

# 2024 PEBB Medicare Benefits At-A-Glance

Use the following charts to view the per-visit costs for some in-network benefits, as well as prescription drug costs for PEBB Medicare plans. You must pay your annual deductible before most copays (\$) or coinsurance (%) apply, unless noted that the deductible is waived. All PEBB Medicare plans cover hospital, primary and specialist care, as well as outpatient surgery.

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

Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions. If anything in these tables conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

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

- \* Deductible is waived
- † Applies to Tier 2 drugs only, except covered insulins
- ‡ See additional terms and conditions in the plan's benefits booklet
- # Specialist copay

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What you pay ↴	Original Medicare		Medicare Supplement
	Uniform Medical Plan Classic	Kaiser Foundation Health Plan of Washington Original Medicare	Premera Blue Cross Plan G
<b>Annual costs</b>			
Medical deductible	\$250	\$250	Part B deductible: \$240
Medical out-of-pocket limit	\$2,500	\$2,000	
Prescription drug deductible	\$100†	None	N/A
Prescription drug out-of-pocket limit	\$2,000	Combined with medical out-of-pocket limit	
<b>Emergency services</b>			
Ambulance	20%	20%*	\$0
Emergency room	\$75 + 15%	\$250	
<b>Hospital care</b>			
Inpatient	\$200/day up to \$600/admission‡	\$150/day up to \$750/admission	\$0
Outpatient	15%	\$150	

- Uniform Medical Plan (UMP) is administered by Regence BlueShield and Washington State Rx Services.
- Kaiser Permanente NW and Kaiser Permanente WA offer Medicare Advantage plans, but not in all areas.
- Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.
- KFHPNW Medicare plans have a larger service area.
- Premera Blue Cross offers Medicare Supplement Plan F and Medicare Supplement Plan G. Plan F is closed to new enrollees.

What you pay ↴	Medicare Advantage			
	Kaiser Foundation Health Plan of Washington Medicare Advantage	Kaiser Foundation Health Plan of the Northwest Senior Advantage	UnitedHealthcare	
			PEBB Balance	PEBB Complete
<b>Annual costs</b>				
Medical deductible	\$0	\$0	\$0	
Medical out-of-pocket limit	\$2,500	\$1,500	\$2,000	\$500
Prescription drug deductible	None	None	\$100 (Tiers 2, 3, and 4)	
Prescription drug out-of-pocket limit			\$2,000	
<b>Emergency services</b>				
Ambulance	\$150	\$50	\$100	\$0
Outpatient	\$65		\$65	
<b>Hospital care</b>				
Inpatient	\$200/day up to \$1,000/admission‡	\$500/admission	\$500/admission	\$0
Outpatient	\$200	\$50	\$250	

What you pay ↴	Original Medicare		Medicare Supplement
	Uniform Medical Plan Classic	Kaiser Foundation Health Plan of Washington Original Medicare	Premera Blue Cross Plan G
<b>Office visits</b>			
Primary care	15%	\$15	\$0
Specialist		\$30	
Urgent care		\$15 (\$30#)	
Preventive care	\$0	\$0	
Behavioral health	15%	\$15	
Telemedicine/ virtual care		\$0*	
<b>Hearing services</b>			
Hearing aids	Any amount over \$3,000 per ear every 3 years	Any amount over \$3,000 per ear every 36 months*	Not covered
Routine annual hearing exam	\$0*	\$15 (\$30#)	
<b>Vision care</b>			
Glasses and contact lenses	Any amount over \$150 every 24 months	Any amount over \$150 every 24 months	Not covered
Routine annual eye exam	\$0‡	\$15 (\$30#)	

