

WASHINGTON  
2026

# PLAN UPDATES

What's new for Washington (Clark and Cowlitz counties) small business group plans with coverage effective on or after January 1, 2026



This booklet contains a summary of important information you will want to know about our 2026 small group plans. For more details on plan design, refer to the Medical Plans Overview for Washington Small Businesses.

[business.kp.org](https://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.

# Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

## WHAT'S NEW AT KAISER PERMANENTE



### Center for Black Health and Wellness

Our new Center for Black Health and Wellness is led by a team of clinicians who have experience in providing exceptional culturally responsive care to Black patients and their families. The team is passionate about improving the health of our Black members and elevating their care experience. Learn more at [kpcenterforblackhealth.org](https://kpcenterforblackhealth.org).



### Increasing access in Clark County

We're committed to helping members get timely care in SW Washington. We've increased primary care capacity at all medical offices in Clark County including Battle Ground, Salmon Creek, Orchards, and Cascade Park for more convenient access to appointments. Find a provider and location near you: [kp.org/locations](https://kp.org/locations).



### Ticket pass<sup>1</sup> offers more ways to find appointment availability

Members can now "opt in" to be notified of newly added scheduling appointments on [kp.org](https://kp.org). If there aren't any openings for the appointment ticket they receive, they can select their preferred days and times, and we will notify them as soon as a time slot opens based on their set preferences.



### Kaiser Permanente Dental: Integrated care to support total health

Our highly integrated care team approach has been helping our members smile for more than 50 years, with dental care seamlessly connected to their medical care. Our dental and medical teams collaborate to help prevent illness and manage chronic conditions, like diabetes, with personalized prevention and treatment plans. Plus, our dental team can see if members are due for a screening, lab test, or follow-up appointment – and can even help them get it scheduled, saving valuable time.<sup>2</sup> Learn more at [kp.org/dental](https://kp.org/dental).

<sup>1</sup>Ticket pass works for most in-person appointment types.

<sup>2</sup>When appropriate and available. These features apply to care you get at Kaiser Permanente medical and dental facilities.

## 2026 medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all 4 metal levels (platinum, gold, silver, and bronze).

For 2026, we're adding a new gold HSA-eligible plan to our portfolio. This plan features a \$1,800 aggregate accumulation deductible, which differs from our other HSA-eligible plan deductible accumulation structures.

We have a variety of products to fit your needs whether it be plans with no deductible, plans with a deductible, or plans that can pair with a health savings account (HSA).

Kaiser Permanente Plus™ provides comprehensive care from Kaiser Permanente doctors and facilities and affiliated providers. Plus, employees 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 offer employees autonomy when choosing care and coverage. They 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.

For your employees (and their dependents) who live outside of our service area, we offer our PPO Plus out-of-area product no matter which state they live in.

We have made necessary cost-sharing changes to keep plans within their respective metal levels. However, no plans have been discontinued. New plan names and specific cost-sharing changes for each plan are provided in the 2026 Medical Plan Changes section of this document. Groups may choose to renew with their current plan or select any other plan within our portfolio. Refer to the Medical Plans Overview for additional details.

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## 2026 dental plan portfolio

Our dental plan portfolio offers a wide range of plans – including voluntary options. We offer dental plans with implant coverage on both our Traditional and Choice PPO network plans when selected, as well as coverage for cosmetic orthodontia. Pediatric dental is included in all medical plans, and a stand-alone pediatric dental plan featuring a cosmetic orthodontia benefit is also available. If you currently offer dental coverage, the same plan will be provided upon renewal; however, you may select any plan within our portfolio.

On our stand-alone pediatric plans, the annual out-of-pocket maximum for in-network services has increased from \$425 to \$450 for an individual under 19 years of age and from \$850 to \$900 for a family (with 2 or more pediatric members enrolled).

