

For Washington (Clark and Cowlitz counties)
groups with 1-50 employees

Medical Plans for Small Employers

Coverage effective on or after January 1, 2025

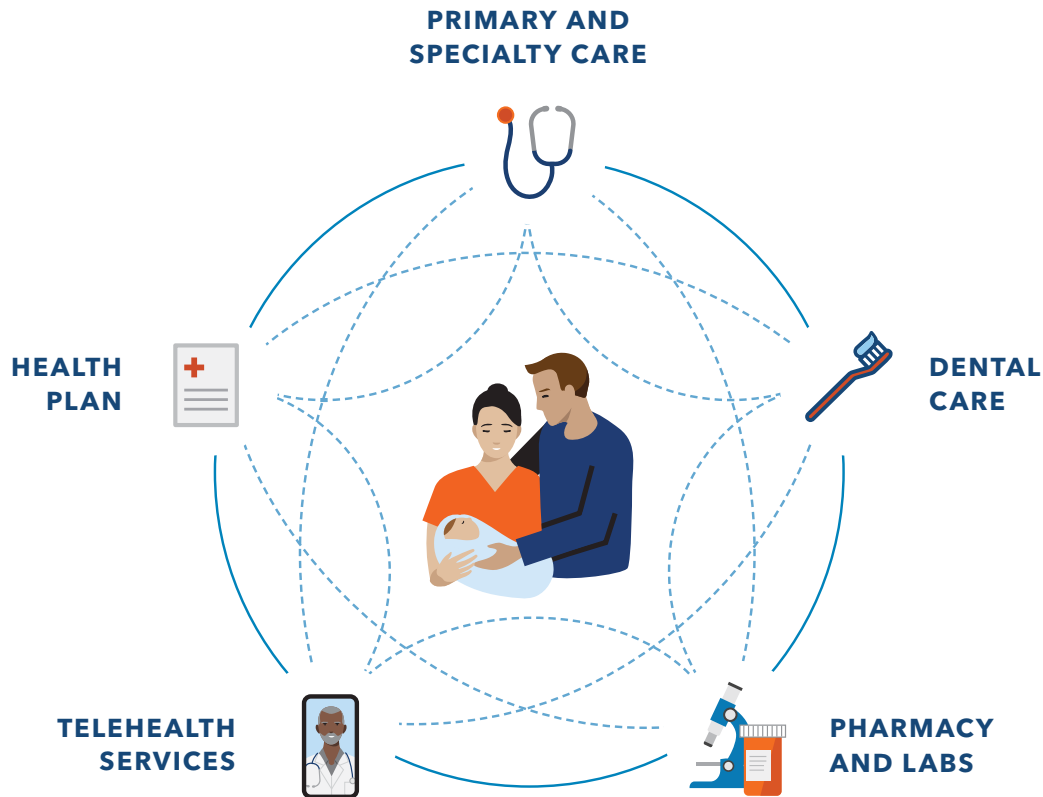
WASHINGTON
2025



business.kp.org



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.



The Kaiser Permanente Difference

Our integrated, team-based model helps us provide the right care at the right time. This innovative approach helps lower costs by reducing unnecessary treatments and encouraging members to stay on top of their health needs. And it's a key reason why, year after year, we can bring high-quality, affordable health care to more than 12 million members across the country.

Protecting the Health of Your Business

At Kaiser Permanente, our complete system of caregivers, hospitals, and health plans all work together to help protect and grow your business by leveraging the power of employee health. Your employees see doctors who are motivated by health outcomes, not profits – so you get more for your health care dollar.

Experience KP

The simplest way to see the Kaiser Permanente difference? Let our caregivers show you. Our private tours give you an inside look at how we make staying healthy easier by using the right tools, technology, and support. Learn more and request a personalized visit at experiencekpnw.org.

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Added Choice — Learn more about our Added Choice in-area and out-of-area plans and network of providers. kp.org/choiceproducts/nw

Broker and employer resources — business.kp.org

- Manage members by enrolling, terminating, and updating group membership.
- Manage payments by making one-time payments, setting up or managing recurring payments, and viewing payment history and transaction details.
- View and print premium payment invoices and provider and facility directories.
- Get answers to employee questions, order member ID cards, and manage email notification preferences for e-receipt and bill notifications.
- View group documents.
- And much more.

The CHP Group — Find a network of providers for alternative care such as naturopathic, acupuncture, and chiropractic care. chpgroup.com

Deductible plans — Understand how deductible plans work, the difference between a copay and coinsurance, and more. kp.org/deductibleplans

Dental — Learn about medical-dental integration, our skilled Kaiser Permanente dentists, and convenient dental locations. kp.org/dental/nw

Formulary — View an outpatient prescription drug table to help guide member cost shares. Learn more about mail-order pharmacy benefits and more. kp.org/formulary

Get care — Find the many ways you can get care with Kaiser Permanente, including online, phone, or in-person options. kp.org/getcare

Healthy lifestyles — Participate in healthy lifestyle programs such as eating healthy, losing weight, quitting smoking, sleeping better, and more. kp.org/healthylifestyles

Center for Black Health and Wellness — The Center for Black Health and Wellness is led by a team of clinicians who have experience in providing exceptional culturally competent care to Black patients and their families and who are passionate about improving the health of our Black members and elevate their care experience. Learn more at kpcenterforblackhealth.org.



KP Plus — Access high-quality care from Kaiser Permanente and affiliated providers, and have the flexibility to get care from any licensed out-of-network providers for a limited number of services each year. kp.org/choiceproducts/nw

Locations — See all current Kaiser Permanente facilities and affiliated providers. kp.org/locations

Medical Financial Assistance program — Our Medical Financial Assistance program provides temporary financial assistance to help qualified patients pay for health care based on their financial need. kp.org/mfa/nw

Mental health services — Services and support are available for a variety of mental and emotional concerns. Members can make an appointment for mental health services without a referral. kp.org/mentalhealthservices

New members — Help new employees transition their care to Kaiser Permanente with our new member onboarding team. The team can help members create an account, choose a doctor, transfer prescriptions, and get care. New members can call **1-888-491-1124** for assistance. kp.org/newmember

Register for a kp.org account — Create an online account to use the Kaiser Permanente app. kp.org/register

Self-care tools and apps — Discover mental health and wellness tools, including digital apps such as Calm and Headspace Care.* Get tips on how to navigate life changes and challenges such as caregiving, managing stress, and more. kp.org/selfcare

Substance use and recovery — If you're struggling with substance use, you're not alone. Learn about your options and get the support you need to feel better. kp.org/recovery

Summary of Benefits and Coverage (SBC) — View sample SBCs for small business groups. kp.org/sbc

Urgent care — Find a list of urgent care locations and alternatives such as virtual urgent care and e-visits. kp.org/knowbeforeyougo

Vision Essentials by Kaiser Permanente — Learn about getting eye exams, contact lenses, and glasses, all under one roof with Kaiser Permanente. kp2020.org

*These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. Only available to Kaiser Permanente members with medical coverage.



Everyone at Kaiser Permanente shares the same mission: keeping your employees as healthy as possible. With no hidden fees and clear and simple billing, you face fewer administrative hassles – and get more time to focus on running your business.

Your sales and account management team

You have a dedicated sales and account management team to support you. It starts with your sales executive and account manager, who are your partners on strategic planning and helping new groups enroll with Kaiser Permanente, development of group policy changes and renewals, group eligibility and underwriting, new products and benefit designs, account planning and collaboration, and group meetings. Other members of the team will help you with plan administration, membership enrollments and changes, eligibility or claims issues, and other service inquiries. Contact your Kaiser Permanente sales executive or account manager to learn how we can help you meet your goals.

Helping keep your employees safe, healthy, and productive

Whether your employees need work-related injury care, employment exams, or medical screenings, Kaiser Permanente On-the-Job® helps get them back to work safely and quickly. Our occupational health program has consistently demonstrated total lower claim costs for employers, including medical and time-loss costs.*

With Kaiser Permanente On-the-Job, all your employees have access to specialized occupational health and safety services, including:

- OSHA-mandated medical exams and screenings
- Drug and alcohol testing
- Specialized care for treatment of work-related injuries and illnesses
- On-site physical therapy and radiology
- Help with workers' compensation paperwork

Learn more at kp.org/kpoj/nw.

Workforce health

Access to wellness programs increases employees' use of preventive care services, which has been shown to improve health outcomes.¹

Stronger employee engagement and a culture of well-being can also reduce turnover and help you retain good workers. We have a variety of resources available to you as a small group employer. Contact your Kaiser Permanente sales executive or account manager or visit kp.org/workforcehealth to learn more.

*Macy's Inc. Workers Claims Case Study. ¹Oluwasoyi O. Isehunwa et al., "Access to Employee Wellness Programs and Use of Preventive Care Services Among U.S. Adults," *American Journal of Preventive Medicine*, October 2017.



Employer portal on business.kp.org



Our self-service employer portal, **business.kp.org**, provides a quick way to access account services and find resources, including:

- Manage members by enrolling, terminating, and updating group membership.
- Manage payments by making one-time payments, setting up or managing recurring payments, and viewing payment history and transaction details.
- View and print premium payment invoices.
- Access provider and facility directories.
- Get answers to employee questions.
- Order ID cards.
- Manage email notification preferences for e-receipt and bill notifications.
- View group documents.

