

SEBB Program Plan Comparison

2026 Kaiser Foundation Health Plan of Washington Options, Inc.

Summit PPO Plans for King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

This is an overview of benefits. See your Evidence of Coverage for full benefit details.

What you pay	Summit PPO 3		Summit PPO 2		Summit PPO 1	
	Preferred	In-Network	Preferred	In-Network	Preferred	In-Network
Medical deductible (individual/family)	\$250/\$500		\$750/\$1,500		\$1,250/\$2,500	
Medical out-of-pocket limit (individual/family)	\$2,500/\$5,000		\$3,500/\$7,000		\$4,500/\$9,000	
Prescription drug deductible	None					
Prescription drug out-of-pocket limit	Combined with medical out-of-pocket limit					
Telehealth						
Telemedicine (real-time interactive audio and video communications with provider)	\$0 ¹		\$0 ¹		\$0 ¹	
Telephone services and online visits	\$0 ¹		\$0 ¹		\$0 ¹	
Outpatient care						
Primary care	\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
Specialist	\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
Preventive care	\$0 ¹		\$0 ¹		\$0 ¹	
Behavioral health	\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
Diagnostic tests, X-ray/lab	10% ¹	30% ¹	10% ¹	30% ¹	10% ¹	30% ¹
Hospital services						
Inpatient	10%	30%	10%	30%	10%	30%
Outpatient	10%	30%	10%	30%	10%	30%
Emergency services						
Emergency room	\$100 then 10%		\$100 then 10%		\$100 then 10%	
Urgent care	\$10 ² then 10%	\$20 ² then 30%	\$10 ² then 10%	\$20 ² then 30%	\$20 ² then 10%	\$40 ² then 30%
Ambulance (air/ground, per trip)	10%		10%		10%	

2026 SEBB Kaiser Permanente Washington Options Summit PPO Plans

What you pay		Summit PPO 3		Summit PPO 2		Summit PPO 1	
		Preferred	In-Network	Preferred	In-Network	Preferred	In-Network
Therapies							
Rehabilitation (occupational, physical, and speech therapy; pulmonary and cardiac rehabilitation) and neurodevelopmental therapy (NDT)		Combined therapy, 60 total visits per calendar year (no visit limit for NDT)					
		\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
Massage therapy		24 visits per calendar year					
		\$20 then 10%	\$40 then 30%	\$20 then 10%	\$40 then 30%	\$40 then 10%	\$80 then 30%
Acupuncture		24 visits per calendar year					
		\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
Chiropractic (spinal manipulations)		24 visits per calendar year					
		\$10 ² then 10%	\$20 ² then 30%	\$10 ² then 10%	\$20 ² then 30%	\$20 ² then 10%	\$40 ² then 30%
Naturopathy		Unlimited visits					
		\$10 then 10%	\$20 then 30%	\$10 then 10%	\$20 then 30%	\$20 then 10%	\$40 then 30%
Durable medical equipment and aids							
Durable medical equipment (per calendar year)		Member pays any amount over \$300 for orthotic devices, in a calendar year ¹					
		10%	30%	10%	30%	10%	30%
Hearing aids		\$0 per ear every 36 months ¹					
Prescription drugs							
Tier 1 (preferred generic)	Retail 30-day supply	\$5 ¹	\$15 ¹	\$5 ¹	\$15 ¹	\$10 ¹	\$20 ¹
	Mail order 90-day supply	\$10 ¹	n/a	\$10 ¹	n/a	\$20 ¹	n/a
Tier 2 (preferred brand)	Retail 30-day supply	\$30 ¹	\$50 ¹	\$30 ¹	\$50 ¹	\$20 ¹	\$40 ¹
	Mail order 90-day supply	\$60 ¹	n/a	\$60 ¹	n/a	\$40 ¹	n/a
Tier 3 (nonpreferred brand and generic)	Retail 30-day supply	\$65 ¹	\$95 ¹	\$65 ¹	\$95 ¹	\$30 ¹	\$60 ¹
	Mail order 90-day supply	\$130 ¹	n/a	\$130 ¹	n/a	\$60 ¹	n/a
Tier 4 (preferred specialty)	30-day supply	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Tier 5 (nonpreferred specialty)	30-day supply	30% ¹	30% ¹	30% ¹	30% ¹	30% ¹	30% ¹

Monthly employee premiums	Summit PPO 3	Summit PPO 2	Summit PPO 1
Employee	\$287	\$134	\$45
Employee and spouse³	\$574	\$268	\$90
Employee and children	\$502	\$235	\$79
Employee, spouse³, and children	\$861	\$402	\$135

Preferred in-network care from Kaiser Permanente providers and pharmacies and preferred contracted specialists and hospitals.

Includes in-network care from in-network providers.

These plans include coverage from out-of-network licensed providers at a higher annual medical deductible, 50% coinsurance, and no annual medical out-of-pocket limit.

¹ Not subject to annual medical deductible.

² Specialty care visit copay will apply if service is rendered by a specialist.

³ Or state-registered domestic partner.

Virtual care/ telehealth are offered when appropriate and available.

If you have questions, please call Kaiser Permanente WA Member Services at

1-888-901-4636 (TTY 711).

This is a brief summary of benefits. THIS IS NOT A CONTRACT OR EVIDENCE OF COVERAGE.

All benefit descriptions, including alternative care, are for medically necessary services. The member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your Evidence of Coverage.