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## Voluntary dental plan options

Voluntary adult dental plan options are available to small employer groups and their employees. Traditional and Dental Choice PPO plan options range from \$1,000 to \$2,000 benefit maximum with \$50 deductible. See the Dental Product Portfolio brochure for additional details. The following rules apply:

- **Employee** contributes 51% to 100% of premium.
- Group participation minimum of 5 employees or 25%, whichever is greater.
- **Employer** sets up payroll deductions and submits premiums on behalf of employees.

- Standard open enrollment and qualifying life event change rules apply.
  - Voluntary dental plans **may not** be elected in combination with nonvoluntary plans.
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## Automatic renewals

For your renewal in 2026, we will automatically provide you with coverage from one of the plans that best matches 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. Please indicate on the Renewal Changes forms if you would like to make changes.

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## Bundle options

As you consider alternatives to help lower your health care costs, consider offering employees a plan with 1 or 2 buy-up alternatives. These bundle plan options are provided at no additional charge and allow you to tailor your plan offerings, giving employees more choice and more control over their monthly premium cost.

You contribute the same amount toward each plan (no less than 50% of the lowest premium plan) and let your employees decide if they want to pay more for a buy-up option. For more details, refer to the Medical Plans Overview.

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## 2026 PLAN HIGHLIGHTS AND REMINDERS

### Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient prescription drugs. All prescription drug plans have a 4-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only 2 times the 30-day supply copay using the Kaiser Permanente mail-order pharmacy. We can mail most prescription medications to you within 3 to 5 days, and you don't pay any extra for standard U.S. postage.

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## Alternative care benefits

Chiropractic and acupuncture services are essential health benefits and covered on all plans (without a referral). Cost shares for these 2 services will apply to the out-of-pocket maximum.

- Chiropractic: 10 self-referred visits per year.
- Acupuncture: 12 self-referred visits per year.
- Naturopathic care: Unlimited self-referred visits covered at specialty cost share.

Refer to plan-specific Summary of Benefits for chiropractic, acupuncture, and naturopathic cost-sharing details.

Visit **herayahealth.com** for a list of providers. For members enrolled under Added Choice® plans, these benefits may be used at Heraya Health, PPO, and other nonparticipating providers and facilities. For members enrolled under PPO Plus out-of-area plans, these benefits may be used at PPO and other nonparticipating providers and facilities.

First Choice Health is the PPO provider network for care in OR, WA, ID, MT, ND, SD, WY, and AK. In all other states, First Health Network is the PPO network.

For members enrolled under KP Plus plans, benefits may be used in-network with Heraya Health providers and any licensed out-of-network provider.

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## Pediatric vision coverage on all medical plans

All our plans cover pediatric vision exams and one pair of frames with lenses or conventional or disposable contact lenses in lieu of eyeglasses (limited to one pair per year for conventional lenses or up to a 12-month supply of disposable contact lenses per year) at no additional charge. Go to [kp2020.org/nw](https://kp2020.org/nw) for more information, including our optical locations.

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## Optional buy-up coverage

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

**Vision:** Adult vision hardware (\$250 benefit/2-year period) with adult vision exam (primary care office visit cost share applies). Plans purchased without this option do not include coverage for adult routine eye exams. Go to [kp2020.org/nw](https://kp2020.org/nw) for more information, including our optical locations.

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## Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or family has reached that maximum.

For KP Plus plans, deductibles and out-of-pocket maximums do not apply to out-of-network services.

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## Underwriting guidelines

Please be sure to review the Rating and Underwriting Assumptions Policy effective January 1, 2026, for Washington small employers with 50 or fewer employees.

## 2026 MEDICAL PLAN CHANGES

YEAR	2025	2026
PLAN NAME	KP WA Platinum 0	
BENEFIT	Member pays	
OUTPATIENT SURGERY	\$150	\$200
EMERGENCY DEPARTMENT VISIT	\$150	\$200

YEAR	2025	2026
PLAN NAME	KP WA Gold 0	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,500 per individual; \$17,000 per family
BENEFIT	Member pays	
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$40	\$50
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	50%

YEAR	2025	2026
PLAN NAME	KP WA Platinum 250	
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,500 per individual; \$7,000 per family
BENEFIT	Member pays	
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$15	\$25

