

VisitsPlus Bronze

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente and through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$10,100/\$20,200
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$50
Specialty care office visit	\$85
Most X-rays	\$85
Most lab tests	\$85
MRI, CT, PET	40% after deductible
Outpatient surgery	\$950 after deductible
Mental health visit	\$50
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency department visit	40% after deductible
Urgent care visit	\$85
Prescription drugs (up to 30-day supply)	
Generic	\$30
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$50 per visit; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900, or contact your producer. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Kaiser Permanente Cascade Bronze

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$10,150/\$20,300
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 2 visits \$1; additional visits \$40*
Specialty care office visit	\$100
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	40% after deductible
Outpatient surgery	40% after deductible
Mental health visit	First 2 visits \$1; additional visits \$40
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency department visit	40% after deductible
Urgent care visit	\$100
Prescription drugs (up to 30-day supply)	
Generic	\$32
Preferred brand	40% after deductible
Nonpreferred generic	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$40*; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services

These qualified health plans are offered on the exchange and have a standard benefit design across carriers. This means that they have the same deductible, copays, and coinsurance for medical services. They also offer the same services before the deductible, no matter which carrier is offering it. This standard benefit design may make it easier to compare plans based on premium prices, provider networks, customer service, and quality.

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Bronze

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$8,750/\$17,500
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$50
Specialty care office visit	\$100 after deductible
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	40% after deductible
Outpatient surgery	40% after deductible
Mental health visit	\$50
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency department visit	40% after deductible
Urgent care visit	\$100 after deductible
Prescription drugs (up to 30-day supply)	
Generic	40% after deductible
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$50 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

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Bronze HSA

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente and through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	40% after deductible
Specialty care office visit	40% after deductible
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	40% after deductible
Outpatient surgery	40% after deductible
Mental health visit	40% after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency department visit	40% after deductible
Urgent care visit	40% after deductible
Prescription drugs (up to 30-day supply)	
Generic	40% after deductible
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	40% after deductible; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

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VisitsPlus Silver 4500

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$9,800/\$19,600
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35
Specialty care office visit	\$85
Most X-rays	\$75
Most lab tests	\$60
MRI, CT, PET	30% after deductible
Outpatient surgery	\$600 after deductible
Mental health visit	\$35
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$85
Prescription drugs (up to 30-day supply)	
Generic	\$30
Preferred brand	\$60
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$35 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

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Silver HSA

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	20% after deductible
Specialty care office visit	20% after deductible
Most X-rays	20% after deductible
Most lab tests	20% after deductible
MRI, CT, PET	20% after deductible
Outpatient surgery	20% after deductible
Mental health visit	20% after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency department visit	20% after deductible
Urgent care visit	20% after deductible
Prescription drugs (up to 30-day supply)	
Generic	20% after deductible
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	20% after deductible; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

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VisitsPlus Silver HD

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$85
Most X-rays	\$55
Most lab tests	\$55
MRI, CT, PET	30% after deductible
Outpatient surgery	\$600 after deductible
Mental health visit	\$30
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$85
Prescription drugs (up to 30-day supply)	
Generic	\$25
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$30 per visit; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

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Kaiser Permanente Cascade Silver

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,750/\$19,500
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 2 visits \$1; additional visits \$20*
Specialty care office visit	\$65
Most X-rays	\$65
Most lab tests	\$40
MRI, CT, PET	30% after deductible
Outpatient surgery	\$800 after deductible
Mental health visit	First 2 visits \$1; additional visits \$20
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days [†]
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days [†]
Emergency and urgent care	
Emergency department visit	\$800 after deductible
Urgent care visit	\$65
Prescription drugs (up to 30-day supply)	
Generic	\$25
Preferred brand	\$75
Nonpreferred generic	\$250 after deductible
Specialty	\$250 after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$20*; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services

[†] After 5 days, there is no charge for covered services related to the admission

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VisitsPlus Silver X

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15
Specialty care office visit	\$60
Most X-rays	\$60
Most lab tests	\$60
MRI, CT, PET	35% after deductible
Outpatient surgery	\$600 after deductible
Mental health visit	\$15
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency department visit	35% after deductible
Urgent care visit	\$65
Prescription drugs (up to 30-day supply)	
Generic	\$20
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

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VisitsPlus Silver

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15
Specialty care office visit	\$60
Most X-rays	\$60
Most lab tests	\$60
MRI, CT, PET	35% after deductible
Outpatient surgery	\$600 after deductible
Mental health visit	\$15
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency department visit	35% after deductible
Urgent care visit	\$60
Prescription drugs (up to 30-day supply)	
Generic	\$20
Preferred brand	40% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15 per visit.; 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

