

# 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			Uniform Medical Plan (UMP)			
Annual Costs/ Benefits ^	KPNW 1	KPNW 2	KPNW 3	KPWA Core 1	KPWA Core 2	KPWA Core 3	KPWA Sound Choice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	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	\$750/\$1,875		\$1,250/ \$3,125	\$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	\$3,500/\$7,000		\$5,000/ \$10,000	\$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%	25%		20%	20%	15%	15%	15%

Ambulance (air/ground, per trip)	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	25%		20%	20%	20%	20%	20%
Diagnostic tests, lab, and x-rays	\$30	\$25	\$20	20% over \$500	20% over \$500	20%	15%	20% over \$500	20% over \$500	20%	25%		20%	20%	15%	15%	15%
Emergency room	20%	20%	20%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 15%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 25%		\$150 + 20%	\$75 + 20%	\$75 + 15%	15%	\$75 + 15%
Inpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%	25%		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%	25%		20%	20%	15%	15%	15%
Preventive care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Cove red 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	25%		20%	20%	15%	15%	15%

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

^ In-network

\* UMP High Deductible has a combined medical and prescription drug deductible.

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

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			Uniform Medical Plan (UMP)			
Annual Costs/ Benefits (in network)	KPNW 1	KPNW 2	KPNW 3	KPWA Core 1	KPWA Core 2	KPWA Core 3	KPWA Sound Choice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care PPO	Standard PPO	UMP Achieve 1 (82% AV)	UMP Achieve 2 (88% AV)	UMP High Deductible	UMP Plus
Rx deductible (single/family)	None	None	None	None	None	None	None	None	None	None	\$125/\$312*		\$250/ \$750*	Tier 2 and specialty; \$250/ \$750	Tier 2 and specialty; \$100/ \$300	Combined with 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	\$2,000 per member; \$4,000 family maximum	\$2,000 per member; \$4,000 family maximum	Applies to max	\$2,000 per member; \$4,000 family maximum
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	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% 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	30%		50%				
(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	\$50		40%	30% up To \$75	30% up To \$75	15%**	30% up To \$75

**Note:** All plans cover legally-required preventive prescription drugs at 100 percent, with no deductible.

\*Waived for preferred generic prescription drugs.

\*\*After deductible met.

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