Putting members in control of their care

We're leveraging our scale and connectivity to drive quality and affordable care for your organization and your employees. Whether your employees are at home or on the go, **kp.org** and the Kaiser Permanente app¹ give them a simple, secure way to keep up with their care, allowing them to:

- Schedule, review, or cancel routine appointments²
- Join a video visit with a Kaiser Permanente clinician who has access to the member's electronic health record^{2,3}
- Share information with a Kaiser Permanente clinician about their symptoms/condition and receive care advice, including treatment plan or prescriptions if needed^{3,4}

- Email their care team with nonurgent questions²
- View most test results and immunizations²
- Order or refill most prescriptions²
- Pay bills and see cost estimates²
- Access a digital copy of their ID card



Learn more at
kp.org/register.

Care beyond the doctor's office

We believe we can improve the total health of our members by empowering them to choose care from many different options. Scheduled and no-appointment-needed 24/7 phone and video visits, e-visits, 24/7 nurse advice, and the ability to email their doctor nonurgent questions on **kp.org** are convenient alternatives that offer high-quality care, comparable with an in-person visit.^{2,3,4} Learn more at **kp.org/getcare.**

Furthering our mission with Community Health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2023 alone, we invested more than \$136 million in the community.⁵ Learn more at **kp.org/communityreport/nw.**

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. ²These features apply to care you get at Kaiser Permanente facilities. ³When appropriate and available. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. ⁴Applicable cost shares will apply for services or items ordered during an e-visit. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. ⁵Community Health Snapshot, kp.org/communityreport/nw, accessed June 18, 2024.



Healthy lifestyle programs

With our online wellness programs, your employees get advice, encouragement, and tools to help them create positive changes in their lives. Our complimentary programs can help them:

- Eat healthier
- Lose weight
- Move more
- Sleep better
- Reduce stress
- Quit smoking

Learn more about these programs at kp.org/healthylifestyles.



Total Health Assessment

The Total Health Assessment is an online tool to help members learn more about how their lifestyle behavior interacts with their health. It connects members to online programs tailored to their lifestyles. Employees can complete the assessment in 10 minutes and get recommendations to improve their health at kp.org/tha.

Wellness coaching

If your employees need a little extra support, we offer Wellness Coaching by Phone at no additional cost. Members can work one-on-one with their personal coach to make a plan to help them reach their health goals. Learn more at kp.org/wellnesscoach.

Health Engagement and Wellness Services classes

Making informed choices and creating balance in your life can improve or maintain your health. And a class can help you. From diabetes management to quitting nicotine, we have you covered!

Registered dietitians, health coaches, certified diabetes educators, and other health professionals facilitate Health Engagement and Wellness Services (HEWS) classes. You'll find online and phone options to help fit your learning style — all promoting a safe and supportive atmosphere. Find more information at kp.org/healthengagement/classes.

There is no charge for Kaiser Permanente members for all HEWS offerings.



Mental health and emotional wellness apps

Everyone needs support for total health — mind, body, and spirit. These wellness apps can help members navigate life's challenges and make small changes to improve sleep, mood, relationships, and more.¹ Go to kp.org/selfcare to learn more and download apps.



On-demand emotional support through the Headspace Care app — Headspace Care's emotional support coaches are available 24/7 to help with stress, low mood, sleep troubles, and more. Learn more at kp.org/coachingapps.^{2,3,4}



Meditation and relaxation app designed to help strengthen mental fitness and help with stress, anxiety, insomnia, depression, and more.^{2,4}

classpass

Access to thousands of on-demand workout videos, plus live-streaming and in-person exercise classes from top studios worldwide. Learn more at kp.org/choosehealthy.⁴

Mental health services

Services and support are available for a variety of mental and emotional concerns. You can make an appointment for mental health services without a referral. Learn more about mental health resources available at kp.org/mentalhealthservices.

Substance use and recovery

If you're struggling with substance use, you're not alone. Go to kp.org/recovery to understand your options and get the support you need to feel better.

Alternative medicine and discounts

As part of your offering, your employees may have access to discounts through the CHP Active and Healthy program. This service gives members discounts on alternative care (chiropractic, naturopathic, acupuncture, massage therapy), health club memberships, sporting events, and more. Learn more at chpactiveandhealthy.com.



¹These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. Only available to Kaiser Permanente members with medical coverage. ²Calm can be used by members 13 years old and older. The Headspace app and services are not available to any members under 18 years old. ³Eligible Kaiser Permanente members can text with a coach using the Headspace app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace app for the remainder of the year at no cost. ⁴Not available to Kaiser Permanente Dental-only members.



Meeting members when and where they need care

From convenient video visits and phone appointments to in-person visits, Kaiser Permanente members can choose what works best, helping them — and your business — save time and money.

NEW! Kaiser Permanente Center for Black Health and Wellness

The Center for Black Health and Wellness is led by a team of clinicians who have experience in providing exceptional culturally competent care to Black patients and their families and who are passionate about improving the health of our Black members and elevate their care experience. Learn more at kpcenterforblackhealth.org.

In person

- **Primary and specialty care** — Visit with a member of your care team. If you don't need to see your regular doctor, you can schedule a visit with an available doctor at any of our medical offices. You may need a referral to see certain specialists.
- **Urgent care** — These walk-in clinics are for conditions that require prompt medical attention (usually within 1 or 2 days) but are not an emergency.¹ Open 7 days a week, including evenings, weekends, and holidays. Visit kp.org/knowbeforeyougo to find a facility.

You are also covered for urgent care while traveling anywhere in the world.² Visit kp.org/travel when traveling outside of the service area displayed on page 12.

- **Emergency care** — If you ever need emergency care, you're covered — anywhere, anytime. You can get care at any Kaiser Permanente hospital or any other hospital emergency department.³

- **Affiliated providers** — Kaiser Permanente health plans include access to affiliated providers for primary and specialty care.

Cost estimator

Members can access a [cost estimator](#) to see how much treatments, procedures, tests, or other medical services could cost.

Medical Financial Assistance program

Our Medical Financial Assistance program provides temporary financial assistance to help qualified patients pay for health care based on their financial need. This includes emergency, urgent, or medically necessary care; pharmacy services; and products received from Kaiser Permanente providers or facilities. Learn more at kp.org/mfa/nw.

¹An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. ²Routine services like prevention, exams, checkups, and services for ongoing medical conditions aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Please refer to your *Evidence of Coverage* or other coverage documents for details. ³If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.



Online

- **24/7 video and phone** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video or phone, no appointment necessary.^{1,2,3} Go to **kp.org** or the Kaiser Permanente app to get started.
- **E-visits** — Share information with a Kaiser Permanente clinician about your symptoms/condition and receive care advice, including treatment plan or prescriptions if needed.^{1,2}
- **Secure email** — Message your care team with nonurgent questions.³
- **Scheduled video visits** — Meet face-to-face with a Kaiser Permanente doctor on a computer, smartphone, or tablet.¹
- **Online resources** — Use **kp.org** or the Kaiser Permanente app to manage your health, find nearby locations, and take advantage of health guides and other resources.⁴

By phone

- **24/7 video and phone** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video or phone, no appointment necessary.^{1,2,3}
- **Scheduled phone visits** — Save a trip to the medical office for minor conditions or follow-up care.^{1,3}
- **24/7 nurse advice** — Talk with a Kaiser Permanente registered nurse for advice, referrals, prescription information, and more.



Visit **kp.org/getcare** to learn more about online and phone options.

Interpreter services

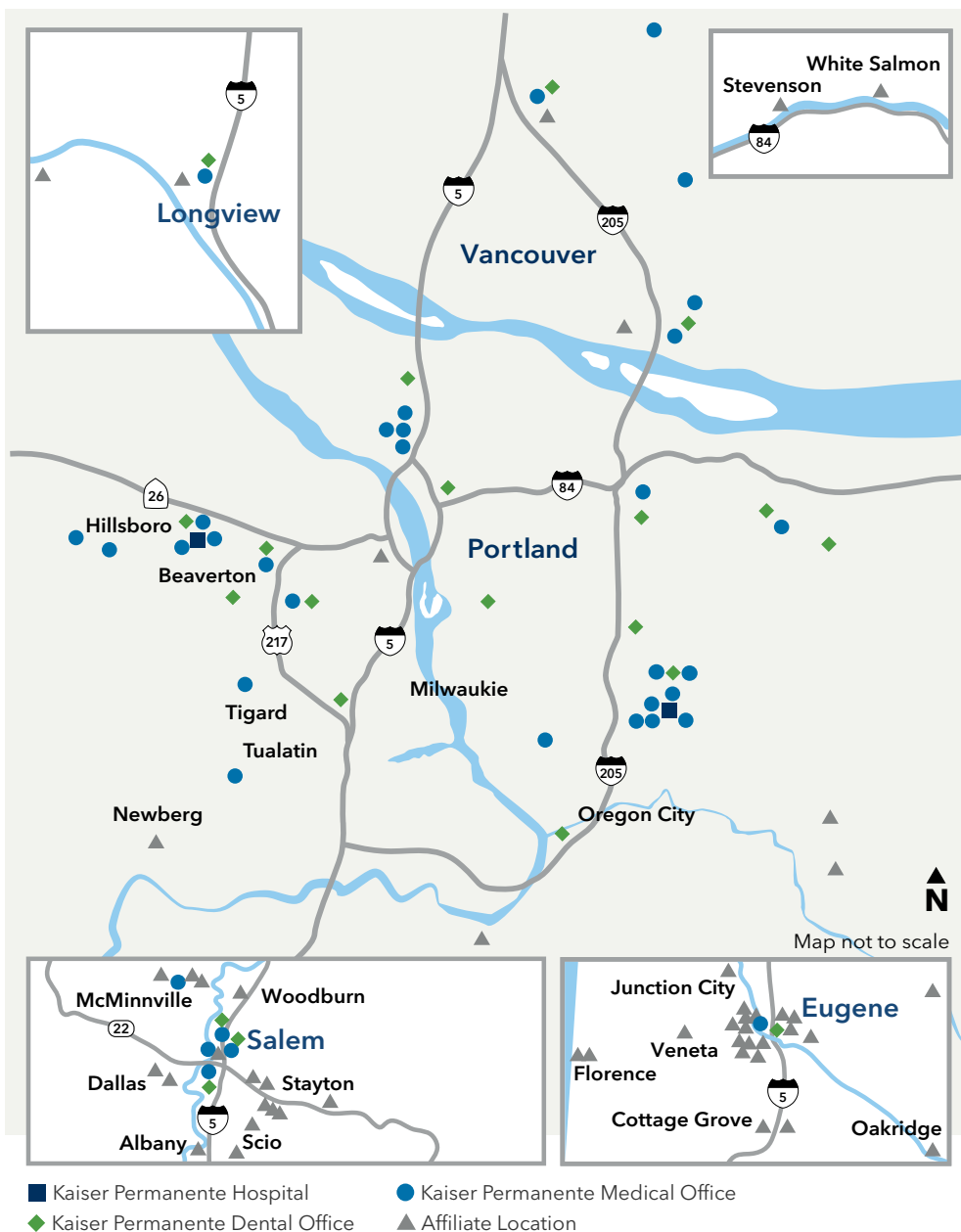
Our interpreter services are available 24 hours a day, 7 days a week at no cost to you. Scheduled and on-demand phone, video, and in-person visits are available in the member's preferred language, including American Sign Language. Call **1-800-813-2000** to request interpreter services.

