

# 2026 SEBB Medical Benefits Comparison

Use the following charts to view the deductibles, out-of-pocket limits, network out-of-pocket costs per visit, and prescription drug costs for SEBB medical plans.

You must pay your annual deductible before copays (\$) or coinsurance (%) apply, unless noted that the deductible is waived.

Some costs are separate for single subscribers and families. These costs are shown in order as individual/family.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31).

Call the plans directly for specific benefit information, including preauthorization requirements and exclusions.

If anything in these charts conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

Physical, occupational, speech, and neurodevelopmental therapies have a combined visit limit unless otherwise noted.

**Note:** Some benefits include symbols to represent additional information that is described on the next page.

*Continued on next page* →

What you pay ↘	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Permanente NW			Kaiser Permanente WA				Premera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO

## Annual costs (individual/family)

Medical deductible	\$1,250/ \$2,500	\$750/ \$1,500	\$125/ \$250	\$1,250/ \$3,750	\$750/ \$2,250	\$250/ \$750	\$125/ \$375	\$750/ \$1,500
Medical out-of-pocket limit	\$4,500/ \$9,000	\$4,000/ \$8,000	\$2,500/ \$5,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$2,000/ \$4,000		\$3,500/ \$7,000
Prescription drug deductible	None			None				None
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Combined with medical limit

## Emergency services

Ambulance	20%				20%*			20%
Emergency room	20%				\$150 + 20%		\$150 + 15%	\$150 + 20%‡

## Hearing services

Hearing aids (per ear)	\$0 every 36 months			\$0 every 36 months*				\$0 every 36 months*
Routine annual hearing exam	\$40*	\$35*	\$30*	\$30 (\$40#) + 20%	\$25 (\$35#) + 20%	\$20 (\$30#) + 20%	\$20 (\$30#) + 15%	\$0*

Amounts shown for Kaiser Permanente WA Options Summit PPO plans are for the Preferred in-network tier only. See the plan's benefits booklet for other network cost-sharing amounts.

Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx.

**Some benefits include symbols to represent additional information as described below:**

- \* Deductible is waived
- # Specialist copay/coinsurance
- † Total combined visits
- ‡ See additional terms and conditions listed in the plan's benefits booklet
- ▲ Out-of-pocket limit not to exceed \$7,000 per member

What you pay ↘	Preferred Provider Organization (PPO) Plans							
	Kaiser Permanente WA Options			Premera		Uniform Medical Plan		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
<b>Annual Costs</b> (individual/family)								
Medical deductible	\$1,250/ \$2,500	\$750/ \$1,500	\$250/ \$500	\$750/ \$1,875	\$1,250/ \$3,125	\$750/ \$2,250	\$250/ \$750	\$1,700/ \$3,400
Medical out-of-pocket limit	\$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▲
Prescription drug deductible	None			\$125/ \$312	\$250/ \$750	\$250/ \$750 (Tier 2 only)	\$100/ \$300 (Tier 2 only)	Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		\$2,000/\$4,000		Combined with medical limit
<b>Emergency services</b>								
Ambulance	10%			25%	20%	20%		
Emergency room	\$100 + 10%			\$150 + 25%‡	\$150 + 20%‡	\$75 + 20%	\$75 + 15%	15%
<b>Hearing services</b>								
Hearing aids (per ear)	\$0 every 36 months*			\$0 every 36 months*		\$0 every 36 months up to the allowed amount‡		
Routine annual hearing exam	\$20 (\$40#) + 10%	\$10 (\$20#) + 10%		\$0*		\$0		15%

What you pay ↘	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Permanente NW			Kaiser Permanente WA				Premera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO

**Hospital services**

Inpatient							15%	20%
Outpatient	20%			20%			15%	20%

**Office visits**

Preventive care*	\$0			\$0				\$0
Primary care	\$30*	\$25*	\$20*	\$30 + 20%	\$25 + 20%	\$20 + 20%	\$20 + 15%	\$10*
Specialist	\$40*	\$35*	\$30*	\$40 + 20%	\$35 + 20%	\$30 + 20%	\$30 + 15%	\$40*
Telemedicine/ virtual care*	\$0			\$10 (\$0 virtual care)				\$5 to \$40‡
Urgent care	\$50*	\$45*	\$40*	\$30 (\$40#) + 20%	\$25 (\$35#) + 20%	\$20 (\$30#) + 20%	\$20 (\$30#) + 15%	\$25*

