

# Medical Plan Comparison

## PEBB and Current Pierce County Plans

The chart below briefly compares the per-visit costs of some in-network benefits for current Pierce County and PEBB medical plans. Use the key below to see how PEBB plans with coverage and provider networks comparable to current County plans are identified. Some copays and coinsurance do not apply until after you have paid your annual deductible. Call the plans directly for more information on specific benefits, including pre-authorization requirements and exclusions.

◆ Comparable PPO Plans by Regence      ● Comparable Managed-Care Plans by Kaiser Permanente

Annual Costs (You pay)	Medical deductible Applies to medical out-of-pocket limit	Medical out-of-pocket limit <sup>1</sup> (See separate prescription drug out-of-pocket limit for some plans.)	Prescription drug deductible	Prescription drug out-of-pocket limit <sup>1</sup>
<b>Current Pierce County Plans</b>				
◆ Regence PPO County Plan	\$500/person \$1,500/family	\$2,500/person • \$7,500/family Your deductible, copays, and coinsurance for most covered services apply.	None	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
● Kaiser Permanente County Plan	\$200/person \$400/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered services apply.	None	
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>				
● Kaiser Permanente WA Classic	\$175/person \$525/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family (Tier 2 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
Kaiser Permanente WA CDHP Individual	\$1,400/person	\$5,100/person Your deductible and coinsurance for all covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
Kaiser Permanente WA CDHP Family	\$2,800/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible and coinsurance for all covered services apply.		
Kaiser Permanente WA SoundChoice	\$125/person \$375/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
Kaiser Permanente WA Value	\$250/person \$750/family	\$3,000/person • \$6,000/family Your deductible, copays, and coinsurance for all covered services apply.	Does not apply to value and Tier 1 drugs	
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>				
◆ UMP Classic	\$250/person \$750/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	\$100/person \$300/family* (Tier 2 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
UMP CDHP	\$1,400/person \$2,800/family*	\$4,200/person • \$8,400/family (\$6,850 per person in a family) Your deductible and coinsurance for most covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription coinsurance applies to the medical out-of-pocket limit.
UMP Plus-PSHVN	\$125/person \$375/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	None	\$2,000/person Your coinsurance for all covered prescription drugs applies.
UMP Plus-UW Medicine ACN				

\*Must meet family combined deductible (medical and prescription drug) before plan pays benefits.

(continued)

◆ Comparable PPO Plans by Regence      ● Comparable Kaiser Permanente Plans

Benefits (You pay)	Ambulance Air or ground, per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics	Emergency room (Copay waived if admitted)	Hearing		Home health
					Routine annual exam	Hardware	
<b>Current Pierce County Plans</b>							
◆ Regence PPO County Plan	20%		10%	\$100 + 10%	Not covered	Not covered	10%
● Kaiser Permanente County Plan	20%		20%	\$150	Not covered	Not covered	\$0
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>							
● Kaiser Permanente WA Classic	20%	\$0; MRI/CT/PET scan \$30	20%	\$250	Primary care \$15 Specialist \$30	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	\$0
Kaiser Permanente WA CDHP	10%	10%	10%	10%	10%		10%
Kaiser Permanente WA SoundChoice	20%	15%	15%	\$75 + 15%	Primary care \$0 Specialist \$30		15%
Kaiser Permanente WA Value	20%	\$0; MRI/CT/PET scan \$50	20%	\$300	Primary care \$20 Specialist \$50		\$0
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>							
◆ UMP Classic	20%	15%	15%	\$75 + 15%	\$0	You pay any amount over \$800 every three calendar years for hearing aid and rental/ repair combined. (CDHP is subject to deductible.)	15%
UMP CDHP	20%	15%	15%	15%	15%		15%
UMP Plus– PSHVN	20%	15%	15%	\$75 + 15%	\$0		15%
UMP Plus– UW Medicine ACN	20%	15%	15%	\$75 + 15%	\$0		15%

<sup>1</sup> Premiums, charges for services in excess of a benefit, charges in excess of the plan's allowed amount, coinsurance for out-of-network providers (UMP)<sup>3</sup>, and charges for non-covered services do not apply to the out-of-pocket limits. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

<sup>2</sup> Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in Washington and select counties in Oregon.

<sup>3</sup> UMP Classic and UMP CDHP members who see an out-of-network provider will pay 40% coinsurance of the plan's allowed amount for most services, plus any amount the provider charges over the allowed amount (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.