YEAR	2025	2026
PLAN NAME	KP WA Platinum 500	
BENEFIT	Member pays	
PRIMARY CARE OFFICE VISIT	\$20	\$25
SPECIALTY CARE	\$30	\$35
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$30	\$35
Chiropractic services <sup>2</sup>	\$30	\$35
Naturopathic services	\$20	\$25
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$30	\$35
OUTPATIENT THERAPIES <sup>4</sup>	\$30	\$35
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Outpatient	\$20	\$25
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$5	\$10
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$15	\$25

YEAR	2025	2026
PLAN NAME	KP WA Gold 1000	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,800 per individual; \$17,600 per family
BENEFIT	Member pays	
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$10	\$15
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$30	\$40

<sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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.

YEAR	2025	2026
PLAN NAME	KP WA Gold 1500	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,500 per individual; \$17,000 per family
BENEFIT	Member pays	
SPECIALTY CARE	\$45	\$55
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$45	\$55
Chiropractic services <sup>2</sup>	\$45	\$55
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$45	\$55
OUTPATIENT THERAPIES <sup>4</sup>	\$45	\$55
OUTPATIENT SURGERY	25%*	30%*
INPATIENT HOSPITAL CARE CARE	25%*	30%*
EMERGENCY DEPARTMENT VISIT	25%*	30%*
AMBULANCE SERVICES	25%*	30%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	30%*
DURABLE MEDICAL EQUIPMENT	25%*	30%*
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$20	\$30
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	\$75
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	30%*
MATERNITY CARE Inpatient	25%*	30%*
SKILLED NURSING	25%*	30%*

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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.

YEAR	2025	2026
PLAN NAME	KP WA Gold 2000	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,500 per individual; \$17,000 per family
BENEFIT	Member pays	
SPECIALTY CARE	\$50	\$60
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$50	\$60
Chiropractic services <sup>2</sup>	\$50	\$60
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$50	\$60
OUTPATIENT THERAPIES <sup>4</sup>	\$50	\$60
OUTPATIENT SURGERY	25%*	30%*
INPATIENT HOSPITAL CARE CARE	25%*	30%*
EMERGENCY DEPARTMENT VISIT	25%*	30%*
AMBULANCE SERVICES	25%*	30%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	30%*
DURABLE MEDICAL EQUIPMENT	25%*	30%*
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$20	\$30
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	\$50	\$65
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	30%*
MATERNITY CARE Inpatient	25%*	30%*
SKILLED NURSING	25%*	30%*

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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.

YEAR	2025	2026
PLAN NAME	KP WA Silver 3000	
BENEFIT	Member pays	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,900 per individual; \$17,800 per family
SPECIALTY CARE	\$55	\$60
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$55	\$60
Chiropractic services <sup>2</sup>	\$55	\$60
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$55	\$60
OUTPATIENT THERAPIES <sup>4</sup>	\$55	\$60
LAB	\$35	\$40
X-RAY/DIAGNOSTIC TEST	\$45	\$50
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	\$65

YEAR	2025	2026
PLAN NAME	KP WA Silver 4000	
BENEFIT	Member pays	
X-RAY/DIAGNOSTIC TEST	\$45	\$50
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	50%	50%*

YEAR	2025	2026
PLAN NAME	KP WA Silver 5000	
BENEFIT	Member pays	
X-RAY/DIAGNOSTIC TEST	\$50	40%*
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	50%	50%*

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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.

YEAR	2025	2026
PLAN NAME	KP WA Silver 6000	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,600 per individual; \$17,200 per family	\$9,400 per individual; \$18,800 per family
BENEFIT	Member pays	
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	\$75

YEAR	2025	2026
PLAN NAME	KP WA Bronze 9200	
BENEFIT	Member pays	
FERTILITY SERVICES	50%*	0%*

\*Subject to annual medical deductible.