¹When appropriate and available. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. ²Applicable cost shares will apply for services or items ordered during an e-visit. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. ³These features are available when you get care at Kaiser Permanente facilities. ⁴To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



Oregon and Southwest Washington

We provide quality care to more than 600,000 members in Oregon and Southwest Washington. Our service area extends from Eugene, Oregon, to Longview, Washington, and includes medical offices, dental offices, Vision Essentials by Kaiser Permanente optical retail locations, urgent care clinics, and hospitals. We also have a network of affiliated providers for routine, urgent, or emergency care.



Facility information is current as of July 2024.

Go to kp.org/locations to see all our current locations and to find the facility closest to you. Or call Member Services at **1-800-813-2000** (TTY 711).





Dental

With Kaiser Permanente's coordinated medical and dental care and coverage, it can be simpler to take care of your total health. Our skilled dentists, convenient dental locations, and quality services will make you smile.

Learn more at kp.org/dental/nw.

View our Dental Product Portfolio brochure for dental plan offerings.



Pharmacy

Most of our Kaiser Permanente medical offices include pharmacy services. You also have the option of using our mail-order pharmacy service to fill and refill most prescriptions at no additional cost.



visionessentials by KAISER PERMANENTE

Our optometrists, ophthalmologists, and opticians work together within our integrated care delivery system and are able to connect to our larger team of medical professionals and services.

Learn more at kp2020.org.



Affiliated Providers

Kaiser Permanente health plans include access to affiliated providers for primary and specialty care.



Integrated care for total health

Dental care can play a vital role in your employees' overall health

We know that oral health is an important part of overall health, and that's why prevention is at the core of our philosophy. Taking care of dental health can help decrease the risk of serious medical conditions, including heart disease, stroke, diabetes, oral cancer, pregnancy complications, and more. Healthier employees can support and improve your business productivity while helping you manage costs.



Convenience of integrated care

Your employees can experience a new way to take care of their overall health when they have Kaiser Permanente medical and dental coverage. Help them save time and enjoy the convenience of integration with:

- **Coordinated care**, like getting a flu shot, vaccination, or other preventive medical services during their dental appointment¹
- **One electronic health record** and access to **kp.org** to help manage care
- **Teledentistry options**, like email and phone care advice from our dental team — all with no copay and integrated with your employees' health record²

Administrative ease

When it comes to managing your plan, hassles should be the last thing on any business's mind. With coordinated dental care and coverage from the same company, we can streamline plan administration with:

- One point of contact
- One phone number to call
- One bill

All of which helps make it quicker and easier for you to stay focused.



Learn more at kp.org/dental/nw.

¹Medical services are available at select dental locations. You must be a Kaiser Permanente medical member to receive medical care.

²When appropriate and available.



Every Kaiser Permanente plan is designed to help keep your workforce happy, healthy, and productive. Along with our variety of plan options, you can also include out-of-area coverage, comprehensive dental coverage, and more. See our plan overviews below to learn more.

Traditional plans

These plans offer predictable copays and out-of-pocket maximums and make it easier for employees to manage their health care spending. A variety of copay options gives you flexibility to choose a plan that meets employee needs and business goals.

Deductible plans

You'll get more options at an affordable cost. With the addition of an employee deductible and out-of-pocket cost, monthly payments are lower than for traditional plans. You'll reduce premiums while still maintaining quality care and access to our doctors for your employees.

HSA-qualified high deductible health plans

Offer lower premiums than other plan types, plus tax savings.* With our HSA-qualified high deductible health plans, your employees have more control over their health care dollars, helpful online decision-support tools, and the same high-value access to services as members of our traditional plans.

KP Plus plans

KP Plus offers comprehensive care from Kaiser Permanente doctors and facilities as well as affiliated providers. Plus, employees will have the option to see any licensed out-of-network provider for a limited number of services each year.

Added Choice point-of-service plans

Added Choice offers employees provider choice while offering you the benefits of single carrier administration and health care cost containment.

*The tax references relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws.



PPO Plus out-of-area plans

PPO Plus provides you with the opportunity to give your employees living and working outside the Kaiser Permanente Northwest service area more provider choice while offering the benefits of single carrier administration and health care cost containment.

With PPO Plus, members can choose care from Kaiser Permanente providers, First Choice Health providers, First Health Network providers, or nonparticipating community providers. Visit kp.org/choiceproducts/nw for more information.

Kaiser Permanente Senior Advantage plan

Provide your Medicare-eligible employees with the benefits of Medicare Advantage.

Dental plans

Choose from our cost-effective Traditional plans or flexible Choice PPO plans. We have a range of options with comprehensive coverage to meet the needs of your employees. Our unique medical-dental integration helps improve care quality, improve patient safety, and increase member satisfaction. See our Dental Product Portfolio for information on our dental plans.

Our Voluntary plans give individual employees in your company the opportunity to enjoy a high-quality dental plan. Employees pay up to 100% of the premium through payroll deduction and can access quality dental care.



The right plan for your business

You have the ability to customize a medical plan with vision based on your company's needs and budget. Follow the 3 easy steps to choose a health plan that's right for your business.

Step 1: Choose your medical plan or plans

You can offer up to 3 medical plans in a bundle, with the following guidelines:

- Limited to 1 Added Choice plan per bundle
- For groups that qualify, PPO Plus out-of-area plans are not counted toward the 3-plan limit
- Once you select your plan offerings, employees choose the plan that best meets their needs

Step 2: Choose your optional buy-up coverage

All our medical plans can be paired with the following buy-up option:

Vision: Adult vision hardware \$250 benefit/ 2-year period with adult vision exam (primary care office visit cost share applies, not subject to plan deductible)

Step 3: Apply or renew your coverage

New groups: Wired Quote/Wired Enroll are the fastest, most secure ways to apply for coverage for small groups with Kaiser Permanente Northwest. Wired Quote/Wired Enroll are available to KP appointed brokers/producers at no cost. Learn more at [wiredenroll.com](https://www.wiredenroll.com). You can also complete the Small Business employer application, along with other required forms, and submit it to a Kaiser Permanente sales executive. Applications are due by the **20th of the month** prior to the effective date.

Renewing groups: Please indicate your selection on the Renewal Decision Form and return it to your Kaiser Permanente account manager no later than the **15th of the month** prior to your anniversary date. We will provide you with coverage options that best match the plan or plans your business offers today, but you can choose from any of our other plans available to small employers if you prefer.

Solutions for employers and choice for employees

Select up to 3 medical plans to offer your employees. There is a limit of one point-of-service plan per bundle (with the exception of an out-of-area plan). As an employer, your contribution for each plan will be the same. It must be at least 50% – but not more than 100% – of the lowest-cost plan.

Each of your employees can choose the plan in the bundle that best meets their needs. If employees select a higher-cost plan, they will pay the difference.



PLAN OPTIONS

Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	KP Plus™	Added Choice® point-of-service¹	PPO Plus²
Platinum	KP WA Platinum 0	KP WA Platinum 250 KP WA Platinum 500		KP WA Platinum KP Plus 0	KP WA Platinum Added Choice 250	KP WA Platinum PPO Plus 250
Gold	KP WA Gold 0	KP WA Gold 1000 KP WA Gold 1500 KP WA Gold 2000		KP WA Gold KP Plus 1000	KP WA Gold Added Choice 500 KP WA Gold Added Choice 1000	KP WA Gold PPO Plus 1000
Silver		KP WA Silver 3000 KP WA Silver 4000 KP WA Silver 5000 KP WA Silver 6000	KP WA Silver HSA 3500	KP WA Silver KP Plus 3000	KP WA Silver Added Choice 3000 KP WA Silver Added Choice 4000	KP WA Silver PPO Plus 3000 KP WA Silver PPO Plus 4000
Bronze		KP WA Bronze 7000 KP WA Bronze 9200	KP WA Bronze HSA 7100	KP WA Bronze KP Plus 7000	KP WA Bronze Added Choice 7000	KP WA Bronze PPO Plus 7000
Buy-up option	<p>Any of the above medical plans can be paired with the following vision coverage buy-up option:</p> <p>Adult vision hardware and vision exam: \$250 hardware benefit allowance every 2-year period and primary care office visit cost share applies for exam, not subject to plan deductible.</p>					

¹If you have employees who live or work outside our service area, they may be eligible for an Added Choice out-of-area (OOA) plan. Rates and approval subject to underwriting. ²If you have employees who both live and work outside our service area, they may be eligible for a PPO Plus plan. Rates and approval subject to underwriting.



