Higher-cost medical plans have higher employee premium share

The higher-cost plans with higher premium share are both the full-time and part-time Kaiser HMO and PEBB Statewide PPO medical plans. The lower-cost plans with lower premium share are the following full-time and part-time medical plans: Kaiser Deductible, Moda Summit, Moda Synergy and Providence Choice. At least one higher-cost and one lowercost plan is available in each county.

Moving to Standard Tiers

2018 is the second year in the three year process to align our coverage tiers with those of other large employers. This will protect our plans from an impending federal excise tax. The process requires annual increases to premiums for the Employee and Family tier to 2021. We will use the Stabilization Fund to subsidize the employee share of these increases.

The tables below show the monthly premium rate by tier for each of the medical plans. Part-time employees who choose a part-time plan have a subsidy. The subsidy is not shown in the premium rate. It is included in the cost estimator at http://www.mypebb.com/compareBenefits.php.

2018 Employee Medical Plan Monthly Premium Rates (available to both full-time and part-time employees)

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser[1]	$745.91	$1,491.83	$1,268.06	$2,013.98
Kaiser Deductible[1]	$681.35	$1,362.73	$1,158.31	$1,839.68
Moda Summit, Synergy[2]	$671.90	$1,343.82	$1,142.24	$1,814.14
PEBB Statewide[3]	$757.08	$1,514.73	$1,287.05	$2,044.13
Providence Choice[4]	$646.86	$1,293.24	$1,099.66	$1,746.53

[1] *Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.*
[2] *Available to PEBB eligible full-time and part-time employees in plan service area.*
[3] *Available to PEBB eligible full-time and part-time employees.*
[4] *Available to PEBB eligible full-time and part-time employees in plan service area.*

2018 Part-time Employee Medical Plan Monthly Premium Rates (available only to part-time employees)

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
Kaiser[5]	$631.46	$1,262.92	$1,073.45	$1,704.93
Kaiser Deductible[5]	$553.78	$1,107.55	$941.42	$1,495.20
Moda Summit, Synergy[6]	$547.03	$1,094.06	$929.95	$1,476.98
PEBB Statewide[7]	$615.03	$1,230.06	$1,045.54	$1,660.57
Providence Choice[8]	$524.21	$1,048.40	$891.15	$1,415.34

[5] *Additional option available to eligible part-time employees in plan service area.*
[6] *Additional option available to eligible part-time employees in plan service area.*
[7] *Additional option available to eligible part-time employees.*
[8] *Additional option available to eligible part-time employees in plan service area.*

Medical plans

Health Plans by Oregon County

This table shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans with an employer subsidy is available to part-time employees. Full-time employees cannot enroll in part-time plans.

Baker	Moda Summit, Providence Choice	PEBB Statewide
Benton	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clackamas	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clatsop	Moda Synergy, Providence Choice	PEBB Statewide
Columbia	Kaiser Deductible, Moda Synergy	Kaiser HMO, PEBB Statewide
Coos	Moda Synergy, Providence Choice	PEBB Statewide
Crook	Moda Synergy, Providence Choice	PEBB Statewide
Curry	Moda Synergy, Providence Choice	PEBB Statewide
Deschutes	Moda Synergy, Providence Choice	PEBB Statewide
Douglas	Moda Synergy, Providence Choice	PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Moda Summit, Providence Choice	PEBB Statewide
Harney	Moda Summit, Providence Choice	PEBB Statewide
Hood River	Moda Synergy, Providence Choice	PEBB Statewide
Jackson	Moda Synergy, Providence Choice	PEBB Statewide
Jefferson	Moda Synergy, Providence Choice	PEBB Statewide
Josephine	Moda Synergy, Providence Choice	PEBB Statewide
Klamath	Moda Synergy, Providence Choice	PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Moda Synergy, Providence Choice	PEBB Statewide
Lincoln	Moda Synergy, Providence Choice	PEBB Statewide
Linn	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Malheur	Moda Summit, Providence Choice	PEBB Statewide
Marion	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Morrow	Moda Summit, Providence Choice	PEBB Statewide
Multnomah	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Polk	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Moda Synergy, Providence Choice	PEBB Statewide
Umatilla	Moda Summit, Providence Choice	PEBB Statewide
Union	Moda Summit, Providence Choice	PEBB Statewide
Wallowa	Moda Summit, Providence Choice	PEBB Statewide
Wasco	Moda Synergy, Providence Choice	PEBB Statewide
Washington	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Wheeler	Moda Summit, Providence Choice	PEBB Statewide
Yamhill	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.