What you pay ↘	Medicare Advantage			
	Kaiser Foundation Health Plan of Washington Medicare Advantage	Kaiser Foundation Health Plan of the Northwest Senior Advantage	UnitedHealthcare	
			PEBB Balance	PEBB Complete
<b>Office visits</b>				
Primary care	\$15	\$25	\$15	\$0
Specialist	\$30	\$35	\$30	
Urgent care	\$15 (\$30#)		\$15	\$15
Preventive care	\$0	\$0	\$0	\$0
Behavioral health	\$15	\$25	\$30‡	
Telemedicine/ virtual care	\$0	\$0	\$0‡	
<b>Hearing services</b>				
Hearing aids	Any amount over \$1,400 per ear every 36 months	Any amount over \$1,400 per ear every 36 months	Any amount over \$2,500 every 3 years (only from United Hearing Network)	
Routine annual hearing exam	\$15 (\$30#)	\$35	\$0	
<b>Vision care</b>				
Glasses and contact lenses	Any amount over \$300 every 24 months	Any amount over \$150 every 24 months	Any amount over \$300 every 24 months	
Routine annual eye exam	\$15‡	\$25	\$0	

## Therapeutic service benefits

The therapies listed in the tables below are limited by the number of visits per year. Please refer to the plan's benefits booklet for specific details of the therapy you are seeking. Neurodevelopmental therapy is abbreviated as NDT.

What you pay ↘	Original Medicare		Medicare Supplement
	Uniform Medical Plan Classic	Kaiser Foundation Health Plan of Washington Original Medicare	Premera Blue Cross Plan G

### Therapies (cost/visits per year)

Acupuncture	\$15/24	\$15/24	Medicare-covered only
Chiropractic (spinal manipulations)		\$15/24	
Massage therapy		\$30/24‡	Not covered
Physical, speech, occupational, NDT	15%/60	\$30/60	\$0

What you pay ↘	Medicare Advantage			
	Kaiser Foundation Health Plan of Washington Medicare Advantage	Kaiser Foundation Health Plan of the Northwest Senior Advantage	UnitedHealthcare	
			PEBB Balance	PEBB Complete

### Therapies (cost/visits per year)

Acupuncture	\$15/24	\$35/12‡	\$15/24	\$0/24
Chiropractic (spinal manipulations)				
Massage therapy	\$30/24	\$25/12‡	\$15/30	\$0/30
Physical, speech, occupational, NDT	\$30	\$35	\$15	\$0

## Prescription drug benefits

Amounts in the following tables show what you pay for prescription drugs. Under the prescription drug benefit, most copays and coinsurance do not apply until after you have paid your annual deductible, unless noted that the deductible is waived. All plans cover legally-required preventive prescription drugs at 100 percent of allowed amount with no deductible. See the plan's benefits booklet for details. **For all plans, you pay no more than \$35 per 30-day supply for covered insulins.** Prices shown for UnitedHealthcare 90-day supply are only for the preferred mail-order pharmacy, Optum Rx.

**Note:** Premera Blue Cross Medicare Supplement Plan G does not cover prescription drugs.

Drug tiers	Uniform Medical Plan	
	Retail (up to 30-day supply)	Mail-order (up to 90-day supply)
Value tier	5% up to \$10	5% up to \$30
Tier 1	10% up to \$25	10% up to \$75
Tier 2	30% up to \$75	30% up to \$225

Drug tiers	Kaiser Foundation Health Plan of Washington			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Original Medicare	Medicare Advantage	Original Medicare	Medicare Advantage
Value tier	\$5	N/A	\$10	N/A
Tier 1	\$20		\$40	
Tier 2	\$40		\$80	
Tier 3	50% up to \$250		50% up to \$750	

Drug tiers	Kaiser Foundation Health Plan of the Northwest	
	Retail (up to 30-day supply)	Mail-order (up to 90-day supply)
Generic	\$20	\$40
Preferred brand-name	\$40	\$80
Non-preferred brand name	50% up to \$200	50% up to \$400
Specialty	50% up to \$200	N/A

Drug tiers	UnitedHealthcare			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	PEBB Balance	PEBB Complete	PEBB Balance	PEBB Complete
Tier 1: Preferred generic	\$5		\$10	
Tier 2: Preferred brand	\$45		\$90	
Tier 3: Non-preferred	\$100		\$200	
Tier 4: Specialty	\$100		\$100 (limited to 30-day supply)	