



2022 Kaiser Foundation Health Plan of Washington School Employees Benefits Board (SEBB) Program

Core Plans for Benton, Columbia, Franklin, Island, Lewis, Mason, Skagit, Walla Walla, Whatcom, Whitman, and Yakima 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.
- **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) | Core 3 | Core 2 | Core 1 |
|---|--|---|---|
| Medical deductible | \$250 / \$750 | \$750 / \$2,250 | \$1,250 / \$3,750 |
| Medical maximum out-of-pocket limit | \$2,000 / \$4,000 | \$3,000 / \$6,000 | \$4,000 / \$8,000 |
| Outpatient care | | | |
| Primary care | \$20♦ | \$25♦ | \$30♦ |
| Primary care (up to age 18) | \$0♦ | \$0♦ | \$0♦ |
| Specialist | \$30♦ | \$35♦ | \$40♦ |
| Preventive care | \$0♦ | \$0♦ | \$0♦ |
| Behavioral health | \$20♦ | \$25♦ | \$30♦ |
| 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 copay + 20% | \$150 copay + 20% | \$150 copay + 20% |
| Urgent care** | \$20♦ | \$25♦ | \$30♦ |
| Ambulance (air/ground, per trip) | 20% | 20% | 20% |

2022 SEBB Core Plans

| Benefits (Network) | Core 3 | Core 2 | Core 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♦ | \$ 35♦ | \$ 40♦ |
| 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♦ | \$10♦ | \$5♦ |
| Tier 2 (preferred brand) | \$25♦ | \$25♦ | \$25♦ |
| Tier 3 (non-preferred) | \$50♦ | \$50♦ | \$50♦ |
| Tier 4 (specialty) | 50% up to \$150♦ | 50% up to \$150♦ | 50% up to \$150♦ |

| Monthly employee premiums | Core 3 | Core 2 | Core 1 |
|----------------------------------|--------|--------|--------|
| Employee | \$119 | \$44 | \$39 |
| Employee and spouse** | \$238 | \$88 | \$78 |
| Employee and children | \$208 | \$77 | \$68 |
| Employee, spouse,** and children | \$357 | \$132 | \$117 |

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

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

Virtual care is offered when appropriate and available.

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.