Kaiser Permanente NW Deductible

https://my.kp.org/pebb/

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible[2]	$250/individual, $750/family Some services not subject to deductible	$250/individual, $750/family Some services not subject to deductible
Additional non-HEM participant deductible[3]	Additional deductible: $100/individual, $300/family applies to all services unless otherwise noted	
Out-of-pocket max	$1500/individual $4500/family	$1500/individual, $4500/family
Providers	Kaiser Permanente network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	$5, deductible waived	$30, deductible waived
Chronic care visit[5]	$5, deductible waived	$30, deductible waived
Specialty visit	$5 w/referral, deductible waived	$30 w/referral, deductible waived
Outpatient mental health care	$5, deductible waived	$30, deductible waived
Substance abuse treatment	$0, deductible waived	$0, deductible waived
Prenatal, first postnatal visit	$0, deductible waived	$0, deductible waived
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	$0, deductible waived	$0, deductible waived
Lab & X-ray	$15, deductible waived	$20, deductible waived
Inpatient hospital per admission	$50/day up to $250 max	$500
Emergency department[6]	$75	$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	$0 or 0%, deductible waved	
Additional Cost Tier $100 copay[8]	$100 copay, deductible waived	$100 copay, deductible waived
Additional Cost Tier $500 copay	Standard copay only, applies to out of pocket maximum	Standard copay only, applies to out of pocket maximum
Alternative care provider visits[13]	$10, deductible waived	$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services[13]	$10, deductible waived	$30 with physician's authorization referral, deductible waived
Prescription drugs	No deductible Copays accumulate to out-of-pocket maximum $5 generic $25 brand 50% up to $100 max non-formulary brand $50 Specialty Mail order (31-90 day), $5 generic, $25 formulary brand, 50% up to $100 max non-formulary brand	No deductible Copays accumulate to out-of-pocket maximum $10 generic $25 brand $50 Specialty Mail order 2 copays for up to 90-day supply

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Kaiser Permanente NW HMO

https://my.kp.org/pebb/

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible	$0	$0
Additional HEM non-participant deductible[3]	Additional deductible: $100/individual, $300	
Out-of-pocket max	$600/individual, $1200/family	$1500/individual, $3000/family
Providers	Kaiser Permanente Network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	$5	$30
Specialty visit	$5, with referral	$30, with referral
Outpatient mental health care	Same cost as physical health services	
Substance abuse treatment	$0	$0
Prenatal, first postnatal visit	$0	$0
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	$0	$0
Lab & X-ray	$0	$10
Inpatient hospital per admission	$50/day, up to $250 max	$500
Emergency department[6]	$75	$100
Durable medical equipment	$0	50%
Insulin & diabetic supplies	$0	
Additional Cost Tier $100 copay[8]	$100 copay	$100 copay
Additional Cost Tier $500 copay	Does not apply in this plan	Does not apply in this plan
Alternative care provider visits[13]	$10	$30, with physician's authorization approval
Spinal manipulation, acupuncture services[13]	$10	$30, with physician's authorization approval
Prescription drugs	• No deductible • Copays accumulate to out-of-pocket maximum • $1 generic • $15 brand • $50 Specialty • Mail order (31-90 day), $1 generic, $15 brand	• No deductible • Copays accumulate to out-of-pocket maximum • $10 generic • $25 brand • $50 Specialty • Mail order 2 copays for up to 90-day supply

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.