## New 2026 HSA-Qualified HDHP Plan

YEAR	2026
PLAN NAME	KP WA Gold HSA 1800
ACCUMULATION TYPE	Aggregate deductible; embedded out-of-pocket maximum
DEDUCTIBLE	\$1,800 per individual; \$3,600 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,500 per individual; \$11,000 per family
BENEFIT	
PRIMARY CARE OFFICE VISIT	20%*
URGENT CARE VISIT	20%*
SPECIALTY CARE	20%*
PRENATAL CARE	\$0
ALLERGY SHOTS AND OTHER INJECTIONS	20%*
TELEHEALTH (PHONE/VIDEO)	0%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	20%*
Chiropractic services <sup>2</sup>	20%*
Naturopatic services	20%*
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	20%*
OUTPATIENT THERAPIES <sup>4</sup>	20%*
OUTPATIENT SURGERY	20%*
LAB AND X-RAY/DIAGNOSTIC TEST	20%*
CT, MRI, AND PET SCANS	20%*
INPATIENT HOSPITAL CARE CARE	20%*
EMERGENCY DEPARTMENT VISIT	20%*
AMBULANCE SERVICES	20%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	20%*
Outpatient	20%*
DURABLE MEDICAL EQUIPMENT	20%*
FERTILITY SERVICES	50%*
DEPENDENT OUT-OF-AREA <sup>5</sup>	20%*
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$20*
BRAND OUTPATIENT PRESCRIPTION DRUGS	20%*
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	50%*
SPECIALTY OUTPATIENT PRESCRIPTION DRUGS	50%*
OUTPATIENT ADMINISTERED MEDICATIONS	20%*
MATERNITY CARE Inpatient	20%*
SKILLED NURSING	20%*

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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. <sup>5</sup>Limited to 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills.

YEAR	2025	2026
PLAN NAME	KP WA Silver HSA 3500	KP WA Silver HSA 3600
DEDUCTIBLE	\$3,500 per individual; \$7,000 per family	\$3,600 per individual; \$7,200 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$7,500 per individual; \$15,000 per family
BENEFIT	Member pays	
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$40*	\$50*

YEAR	2025		2026	
PLAN NAME	KP WA Platinum KP Plus 0			
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
BENEFITS <sup>1</sup>	Member pays			
OUTPATIENT SURGERY	\$150	Not covered	\$200	No change
EMERGENCY DEPARTMENT VISIT	\$150	Covered at the in-network cost share <sup>2</sup>	\$200	No change

YEAR	2025		2026	
PLAN NAME	KP WA Gold KP Plus 1000			
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	N/A	\$8,800 per individual; \$17,600 per family	No change
BENEFITS <sup>1</sup>	Member pays			
PHARMACY NETWORK	Kaiser Permanente pharmacies	Out-of-network pharmacies	Kaiser Permanente pharmacies	Out-of-network pharmacies
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$10	\$30	\$15	\$35
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$30	\$50	\$40	\$60

\*Subject to annual medical deductible. <sup>1</sup>These 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. <sup>2</sup>The 10 covered services limit does not apply.

YEAR	2025		2026	
PLAN NAME	KP WA Gold KP Plus 3000			
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	N/A	\$8,900 per individual; \$17,800 per family	No change
BENEFITS <sup>1</sup>	Member pays			
SPECIALTY CARE	\$55	\$75	\$60	\$80
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$55 <sup>2</sup>	\$75	\$60 <sup>2</sup>	\$80
Chiropractic services	\$55 <sup>3</sup>	\$75	\$60 <sup>3</sup>	\$80
PHYSICIAN-REFERRED ALTERNATIVE CARE	\$55 <sup>4</sup>	Not covered	\$60 <sup>4</sup>	No change
OUTPATIENT THERAPIES	\$55 <sup>5</sup>	\$75	\$60 <sup>5</sup>	\$80
LAB	\$35	\$55	\$40	\$60
X-RAY/DIAGNOSTIC TEST	\$45	\$65	\$50	\$70
PHARMACY NETWORK	Kaiser Permanente pharmacies	Out-of-network pharmacies	Kaiser Permanente pharmacies	Out-of-network pharmacies
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	\$80	\$65	\$85

<sup>1</sup>These 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. <sup>2</sup>Limited to 12 visits per year. <sup>3</sup>Limited to 10 visits per year.

