



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

Core and SoundChoice Plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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)	SoundChoice	Core 2	Core 1
Medical deductible	\$125 / \$375	\$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	\$0♦	\$25♦	\$30♦
Primary care (up to age 18)	\$0♦	\$0♦	\$0♦
Specialist	\$30♦	\$35♦	\$40♦
Preventive care	\$0♦	\$0♦	\$0♦
Behavioral health	\$0♦	\$25♦	\$30♦
Diagnostic tests, x-ray/lab	15%	20% coinsurance after plan pays first \$500	20% coinsurance after plan pays first \$500
Hospital services	15%	20%	20%
Inpatient care			
Hospital services	15%	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 + 15%	\$150 copay + 20%	\$150 copay + 20%
Urgent care**	\$30♦	\$25♦	\$30♦
Ambulance (air/ground, per trip)	20%	20%	20%

2022 SEBB Core and SoundChoice Plans

Benefits (Network)	SoundChoice	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		
	\$0♦	\$25♦	\$30♦
Chiropractic manipulations	20 visits per calendar year		
	\$0♦	\$25♦	\$30♦
Naturopath	Unlimited visits		
	\$0♦	\$25♦	\$30♦
Durable medical equipment, devices, and aids			
Durable medical equipment	Member pays any amount over \$300 for orthotic devices		
	15%	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	SoundChoice	Core 2	Core 1
Employee	\$76	\$44	\$39
Employee and spouse♦♦	\$152	\$88	\$78
Employee and children	\$133	\$77	\$68
Employee, spouse,♦♦ and children	\$228	\$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.