Outpatient prescription drugs

The Kaiser Permanente formulary applies to all plans. Members get up to a 30-day supply for each copay (up to a 90-day supply of eligible drugs for 2 copays when using our mail-order pharmacy). View our formulary at kp.org/formulary.

KP Plus outpatient prescription drugs

KP Plus members have access to 5 prescription fills per year at any licensed out-of-network pharmacy.

Additional prescription options for Added Choice and PPO Plus plans

Members on an Added Choice or PPO Plus plan have the option of filling their prescriptions through MedImpact. When a member fills a prescription at a MedImpact pharmacy, the plan covers up to a 30-day supply of drugs. To locate a pharmacy, go to kp.org/choiceproducts/nw.

Alternative care (self-referred)

All of our plans include the following coverage: self-referred naturopathic care at the primary office visit cost share. Acupuncture (up to 12 visits per year). Spinal and extremity manipulation therapy (up to 10 visits per year). Alternative care is available through The CHP Group (CHP) network providers in our service area.

Visit chpgroup.com for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities. For members enrolled under PPO Plus plans, these benefits may be used at PPO and other nonparticipating providers and facilities.

*Subject to annual medical deductible.



Vision hardware and routine eye exam

Children 18 and under are eligible for 1 pair of standard frames with lenses, a 6-month supply of disposable contacts, or 1 pair of conventional lenses per year at no cost. There is also no charge for low vision aids from a selected list, including medically necessary contact lenses.

Added Choice plan members 18 and under using the nonparticipating providers network pay 50%* for 1 pair of frames with lenses, 1 pair of conventional lenses, or a 6-month supply of disposable contact lenses. Low vision aids or medically necessary contacts are covered at 50%.

Employers can add coverage for adult vision exams and hardware to most of our plans. Vision hardware must be prescribed and purchased at Kaiser Permanente and selected vendors.

Integrated eye health

We treat eye health as a component of total health, not in isolation. When you choose the vision option, you're choosing the option that is more convenient and connected, which can help uncover major health issues and lead to better health outcomes. Learn more at kp2020.org.

Dental coverage

Investing in dental health helps keep your employees happy, healthy, and productive. Our Traditional dental plans allow you to choose from a wide range of options including deductibles or office visit copays. If you would like more flexibility, the Dental Choice PPO plans are designed for choice — providing comprehensive coverage while allowing members to see any dentist.

Visit kp.org/dental/nw for more information, including our Dental Product Portfolio brochure.

Pediatric dental (benefits embedded in all medical plans)

All embedded pediatric dental plans are Dental Choice (PPO) plans.

PREVENTIVE AND DIAGNOSTIC SERVICES (Oral exam, X-rays, teeth cleaning, fluoride treatments)	\$0
BASIC RESTORATIVE SERVICES (Routine fillings, basic crowns, simple extractions)	50%*
MAJOR RESTORATIVE SERVICES (Gold or porcelain crowns, inlays, bridge abutments, pontics)	50%*

*Pediatric dental services are subject to deductible, up to the maximum out of pocket, on HSA-qualified plans.



The right mix of choice, care, and convenience

We believe that every small business deserves convenient and high-quality care. We offer a mix of cost-sharing options to help you to pick a plan that hits the sweet spot between growing your business and protecting your employees' health. Our traditional plans have no deductible and offer predictable cost shares and out-of-pocket maximums to help manage health care spending.

We also make it easier for your employees to access the care they need to keep them happy, healthy, and productive on the job. Whether choosing a medical office near their home or close to their workplace, members can find a wide range of services such as specialty appointments, lab tests, and X-ray services, often in one time-saving location. And thanks to our integrated care approach, every visit gets coordinated efficiently among doctors, lab personnel, specialists, and other medical staff.

Specialty care that's made especially for your needs

With one of the largest multispecialty medical groups in the country, we're able to conveniently connect your employees to the kind of care that's right for them. Our doctors work with our members and the specialist to create an individualized treatment plan that's backed by research. That means your employees get the right care, at the right time. Plus, our skilled doctors and specialists come fully equipped with the latest technology and innovative treatment methods for cancer care, heart problems, maternity care, orthopedic procedures, and more.



Did you know?

Members can access many specialty care appointments at Kaiser Permanente without preauthorization, including:

- Substance use disorder services
- Behavioral health, including mental health services
- Cancer care
- Obstetrics-gynecology
- Sleep medicine

Members can call Member Services at **1-800-813-2000 (TTY 711)** to learn more.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.



TRADITIONAL PLANS

PLAN NAME	KP WA Platinum 0	KP WA Gold 0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$8,200 per individual; \$16,400 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$30
Urgent care	\$40	\$60
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$30	\$50
Chiropractic services ²	\$30	\$50
Naturopathic services	\$20	\$30
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$50
OUTPATIENT THERAPIES⁴	\$30	\$50
OUTPATIENT SURGERY	\$150	\$300
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$30	\$30
CT, MRI, AND PET SCANS	\$75	\$300
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
EMERGENCY DEPARTMENT VISIT	\$150	\$500
AMBULANCE SERVICES	\$150	\$200
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Outpatient	\$20	\$30
DURABLE MEDICAL EQUIPMENT	20%	40%
FERTILITY SERVICES (DIAGNOSIS)	50%	50%
DEPENDENT OUT-OF-AREA⁵	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand name; \$50 non-preferred brand name; 50% specialty	\$15 generic; \$40 preferred brand name; \$60 non-preferred brand name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	20%	40%
MATERNITY CARE Inpatient	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission

¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



Our deductible plans let employees access a broad range of primary care, specialty care, and hospital services. In fact, many preventive services are covered in full without the need to satisfy a deductible. And because all our plans have an out-of-pocket maximum, employees know both their health and financial security are being protected.

What is an annual deductible?

The annual deductible is the amount a member must pay in a calendar year for certain services before we will cover those services at the copay or coinsurance in that calendar year.

When the deductible applies

The member will be charged the full costs of these services, until they reach their deductible:

- Ambulance services
- Durable medical equipment (outpatient)
- Emergency services
- Fertility services (diagnosis)
- Home health services
- Inpatient hospitalization
- Mental health services (inpatient/residential)
- Outpatient or same-day surgery
- Skilled nursing facility services
- Substance use disorder care (inpatient/residential)

*Some plans are different. Please check your benefit summary for details.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your **business.kp.org** account or visit **kp.org/plandocuments** for sample *EOCs* by product.

When the deductible does not apply

The member will be charged the copay or coinsurance for these services, regardless of whether they have met their deductible.

- Office visits for primary, preventive, and prenatal and postpartum care and for routine eye exams
- Immunizations
- Hospice*

Out-of-pocket maximum on deductible plans

- Amounts paid toward the deductible count toward the out-of-pocket maximum.
- All copays and coinsurance apply to the out-of-pocket maximum.
- After meeting the out-of-pocket maximum, no further costs apply for the remainder of the calendar year.

Want to learn more?

Visit **kp.org/deductibleplans** for more details.



DEDUCTIBLE PLANS

PLAN NAME	KP WA Platinum 250	KP WA Platinum 500	KP WA Gold 1000
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$1,000 per individual; \$2,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,200 per individual; \$6,400 per family	\$8,200 per individual; \$16,400 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$20	\$20	\$20
Urgent care	\$40	\$40	\$50
Specialty care	\$30	\$30	\$40
Prenatal care	\$0	\$0	\$0
Allergy shots and other injections	\$10	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$30	\$30	\$40
Chiropractic services ²	\$30	\$30	\$40
Naturopathic services	\$20	\$20	\$20
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$30	\$40
OUTPATIENT THERAPIES⁴	\$30	\$30	\$40
OUTPATIENT SURGERY	15%*	20%*	25%*
LAB	\$20	\$20	\$20
X-RAY/DIAGNOSTIC TEST	\$30	\$30	\$20
CT, MRI, AND PET SCANS	15%*	20%*	\$300
INPATIENT HOSPITAL CARE	15%*	20%*	25%*
EMERGENCY DEPARTMENT VISIT	15%*	20%*	25%*
AMBULANCE SERVICES	15%*	20%*	25%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	15%*	20%*	25%*
Outpatient	\$20	\$20	\$20
DURABLE MEDICAL EQUIPMENT	15%*	20%*	25%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA⁵	20%	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand name; \$50 non-preferred brand name; 50% specialty	\$5 generic; \$15 preferred brand name; \$50 non-preferred brand name; 50% specialty	\$10 generic; \$30 preferred brand name; 50% non-preferred brand name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	20%*	25%*
MATERNITY CARE Inpatient	15%*	20%*	25%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



