

# PEBB Program Plan Comparison

## 2025 Kaiser Foundation Health Plan of Washington

Kaiser Permanente of WA HMO and SoundChoice plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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)	SoundChoice
<b>Medical deductible</b> <sup>1</sup> (individual/family)	\$175/\$525	\$250/\$750	\$1,650/\$3,300	\$125/\$375
<b>Prescription drug deductible</b> (individual/family)	\$100/\$300	\$100/\$300	Combined with medical	\$100/\$300
<b>Medical out-of-pocket limit</b> (individual/family)	\$2,000/\$4,000	\$3,000/\$6,000	\$5,100/\$10,200	\$2,000/\$4,000
<b>Prescription drug out-of-pocket limit</b> (individual/family)	\$2,000/\$8,000	\$2,000/\$8,000	Combined with medical	\$2,000/\$8,000
<b>Telehealth</b>				
<b>Telemedicine</b> (real-time interactive audio and video communications with provider)	\$10 <sup>2</sup>	\$10 <sup>2</sup>	\$10 <sup>1</sup>	\$10 <sup>2</sup>
<b>Telephone services and online visits</b>	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>
<b>Outpatient care</b>				
<b>Primary care</b>	\$15	\$30	10%	\$20 <sup>2</sup>
<b>Specialist</b>	\$30	\$50	10%	15%
<b>Preventive care</b>	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>
<b>Behavioral health</b>	\$15	\$30	10%	\$20 <sup>2</sup>
<b>Diagnostic tests, X-ray/lab</b>	\$0; MRI, CT, or PET scan \$30	\$0; MRI, CT, or PET scan \$50	10%	15%
<b>Hospital services</b>				
<b>Inpatient</b>	Inpatient: \$150/day up to \$750/admission	Inpatient: \$250/day up to \$1,250/admission	10%	\$500 per admission
<b>Outpatient</b>	\$150	\$200	10%	15%

## 2025 PEBB HMO and SoundChoice Plans

What you pay	Classic	Value	CDHP	SoundChoice	
<b>Emergency services</b>					
Emergency room	\$250	\$300	10%	\$75 + 15%	
Urgent care	\$15 <sup>3</sup>	\$30 <sup>3</sup>	10%	15%	
Ambulance (air/ground, per trip)	20% <sup>2</sup>	20% <sup>2</sup>	10%	20% <sup>2</sup>	
<b>Therapies</b>					
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%	Inpatient: \$500 per admission	
	Combined visits limited to 60 total visits per calendar year (no visit limit for NDT)				
	Outpatient: \$30	Outpatient: \$50	Outpatient: 10%	Outpatient: 15%	
Massage therapy	24 visits per calendar year				
	\$30	\$50	10%	15%	
Acupuncture	24 visits per calendar year				
	\$15	\$30	10%	\$20 <sup>2</sup>	
Chiropractic (spinal manipulations)	24 visits per calendar year				
	\$15 <sup>3</sup>	\$30 <sup>3</sup>	10%	\$20 <sup>2,3</sup>	
Naturopathy	3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)				
	\$15	\$30	10%	\$20 <sup>2</sup>	
<b>Durable medical equipment and aids</b>					
Durable medical equipment	20%	20%	10%	15%	
Hearing aids	\$0 up to \$3,000 per ear every 36 months <sup>2</sup> (after deductible for CDHP)				
<b>Prescription drugs</b>					
Value Tier	Retail 30-day Mail order 90-day	\$5 <sup>2</sup> /\$10 <sup>2</sup>	\$5 <sup>2</sup> /\$10 <sup>2</sup>	n/a <sup>4</sup>	\$5 <sup>2</sup> /\$10 <sup>2</sup>
Tier 1 (preferred generic)	Retail 30-day Mail order 90-day	\$20 <sup>2</sup> /\$40 <sup>2</sup>	\$25 <sup>2</sup> /\$50 <sup>2</sup>	\$20 <sup>5</sup> /\$40 <sup>5</sup>	\$15 <sup>2</sup> /\$30 <sup>2</sup>
Tier 2 (preferred brand)	Retail 30-day Mail order 90-day	\$40/\$80	\$50/\$100	\$40 <sup>5</sup> /\$80 <sup>5</sup>	\$60/\$120
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 <sup>5</sup> / 50% up to \$750 <sup>5</sup>	50%
Tier 4 (preferred specialty)	30-day	n/a	\$150	n/a	\$150
Tier 5 (nonpreferred specialty)	30-day	n/a	50% up to \$400	n/a	50% up to \$400
<b>Monthly employee premiums</b>					
Employee	Classic	Value	CDHP	SoundChoice	
Employee	\$128	\$119	\$25	\$73	
Employee and spouse <sup>6</sup>	\$256	\$238	\$50	\$146	
Employee and children	\$224	\$208	\$44	\$128	
Employee, spouse <sup>6</sup> , and children	\$352	\$327	\$69	\$201	

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

<sup>1</sup> Annual deductible applies to most services.

<sup>2</sup> Not subject to annual deductible.

<sup>3</sup> Specialty care visit copay/coinsurance will apply if service is rendered by a specialist.

<sup>4</sup> Certain generic prescription medications considered preventive are covered in full before deductible is met.

<sup>5</sup> Medical deductible applies to these prescription drug services.

<sup>6</sup> 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.