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Gold HSA

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente and through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$2,100 (Self only)/\$4,200 (Individual in Family)/\$4,200 (Family) [†]
Annual out-of-pocket maximum (individual/family)	\$6,100/\$12,200
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15 after deductible
Specialty care office visit	\$30 after deductible
Most X-rays	20% after deductible
Most lab tests	20% after deductible
MRI, CT, PET	20% after deductible
Outpatient surgery	20% after deductible
Mental health visit	\$15 after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency department visit	20% after deductible
Urgent care visit	\$45 after deductible
Prescription drugs (up to 30-day supply)	
Generic	\$20 after deductible
Preferred brand	20% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15 per visit after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

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[†] If you are the only applicant applying for this plan, then you must meet the individual deductible. However, when two or more applicants are applying as a family, the combined expenses count toward fulfilling the family deductible.

Kaiser Permanente Cascade Vital Gold

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,900/\$3,800
Annual out-of-pocket maximum (individual/family)	\$8,800/\$17,600
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15
Specialty care office visit	\$40
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	\$300 after deductible
Outpatient surgery	\$425 after deductible
Mental health visit	\$15
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$650 per day up to 5 days*
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$650 per day up to 5 days*
Emergency and urgent care	
Emergency department visit	\$800 after deductible
Urgent care visit	\$35
Prescription drugs (up to 30-day supply)	
Generic	\$10
Preferred brand	\$75
Nonpreferred generic	\$200 after deductible
Specialty	\$200 after deductible
Whole health	
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

*After 5 days, there is no charge for covered services related to the admission.

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VisitsPlus Gold

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente and through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$10
Specialty care office visit	\$45
Most X-rays	\$40
Most lab tests	\$40
MRI, CT, PET	30% after deductible
Outpatient surgery	\$400 after deductible
Mental health visit	\$10
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$45
Prescription drugs (up to 30-day supply)	
Generic	\$10
Preferred brand	\$40
Nonpreferred generic	40% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900, or contact your producer. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Kaiser Permanente Cascade Complete Gold

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15
Specialty care office visit	\$40
Most X-rays	\$30
Most lab tests	\$20
MRI, CT, PET	\$300 after deductible
Outpatient surgery	\$425 after deductible
Mental health visit	\$15
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$525 per day up to 5 days [†]
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$525 per day up to 5 days [†]
Emergency and urgent care	
Emergency department visit	\$450 after deductible
Urgent care visit	\$35
Prescription drugs (up to 30-day supply)	
Generic	\$10
Preferred brand	\$60
Nonpreferred generic	\$100
Specialty	\$100
Whole health	
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

[†] After 5 days, there is no charge for covered services related to the admission.

These qualified health plans are offered on the exchange and have a standard benefit design across carriers. This means that they have the same deductible, copays, and coinsurance for medical services. They also offer the same services before the deductible, no matter which carrier is offering it. This standard benefit design may make it easier to compare plans based on premium prices, provider networks, customer service, and quality.

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VisitsPlus Gold LD

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available direct from Kaiser Permanente.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$10
Specialty care office visit	\$40
Most X-rays	\$40
Most lab tests	\$40
MRI, CT, PET	30% after deductible
Outpatient surgery	\$400 after deductible
Mental health visit	\$10
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$40
Prescription drugs (up to 30-day supply)	
Generic	\$10
Preferred brand	\$40
Nonpreferred generic	40% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

For more information, including premium rates, visit kp.org/wa/producer-kpif.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900, or contact your producer. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Basics Plus Catastrophic

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2026. Available through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$10,600/\$21,200
Annual out-of-pocket maximum (individual/family)	\$10,600/\$21,200
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 3 visits no charge [‡] ; additional visits no charge after deductible
Specialty care office visit	No charge after deductible
Most X-rays	No charge after deductible
Most lab tests	No charge after deductible
MRI, CT, PET	No charge after deductible
Outpatient surgery	No charge after deductible
Mental health visit	First 3 visits no charge [‡] ; additional visits no charge after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	No charge after deductible
Emergency and urgent care	
Emergency department visit	No charge after deductible
Urgent care visit	No charge after deductible
Prescription drugs (up to 30-day supply)	
Generic	No charge after deductible
Preferred brand	No charge after deductible
Nonpreferred generic	No charge after deductible
Specialty	No charge after deductible
Whole health	
Healthy services	First 3 visits no charge [‡] , additional visits no charge after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

[‡] First visits can be any combination of primary care and other qualified services.

