



2022 Kaiser Foundation Health Plan of Washington Options, Inc.

School Employees Benefits Board (SEBB) Program

Access PPO Plans for Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties.

- **Family-friendly plans.** \$0 copays for primary care for kids up to age 18 – all with no deductible.
- **No copays for preventive care,** with no deductible.
- **No deductible for prescription drugs.** And mail-order pharmacy offers convenience and savings.
- **Convenient virtual care options.** \$0 copay for virtual care, including 24/7 Care Chat, 24/7 advice line, phone and video appointments, and more.
- **Lower copays when you get care** from Kaiser Permanente doctors and care teams.
- **Lower costs when you fill prescriptions** at a Kaiser Permanente pharmacy or by mail order.

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

Benefits (Network)	Access PPO 3	Access PPO 2	Access PPO 1
Deductible (single/family)	\$250 / \$750	\$750 / \$2,250	\$1,250 / \$3,750
Maximum out-of-pocket limit (single/family)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,500 / \$9,000
Outpatient care			
Primary care	\$20 (\$10 E)♦	\$25 (\$15 E)♦	\$30 (\$20 E)♦
Primary care (under 18)	\$0♦	\$0♦	\$0♦
Specialist	\$30 (\$20 E)♦	\$35 (\$25 E)♦	\$40 (\$30 E)♦
Preventive care	\$0♦	\$0♦	\$0♦
Behavioral health	\$20 (\$10 E)♦	\$25 (\$15 E)♦	\$30 (\$20 E)♦
Diagnostic tests, x-ray/lab	20%	20% coinsurance after plan pays first \$500	20% coinsurance after plan pays first \$500
Hospital services	20%	20%	20%
Inpatient care			
Hospital services	20%	20%	20%
Obesity-related surgery (bariatric)	Member pays cost-shares based on services provided; when medical criteria is met		
Emergency, urgent care, and transportation			
Emergency room	\$150 + 20%	\$150 + 20%	\$150 + 20%
Urgent care**	\$20 (\$10 E)♦	\$25 (\$15 E)♦	\$30 (\$20 E)♦
Ambulance (air/ground, per trip)	20%	20%	20%

2022 SEBB Access PPO Plans

Benefits (Network)	Access PPO 3	Access PPO 2	Access PPO 1
Rehabilitation, therapy, and alternative medicine			
Rehabilitation (occupational, physical and speech therapy, pulmonary and cardiac rehabilitation) and neurodevelopmental therapy	Combined therapy, 60 total visits per calendar year		
	\$30 (\$20 E)♦	\$35 (\$25 E)♦	\$40 (\$30 E)♦
Massage therapy	20 visits per calendar year		
	\$30♦	\$35♦	\$40♦
Acupuncture	20 visits per calendar year		
	\$20♦	\$25♦	\$30♦
Chiropractic manipulations	20 visits per calendar year		
	\$20♦	\$25♦	\$30♦
Naturopath	Unlimited visits		
	\$20♦	\$25♦	\$30♦
Durable medical equipment, devices, and aids			
Durable medical equipment	Member pays any amount over \$300 for orthotic devices		
	20%	20%	20%
Hearing aids	\$0 for one hearing aid per ear (every 60 months)		
Prescription drugs: up to a 30-day supply (mail order is x2 prescription cost share for up to a 90-day supply, when applicable)			
Rx deductible	None	None	None
Rx out-of-pocket limit	Combined with maximum out-of-pocket limit		
Tier 1 (preferred generic)	\$10 (\$5 E)♦	\$10 (\$5 E)♦	\$10 (\$5 E)♦
Tier 2 (preferred brand)	\$50 (\$40 E)♦	\$50 (\$40 E)♦	\$50 (\$40 E)♦
Tier 3 (non-preferred)	50% up to \$125♦	50% up to \$125♦	50% up to \$125♦
Tier 4 (specialty)	50% up to \$150♦	50% up to \$150♦	50% up to \$150♦

Monthly employee premiums	Access PPO 3	Access PPO 2	Access PPO 1
Employee	\$185	\$133	\$104
Employee and spouse♦♦	\$370	\$266	\$208
Employee and children	\$324	\$233	\$182
Employee, spouse,♦♦ and children	\$555	\$399	\$312

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

- ♦ Not subject to annual deductible.
- ♦♦ Or state-registered domestic partner.

E Enhanced benefit when services received or prescriptions filled at a Kaiser Permanente Washington medical facility.

Virtual care is offered when appropriate and available.

Benefits listed refer to Access PPO providers: Washington Permanente Medical Group and other preferred network providers; First Choice Health providers; and First Health providers.

Care from other licensed providers is covered with the following limitations: subject to two times the deductible and unlimited out-of-pocket maximum listed; where benefits indicate a maximum dollar amount or visit number, the amount allowed is payable at 50%.

If you have questions, please call Kaiser Permanente WA Member Services at **1-888-901-4636** (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.