<sup>4</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>5</sup>Rehabilitative 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.

YEAR	2025			2026		
PLAN NAME	KP WA Platinum Added Choice 250					
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
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	\$3,500 per individual; \$7,000 per family	\$5,000 per individual; \$10,000 per family	No change
BENEFIT	Member pays					
PHARMACY NETWORK	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$20	Not covered	\$30	\$25	No change	\$35

YEAR	2025			2026		
PLAN NAME	KP WA Gold Added Choice 500					
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
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	\$6,000 per individual; \$12,000 per family	\$8,100 per individual; \$16,200 per family	\$9,800 per individual; \$19,600 per family
BENEFIT	Member pays					
X-RAY/DIAGNOSTIC TEST	\$35	40%*	50%*	\$45	No change	No change
PHARMACY NETWORK	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$20	Not covered	\$75	\$25	No change	No change

YEAR	2025			2026		
PLAN NAME	KP WA Gold Added Choice 1000					
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
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	\$6,900 per individual; \$13,800 per family	\$8,900 per individual; \$17,800 per family	No change
BENEFIT	Member pays					
PHARMACY NETWORK	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$10	Not covered	\$25	\$15	No change	\$30
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$30	Not covered	\$75	\$50	No change	No change

\*Subject to annual medical deductible.

YEAR	2025			2026		
PLAN NAME	KP WA Silver Added Choice 3000					
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
SPECIALTY CARE	\$55	\$70	50%*	\$60	\$75	No change
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$55	\$70	50%*	\$60	\$75	No change
Chiropractic services <sup>2</sup>	\$55	\$70	50%*	\$60	\$75	No change
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$55	\$70	50%*	\$60	\$75	No change
OUTPATIENT THERAPIES <sup>4</sup>	\$55	\$70	50%*	\$60	\$75	No change
PHARMACY NETWORK	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$60	Not covered	\$70	\$65	No change	\$75
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	50%	Not covered	50%	No change	No change	50%*

YEAR	2025			2026		
PLAN NAME	KP WA Silver Added Choice 4000					
NETWORK	KP Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
PHARMACY NETWORK	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies	Kaiser Permanente pharmacies	N/A	MedImpact network pharmacies
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS	50%	Not covered	50%	50%*	No change	50%*

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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.

YEAR	2025		2026	
PLAN NAME	KP WA Platinum PPO Plus 250			
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$7,000 per individual; \$14,000 per family	\$3,500 per individual; \$7,000 per family	No change
BENEFIT	Member pays			
PHARMACY NETWORK	Kaiser Permanente and MedImpact network pharmacies		Kaiser Permanente and MedImpact network pharmacies	
BRAND OUTPATIENT PRESCRIPTION DRUGS¹	\$20		\$25	

YEAR	2025		2026	
PLAN NAME	KP WA Gold PPO Plus 1000			
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$10,500 per individual; \$21,000 per family	\$7,000 per individual; \$14,000 per family	No change
BENEFIT	Member pays			
SPECIALTY CARE	\$55	45%*	\$60	No change
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>2</sup>	\$55	45%*	\$60	No change
Chiropractic services <sup>3</sup>	\$55	45%*	\$60	No change
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>4</sup>	\$55	45%*	\$60	No change
OUTPATIENT THERAPIES <sup>5</sup>	\$55	45%*	\$60	No change
X-RAY/DIAGNOSTIC TEST	\$35	45%*	\$45	No change
PHARMACY NETWORK	Kaiser Permanente and MedImpact network pharmacies		Kaiser Permanente and MedImpact network pharmacies	
BRAND OUTPATIENT PRESCRIPTION DRUGS <sup>1</sup>	\$30		\$50	
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS <sup>1</sup>	\$50		\$75	

\*Subject to annual medical deductible. <sup>1</sup>Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network. <sup>2</sup>Limited to 12 visits per year. <sup>3</sup>Limited to 10 visits per year. <sup>4</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>5</sup>Rehabilitative 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.

