



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

Kaiser Permanente of WA HMO and SoundChoice plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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)	SoundChoice
Medical deductible*	\$175 / \$525	\$250 / \$750	\$1,400 / \$2,800	\$125 / \$375
Rx deductible (individual / family)	\$100 / \$300	\$100 / \$300	Rx combined with medical	\$100 / \$300 doesn't apply to Value and Tier 1 drugs
Medical out-of-pocket limit	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,100 / \$10,200	\$2,000 / \$4,000
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	\$2,000 / \$8,000
Outpatient care				
Primary care	\$15	\$30	10%	\$0♦
Specialist	\$30	\$50	10%	15%
Preventive care	\$0♦	\$0♦	\$0♦	\$0♦
Mental health	\$15	\$30	10%	\$0♦
Diagnostic tests, x-ray/lab	\$0; MRI, CT, or PET scan \$30	\$0; MRI, CT, or PET scan \$50	10%	15%
Hospital services	\$150 copay	\$200 copay	10%	15%
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%	\$500 per admission
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 copay	\$300 copay	10%	\$75 + 15%
Urgent care	\$15 copay**	\$30 copay**	10%	15%
Ambulance (air/ground, per trip)	20%♦	20%♦	10%	20%♦

2022 PEBB Kaiser Permanente of WA HMO and SoundChoice Plans

Benefits (Network)	Classic	Value	Consumer-Directed Health Plan (CDHP)	SoundChoice
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%	Inpatient: \$500 copay per admit
	Outpatient: \$30	Outpatient: \$50	Outpatient: 10%	Outpatient: 15%
	Combined visits limited to 60 total visits per calendar year			
Massage therapy	See rehabilitation benefit above			16 visits per calendar year 15%
Acupuncture	12 visits per calendar year			
	\$15	\$30	10%	\$0
Chiropractic manipulations	10 visits per calendar year			
	\$15	\$30	10%	\$0
Naturopath	3 visits per medical diagnosis per calendar year (visit limit does not apply to CDHP)			
	\$15	\$30	10%	\$0
Durable medical equipment, devices, and aids				
Durable medical equipment	20%	20%	10%	15%
Hearing aids	\$0 for one hearing aid per ear (every 60 months)			
Vision				
Exam	\$15**	\$30**	10%	\$0***
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±	\$5♦
Tier 1 (preferred generic)	\$20♦	\$25♦	\$20**	\$15♦
Tier 2 (preferred brand)	\$40	\$50	\$40**	\$60
Tier 3 (non-preferred)	50% up to \$250	50%	50% up to \$250**	50%
Tier 4 (preferred specialty)	n/a	\$150	n/a	\$150
Tier 5 (non-preferred)	n/a	50% up to \$400	n/a	50% up to \$400
Monthly employee premiums	Classic	Value	CDHP	SoundChoice
State or higher education employee				
Employee	\$204	\$113	\$24	\$50
Employee and spouse**	\$418	\$236	\$58	\$110
Employee and children	\$357	\$198	\$42	\$88
Employee, spouse,** and children	\$571	\$321	\$76	\$148
Non-Medicare retiree				
Employee	\$813	\$722	\$641	\$659
Employee and spouse**	\$1,621	\$1,439	\$1,273	\$1,313
Employee and children	\$1,419	\$1,260	\$1,130	\$1,150
Employee, spouse,** and children	\$2,228	\$1,976	\$1,703	\$1,804

* 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.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington

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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.