

SEBB Program Medical Benefits Comparison Chart

Note: Subject to legislative funding and final decisions by the SEB Board

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera			Providence		UMP			
Annual Costs/ Benefits ^	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	HSA	Plan 2	UMP Achieve 1 (82% AV)	UMP Achieve 2 (88% AV)	UMP High Deductible	UMP Plus
Deductible (single/ family)	\$1,250/ \$2,500	\$750/ \$1,500	\$125/ \$250	\$1,250/ \$3,750	\$750/ \$2,250	\$250/ \$750	\$125/ \$375	\$1,250/\$ 3,750	\$750/ \$2,250	\$250/ \$750	\$1,250/ \$3,125	\$750/ \$1,875	\$1,250/ \$3,125	\$1,750/ \$3,500	\$750/ \$1,500	\$750/ \$2,250	\$250/ \$750	\$1,400/ \$2,800	\$125/ \$375
Max out-of- pocket limit	\$4,000/ \$8,000	\$3,500/ \$7,000	\$2,000/\$ 4,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$4,500/\$ 9,000	\$3,500/\$ 7,000	\$2,500/\$ 5,000	\$5,000/ \$10,000	\$3,500/\$ 7,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$2,500/ \$5,000	\$3,500/ \$7,000	\$2,000/ \$4,000	\$4,200/ \$8,400**	\$2,000/ \$4,000
Coinsurance	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%	20%	25%	20%	20%	20%	20%	20%	15%	15%

Ambulance (air/ground, per trip)	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	25%	20%	20%	20%	20%	20%	20%	20%
Diagnostic tests, lab, and x-rays	\$30	\$25	\$20	20% over \$500	20% over \$500	20%	15%	20%	20% over \$500	20%	20%	25%	20%	20%	20%	20%	20%	15%	15%
Emergency room	20%	20%	20%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 15%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 25%	\$150 + 20%	20%	\$75	\$75 + 20%	\$75 + 15%	15%	\$75 + 15%
Inpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%	20%	25%	20%	20%	20%	\$200/day up to \$600 + 20%	\$200/day up to \$600 + 15%	15%	\$200/day up to \$600 + 15%
Outpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%	20%	25%	20%	20%	20%	20%	15%	15%	15%
Preventive care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Spinal manipulations	\$40	\$35	\$30	\$30	\$25	\$20	\$0	\$30	\$25	\$20	20%	25%	20%	20%	20%	20%	15%	15%	15%

Primary care	\$30	\$25	\$20	\$30	\$25	\$20	\$0	\$30	\$25	\$20	\$20	\$20	\$20	20%	20%	20%	15%	15%	\$0
Specialist	\$40	\$35	\$30	\$40	\$35	\$30	\$30	\$40	\$35	\$30	\$40	\$40	\$40	20%	20%	20%	15%	15%	15%
Urgent care	\$50	\$45	\$40	\$30	\$25	\$20	\$0	\$30	\$25	\$20	20%	25%	20%	20%	20%	20%	15%	15%	15%
Mental health (outpatient)	\$30	\$25	\$20	\$30	\$25	\$20	\$0	\$30	\$25	\$20	\$20	\$20	\$20	20%	20%	20%	15%	15%	15%
Physical, occupational, and speech therapy	\$40	\$35	\$30	\$40	\$35	\$30	\$30	\$40	\$35	\$30	\$40	\$40	\$40	20%	20%	20%	15%	15%	15%

^ In-network

** Out of pocket expenses for a single member under a family account are not to exceed \$6,850.

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Annual Costs/ Benefits ^	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	HSA	Plan 2	UMP Achieve 1 (82% AV)	UMP Achieve 2 (88% AV)	UMP High Deductible	UMP Plus
Rx deductible	None	None	None	None	None	None	None	None	None	None	\$500/ \$1,250*	\$250/ \$625*‡	\$250/ \$750*	Combine with medical deductibles	Combine with medical deductibles	\$250/ \$750	Tiers 2-4 \$100/ \$300	Applied to medical deductible	None
Rx out-of-pocket limit	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	\$2,000/ person	\$2,000/ person	\$2,000/ person	\$2,000/ person
Retail: Value tier																5% up to \$10	5% up to \$10	15%	5% up to \$10
Retail: Tier 1 (Generics)	\$20	\$15	\$10	\$5	\$10	\$10	\$10	\$10	\$10	\$10	\$7	\$7	\$7	20%	\$10-\$15	10% up to \$25	10% up to \$25	15%	10% up to \$25
Retail: Tier 2 (Preferred Brand)	\$40	\$30	\$20	\$25	\$25	\$25	\$25	\$50	\$50	\$50	30%	\$30	30%	20%	\$45	30% up to \$75	30% up to \$75	15%	30% up to \$75
Retail: Tier 3 (Non-preferred)	50% up to \$100	50% up to \$100	50% up to \$100	\$50	\$50	\$50	\$50	50% up to \$125	50% up to \$125	50% up to \$125	50%	30%	50%	50%	\$75	50%	50%	15% (non- specialty)	50% up to \$150
(Most Specialty)	50% up to \$150	50% up to \$150	50% up to \$150	50% up to 150	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150	40%	\$50	40%	50% up to \$200	50% up to \$150	50% up To \$150	50% up to \$150	15%	50% up to \$150

^ In-network

*Waived for preferred generic prescription drugs.

‡ Rx deductible for Premera Plan 2 shows the SEB Board-approved deductible at the November 2018 Board meeting; Premera has proposed changing this figure to \$125 / \$312.

Note: The retail pharmacy benefit member costs are based on a 30-day supply.