

School Employees Benefit Board (SEBB) Medical Plan Crosswalk

Current Kaiser Permanente Medical Plans

Please note only in-network benefits are illustrated, see benefits summary or SBC for complete benefit information

Benefits	Current	Current	Current	Current	Current
Carrier	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Plan	Core HMO	Access PPO \$350	Access PPO \$750	Access PPO \$2,500	Access PPO - QHDHP with HSA Option
Deductible	Individual: \$0 Family: \$0	Individual: \$350 Family: \$700	Individual: \$750 Family: \$2,250	Individual: \$2,500 Family: \$5,000	Individual: \$1,500 Family: \$3,000 Aggregate***
Out-of-Pocket Max.	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,500 Family: \$10,500	Individual: \$5,000 Family: \$10,000	Individual: \$3,000 Family: \$5,000 Aggregate***
Coinsurance	0%	10%	20%	20%	20%
Office Visits: Primary/Specialty (Enhanced*)	\$20/\$20	\$25/\$25 (\$15/\$15*)	\$30/\$30 (\$20/\$20*)	\$30/\$30 (\$20/\$20*)	20%/20% (10%/10%*)
Retail Prescription Drugs	Generic: \$10 copay Brand: \$20 copay	Generic: \$20 (\$15*) Brand: \$35 (\$30*) Non-Preferred: \$55 (\$50*)	Generic: \$20 (\$15*) Brand: \$35 (\$30*) Non-Preferred: \$55 (\$50*)	Generic: \$20 (\$15*) Brand: \$35 (\$30*) Non-Preferred: \$55 (\$50*)	Generic: 20% (10%*) Brand: 20% (10%*) Non-Preferred: 20% (10%*)

Similar SEBB Medical Plan Options**

Please note only in-network benefits are illustrated, see benefits summary or SBC for complete benefit information

Benefits	Option 1	Option 1	Option 1	Option 1	Option 1
Carrier	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Premera	UMP
Plan	Sound Choice	Access PPO 3	Access PPO 2	Standard PPO	High Deductible
Deductible	Individual: \$125 Family: \$375	Individual: \$250 Family: \$750	Individual: 750 Family: \$2,250	Individual: \$1,250 Family: \$3,125	Individual: \$1,400 Family: \$2,800
Out-of-Pocket Max.	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$5,000	Individual: \$3,500 Family: \$7,000	Individual: \$5,000 Family: \$10,000	Individual: \$4,200 Family: \$8,400
Coinsurance	15%	20%	20%	20%	15%
Office Visits: Primary/Specialty (Enhanced*)	\$0/\$30	\$20/\$30 (\$10/\$20*)	\$25/\$35 (\$15/\$25*)	\$20/\$40	15%/15%
Retail Prescription Drugs	Generic: \$10 copay Preferred Brand: \$25 copay Non-Preferred Brand/Generic: \$50 copay Specialty: 50% up to \$150	Generic: \$10 (\$5*) Preferred Brand: \$50 (\$40*) Non-Preferred Brand/Generic: 50% up to \$125 Specialty: 50% up to \$150	Generic: \$10 (\$5*) Preferred Brand: \$50 (\$40*) Non-Preferred Brand/Generic: 50% up to \$125 Specialty: 50% up to \$150	Generic: \$7 Preferred Brand: 30% Non-Preferred Brand/Generic: 50% Specialty: 40%	Generic: 15% deductible applies Preferred Brand: 15% deductible applies Non-Preferred Brand/Generic: 15% deductible applies Specialty: n/a
Benefits	Option 2	Option 2	Option 2	Option 2	Option 2
Carrier	Kaiser Permanente	UMP	Premera	Kaiser Permanente	Kaiser Permanente
Plan	HMO Core 2	Achieve 2	High PPO	Access PPO 1	Access PPO 1
Deductible	Individual: \$750 Family: \$2,250	Individual: \$250 Family: \$750	Individual: \$750 Family: \$1,875	Individual: \$1,250 Family: \$3,750	Individual: \$1,250 Family: \$3,750
Out-of-Pocket Max.	Individual: \$3,000 Family: \$6,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,500 Family: \$7,000	Individual: \$4,500 Family: \$9,000	Individual: \$4,500 Family: \$9,000
Coinsurance	20%	15%	25%	20%	20%
Office Visits: Primary/Specialty (Enhanced*)	\$25/\$35	15%/15%	\$20/\$40	\$30/\$40 (\$20/\$30*)	\$30/\$40 (\$20/\$30*)
Retail Prescription Drugs	Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand/Generic: \$50 Specialty: 50% up to \$150	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50	Generic: \$10 (\$5*) Preferred Brand: \$50 (\$40*) Non-Preferred Brand/Generic: 50% up to \$125 Specialty: 50% up to \$150	Generic: \$10 (\$5*) Preferred Brand: \$50 (\$40*) Non-Preferred Brand/Generic: 50% up to \$125 Specialty: 50% up to \$150
Benefits	Option 3	Option 3	Option 3	Option 3	Option 3
Carrier	UMP	UMP	UMP	UMP	UMP
Plan	UMP Plus ACN (PSHVN or UWM)	Achieve 1	Achieve 1	Achieve 1	Achieve 1
Deductible	Individual: \$125 Family: \$375	Individual: \$750 Family: \$2,250	Individual: \$750 Family: \$2,250	Individual: \$750 Family: \$2,250	Individual: \$750 Family: \$2,250
Out-of-Pocket Max.	Individual: \$2,000 Family: \$4,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000
Coinsurance	15%	20%	20%	20%	20%
Office Visits: Primary/Specialty (Enhanced*)	\$0 plus 15% for related services/15%	20%/20%	20%/20%	20%/20%	20%/20%
Retail Prescription Drugs	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a	Generic: 10% up to \$25 Preferred Brand: 30% up to \$75 Non-Preferred Brand/Generic: n/a Specialty: n/a
Benefits	Option 4	Option 4	Option 4	Option 4	Option 4
Carrier	Premera	Premera	Premera	Premera	Premera
Plan	Peak Care EPO	Peak Care EPO	Peak Care EPO	Peak Care EPO	Peak Care EPO
Deductible	Individual: \$750 Family: \$1,875	Individual: \$750 Family: \$1,875	Individual: \$750 Family: \$1,875	Individual: \$750 Family: \$1,875	Individual: \$750 Family: \$1,875
Out-of-Pocket Max.	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000
Coinsurance	25%	25%	25%	25%	25%
Office Visits: Primary/Specialty (Enhanced*)	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40
Retail Prescription Drugs	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50	Generic: \$7 Preferred Brand: \$30 Non-Preferred Brand/Generic: 30% Specialty: \$50