PLAN NAME	KP WA Gold 1500	KP WA Gold 2000
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,500 per individual; \$3,000 per family	\$2,000 per individual; \$4,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,200 per individual; \$16,400 per family
BENEFITS	Member pays	
OFFICE VISITS	\$0	\$0
Preventive care		
Primary care	\$35	\$35
Urgent care	\$55	\$60
Specialty care	\$45	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE	\$45	\$50
Acupuncture services ¹		
Chiropractic services ²	\$45	\$50
Naturopathic services	\$35	\$35
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$45	\$50
OUTPATIENT THERAPIES⁴	\$45	\$50
OUTPATIENT SURGERY	25%*	25%*
LAB	\$35	\$35
X-RAY/DIAGNOSTIC TEST	\$35	\$35
CT, MRI, AND PET SCANS	\$300	\$300
INPATIENT HOSPITAL CARE	25%*	25%*
EMERGENCY DEPARTMENT VISIT	25%*	25%*
AMBULANCE SERVICES	25%*	25%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	25%*	25%*
Inpatient psychiatric and residential treatment		
Outpatient	\$35	\$35
DURABLE MEDICAL EQUIPMENT	25%*	25%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA⁵	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand name; \$60 non-preferred brand name; 50% specialty	\$10 generic; \$20 preferred brand name; \$50 non-preferred brand name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	25%*
MATERNITY CARE	25%*	25%*
Inpatient		

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



DEDUCTIBLE PLANS

PLAN NAME	KP WA Silver 3000	KP WA Silver 4000
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	\$4,000 per individual; \$8,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,900 per individual; \$17,800 per family
BENEFITS	Member pays	
OFFICE VISITS		
Preventive care	\$0	\$0
Primary care	\$40	\$45
Urgent care	\$65	\$70
Specialty care	\$55	\$60
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE		
Acupuncture services ¹	\$55	\$60
Chiropractic services ²	\$55	\$60
Naturopathic services	\$40	\$45
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$60
OUTPATIENT THERAPIES⁴	\$55	\$60
OUTPATIENT SURGERY	40%*	40%*
LAB	\$35	\$45
X-RAY/DIAGNOSTIC TEST	\$45	\$45
CT, MRI, AND PET SCANS	40%*	40%*
INPATIENT HOSPITAL CARE	40%*	40%*
EMERGENCY DEPARTMENT VISIT	40%*	40%*
AMBULANCE SERVICES	40%*	40%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	40%*
Inpatient psychiatric and residential treatment		
Outpatient	\$40	\$45
DURABLE MEDICAL EQUIPMENT	40%*	40%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA⁵	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand name; 50% non-preferred brand name; 50%* specialty	\$30 generic; \$60 preferred brand name; 50% non-preferred brand name; 50%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	40%*
MATERNITY CARE	40%*	40%*
Inpatient		

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



PLAN NAME	KP WA Silver 5000	KP WA Silver 6000
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$5,000 per individual; \$10,000 per family	\$6,000 per individual; \$12,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,600 per individual; \$17,200 per family
BENEFITS	Member pays	
OFFICE VISITS	\$0	\$0
Preventive care		
Primary care	\$50	\$50
Urgent care	\$75	40%*
Specialty care	\$70	\$70
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE	\$70	\$70
Acupuncture services ¹		
Chiropractic services ²	\$70	\$70
Naturopathic services	\$50	\$50
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$70	\$70
OUTPATIENT THERAPIES⁴	\$70	\$70
OUTPATIENT SURGERY	40%*	40%*
LAB	\$50	40%*
X-RAY/DIAGNOSTIC TEST	\$50	40%*
CT, MRI, AND PET SCANS	40%*	40%*
INPATIENT HOSPITAL CARE	40%*	40%*
EMERGENCY DEPARTMENT VISIT	40%*	40%*
AMBULANCE SERVICES	40%*	40%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	40%*
Inpatient psychiatric and residential treatment		
Outpatient	\$50	\$50
DURABLE MEDICAL EQUIPMENT	40%*	40%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA⁵	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand name; 50% non-preferred brand name; 50%* specialty	\$30 generic; \$60 preferred brand name; 50%* non-preferred brand name; 50%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	40%*
MATERNITY CARE	40%*	40%*
Inpatient		

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



DEDUCTIBLE PLANS

PLAN NAME	KP WA Bronze 7000	KP WA Bronze 9200
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$9,200 per individual; \$18,400 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,200 per individual; \$18,400 per family	\$9,200 per individual; \$18,400 per family
BENEFITS	Member pays	
OFFICE VISITS	\$0	\$0
Preventive care		
Primary care	\$50	\$40 for first 3 visits; then \$0*
Urgent care	40%*	\$0*
Specialty care	\$70*	\$0*
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE	\$70*	\$0*
Acupuncture services ¹		
Chiropractic services ²	\$70*	\$0*
Naturopathic services	\$50	\$0*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$70*	\$0*
OUTPATIENT THERAPIES⁴	\$70*	\$0*
OUTPATIENT SURGERY	40%*	\$0*
LAB	40%*	\$0*
X-RAY/DIAGNOSTIC TEST	40%*	\$0*
CT, MRI, AND PET SCANS	40%*	\$0*
INPATIENT HOSPITAL CARE	40%*	\$0*
EMERGENCY DEPARTMENT VISIT	40%*	\$0*
AMBULANCE SERVICES	40%*	\$0*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	\$0*
Inpatient psychiatric and residential treatment		
Outpatient	\$50	\$0*
DURABLE MEDICAL EQUIPMENT	40%*	\$0*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA⁵	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$35 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$30 generic; \$0* preferred brand name; \$0* non-preferred brand name; \$0* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	\$0*
MATERNITY CARE	40%*	\$0*
Inpatient		

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



Our high deductible health plans offer lower monthly premiums and are health savings account (HSA) qualified to help employees take charge of their own health care spending.

True to its name, our high deductible health plan is a health plan with a high deductible. These plans are unique from traditional and traditional deductible plans as most nonpreventive services apply to the deductible. Some examples of nonpreventive services include prescriptions, outpatient surgery, and emergency department visits.

Paired with HSA-qualified high deductible plans, HSA accounts are easy to administer and let your employees pay for current health expenses and save for future qualified expenses on a tax-free basis.* To learn more, please refer to the Health Payment Accounts section of this book.

What is an annual deductible?

The annual deductible is the amount a member must pay in a calendar year for certain services before we will cover those services at the copay or coinsurance in that calendar year.

*The tax references in this brochure relate to federal income tax only. Consult with your financial or tax adviser for more information about state income tax laws.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the EOC, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample EOCs by product.



HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS

PLAN NAME	KP WA Silver HSA 3500	KP WA Bronze HSA 7100
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,500 per individual; \$7,000 per family	\$7,100 per individual; \$14,200 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$7,100 per individual; \$14,200 per family
BENEFITS	Member pays	
OFFICE VISITS	0%	0%
Preventive care		
Primary care	25%*	0%*
Urgent care	25%*	0%*
Specialty care	25%*	0%*
Prenatal care	0%	0%
Allergy shots and other injections	25%*	0%*
TELEHEALTH (PHONE/VIDEO)	0%	0%*
SELF-REFERRED ALTERNATIVE CARE	25%*	0%*
Acupuncture services ¹		
Chiropractic services ²	25%*	0%*
Naturopathic services	25%*	0%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	25%*	0%*
OUTPATIENT THERAPIES⁴	25%*	0%*
OUTPATIENT SURGERY	25%*	0%*
LAB	25%*	0%*
X-RAY/DIAGNOSTIC TEST	25%*	0%*
CT, MRI, AND PET SCANS	25%*	0%*
INPATIENT HOSPITAL CARE	25%*	0%*
EMERGENCY DEPARTMENT VISIT	25%*	0%*
AMBULANCE SERVICES	25%*	0%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	25%*	0%*
Inpatient psychiatric and residential treatment		
Outpatient	25%*	0%*
DURABLE MEDICAL EQUIPMENT	25%*	0%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	0%*
DEPENDENT OUT-OF-AREA⁵	20%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$40* preferred brand name; 30%* non-preferred brand name; 50%* specialty	0%* generic; 0%* preferred brand name; 0%* non-preferred brand name; 0%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	0%*
MATERNITY CARE	25%*	0%*
Inpatient		

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.



KP Plus is an affordable option that gives your employees access to high-quality care from Kaiser Permanente and affiliated providers and allows them to have the flexibility to get care from any licensed out-of-network provider for a limited number of services each year.



To learn more, visit
kp.org/choiceproducts/nw.

With KP Plus, your employees get:

- Comprehensive coverage from Kaiser Permanente providers and facilities as well as affiliated providers
- Up to 10 out-of-network provider visits or other medical services and 5 prescription fills per year
- Preventive care services, such as routine physicals, well-child visits, and certain screening tests, with \$0 copay
- Generally lower out-of-pocket expenses and monthly rates when compared to a typical PPO plan

Give your employees quality care when and where it works for them

Choice and flexibility

Get care from Kaiser Permanente doctors, facilities, and affiliated providers as well as from any licensed out-of-network provider within the Kaiser Permanente service area and when traveling.

Affordability

Shop the cost of care and combine more affordable Kaiser Permanente services with services from any licensed out-of-network provider.

Care from Kaiser Permanente

Care from Kaiser Permanente includes fixed out-of-pocket costs with set copay amounts for most covered services, 24/7 virtual care, and prescription fills at Kaiser Permanente pharmacies.

Care out-of-network

Care out-of-network includes 10 provider visits or other outpatient medical services and 5 prescription fills per year. KP Plus members don't need a referral or prior authorization to receive most outpatient medical care.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.



KP Plus Care Experience: Maximizing medical service visits and cost with KP Plus

Kaiser Permanente member, Jack, develops a severe case of the flu and visits a specialist who is out-of-network. To rule out pneumonia, the specialist orders two lab tests and directs Jack to an out-of-network lab. Jack is also given a prescription for a flu medication.