Moda Synergy, Summit

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full-time		Part-time	
Providers	**In Medical home[1]**	**Out of network[1]**	**In Medical home[1]**	**Out of network[1]**
Standard deductible[2]	$250/individual, $750/family	$500/individual, $1500/family	$500/individual, $1500/family	$1000/individual, $3000/family
Additional non-HEM participant deductible[3]	$100/individual, $300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual, $4500/family	$4000/individual $12,000/family	$2500/individual $7500/family	$6000/individual, $18,000/family
Primary care visit	$10, first 4 visits deductible waived	30%	$40, first 4 visits deductible waived	50%
Chronic care visit[5]	$0, deductible waived	30%	$0, deductible waived	50%
Specialty visit	$10	30%	$40	50%
Outpatient mental health care	$10, deductible waived	30%	$40, deductible waived	50%
Substance abuse treatment	$0, deductible waived	30%	$0, deductible waived	50%
Physician, midwife maternity services	$0, deductible waived	30%	$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	$0, deductible waived	30%	$0, deductible waived	50%
Lab & x-ray	$0, deductible waived	30%	$0, Quest provider, deductible waived, or 20%	50%
Inpatient hospital per admission	$50/day to $250 max	$500 + 40%	$500	$500 + 50%
Outpatient surgery in a hospital setting	$50/day to $250 max	$100 + 40%		
Urgent care	$25	$25	$40 in network	40%
Emergency department[6]	$100	$100	$100	$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	$0, deductible waived			
Additional Cost Tier $100 copay[7]	$100	$100 + 30%	$100	$100 + 50%
Additional Cost Tier $500 copay[9]	$500	$500 + 30%	$500	$500 + 50%
Alternative care provider visits	$10	30%	$40	50%
Spinal manipulation, acupuncture services[13]	$10 up to $1,000/yr max combined. Not applied to out-of-pocket max.	30% up to $1,000/yr max combined. Not applied to out-of-pocket max.	$40 up to $1000/yr max combined. Not applied to out-of-pocket max.	50% up to $1000/yr max combined. Not applied to out-of-pocket max.

Moda Synergy, Summit

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full-time		Part-time	
Providers	**In Medical home[1]**	**Out of network[1]**	**In Medical home[1]**	**Out of network[1]**
Prescription drugs	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket max apply • $0 Value, not subject to deductible[12] • $10 generic • $30 preferred brand • $100 specialty • Copay x 2.5 for 90-day • Member pays difference between in-network rate and billed amount	• $50/individual, $150/family deductible[10] • $1000 out-of- pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket max apply • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • $100 specialty. • Copay x 2.5 for 90-day • Member pays difference between in-network rate and billed amount

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.

PEBB statewide

http://Providence healthplan.com/PEBB

Service Area: Statewide and Nationwide

	Full-time		Part-time	
Providers	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Standard deductible[2]	$250/individual, $750/family Four primary care visits not subject	$500/individual, $1500/family	$500/individual, $1500/family Four primary care visits not subject	$1000/individual, $3000/family
Additional non-HEM participant deductible[3]	$100/individual, $300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual $4500/family	$4000/individual $12,000/family	$2500/individual $7500/family	$6000/individual $18,000/family
Primary care visit	15% or 10% 4 visits, deductible waived	30%	20% or 15% 4 visits, deductible waived	50%
Chronic care visit[5]	0%, deductible waived	30%	0%, deductible waived	50%
Specialty visit	15%	30%	20%	50%
Outpatient mental health care	15%, deductible waived	30%	20%, deductible waived	50%

