

2024 PEBB Medicare Retirees

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

Kaiser Permanente WA Original Medicare Coordination of Benefits (COB)

(For Medicare retirees living outside the Kaiser Permanente Medicare Advantage service area)

Costs				
Monthly rates – retiree only	\$188.62			
Annual deductible	Individual: \$250 Family: \$750			
Out-of-pocket limit	Individual: \$2,000 Family: \$4,000			
Benefits				
Outpatient Services				
Primary care visit	\$15			
Preventive care	\$0 ♦			
Specialty care visit	\$30			
Lab and radiology	\$0; MRI, CT, or PET scan \$30			
Mental health (outpatient)	\$15			
Rehabilitation (outpatient)**	\$30 per visit (maximum of 60 visits PCY), no limit for Neurodevelopmental Therapy			
Hospital (outpatient)	\$150			
Annual physical exam	\$0 ♦			
Telehealth (virtual care)	\$0 ♦			
Prescription Drugs	Value tier	Preferred generic	Preferred brand	Nonpreferred generic and brand
30-day supply (retail)	\$5	\$20	\$40	50% up to \$250
90-day supply (mail order)	\$10	\$40	\$80	50% up to \$750

Inpatient Hospital Care	
Hospital (inpatient)	\$150 per day to a maximum of \$750 per admit
Skilled nursing facility	\$150 per day to a maximum of \$750 per admit; 150 days PCY
Mental health (inpatient)**	\$150 per day to a maximum of \$750 per admit
Rehabilitation (inpatient)	\$150 per day to a maximum of \$750 per admit (maximum of 60 visits PCY), no limit for Neurodevelopmental Therapy
Emergency, Urgent Care, and Transportation	
Emergency care	\$250
Ambulance	20% ♦
Urgent care	\$15*
Alternative Medicine and Programs	
Chiropractic manipulations	\$15, 24 visits PCY
Naturopathy	\$15, 3 visits per medical diagnosis PCY
Acupuncture	\$15, 24 visits PCY
Diabetes prevention program	\$0
Vision and Hearing	
Vision exam	\$15*
Glasses and contacts	Enrollee pays any amount over \$150 every 24 months ♦
Hearing exam	\$15*
Hearing aid benefit	Enrollee pays any amount over \$3,000 per ear every 36 months ♦

PCY = Per calendar year

♦ Not subject to annual deductible.

*The specialty care visit copay will apply if service is rendered by a specialist. See Evidence of Coverage for the list of specialty providers.

**Services with mental health diagnoses are covered with no limit.

Original Medicare COB is available to retirees living in the following counties:

Benton, Columbia, Franklin, Mason (ZIP code 98560 only), Walla Walla, Whitman, Yakima

Original Medicare COB Drug Formulary: [Drug Formulary for Large Employer Groups 3 Tier](#)

(wa.kaiserpermanente.org/static/pdf/public/formulary/largegroup-tier3-formulary.pdf)

Medicare members may call to speak with a Kaiser Permanente Medicare specialist at **1-866-648-1928 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.