◆ Comparable PPO Plans by Regence

● Comparable Kaiser Permanente Plans

Benefits (You pay)	Hospital services		Office visit					
	Inpatient	Outpatient	Primary care	Urgent care	Specialist	Mental health	Chemo-therapy	Radiation
<b>Current Pierce County Plans</b>								
◆ Regence PPO County Plan	\$250 + 10%	10%	\$25	\$25	\$25	10%	\$25	\$25
● Kaiser Permanente County Plan	\$100/day; up to \$300/admission	\$50	\$15	\$15	\$15	\$15	\$15	\$15
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>								
● Kaiser Permanente WA	\$150/day up to \$750 maximum/admission	\$150	\$15	\$15	\$30	\$15	\$30	\$30
Kaiser Permanente WA CDHP	10%	10%	10%	10%	10%	10%	10%	10%
Kaiser Permanente WA SoundChoice	\$500/admission	15%	\$0	15%	15%	15%	15%	15%
Kaiser Permanente WA Value	\$250/day up to \$1,250 maximum/admission	\$200	\$30	\$30	\$50	\$30	\$50	\$50
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>								
◆ UMP Classic	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	15%	15%	15%	15%	15%	15%
UMP CDHP	15%	15%	15%	15%	15%	15%	15%	15%
UMP Plus– PSHVN	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%
UMP Plus– UW Medicine ACN	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%

◆ Comparable PPO Plans by Regence

● Comparable Kaiser Permanente Plans

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Benefits (You pay)	Physical, occupational, and speech therapy  (per-visit cost for 60 visits/year combined)	Prescription drugs Retail Pharmacy (up to a 30-day supply)					
		Value Tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Current Pierce County Plans</b>							
◆ Regence PPO County Plan	10% Maximum 25 visits/yr	—	\$10	\$35	\$75	—	—
● Kaiser Permanente County Plan	\$15 Maximum 25 visits/yr	—	\$10	\$20	\$40	—	—
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>							
● Kaiser Permanente WA Classic	\$30	\$5	\$20	\$40	50% up to \$250	—	—
Kaiser Permanente WA CDHP	10%	\$5	\$20	\$40	50% up to \$250	—	—
Kaiser Permanente WA SoundChoice	15%*	\$5	\$15	\$60	50%	\$150	50% up to \$400
Kaiser Permanente WA Value	\$50	\$5	\$25	\$50	50%	\$150	50% up to \$400
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>							
◆ UMP Classic	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP CDHP	15%	15%	15%	15%	15% (Non-specialty drugs only)	—	—
UMP Plus– PSHVN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP Plus– UW Medicine ACN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—

\*Massage no longer included. Now a separate benefit with 16 visits per year.

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◆ Comparable PPO Plans by Regence

● Comparable Kaiser Permanente Plans

Benefits (You pay)	Prescription drugs				
	Mail order (up to a 90-day supply unless otherwise noted)				
	Value tier	Tier 1	Tier 2	Tier 3	Tier 4
<b>Current Pierce County Plans</b>					
◆ Regence PPO County Plan	—	\$30	\$105	\$225	—
● Kaiser Permanente County Plan	—	\$20	\$40	\$80	—
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>					
● Kaiser Permanente WA Classic	\$10	\$40	\$80	50% up to \$750	—
Kaiser Permanente WA CDHP	\$10	\$40	\$80	50% up to \$750	—
Kaiser Permanente WA SoundChoice	\$10	\$30	\$120	50%	—
Kaiser Permanente WA Value	\$10	\$50	\$100	50%	—
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>					
◆ UMP Classic	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP CDHP	15%	15%	15%	15% (Specialty drugs: up to a 30-day supply only)	—
UMP Plus-PSHVN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP Plus-UW Medicine ACN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—

◆ Comparable PPO Plans by Regence

● Comparable Kaiser Permanente Plans

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Benefits (You pay)	Preventive care See certificate of coverage or check with plan for full list of services.	Spinal manipulations	Vision care <sup>5</sup>	
			Exam (annual)	Glasses and contact lenses
<b>Current Pierce County Plans</b>				
◆ Regence PPO County Plan	\$0	\$25 + 10% Maximum 12 visits/year	\$0	Up to \$250 every 12 months for frames, lenses, and contacts combined.  Up to \$100 every 12 months for frames, lenses, and contacts combined.
● Kaiser Permanente County Plan	\$0	\$15 Maximum 10 visits/year	\$15	
<b>Kaiser Foundation Health Plan of Washington - Managed Care Plans</b>				
● Kaiser Permanente WA Classic	\$0	\$15 Maximum 10 visits/year	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente WA CDHP	\$0	10% Maximum 10 visits/year	10%	
Kaiser Permanente WA SoundChoice	\$0	\$0 Maximum 10 visits/year	15%	
Kaiser Permanente WA Value	\$0	\$30 Maximum 10 visits/year	\$30	
<b>Uniform Medical Plan (UMP)<sup>3</sup> PPO Plans - by Regence</b>				
◆ UMP Classic	\$0	15% Maximum 10 visits/year	\$0 You pay any amount over \$65 for contact lens fitting fees.	You pay any amount over \$150 every two calendar years for frames, lenses, and contacts combined.
UMP CDHP	\$0	15% Maximum 10 visits/year		
UMP Plus-PSHVN	\$0	15% Maximum 10 visits/year		
UMP Plus-UW Medicine ACN	\$0	15% Maximum 10 visits/year		

<sup>5</sup> Contact your plan about costs for children's vision care.

- ◆ Comparable PPO Plans by Regence      ● Comparable Kaiser Permanente Plans

The information in this document is accurate at the time of printing.  
Contact the plans or review the certificate of coverage before making decisions.