \$50 Brand	\$10 generic \$25 preferred brand \$50 specialty Mail order (31-90 day), \$20 generic, \$50 Brand
*Self-referred alternative care: chiropractic and acupuncture	Not covered	\$10
*Self-referred Massage Therapy	Not covered	\$25
Routine eye exam	\$30	\$30

*Chiropractic limit of 20 per calendar year, Acupuncture and Massage limit of 12 per calendar year. Must use network providers. Find participating providers at chpgroup.com

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook*, also known as the *Evidence of Coverage (EOC)*, or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail. To learn more about Kaiser Permanente, visit my.kp.org/pebb