



2022 Kaiser Foundation Health Plan of Washington Public Employees Benefits Board (PEBB) Program

Kaiser Permanente of WA HMO plans for Benton, Columbia, Franklin, Island, Lewis, Mason, Skagit, Walla Walla, Whatcom, Whitman, and Yakima counties.

- Quality care with you at the center.**
 Our integrated care model makes care feel easier and faster. Most of our locations let you see your doctor, get lab work or x-rays, and pick up a prescription – all in one trip.
- Convenient virtual care options.**
 \$0 copay for virtual care, including 24/7 Care Chat, 24/7 advice line, phone and video appointments, and more. (Deductible applies for CDHP plan.)
- Manage your health anytime, anywhere.** With the Kaiser Permanente Washington app, it's easy for you to connect to care, resources, and wellness programs to help you live your healthiest life.

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

Benefits (Network)	Classic	Value	Consumer-Directed Health Plan (CDHP)
Medical deductible*	\$175 / \$525	\$250 / \$750	\$1,400 / \$2,800
Rx deductible (individual / family)	\$100 / \$300	\$100 / \$300	Rx combined with medical
Medical out-of-pocket limit	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,100 / \$10,200
Rx out-of-pocket limit (individual / family)	\$2,000 / \$8,000	\$2,000 / \$8,000	prescription drug copays and coinsurance combined with medical out-of-pocket maximum limit
Outpatient care			
Primary care	\$15	\$30	10%
Specialist	\$30	\$50	10%
Preventive care	\$0♦	\$0♦	\$0♦
Mental 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	\$150 copay	\$200 copay	10%
Inpatient care			
Hospital services	\$150 copay per day to a max of \$750 per admit	\$250 copay per day to a max of \$1,250 per admit	10%
Obesity-related surgery (bariatric)	Member pays cost-shares based on services provided; when medical criteria is met		
Emergency, urgent care, and transportation			
Emergency room	\$250	\$300	10%
Urgent care**	\$15**	\$30**	10%
Ambulance (air/ground, per trip)	20%♦	20%♦	10%

2022 PEBB Kaiser Permanente of WA HMO Plans

Benefits (Network)	Classic	Value	Consumer-Directed Health Plan (CDHP)
Rehabilitation, therapy, and alternative medicine			
Rehabilitation (occupational, physical and speech therapy, pulmonary and cardiac rehabilitation) and neurodevelopmental therapy (inpatient / outpatient)	Inpatient: \$150/day up to \$750/admission	Inpatient: \$250/day up to \$1,250/admission	Inpatient: 10%
	Outpatient: \$30	Outpatient: \$50	Outpatient: 10%
	Combined visits limited to 60 total visits per calendar year		
Massage therapy	see rehabilitation benefit above		
Acupuncture	12 visits per calendar year		
	\$15	\$30	10%
Chiropractic manipulations	10 visits per calendar year		
	\$15	\$30	10%
Naturopath	3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)		
	\$15	\$30	10%
Durable medical equipment, devices, and aids			
Durable medical equipment	20%	20%	10%
Hearing aids	\$0 for one hearing aid per ear (every 60 months)		
Vision			
Exam**	\$15	\$30	10%
Glasses and contacts (for members ages 19 and older)	Enrollee pays any amount over \$150 every 24 months♦		
Pediatric glasses and contacts (for members up to age 19)	Enrollee pays \$0 for one set of glasses or 50% for contact lenses (in lieu of glasses) per calendar year♦		
Prescription drugs: up to a 30-day supply (mail order is x2 prescription cost share for up to a 90-day supply, when applicable)			
Value Tier	\$5♦	\$5♦	n/a±
Tier 1 (preferred generic)	\$20♦	\$25♦	\$20±±
Tier 2 (preferred brand)	\$40	\$50	\$40±±
Tier 3 (non-preferred)	50% up to \$250	50%	50% up to \$250±±
Tier 4 (preferred specialty)	n/a	\$150	n/a
Tier 5 (non-preferred)	n/a	50% up to \$400	n/a
Monthly employee premiums			
	Classic	Value	Consumer-Directed Health Plan (CDHP)
State or higher education employee			
Employee	\$204	\$113	\$24
Employee and spouse♦♦	\$418	\$236	\$58
Employee and children	\$357	\$198	\$42
Employee, spouse,♦♦ and children	\$571	\$321	\$76
Non-Medicare retiree			
Employee	\$813	\$722	\$641
Employee and spouse♦♦	\$1,621	\$1,439	\$1,273
Employee and children	\$1,419	\$1,260	\$1,130
Employee, spouse,♦♦ and children	\$2,228	\$1,976	\$1,703

* Annual deductible applies to most services.

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

♦ Not subject to annual deductible.

± Certain generic prescription medications considered preventive are covered in full before deductible is met.

±± Medical deductible applies to these prescription drug services.

♦♦ 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 1-800-833-6388 / 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.