Below are two options a member could consider with a KP Plus plan.

OPTION 1: 100% out-of-network

Out-of-network specialist office visit:

- Member pays higher cost share
- Counts as 1 service toward the 10-service max

Out-of-network lab service (2 labs):

- Member pays higher cost share
- Counts as up to 2 services toward the 10-service max

Out-of-network pharmacy visit:

- Member pays higher cost share
- Counts as 1 fill toward the 5-fill max

Result: Higher member cost share and up to 3 of 10 services and 1 of 5 prescription fills used.

OPTION 2: Combined in- and out-of-network

Out-of-network specialist office visit:

- Member pays higher cost share
- Counts as 1 service toward the 10-service max

Member brings lab orders to Kaiser Permanente (2 labs):

- Member pays lower cost share
- Does not count against member's 10-service max

Member brings prescription to Kaiser Permanente:

- Member pays lower cost share
- Does not count against member's 5-fill max

Result: Lower member cost share and 1 of 10 services and 0 of 5 prescription fills used.



PLAN NAME	KP WA Platinum KP Plus 0	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$0	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$2,500 per individual; \$5,000 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$40
Urgent care	\$40	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$30 ⁴	\$50
Chiropractic services	\$30 ⁵	\$50
Naturopathic services	\$20	\$40
PHYSICIAN-REFERRED ALTERNATIVE CARE	\$30 ⁶	Not covered
OUTPATIENT THERAPIES	\$30 ⁷	\$50
OUTPATIENT SURGERY	\$150	Not covered
LAB	\$20	\$40
X-RAY/DIAGNOSTIC TEST	\$30	\$50
CT, MRI, AND PET SCANS	\$75	Not covered
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	Not covered
EMERGENCY DEPARTMENT VISIT	\$150	Covered at the in-network cost share ²
AMBULANCE SERVICES	\$150	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	\$300 per day, \$1,500 per admission	Not covered
Outpatient	\$20	\$40
DURABLE MEDICAL EQUIPMENT	20%	Not covered
FERTILITY SERVICES (DIAGNOSIS)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	Out-of-network pharmacies: \$25 generic; \$35 preferred brand name; \$70 non-preferred brand name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	20%	Not covered
MATERNITY CARE Inpatient	\$300 per day, \$1,500 per admission	Not covered

¹These plans include a dependent out-of-area (OOA) benefit, which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details. ²The 10 covered services limit does not apply. ³If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁴Limited to 12 visits per year. ⁵Limited to 10 visits per year. ⁶Referred chiropractic/acupuncture based upon medical criteria. ⁷Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



KP PLUS PLANS

PLAN NAME	KP WA Gold KP Plus 1000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$8,200 per individual; \$16,400 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$40
Urgent care	\$50	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$40	\$60
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$40 ⁴	\$60
Chiropractic services	\$40 ⁵	\$60
Naturopathic services	\$20	\$40
PHYSICIAN-REFERRED ALTERNATIVE CARE	\$40 ⁶	Not covered
OUTPATIENT THERAPIES	\$40 ⁷	\$60
OUTPATIENT SURGERY	25%*	Not covered
LAB	\$20	\$40
X-RAY/DIAGNOSTIC TEST	\$20	\$40
CT, MRI, AND PET SCANS	\$300	Not covered
INPATIENT HOSPITAL CARE	25%*	Not covered
EMERGENCY DEPARTMENT VISIT	25%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	25%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	Not covered
Outpatient	\$20	\$40
DURABLE MEDICAL EQUIPMENT	25%*	Not covered
FERTILITY SERVICES (DIAGNOSIS)	50%*	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Out-of-network pharmacies: \$30 generic; \$50 preferred brand name; 50% non-preferred brand name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	Not covered
MATERNITY CARE Inpatient	25%*	Not covered

*Subject to annual medical deductible. ¹These plans include a dependent out-of-area (OOA) benefit, which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details. ²The 10 covered services limit does not apply. ³If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁴Limited to 12 visits per year. ⁵Limited to 10 visits per year. ⁶Referred chiropractic/acupuncture based upon medical criteria. ⁷Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP WA Silver KP Plus 3000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$8,200 per individual; \$16,400 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$40	\$60
Urgent care	\$65	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$55	\$75
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$60
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$55 ⁴	\$75
Chiropractic services	\$55 ⁵	\$75
Naturopathic services	\$40	\$60
PHYSICIAN-REFERRED ALTERNATIVE CARE	\$55 ⁶	Not covered
OUTPATIENT THERAPIES	\$55 ⁷	\$75
OUTPATIENT SURGERY	40%*	Not covered
LAB	\$35	\$55
X-RAY/DIAGNOSTIC TEST	\$45	\$65
CT, MRI, AND PET SCANS	40%*	Not covered
INPATIENT HOSPITAL CARE	40%*	Not covered
EMERGENCY DEPARTMENT VISIT	40%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	Not covered
Outpatient	\$40	\$60
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
FERTILITY SERVICES (DIAGNOSIS)	50%*	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Out-of-network pharmacies: \$50 generic; \$80 preferred brand name; 50% non-preferred brand name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE Inpatient	40%*	Not covered

*Subject to annual medical deductible. ¹These plans include a dependent out-of-area (OOA) benefit, which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details. ²The 10 covered services limit does not apply. ³If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁴Limited to 12 visits per year. ⁵Limited to 10 visits per year. ⁶Referred chiropractic/acupuncture based upon medical criteria. ⁷Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



KP PLUS PLANS

PLAN NAME	KP WA Bronze KP Plus 7000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$9,200 per individual; \$18,400 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$50	\$70
Urgent care	40%*	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$70*	\$90
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$70
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$70* ⁴	\$90
Chiropractic services	\$70* ⁵	\$90
Naturopathic services	\$50	\$70
PHYSICIAN-REFERRED ALTERNATIVE CARE	\$70* ⁶	Not covered
OUTPATIENT THERAPIES	\$70* ⁷	\$90
OUTPATIENT SURGERY	40%*	Not covered
LAB	40%*	50%
X-RAY/DIAGNOSTIC TEST	40%*	50%
CT, MRI, AND PET SCANS	40%*	Not covered
INPATIENT HOSPITAL CARE	40%*	Not covered
EMERGENCY DEPARTMENT VISIT	40%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	Not covered
Outpatient	\$50	\$70
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
FERTILITY SERVICES (DIAGNOSIS)	50%*	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$35 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	Out-of-network pharmacies: \$55 generic; \$80 preferred brand-name; 50% non-preferred brand-name; 50% specialty (limited to 5 prescription fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE Inpatient	40%*	Not covered

*Subject to annual medical deductible. ¹These plans include a dependent out-of-area (OOA) benefit, which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details. ²The 10 covered services limit does not apply. ³If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁴Limited to 12 visits per year. ⁵Limited to 10 visits per year. ⁶Referred chiropractic/acupuncture based upon medical criteria. ⁷Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



To allow your employees more autonomy when choosing care and coverage, we offer Added Choice. These members can access Kaiser Permanente's integrated care model and highly trained doctors, as well as seek covered services from thousands of licensed providers across the country.

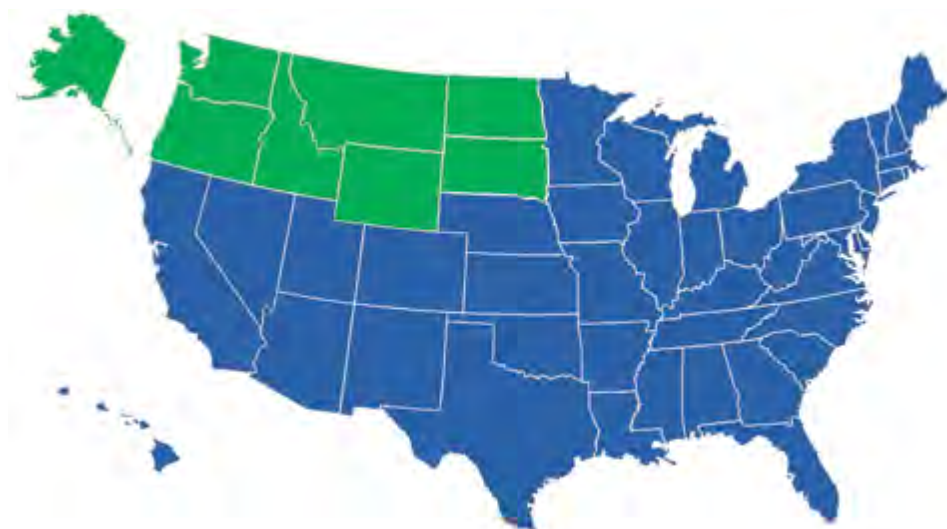


To learn more, visit kp.org/choiceproducts/nw.



PPO network: More choice, greater flexibility

With the Kaiser Permanente Added Choice plan, you'll have the freedom to choose any doctor or hospital you want, anywhere in the country. But you'll get more value when you select a preferred provider from our extensive local, regional, and national network of quality providers. To find which providers are within these networks, visit kp.org/choiceproducts/nw.



These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.




ADDED CHOICE POINT-OF-SERVICE PLANS

More choice for your employees

Added Choice provides you with the opportunity to offer in- and out-of-area employees provider choice while offering the benefits of single carrier administration and health care cost containment.

Available providers

Added Choice offers 3 levels of coverage. The choices members make determine which doctors they see, which medical facilities they use, and how much they pay.