IMPORTANT NOTE

NOT ALL SEBB PLANS ARE SHOWN

This is intended for illustration purposes only. Please refer to your SEBB My Account for the complete list of available plans and plan details.

* Enhanced Benefit refers to services when seeing select providers. Please see official plan documents for more information.

***Aggregate: Family limits apply when more than one person is enrolled on the plan. Services subject to deductible will not be covered for any one member until the family deductible is met. For complete details please refer to the Benefit Summary. Any discrepancy between this illustration and the contract will be governed by the contract.



Benefit Depots

Setup your SEBB My Account

Staff will be available to:

- Help setup your SEBB My Account
- Securely upload documents
- Answer questions
- Assist in making plan changes
- Distribute plan information

<u>Date</u>	<u>Time</u>	<u>Location</u>
10/01/2019	4-7pm	Kalles
10/02/2019	4-7pm	Ferrucci*
10/08/2019	4-7pm	Glacier View
10/09/2019	4-7pm	Edgemont**
10/15/2019	4-7pm	Central Kitchen
10/19/2019	9am-12pm	ESC
10/22/2019	4-7pm	Kalles**
10/23/2019	4-7pm	Stahl
10/29/2019	4-7pm	Ballou
11/02/2019	9am-12pm	ESC**
11/05/2019	4-7pm	Edgemont**
11/06/2019	4-7pm	Stahl
11/12/2019	4-7pm	Aylen
11/13/2019	4-7pm	Glacier View

*Benefits Fair - Meet with Insurance Carriers
 **These Depots include Parental Leave Information

Open Enrollment Period October 1st - November 15th

Local SEBB Benefit Fairs

SEBB Insurance Carrier
 Representatives
 will be available to:

- Answer questions
- Assist in making plan changes
- Distribute plan information

<u>Date</u>	<u>Time</u>	<u>Location</u>
10/02	4-8pm	Olympia South Puget Sound Community College, Student Union Building 2011 Mottman Rd. SW
10/03	4-8pm	Des Moines Highline College, Mt. Constance/ Mt. Olympus rooms 2400 S 240th St.
10/08	4:30-8pm	Tacoma UW Tacoma, Phillip Hall 1900 Commerce St.
10/10	4-8pm	Bremerton Sheridan Community Center 680 Lebo Blvd.
10/14	4-8pm	Bellevue Bellevue College L-Bldg 3000 Landerholm Circle SE



NW Benefit Advisors

