



School Employees Benefits Board (SEBB) Program

2023 Kaiser Foundation Health Plan of Washington Options, Inc.

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

- **Family-friendly plans.** \$0 copays for primary care for kids up to age 18 – all with no deductible.
- **No copays for preventive care,** with no deductible.
- **No deductible for prescription drugs.** And mail-order pharmacy offers convenience and savings.
- **Convenient virtual care options.** \$0 copay for 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.
- **Lower costs when you fill prescriptions** at a Kaiser Permanente pharmacy or by mail order.

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

Benefits (Network)	Summit PPO 3		Summit PPO 2		Summit PPO 1	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Deductible (single/family)	\$250/\$500		\$750/\$1,500		\$1,250/\$2,500	
Maximum out-of-pocket limit (single/family)	\$2,500/\$5,000		\$3,500/\$7,000		\$4,500/\$9,000	
Outpatient care						
Primary care	\$10♦	\$20♦	\$10♦	\$20♦	\$20♦	\$40♦
Primary care* (up to age 18)	\$0♦	\$0♦	\$0♦	\$0♦	\$0♦	\$0♦
Specialist	\$20♦	\$40♦	\$20♦	\$40♦	\$40♦	\$80♦
Preventive care	\$0♦	\$0♦	\$0♦	\$0♦	\$0♦	\$0♦
Behavioral health*	\$10♦	\$20♦	\$10♦	\$20♦	\$20♦	\$40♦
Diagnostic tests, X-ray/lab	10%♦	30%♦	10%♦	30%♦	10%♦	30%♦
Hospital services	10%	30%	10%	30%	10%	30%
Inpatient care						
Hospital services	10%	30%	10%	30%	10%	30%
Obesity-related surgery (bariatric)	10%	30%	10%	30%	10%	30%
Emergency, urgent care, and transportation						
Emergency room	\$100 + 10%		\$100 + 10%		\$100 + 10%	
Urgent care**	\$10♦	\$20♦	\$10♦	\$20♦	\$20♦	\$40♦
Ambulance (air/ground, per trip)	10%		10%		10%	

2023 SEBB Summit PPO Plans

Benefits (Network)	Summit PPO 3		Summit PPO 2		Summit PPO 1		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
Rehabilitation, therapy, and alternative medicine							
Rehabilitation (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*	\$40*	\$20*	\$40*	\$40*	\$80*	
Massage therapy*	20 visits per calendar year						
	\$20*	\$40*	\$20*	\$40*	\$40*	\$80*	
Acupuncture *	20 visits per calendar year						
	\$10*	\$20*	\$10*	\$20*	\$20*	\$40*	
Chiropractic manipulations* **	20 visits per calendar year						
	\$10*	\$20*	\$10*	\$20*	\$20*	\$40*	
Naturopath*	Unlimited visits						
	\$10*	\$20*	\$10*	\$20*	\$20*	\$40*	
Durable medical equipment, devices, and aids							
Durable medical equipment (per calendar year)	Member pays any amount over \$300 for orthotic devices, in a calendar year						
	10%	30%	10%	30%	10%	30%	
Hearing aids	\$0 for one hearing aid per ear (every 60 months)*						
Prescription drugs							
Rx deductible	None						
Rx out-of-pocket limit	Combined with maximum out-of-pocket limit						
Preferred generic	Retail 30-day supply	\$5	\$15	\$5	\$15	\$10	\$20
	Mail order 90-day supply	\$10	n/a	\$10	n/a	\$20	n/a
Preferred brand	Retail 30-day supply	\$30	\$50	\$30	\$50	\$20	\$40
	Mail order 90-day supply	\$60	n/a	\$60	n/a	\$40	n/a
Nonpreferred	Retail 30-day supply	\$65	\$95	\$65	\$95	\$30	\$60
	Mail order 90-day supply	\$130	n/a	\$130	n/a	\$60	n/a
Preferred specialty	Retail 30-day supply	\$150	\$150	\$150	\$150	\$150	\$150
Nonpreferred specialty	Retail 30-day supply	30%	30%	30%	30%	30%	30%

The first time you fill a prescription for a maintenance drug,¹ you're welcome to use any pharmacy in your network, and after that, it's simple to transfer to mail order so you can receive refills quickly and safely at home, with no delivery charge. To refill your prescriptions for medications you take regularly, you can use mail order or a Kaiser Permanente retail pharmacy, but must use mail order for maintenance drugs.

Monthly employee premiums	Summit PPO 3	Summit PPO 2	Summit PPO 1
Employee	\$142	\$106	\$77
Employee and spouse**	\$284	\$212	\$154
Employee and children	\$284	\$186	\$135
Employee, spouse,** and children	\$426	\$318	\$231

Tier 1 includes 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.

Tier 3 includes any licensed provider and is subject to higher deductibles and 50% coinsurance with no out-of-pocket limit.

* Up to age 18: Enrollee pays nothing for primary care provider services.

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

♦ Not subject to annual deductible.

♦♦ Or state-registered domestic partner.

¹ Maintenance drugs are used on a continuing basis for the treatment of ongoing conditions.

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.

kp.org/wa/sebb

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All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.