KP SELECT PROVIDERS¹ \$	PPO PROVIDERS¹ \$\$	NONPARTICIPATING PROVIDERS¹ \$\$\$	 See Added Choice plans on the following pages
Members choose a provider from Kaiser Permanente. With a referral, members can also choose other participating community providers and facilities. Members will typically have the lowest out-of-pocket costs when they receive services from select providers.	Members choose a preferred provider (PPO) from First Choice Health in OR, WA, AK, ID, MT, ND, SD, and WY or First Health Network in all other states. ² This is a good choice for those who want to keep their current PPO provider or who live outside our service area.	Members choose a nonparticipating provider nationwide. Nonparticipating providers include any licensed providers who are not select providers or PPO providers. Members will typically have the highest out-of-pocket costs when they receive services from nonparticipating providers.	

Get the information you need

To see more detailed information about Added Choice plans, including explanation of benefits, coverage, and claims, visit kp.org/choiceproducts/nw.

¹See your *Evidence of Coverage (EOC)* or visit kp.org/choiceproducts/nw for definitions of KP Select provider, PPO provider, and nonparticipating provider. This brochure is not a contract. Plan details are provided in the *EOC*. To obtain an *EOC* for a particular plan, contact Customer Service. In the event of any conflict between this brochure and the *EOC*, the *EOC* prevails. ²For members receiving care outside of Oregon, Washington, Idaho, Montana, Wyoming, North Dakota, South Dakota, and Alaska.



PLAN NAME	KP WA Platinum Added Choice 250		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$4,500 per individual; \$9,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$30	35%*
Urgent care	\$40	\$60	35%*
Specialty care	\$30	\$40	35%*
Prenatal care	\$0	\$0	35%*
Allergy shots and other injections	\$10	\$30	35%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$30	\$40	35%*
Chiropractic services ²	\$30	\$40	35%*
Naturopathic services	\$20	\$30	35%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$40	35%*
OUTPATIENT THERAPIES⁴	\$30	\$40	35%*
OUTPATIENT SURGERY	15%*	25%*	35%*
LAB	\$20	\$30	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$30	35%*
CT, MRI, AND PET SCANS	15%*	25%*	35%*
INPATIENT HOSPITAL CARE	15%*	25%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*		
AMBULANCE SERVICES	15%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	15%*	25%*	35%*
Outpatient	\$20	\$30	35%*
DURABLE MEDICAL EQUIPMENT	15%*	25%*	35%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty MedImpact network pharmacies: \$15 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	25%*	35%*
MATERNITY CARE Inpatient	15%*	25%*	35%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



ADDED CHOICE POINT-OF-SERVICE PLANS

PLAN NAME	KP WA Gold Added Choice 500		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$500 per individual; \$1,000 per family	\$1,500 per individual; \$3,000 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,500 per individual; \$11,000 per family	\$7,500 per individual; \$15,000 per family	\$9,500 per individual; \$19,000 per family
BENEFITS	Member pays		
OFFICE VISITS			
Preventive care	\$0	\$0	50%*
Primary care	\$35	\$60	50%*
Urgent care	\$60	\$80	50%*
Specialty care	\$55	\$80	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE			
Acupuncture services ¹	\$55	\$80	50%*
Chiropractic services ²	\$55	\$80	50%*
Naturopathic services	\$35	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$80	50%*
OUTPATIENT THERAPIES⁴	\$55	\$80	50%*
OUTPATIENT SURGERY	30%*	50%*	50%*
LAB	\$35	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$35	40%*	50%*
CT, MRI, AND PET SCANS	30%*	50%*	50%*
INPATIENT HOSPITAL CARE	30%*	50%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
AMBULANCE SERVICES	30%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	30%*	50%*	50%*
Inpatient psychiatric and residential treatment			
Outpatient	\$35	\$60	50%*
DURABLE MEDICAL EQUIPMENT	30%*	50%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty MedImpact network pharmacies: \$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	50%*	50%*
MATERNITY CARE			
Inpatient	30%*	50%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP WA Gold Added Choice 1000		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$6,000 per individual; \$12,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$8,500 per individual; \$17,000 per family	\$10,500 per individual; \$21,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$20	\$40	50%*
Urgent care	\$50	\$100	50%*
Specialty care	\$40	\$60	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$40	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$40	\$60	50%*
Chiropractic services ²	\$40	\$60	50%*
Naturopathic services	\$20	\$40	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$40	\$60	50%*
OUTPATIENT THERAPIES⁴	\$40	\$60	50%*
OUTPATIENT SURGERY	25%*	40%*	50%*
LAB	\$20	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	40%*	50%*
CT, MRI, AND PET SCANS	\$300	40%*	50%*
INPATIENT HOSPITAL CARE	25%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*		
AMBULANCE SERVICES	25%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	40%*	50%*
Outpatient	\$20	\$40	50%*
DURABLE MEDICAL EQUIPMENT	25%*	40%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty MedImpact network pharmacies: \$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	25%	40%	50%*
MATERNITY CARE Inpatient	25%*	40%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



ADDED CHOICE POINT-OF-SERVICE PLANS

PLAN NAME	KP WA Silver Added Choice 3000		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	\$5,000 per individual; \$10,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,700 per individual; \$17,400 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$65	\$80	50%*
Specialty care	\$55	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$55	\$70	50%*
Chiropractic services ²	\$55	\$70	50%*
Naturopathic services	\$45	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$70	50%*
OUTPATIENT THERAPIES⁴	\$55	\$70	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	\$35	45%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	45%*	50%*
Outpatient	\$45	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty MedImpact network pharmacies: \$40 generic; \$70 preferred brand-name; 50% non-preferred brand-name; 50%* specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE Inpatient	40%*	45%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP WA Silver Added Choice 4000		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$4,000 per individual; \$8,000 per family	\$6,000 per individual; \$12,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$70	\$90	50%*
Specialty care	\$60	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$60	\$70	50%*
Chiropractic services ²	\$60	\$70	50%*
Naturopathic services	\$45	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$60	\$70	50%*
OUTPATIENT THERAPIES⁴	\$60	\$70	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	\$45	45%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	45%*	50%*
Outpatient	\$45	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty MedImpact network pharmacies: \$40 generic; \$70 preferred brand-name; 50% non-preferred brand-name; 50%* specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE Inpatient	40%*	45%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



ADDED CHOICE POINT-OF-SERVICE PLANS

PLAN NAME	KP WA Bronze Added Choice 7000		
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$8,500 per individual; \$17,000 per family	\$11,000 per individual; \$22,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,200 per individual; \$18,400 per family	\$9,200 per individual; \$18,400 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays		
OFFICE VISITS	\$0	\$0	50%*
Preventive care			
Primary care	\$50	\$60	50%*
Urgent care	40%*	45%*	50%*
Specialty care	\$70*	\$85*	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE	\$70*	\$85*	50%*
Acupuncture services ¹			
Chiropractic services ²	\$70*	\$85*	50%*
Naturopathic services	\$50	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$70*	\$85*	50%*
OUTPATIENT THERAPIES⁴	\$70*	\$85*	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	40%*	45%*	50%*
X-RAY/DIAGNOSTIC TEST	40%*	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	45%*	50%*
Inpatient psychiatric and residential treatment			
Outpatient	\$50	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	Kaiser Permanente pharmacies: \$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty MedImpact network pharmacies: \$40 generic; \$80 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty		
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE	40%*	45%*	50%*
Inpatient			

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



If you're committed to empowering your employees to choose their own care and coverage, our PPO Plus out-of-area plan may be a good option. Similar to our Added Choice plans, PPO Plus members have access to Kaiser Permanente's uniquely integrated care model and quality doctors and the option to seek covered services from licensed providers in the area and across the country. To learn more, visit [**kp.org/choiceproducts/nw**](https://kp.org/choiceproducts/nw).

PPO network: More choice, greater flexibility

With the Kaiser Permanente PPO Plus plan, you'll have the freedom to choose any provider or hospital you want, anywhere in the country. But you'll get more value when you select a preferred provider from our extensive local, regional, and national network of quality providers. The PPO network for PPO Plus includes access to Kaiser Permanente providers and facilities.



Transition of care

If you're managing chronic conditions or using specialty medications, our staff will connect you with doctors and specialists within our network or help manage pre-authorizations and billing for providers outside the Kaiser Permanente network. Contact Customer Service at **1-866-616-0047** to get help with ongoing conditions.



For a full list of PPO providers and facilities, visit [**kp.org/choiceproducts/nw**](https://kp.org/choiceproducts/nw).



PPO PLUS PLANS (OUT-OF-AREA MEMBERS ONLY)

Available providers

PPO Plus offers 2 levels of coverage. They determine which health care providers you see, which medical facilities you use, and how much you pay.

PPO provider network

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- Our PPO provider network is served by First Choice Health (the largest independent PPO network in the Northwest), First Health Network,* and Kaiser Permanente providers.
- We selected First Choice Health because we trust its providers to help reduce health care costs and improve health care benefits, without sacrificing quality and convenience.
- Our Kaiser Permanente providers and facilities are also available to you.
- Under the PPO provider network, your copay, coinsurance, and deductible are at the same level, regardless of which PPO provider or PPO facility you choose.
- See if your neighborhood providers are in our network at kp.org/choiceproducts/nw.
- Members in Oregon and Washington can call for medical advice anytime at **1-800-813-2000**.
- If you need a procedure, ask your provider to request prior authorization at **1-855-281-1840**.

Get the information you need

To see more detailed information about PPO Plus plans, including explanation of benefits, coverage, and claims, visit kp.org/choiceproducts/nw.