**Therapies (cost/visits per year)**

Acupuncture	\$40*/20	\$35*/20	\$30*/20	\$30 + 20%/24	\$25 + 20%/24	\$20 + 20%/24	\$20 + 15%/24	\$10*/24
Chiropractic (spinal manipulations)	\$40*/no limit	\$35*/no limit	\$30*/no limit	\$30 (\$40#) + 20%/24	\$25 (\$35#) + 20%/24	\$20 (\$30#) + 20%/24	\$20 (\$30#) + 15%/24	\$10*/24
Massage therapy	\$25*/20			\$40# + 20%/24	\$35# + 20%/24	\$30# + 20%/24	\$30# + 15%/24	\$10*/24
Physical, occupational, speech, and neuro-developmental therapy (NDT)†	\$40*/60	\$35*/60	\$30*/60	\$40# + 20%/60 (no limit NDT)	\$35# + 20%/60 (no limit NDT)	\$30# + 20%/60 (no limit NDT)	\$30# + 15%/60 (no limit NDT)	\$40*/45‡

What you pay ↘	Preferred Provider Organization (PPO) Plans							
	Kaiser Permanente WA Options			Premera		Uniform Medical Plan		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
<b>Hospital services</b>								
Inpatient	10%			25%	20%	\$200/day up to \$600 Professional services: 20%	\$200/day up to \$600 Professional services: 15%	15%
Outpatient						20%	15%	
<b>Office visits</b>								
Preventive care*	\$0			\$0		\$0		
Primary care	\$20 + 10%	\$10 + 10%		\$25*		20%	15%	15%
Specialist	\$40 + 10%	\$20 + 10%		\$50*				
Telemedicine/ virtual care	\$10* (\$0* virtual care)			\$5* to \$50*†		Varies‡		
Urgent care	\$20 (\$40#) + 10%	\$10 (\$20#) + 10%		25%	20%	20%	15%	15%
<b>Therapies (price/visits per year)</b>								
Acupuncture	\$20 + 10%/24‡	\$10 + 10%/24‡		\$25*/24		\$15/24		
Chiropractic (spinal manipulations)	\$20 (\$40#)+ 10%/24‡	\$10 (\$20#) + 10%/24‡		\$25*/24		\$15/24		
Massage therapy	\$40 + 10%/24‡	\$20 + 10%/24‡		\$25*/24		\$15/24		
Physical, occupational, speech, and neuro-developmental therapy (NDT) †	\$40# + 10%/60 (no limit NDT)	\$20# + 10%/60 (no limit NDT)		\$50/45‡		20%/80‡		15%/80‡

# Behavioral health benefits

Use the charts below to find out what you pay for behavioral health services such as substance use disorder treatment and mental health counseling. Most copays and coinsurance do not apply until after you have paid your annual deductible, unless noted that the deductible is waived. Physical, occupational, speech, and neurodevelopmental therapies have a combined visit limit unless otherwise noted.

What you pay ↘	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Permanente NW			Kaiser Permanente WA				Premera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
<b>Inpatient treatment</b>								
Hospital facility – mental health & substance use	20%	20%	20%	20%	20%	20%	15%	20%
Residential treatment facility	20%	20%	20%	20%	20%	20%	15%	20%
Withdrawal management/detoxification	20%	20%	20%	20%	20%	20%	15%	20%
<b>Outpatient treatment</b>								
Hospital facility – mental health & substance use	Not covered‡			20%	20%	20%	15%	20%
Partial hospitalization (or day treatment program)	\$30*/day	\$25*/day	\$20*/day	20%	20%	20%	15%	20%
Intensive outpatient	\$30*/day	\$25*/day	\$20*/day	20%	20%	20%	15%	Professional services: \$10* Facility: 20%
Withdrawal management/detoxification	\$30*/day	\$25*/day	\$20*/day	20%	20%	20%	15%	20%
<b>Office visit for accessing outpatient mental health and substance use services</b>								
Mental health & Substance use	Not covered‡			\$30 + 20%	\$25 + 20%	\$20 + 20%	\$20 + 15%	\$10
Specialist	\$40*	\$35*	\$30*	\$40 + 20%	\$35 + 20%	\$30 + 20%	\$30 + 15%	\$10*
Telemedicine/virtual care*	\$0			\$10 (\$0 virtual care)				Telemedicine: \$10 (\$40#) Virtual care: \$10
Urgent care – mental health & substance use crisis services	\$50*	\$45*	\$40*	\$30 (\$40#) + 20%	\$25 (\$35) + 20%	\$20 (\$30#) + 20%	\$20 (\$30#) + 15%	20%
<b>Therapies (price/visits per year)</b>								
Occupational and neurodevelopmental therapy (NDT)†	\$40*/60 (no limit with behavioral health diagnosis)	\$35*/60 (no limit with behavioral health diagnosis)	\$30*/60 (no limit with behavioral health diagnosis)	\$40# + 20%/60 (no limit with behavioral health diagnosis)	\$35# + 20%/60 (no limit with behavioral health diagnosis)	\$30# + 20%/60 (no limit with behavioral health diagnosis)	\$30# + 15%/60 (no limit with behavioral health diagnosis)	Professional services: \$40*/45 Facility: 20%/45 (no limit NDT)‡