YEAR	2025		2026	
PLAN NAME	KP WA Silver PPO Plus 3000			
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
SPECIALTY CARE	\$55	50%*	\$60	No change
SELF-REFERRED ALTERNATIVE CARE Acupuncture services <sup>1</sup>	\$55	50%*	\$60	No change
Chiropractic services <sup>2</sup>	\$55	50%*	\$60	No change
PHYSICIAN-REFERRED ALTERNATIVE CARE <sup>3</sup>	\$55	50%*	\$60	No change
OUTPATIENT THERAPIES <sup>4</sup>	\$55	50%*	\$60	No change
PHARMACY NETWORK	Kaiser Permanente and MedImpact network pharmacies		Kaiser Permanente and MedImpact network pharmacies	
BRAND OUTPATIENT PRESCRIPTION DRUGS <sup>5</sup>	\$60		\$65	
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS <sup>5</sup>	\$50		50%*	

YEAR	2025		2026	
PLAN NAME	KP WA Silver PPO Plus 4000			
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
PHARMACY NETWORK	Kaiser Permanente and MedImpact network pharmacies		Kaiser Permanente and MedImpact network pharmacies	
NON-PREFERRED BRAND OUTPATIENT PRESCRIPTION DRUGS <sup>5</sup>	50%		50%*	

\*Subject to annual medical deductible. <sup>1</sup>Limited to 12 visits per year. <sup>2</sup>Limited to 10 visits per year. <sup>3</sup>Referred chiropractic/acupuncture based upon medical criteria. <sup>4</sup>Rehabilitative 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. <sup>5</sup>Using Kaiser Permanente owned and operated pharmacies or those part of the MedImpact Pharmacy network.

YEAR	2025	2026
PLAN NAME	KP WA Gold 1000 RE	
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,800 per individual; \$17,600 per family
BENEFIT	Member pays	
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$10	\$15
BRAND OUTPATIENT PRESCRIPTION DRUGS	\$30	\$40

YEAR	2025	2026
PLAN NAME	Plan with Group Senior Advantage	
BENEFIT	Member pays	
OUTPATIENT PRESCRIPTION DRUGS	\$2,000 prescription (Part D) maximum out-of-pocket	\$2,100 prescription (Part D) maximum out-of-pocket

## 2026 DENTAL PLAN CHANGES

YEAR		2025	2026	
PLAN NAME		All Pediatric Choice dental plans		
NETWORK	In-network	Out-of-network	In-network	Out-of-network
ANNUAL OUT-OF-POCKET MAXIMUM	\$425 per individual; \$850 per family	N/A	\$450 per individual; \$900 per family	No change

## SUMMARY OF 2026 PLAN CHANGES

The following changes will be made to small group plans, effective at renewal on or after January 1, 2026, unless stated otherwise.

This summary does not include minor changes and clarifications we are making to improve the readability and accuracy of the Group Agreement. These changes and clarifications do not include changes that may occur throughout the remainder of the year as a result of federal or state mandates.

Other group-specific or product-specific plan design changes (including changes to copayment or coinsurance amounts) may apply, such as moving to standard benefits. Refer to the previous pages in this Plan Updates document for information about these types of changes.

To the extent that this summary of changes and clarifications conflicts with, modifies, or supplements the information contained in your Group Agreement, the information contained in the Group Agreement shall supersede what is set forth below. Unless another date is listed, the changes in this document are effective when your group renews in 2026. The products named below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

### Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Allergy serum	An "Allergy serum" row will be added to the Benefit Summary under the "Outpatient Services" section. The serum cost share will be in addition to any applicable office visit cost share.	To clarify that allergy serums will be subject to cost sharing.
Fertility treatment	Standard fertility treatment (artificial insemination only) is to be covered on all small business group plans. This will not include fertility drugs.	To align with Washington state Essential Health Benefits (EHB) benchmark plan's Benefits and Limits.
Hearing aid coverage	A new "Hearing Instruments" section will be added to the <i>Evidence of Coverage (EOC)</i> and Benefit Summary, indicating that hearing instruments will be covered for all plan types. In the Benefit Summary, we added rows indicating hearing instruments and medically necessary associated services will be covered, including hearing instruments per ear every 36 months.	To align with Washington state Essential Health Benefits (EHB) benchmark plan's Benefits and Limits.
Healthy Resources	A "Healthy Resources" section will be added to the <i>EOC</i> to inform members of available value-added programs. Oregon already has this section present.	To align with Oregon and increase awareness around these programs.
Newborn coverage days	Language in the <i>Washington Medical &amp; Dental EOC</i> will indicate that coverage for newborns has been extended from the first 21 days of life to the first 31 days of life.	Benefit enhancement.

(continues)

## Medical plan benefit changes and clarifications (continued)

Benefit	Summary of changes	Reason for change
Live/work policy	The live/work policy will be updated to require that subscribers live or work inside the Kaiser Permanente service area, applicable to their coverage, when they enroll. This change will be reflected in the <i>EOC</i> . Previously, it was required that subscribers live or work in the service area at least 50% of the time to be eligible for enrollment.	Policy alignment across Kaiser Permanente regions.
Prescription hormone coverage	The “Outpatient Prescription Drugs and Supplies” section of the <i>EOC</i> will be updated to indicate members may receive a 12-month supply, at one time, of prescribed hormone therapy drugs.	To comply with Washington House Bill 1971.
Preventive breast exams	Language in the “Preventive Care Services” and “Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures” sections of the <i>EOC</i> will be updated to indicate that preventive breast screenings include any imaging done prior to a breast cancer diagnosis. Diagnostic and supplemental breast imaging includes imaging that follows a breast cancer diagnosis.	To align with the Washington state Office of the Insurance Commissioner’s guidance.
The CHP Group	The CHP Group, our contracted provider network for alternative care services, has changed its name to Heraya Health. We will make edits throughout relevant <i>EOC</i> documents to reflect the new name and website URL. As part of this transition, the CHP Active and Healthy program will be discontinued.	Administrative change to reflect the updated name.

## Dental benefit plan changes

Benefit	Summary of changes	Reason for change
Annual out-of-pocket maximum	Annual out-of-pocket maximum will be applied until the end of the month in which the member turns 19 years of age.	To comply with Centers for Medicare and Medicaid Services (CMS) final guidance.
Composite fillings	The buy-up cost for composite fillings on posterior teeth will be removed.	Removing the buy-up cost for composite fillings on posterior teeth will provide members with cost savings and allows them to choose non-metal, mercury-free fillings without an extra cost.
Dental limitation changes	<p>The age limits for permanent indirect crowns, periodontal maintenance, periodontal scaling and root planning, examinations, cleanings, stainless steel crowns, and oral hygiene instruction will be removed from the <i>EOCs</i>.</p> <p>The frequency limitations for X-rays, fluoride, root canals, and sealants will be removed from the <i>EOCs</i>.</p>	To align with Washington state Essential Health Benefits (EHB) benchmark plan's Benefits and Limits.
PPO Prior Authorization requirements	PPO Prior Authorization requirements will change from requiring all procedures over \$500 to be submitted for prior authorization to a set list of procedural codes to be required for prior authorization.	By focusing on specific procedures instead of costs, both providers and members will experience more transparency, consistency, and potentially quicker access to necessary care, all while being protected against unnecessary costs and treatments.

## Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Prescription formulary exceptions	If a formulary exception is approved, brand prescription medications will apply a tier 5 cost share, which was previously tier 4.	Market alignment. Please note cost share may not differ for all groups.
Prescription maximum out-of-pocket	Medicare will have a \$2,100 prescription (Part D) maximum out-of-pocket.	CMS annually adjusts the maximum out-of-pocket as part of the Inflation Reduction Act (IRA).
Prescriptions – insulin products	The cost share will change from \$35 per month or applicable tier cost share to 25% (up to \$35 max per month) or applicable tier cost share.	CMS-driven change to help manage the cost of insulin products.

## NOTES

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Details may have changed since publication.

