



SEBB Program Plan Comparison

2025 Kaiser Foundation Health Plan of the Northwest

Choosing a plan that works for you is important, but it doesn't have to be complicated.

Look for convenience:

- Most of our locations let you see your doctor, get lab work or X-rays, and pick up a prescription – all in one trip.
- Skip the trip to your doctor's office with video visits,¹ e-visits, and the option to email your doctor's office with nonurgent questions.^{2,3}

Look for cost savings and efficiency:

- Find a plan that helps fit your needs. Our plan options let you decide whether you prefer a higher monthly premium with lower costs when you receive care or a lower monthly premium with higher costs when you receive care.
- Our coordinated care teams, advanced technology, and preventive focus help provide high-quality treatment and more affordable care.
- All plans have the following features:
 - Copays on most office visits and no deductible on prescriptions
 - \$0 preventive services and telehealth services
 - Self-referred alternative care, including massage therapy, acupuncture, and chiropractic care

Look for high-quality care:

- We have a large and diverse multispecialty medical group, so we'll find you a specialist when you need one.
- Our integrated system helps your doctor, nurses, and specialists work together to help keep you healthy. They're connected to each other, and you, through your electronic health record.

Look for resources on our website: kp.org/wa/sebb

- Learn more about Kaiser Permanente and see what it's like being a member. Experience how we make health care simpler and more convenient.
- View plan documents, including enrollment materials, benefit summaries, healthy resources, and more.

We're here to help if you have more questions:

1-800-813-2000 (TTY 711)

1-800-324-8010 (language interpretation services)

Monday through Friday, 8 a.m. to 6 p.m.

See reverse to compare our medical plan options.

kp.org/wa/sebb

 **Health Care Authority**
School Employees Benefits Board

 **KAISER PERMANENTE®**

SEBB SUMMARY OF MEDICAL BENEFITS FOR 2025

| | Plan 1 | Plan 2 | Plan 3 |
|---|--|--|--|
| Monthly employee contribution | You pay | You pay | You pay |
| Employee only | \$63 | \$98 | \$265 |
| Employee + spouse/partner | \$126 | \$196 | \$530 |
| Employee + children | \$110 | \$172 | \$464 |
| Employee + spouse/partner + children | \$189 | \$294 | \$795 |
| Plan benefits | You pay | You pay | You pay |
| Annual deductible | \$1,250/individual ⁴ \$2,500/family ⁵ | \$750/individual ⁴ \$1,500/family ⁵ | \$125/individual ⁴ \$250/family ⁵ |
| Annual out-of-pocket maximum | \$4,500/individual ⁴ \$9,000/family ⁵ | \$4,000/individual ⁴ \$8,000/family ⁵ | \$2,500/individual ⁴ \$5,000/family ⁵ |
| Preventive care services | \$0 | \$0 | \$0 |
| Primary care office visit | \$30 | \$25 | \$20 |
| Specialist office visit | \$40 | \$35 | \$30 |
| Outpatient surgery, emergency room, and hospital inpatient care | 20%* | 20%* | 20%* |
| Urgent care | \$50 | \$45 | \$40 |
| Lab/X-ray/diagnostics | \$30 standard \$100 specialty | \$25 standard \$100 specialty | \$20 standard \$50 specialty |
| Prescription drugs: Mail-order pharmacy is available at 2 copays for a 90-day supply. ⁶ | \$20 generic \$40 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty | \$15 generic \$30 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty | \$10 generic \$20 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty |
| Chiropractic and acupuncture ⁷ | \$40 | \$35 | \$30 |
| Naturopathy | \$30 | \$25 | \$20 |
| Massage therapy ⁷ | \$25 | \$25 | \$25 |

*You pay charges for services when you receive them until you meet your deductible. After your deductible is met, you pay only your copay or cost share for services.

¹To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²When appropriate and available.

³These features are available when you get care at a Kaiser Permanente facility.

⁴For subscriber-only coverage per year.

⁵For a family of 2 or more members per year.

⁶Most specialty drugs are not available for mail order. Copay incentive does not apply.

⁷Acupuncture and massage therapy services each limited to 20 visits per year; no referral is required. Preauthorization for acupuncture required after first 20 visits. To be covered by your benefit, you must receive care from a provider in our service area who is part of The CHP Group network. Visit chpgroup.com to find a provider.

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 *Evidence of Coverage (EOC)* or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail.