PEBB Program Plan Comparison

2025 Kaiser Foundation Health Plan of Washington

Kaiser Permanente of WA HMO 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	Classic	Value	Consumer-Directed Health Plan (CDHP)
Medical deductible[1] (individual/family) **Prescription drug deductible** (individual/family)	$175/$525 $100/$300	$250/$750 $100/$300	$1,650/$3,300 Combined with medical
Medical out-of-pocket limit (individual/family) **Prescription drug out-of-pocket limit** (individual/family)	$2,000/$4,000 $2,000/$8,000	$3,000/$6,000 $2,000/$8,000	$5,100/$10,200 Combined with medical
Telehealth			
Telemedicine (real-time interactive audio and video communications with provider)	$10[2]	$10[2]	$10[1]
Telephone services and online visits	$0[2]	$0[2]	$0[2]
Outpatient care			
Primary care	$15	$30	10%
Specialist	$30	$50	10%
Preventive care	$0[2]	$0[2]	$0[2]
Behavioral health	$15	$30	10%
Diagnostic tests, X-ray/lab	$0; MRI, CT, or PET scan $30	$0; MRI, CT, or PET scan $50	10%
Hospital services			
Inpatient	Inpatient: $150/day up to $750/admission	Inpatient: $250/day up to $1,250/admission	10%
Outpatient	$150	$200	10%

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Emergency services				
Emergency room		$250	$300	10%
Urgent care		$15[3]	$30[3]	10%
Ambulance (air/ground, per trip)		20%[2]	20%[2]	10%
Therapies				
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%
		Combined visits limited to 60 total visits per calendar year (no visit limit for NDT)		
		Outpatient: $30	Outpatient: $50	Outpatient: 10%
Massage therapy		24 visits per calendar year		
		$30	$50	10%
Acupuncture		24 visits per calendar year		
		$15	$30	10%
Chiropractic (spinal manipulations)		24 visits per calendar year		
		$15[3]	$30[3]	10%
Naturopathy		3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)		
		$15	$30	10%
Durable medical equipment and aids				
Durable medical equipment		20%	20%	10%
Hearing aids		$0 up to $3,000 per ear every 36 months[2] (after deductible for CDHP)		
Prescription drugs				
Value tier	Retail 30-day/Mail order 90-day	$5[2]/$10[2]	$5[2]/$10[2]	n/a[4]
Tier 1 (preferred generic)	Retail 30-day/Mail order 90-day	$20[2]/$40[2]	$25[2]/$50[2]	$20[5]/$40[5]
Tier 2 (preferred brand)	Retail 30-day/Mail order 90-day	$40/$80	$50/$100	$40[5]/$80[5]
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[5]/ 50% up to $750[5]
Tier 4 (preferred specialty)	30-day	n/a	$150	n/a
Tier 5 (nonpreferred specialty)	30-day	n/a	50% up to $400	n/a

Monthly employee premiums	Classic	Value	CDHP
Employee	$128	$119	$25
Employee and spouse[6]	$256	$238	$50
Employee and children	$224	$208	$44
Employee, spouse[6], and children	$352	$327	$69

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

[1] Annual deductible applies to most services.

[2] Not subject to annual deductible.

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

[4] Certain generic prescription medications considered preventive are covered in full before deductible is met.

[5] Medical deductible applies to these prescription drug services.

[6] Or state-registered domestic partner.

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.

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1424891494 August 2024