PEBB statewide

http://Providence healthplan.com/PEBB **Service Area:** Statewide and Nationwide

	Full-time		Part-time	
Providers	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Pre-natal	0%, deductible waived	30%	0%, deductible waived	50%
Delivery and postnatal	15%	30%	20%	50%
Preventive	0%, deductible waived	30%	0%, deductible waived	50%
Lab & x-ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	$500 + 40%	20%	$500 + 50%
Outpatient surgery in a hospital setting	15%	$100 + 40%		
Urgent care	$25	$25	20%	20%
Emergency department[6]	$100 + 15%	$100 + 15%	$100 + 20%	$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% deductible waived			
Additional Cost Tier $100 copay[7]	$100 + 15%	$100 + 30%	$100 + 20%	$100 + 50%
Additional Cost Tier $500 copay[9]	$500 + 15%	$500 + 30%	$500 + 20%	$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services[13]	15%, up to 60 services/yr max combined. Not apply to out of pocket max.	30%, up to 60 services/yr max combined. Not apply to out of pocket max.	20%, up to 60 services/yr max combined. Not apply to out of pocket max.	50%, up to 60 services/yr max combined. Not apply to out of pocket max.
Prescription drugs	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country • In-network deductible, out-of-pocket maximum apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • 40% preferred brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country • In-network deductible, out-of-pocket maximum apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.

Providence Choice

http://Providence healthplan.com/PEBB

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time		Part-time	
Providers	**In Medical home[1]**	**Out of medical home[1]**	**In Medical home[1]**	**Out of medical home[1]**
Standard deductible[2]	$250/individual $750/ family, 4 visits not subject	$500/individual $1500/ family	$500/individual $1500/ family, 4 visits not subject	$1000/individual $3000/ family
Additional non-HEM participant deductible[3]	$100/individual, $300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual, $4500/family	$4000/individual, $12,000/family	$2500/individual, $7500/family	$6000/individual, $18,000/family
Primary care visit	$10, first 4 visits deductible waived	30%	$40, first 4 visits deductible waived	50%
Chronic care visit[5]	$0, deductible waived	30%	$0, deductible waived	50%
Specialty visit	$10, with referral	30%	$40, with referral	50%
Outpatient mental health care	$10, deductible waived	30%	$40, deductible waived	50%
Substance abuse treatment	$0, deductible waived	30%	$0, deductible waived	50%
Maternity, & childbirth services provider	$0, deductible waived	30%	$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	$0, deductible waived	30%	$0, deductible waived	50%
Lab & x-ray	$0, deductible waived	30%	20%, deductible applies	50%
Inpatient hospital per admission	$50/day to $250 max	$500 + 40%	$500	$500 + 50%
Outpatient surgery in a hospital setting	$50/day to $250 max	$100 + 40%		
Urgent care	$25	$25	$40	$40
Emergency department[6]	$100	$100	$100	$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	$0, deductible waived			
Additional Cost Tier $100 copay[7]	$100	$100 + 30%	$100	$100 + 50%
Additional Cost Tier $500 copay[9]	$500	$500 + 30%	$500	$500 + 50%
Alternative care provider visits	$10	30%	$40	50%
Spinal manipulation, acupuncture services[13]	$10/visit, up to $1000/yr max combined. Not applied to out-of-pocket max.	30%, up to $1000/yr max combined. Not applied to out-of-pocket max.	$40/visit, up to $1000/yr max combined. Not applied to out-of-pocket max	50% up to $1000/yr max combined. Not applied to out-of-pocket max.

Providence Choice

http://Providence healthplan.com/PEBB

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time		Part-time	
Prescription drugs	• $50/individual, $150/ family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country. • In-network deductible, out-ofpocket maximum apply. • Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.	• $50/individual, $150/ family deductible[10] • $1000 out-of- pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country. • In-network deductible, out-ofpocket maximum apply. • Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.

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Medical plans footnotes

1 *To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.*

2 *All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In- Medical Home and Out-of-Medical Home (see 1 above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.*

3 *See Health Engagement Model (HEM), page 14.*

4 *PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient- Centered Primary Care Home will have the lower coinsurance.*

5 *These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.*

6 *Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.*

7 *These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.*

8 *Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.*

9 *These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of- pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.*

10 *The prescription drug deductible is $50 per person or $150 for families with three or more members. It applies separately from the medical deductible.*

11 *The prescription drug out-of-pocket maximum is $1,000 per person, with a family maximum of $3,000. It accrues separately from the medical out-of-pocket maximum.*

12 *All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)*

13 *Limited to $1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.*