What you pay ↘	Preferred Provider Organization (PPO) Plans							
	Kaiser Permanente WA Options			Premera		Uniform Medical Plan		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
<b>Inpatient treatment</b>								
Hospital facility – mental health & substance use Residential treatment facility Withdrawal management/detoxification	10%		25%	20%	Facility \$200/day up to \$600‡ Professional services 0%		15%	
<b>Outpatient treatment</b>								
Hospital – mental health & substance use Partial hospitalization (or day treatment program) Withdrawal management/detoxification Intensive outpatient – mental health Intensive outpatient – substance use	10%		25%	20%	20%	15%	15%	
	\$20 + 10%	\$10+10%	Professional services: \$25*‡ Facility: 20%					
	\$20 + 10%	\$10 + 10%						
<b>Office visits for accessing outpatient mental health and substance use services</b>								
Mental health & substance use Specialist Urgent care – mental health & substance use crisis services Telemedicine/virtual care	\$20 + 10%	\$10 + 10%	\$25*		20%	15%	15%	
	\$40 + 10%	\$20 + 10%	\$25*					
	\$20 (\$40#) + 10%	\$10 (\$20#) + 10%	25%	20%				
	\$10* (\$0* virtual care)		\$5* to \$50*‡					
<b>Therapies (price/visits per year)</b>								
Occupational and neurodevelopmental therapy (NDT)†	\$40# + 10%/60 (no limit NDT)	\$20# + 10%/60 (no limit NDT)	\$50*/45‡		20%/80	15%/80		

## Prescription drug benefits

Amounts in the following tables show what you pay for prescription drugs. If your plan has a prescription drug deductible, you must pay the deductible before most copays or coinsurance apply, unless noted that the deductible is waived. **Deductible is waived for covered insulins and you pay no more than \$35 per 30-day supply.**

**Note:** Immunizations (vaccines) recommended by the Centers for Disease Control (CDC) are not subject to a deductible. You pay \$0 for immunizations covered under the preventive care benefit when received from a preferred or participating provider, network vaccination pharmacy, or public health department. All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible.

Drug tiers	Kaiser Permanente NW					
	Retail (30-day supply)			Mail-order (90-day supply)		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Generic	\$20	\$15	\$10	\$40	\$30	\$20
Preferred brand name	\$40	\$30	\$20	\$80	\$60	\$40
Non-preferred brand name	50% up to \$100			50% up to \$200		
Specialty (30-day supply only)	50% up to \$150			50% up to \$150		

Drug tiers	Kaiser Permanente WA							
	Retail (30-day supply)				Mail-order (90-day supply)			
	Core 1	Core 2	Core 3	SoundChoice	Core 1	Core 2	Core 3	SoundChoice
Preferred generic	\$5	\$10			\$10	\$20		
Preferred brand name	\$25				\$50			
Non-preferred generic and brand name	\$50				\$100			
Specialty (30-day supply only)	50% up to \$150				50% up to \$150			

Drug tiers	Premera Blue Cross					
	Retail (30-day supply)			Retail and Mail-order (90-day supply)		
	HMO	High PPO	Standard PPO	HMO	High PPO	Standard PPO
Preferred generic	\$9	\$9*		\$27	\$27*	
Preferred brand name	\$40		30%	\$120		30%
Non-preferred generic and brand name	50%			50%		
Specialty (30-day supply only)	\$75‡	\$75‡	40%‡	\$75‡	\$75‡	40%‡

Drug tiers	Kaiser Permanente WA Options					
	Retail (30-day supply)			Mail-order (90-day supply)		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	Summit PPO 1	Summit PPO 2	Summit PPO 3
Preferred generic	\$10	\$5		\$20	\$10	
Preferred brand name	\$20	\$30		\$40	\$60	
Non-preferred generic and brand name	\$30	\$65		\$60	\$130	
Specialty	\$150			\$150 (per 30-day supply)		
Non-preferred specialty	30%			30% (per 30-day supply)		

Drug tiers	Uniform Medical Plan					
	Retail and mail-order (30-day supply)			Retail and mail-order (90-day supply)		
	Achieve 1	Achieve 2	High Deductible	Achieve 1	Achieve 2	High Deductible
Value	5% up to \$10*		15%; 5% up to \$10‡	5% up to \$30*		15%; 5% up to \$30‡
Tier 1 (Primarily low-cost generic)	10% up to \$25*		15%; 10% up to \$25‡	10% up to \$75*		15%; 10% up to \$75‡
Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs)	30% up to \$75; 30% up to \$35‡		15%; 30% up to \$35‡	30% up to \$225; 30% up to \$105‡		15%; 30% up to \$105‡