Nonparticipating providers

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- If you want to see a provider who's not in the PPO provider network, you can still choose to see that provider.
- While this option offers greater choice of providers, it also has a higher out-of-pocket cost with the potential of additional billing from your provider.
- If you need a procedure, ask your provider to request prior authorization from Kaiser Permanente at **1-855-281-1840**.



**See PPO Plus
plans on the
following pages.**

*For members receiving care outside of Oregon, Washington, Idaho, Montana, Wyoming, North Dakota, South Dakota, and Alaska. These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the EOC, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample EOCs by product.



PLAN NAME	KP WA Platinum PPO Plus 250	
NETWORK	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	35%*
Primary care	\$20	35%*
Urgent care	\$40	35%*
Specialty care	\$30	35%*
Prenatal care	\$0	35%*
Allergy shots and other injections	\$10	35%*
TELEHEALTH (PHONE/VIDEO)	\$0	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$30	35%*
Chiropractic services ²	\$30	35%*
Naturopathic services	\$20	35%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	35%*
OUTPATIENT THERAPIES⁴	\$30	35%*
OUTPATIENT SURGERY	15%*	35%*
LAB	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$20	35%*
CT, MRI, AND PET SCANS	15%*	35%*
INPATIENT HOSPITAL CARE	15%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*	
AMBULANCE SERVICES	15%*	
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	15%*	35%*
Outpatient	\$20	35%*
DURABLE MEDICAL EQUIPMENT	15%*	35%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS⁵	Kaiser Permanente and MedImpact network pharmacies: \$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	35%*
MATERNITY CARE Inpatient	15%*	35%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.



PPO PLUS PLANS (OUT-OF-AREA MEMBERS ONLY)

PLAN NAME	KP WA Gold PPO Plus 1000	
NETWORK	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$3,000 per individual; \$6,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$10,500 per individual; \$21,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	45%*
Primary care	\$35	45%*
Urgent care	\$65	45%*
Specialty care	\$55	45%*
Prenatal care	\$0	45%*
Allergy shots and other injections	\$10	45%*
TELEHEALTH (PHONE/VIDEO)	\$0	45%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$55	45%*
Chiropractic services ²	\$55	45%*
Naturopathic services	\$35	45%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	45%*
OUTPATIENT THERAPIES⁴	\$55	45%*
OUTPATIENT SURGERY	35%*	45%*
LAB	\$35	45%*
X-RAY/DIAGNOSTIC TEST	\$35	45%*
CT, MRI, AND PET SCANS	35%*	45%*
INPATIENT HOSPITAL CARE	35%*	45%*
EMERGENCY DEPARTMENT VISIT		35%*
AMBULANCE SERVICES		35%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	35%*	45%*
Outpatient	\$35	45%*
DURABLE MEDICAL EQUIPMENT	35%*	45%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS⁵	Kaiser Permanente and MedImpact network pharmacies: \$15 generic; \$30 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	
OUTPATIENT ADMINISTERED MEDICATIONS	35%*	45%*
MATERNITY CARE Inpatient	35%*	45%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.



PLAN NAME	KP WA Silver PPO Plus 3000	
NETWORK	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	\$9,000 per individual; \$18,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,700 per individual; \$17,400 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	50%*
Primary care	\$45	50%*
Urgent care	\$65	50%*
Specialty care	\$55	50%*
Prenatal care	\$0	50%*
Allergy shots and other injections	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$55	50%*
Chiropractic services ²	\$55	50%*
Naturopathic services	\$45	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	50%*
OUTPATIENT THERAPIES⁴	\$55	50%*
OUTPATIENT SURGERY	40%*	50%*
LAB	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$45	50%*
CT, MRI, AND PET SCANS	40%*	50%*
INPATIENT HOSPITAL CARE	40%*	50%*
EMERGENCY DEPARTMENT VISIT		40%*
AMBULANCE SERVICES		40%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	50%*
Outpatient	\$45	50%*
DURABLE MEDICAL EQUIPMENT	40%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS⁵	Kaiser Permanente and MedImpact network pharmacies: \$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	50%*
MATERNITY CARE Inpatient	40%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.



PPO PLUS PLANS (OUT-OF-AREA MEMBERS ONLY)

PLAN NAME	KP WA Silver PPO Plus 4000	
NETWORK	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$4,000 per individual; \$8,000 per family	\$9,000 per individual; \$18,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	50%*
Primary care	\$45	50%*
Urgent care	\$70	50%*
Specialty care	\$60	50%*
Prenatal care	\$0	50%*
Allergy shots and other injections	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$60	50%*
Chiropractic services ²	\$60	50%*
Naturopathic services	\$45	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$60	50%*
OUTPATIENT THERAPIES⁴	\$60	50%*
OUTPATIENT SURGERY	40%*	50%*
LAB	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$45	50%*
CT, MRI, AND PET SCANS	40%*	50%*
INPATIENT HOSPITAL CARE	40%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*	
AMBULANCE SERVICES	40%*	
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	50%*
Outpatient	\$45	50%*
DURABLE MEDICAL EQUIPMENT	40%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS⁵	Kaiser Permanente and MedImpact network pharmacies: \$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	50%*
MATERNITY CARE Inpatient	40%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.



PLAN NAME	KP WA Bronze PPO Plus 7000	
Network	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$11,000 per individual; \$22,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,200 per individual; \$18,400 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	50%*
Primary care	\$50	50%*
Urgent care	40%*	50%*
Specialty care	\$70*	50%*
Prenatal care	\$0	50%*
Allergy shots and other injections	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$70*	50%*
Chiropractic services ²	\$70*	50%*
Naturopathic services	\$50	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$70*	50%*
OUTPATIENT THERAPIES⁴	\$70*	50%*
OUTPATIENT SURGERY	40%*	50%*
LAB	40%*	50%*
X-RAY/DIAGNOSTIC TEST	40%*	50%*
CT, MRI, AND PET SCANS	40%*	50%*
INPATIENT HOSPITAL CARE	40%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*	
AMBULANCE SERVICES	40%*	
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	50%*
Outpatient	\$50	50%*
DURABLE MEDICAL EQUIPMENT	40%*	50%*
FERTILITY SERVICES (DIAGNOSIS)	50%*	50%*
DEPENDENT OUT-OF-AREA	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS⁵	Kaiser Permanente and MedImpact network pharmacies: \$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	50%*
MATERNITY CARE Inpatient	40%*	50%*

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.



Helping your employees access high-quality health care doesn't have to end when they become eligible for Medicare. Thanks to our Senior Advantage Plan, eligible employees can access the same physicians, services, and facilities that our other members enjoy, along with their Medicare benefits in a single plan.

Kaiser Permanente Senior Advantage picks up where Medicare leaves off, combining original Medicare coverage and Kaiser Permanente traditional coverage — as well as features unique to Senior Advantage (such as an outside service area benefit and health club benefit) — into one comprehensive plan.

To enroll in Kaiser Permanente Group Senior Advantage

Plan members must obtain Medicare Parts A and B and must complete the Kaiser Permanente Senior Advantage enrollment form.

Employers with 1-19 total employees

Medicare-eligible employees and/or their dependents who enroll in Senior Advantage will receive Senior Advantage rates and benefits. (In most cases, Medicare is primary for groups with fewer than 20 employees.)

Employers with 20-50 total employees

Actively working Medicare-eligible employees and/or their dependents may remain on the active plan with active rates and benefits. They may enroll in the Senior Advantage plan and receive active rates and group Senior Advantage benefits. (Medicare is secondary for groups of 20 or more when the member is actively working.)

Different rules apply for those who are eligible for Medicare due to disability or end-stage renal disease. Contact your sales executive or account manager for more information.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the EOC, please sign in to your business.kp.org account or visit kp.org/plandocuments for sample EOCs by product.



PLAN NAME	SENIOR ADVANTAGE
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,000 per individual
BENEFITS	Member pays
OFFICE VISITS — PREVENTIVE CARE	\$0
TELEHEALTH (PHONE/VIDEO)	\$0
Primary care	\$20
Urgent care	\$25
Specialty care	\$20
Allergy shots and other injections	\$10
OUTPATIENT THERAPIES	\$20
LAB	\$0
X-RAY/DIAGNOSTIC TEST	\$0
CT, MRI, AND PET SCANS	\$0
OUTPATIENT SURGERY	\$50
INPATIENT HOSPITAL CARE	\$200 per admission
EMERGENCY CARE	\$50
AMBULANCE SERVICES	\$100
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	\$200 per admission
Inpatient psychiatric care	
Residential treatment	\$100 per admission
Outpatient	\$20
DURABLE MEDICAL EQUIPMENT	20%
DEPENDENT OUT-OF-AREA	Not covered
PHYSICIAN-REFERRED CHIROPRACTIC CARE	\$20
SELF-REFERRED ALTERNATIVE CARE	\$20 copay covers self-referred chiropractic, naturopathic, and acupuncture visits. \$25 copay for massage therapy up to 12 visits per calendar year. \$1,000 benefit max per calendar year for all services combined.
OUTPATIENT PRESCRIPTION DRUGS	\$20 generic; \$40 brand name and specialty. \$0 generic/brand name and specialty in the catastrophic coverage stage.*
OUTPATIENT ADMINISTERED MEDICATIONS	15%

Senior Advantage plans cannot be modified. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

*Catastrophic coverage begins when the member's annual out-of-pocket costs (how much the member and those paying on member's behalf) reach \$2,000.



NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



A series of horizontal blue lines spanning the width of the page, intended for writing notes.

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Information in this brochure was accurate at the time of production. Details may have changed since publication.

