

SEBB Program Plan Comparison

2025 Kaiser Foundation Health Plan of Washington

Core Plans for Benton, Columbia, Franklin, Island, Lewis, Mason, Skagit, Walla Walla, Whatcom, Whitman, and Yakima counties

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

What you pay	Core 3	Core 2	Core 1
Medical deductible (individual/family)	\$250/\$750	\$750/\$2,250	\$1,250/\$3,750
Medical out-of-pocket limit (individual/family)	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
Prescription drug deductible	None		
Prescription drug out-of-pocket limit	Combined with medical out-of-pocket limit		
Telehealth			
Telemedicine (real-time interactive audio and video communications with provider)	\$10 ¹	\$10 ¹	\$10 ¹
Telephone services and online visits	\$0 ¹	\$0 ¹	\$0 ¹
Outpatient care			
Primary care	\$20 then 20%	\$25 then 20%	\$30 then 20%
Specialist	\$30 then 20%	\$35 then 20%	\$40 then 20%
Preventive care	\$0 ¹	\$0 ¹	\$0 ¹
Behavioral health	\$20 then 20%	\$25 then 20%	\$30 then 20%
Diagnostic tests, X-ray/lab	20%	20%	20%
Hospital services			
Inpatient	20%	20%	20%
Outpatient	20%	20%	20%
Emergency services			
Emergency room	\$150 then 20%	\$150 then 20%	\$150 then 20%
Urgent care	\$20 ² then 20%	\$25 ² then 20%	\$30 ² then 20%
Ambulance (air/ground, per trip)	20% ¹	20% ¹	20% ¹

2025 SEBB Core Plans

What you pay		Core 3	Core 2	Core 1
Therapies				
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)		
		\$30 then 20%	\$35 then 20%	\$40 then 20%
Massage therapy		24 visits per calendar year		
		\$30 then 20%	\$35 then 20%	\$40 then 20%
Acupuncture		24 visits per calendar year		
		\$20 then 20%	\$25 then 20%	\$30 then 20%
Chiropractic (spinal manipulations)		24 visits per calendar year		
		\$20 ² then 20%	\$25 ² then 20%	\$30 ² then 20%
Naturopathy		Unlimited visits		
		\$20 then 20%	\$25 then 20%	\$30 then 20%
Durable medical equipment and aids				
Durable medical equipment		Member pays any amount over \$300 for orthotic devices (per calendar year) ¹		
		20%	20%	20%
Hearing aids		\$0 up to \$3,000 per ear (every 36 months) ¹		
Prescription drugs				
Tier 1 (preferred generic)	Retail 30-day supply	\$10 ¹	\$10 ¹	\$5 ¹
	Mail order 90-day supply	\$20 ¹	\$20 ¹	\$10 ¹
Tier 2 (preferred brand)	Retail 30-day supply	\$25 ¹	\$25 ¹	\$25 ¹
	Mail order 90-day supply	\$50 ¹	\$50 ¹	\$50 ¹
Tier 3 (nonpreferred brand and generic)	Retail 30-day supply	\$50 ¹	\$50 ¹	\$50 ¹
	Mail order 90-day supply	\$100 ¹	\$100 ¹	\$100 ¹
Tier 4 (specialty)	30-day supply	50% up to \$150 ¹	50% up to \$150 ¹	50% up to \$150 ¹

Monthly employee premiums		Core 3	Core 2	Core 1
Employee		\$208	\$55	\$23
Employee and spouse³		\$416	\$110	\$46
Employee and children		\$364	\$96	\$40
Employee, spouse³, and children		\$624	\$165	\$69

In-network care from Kaiser Permanente providers and pharmacies, as well as other network facilities and network providers.

¹ Not subject to annual medical deductible.

² Specialty care visit copay will apply if service is rendered by a specialist.

³ 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.