Only applicants younger than 30, or applicants age 30 and older who provide a certificate from [healthcare.gov](https://www.healthcare.gov) demonstrating hardship or lack of affordable coverage, may purchase.

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Kaiser Permanente Cascade Silver

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,950/\$15,900
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 2 visits \$1; additional visits \$20*
Specialty care office visit	\$65
Most X-rays	\$65
Most lab tests	\$40
MRI, CT, PET	30% after deductible
Outpatient surgery	\$800 after deductible
Mental health visit	First 2 visits \$1; additional visits \$20
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days**
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days**
Emergency and urgent care	
Emergency department visit	\$800 after deductible
Urgent care visit	\$65
Prescription drugs (up to 30-day supply)	
Generic	\$24
Preferred brand	\$75
Nonpreferred generic	\$250 after deductible
Specialty	\$250 after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$20*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

* First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

**After 5 days, there is no charge for covered services related to the admission.

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900, or contact your producer. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Kaiser Permanente Cascade Silver

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$750/\$1,500
Annual out-of-pocket maximum (individual/family)	\$2,850/\$5,700
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 2 visits \$1; additional visits \$5*
Specialty care office visit	\$30
Most X-rays	\$40
Most lab tests	\$20
MRI, CT, PET	20% after deductible
Outpatient surgery	\$445 after deductible
Mental health visit	First 2 visits \$1; additional visits \$5
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$425 per day after deductible up to 5 days**
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$425 per day after deductible up to 5 days**
Emergency and urgent care	
Emergency department visit	\$425 after deductible
Urgent care visit	\$30
Prescription drugs (up to 30-day supply)	
Generic	\$12
Preferred brand	\$35
Nonpreferred generic	\$160
Specialty	\$160
Whole health	
Healthy services	First 2 visits \$1, additional visits \$5*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

* First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

**After 5 days, there is no charge for covered services related to the admission.

Cost Share Reduction (CSR) Plans

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Kaiser Permanente Cascade Silver

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	None/None
Annual out-of-pocket maximum (individual/family)	\$2,400/\$4,800
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$1
Specialty care office visit	\$15
Most X-rays	\$15
Most lab tests	\$5
MRI, CT, PET	15%
Outpatient surgery	\$125
Mental health visit	\$1
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$100 per day up to 5 days**
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	\$100 per day up to 5 days**
Emergency and urgent care	
Emergency department visit	\$150
Urgent care visit	\$15
Prescription drugs (up to 30-day supply)	
Generic	\$5
Preferred brand	\$12
Nonpreferred generic	\$35
Specialty	\$35
Whole health	
Healthy services	\$1 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

**After 5 days, there is no charge for covered services related to the admission.

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VisitsPlus Silver 73

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,600/\$15,200
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$15
Specialty care office visit	\$60
Most X-rays	\$60
Most lab tests	\$60
MRI, CT, PET	35% after deductible
Outpatient surgery	\$600 after deductible
Mental health visit	\$15
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency department visit	35% after deductible
Urgent care visit	\$60
Prescription drugs (up to 30-day supply)	
Generic	\$20
Preferred brand	35% after deductible
Nonpreferred generic	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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VisitsPlus Silver 87

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$600/\$1,200
Annual out-of-pocket maximum (individual/family)	\$3,000/\$6,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$5
Specialty care office visit	\$30
Most X-rays	\$30
Most lab tests	\$20
MRI, CT, PET	10% after deductible
Outpatient surgery	\$450 after deductible
Mental health visit	\$5
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	10% after deductible
Emergency and urgent care	
Emergency department visit	10% after deductible
Urgent care visit	\$30
Prescription drugs (up to 30-day supply)	
Generic	\$10
Preferred brand	30% after deductible
Nonpreferred generic	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	\$5 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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VisitsPlus Silver 94

INDIVIDUALS AND FAMILIES PLANS | WASHINGTON

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$2,000/\$4,000
Benefits	
Vital care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	No charge
Specialty care office visit	\$5
Most X-rays	\$5
Most lab tests	\$5
MRI, CT, PET	5% after deductible
Outpatient surgery	\$80 after deductible
Mental health visit	No charge
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	5% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	5% after deductible
Emergency and urgent care	
Emergency department visit	5% after deductible
Urgent care visit	\$5
Prescription drugs (up to 30-day supply)	
Generic	\$5
Preferred brand	10% after deductible
Nonpreferred generic	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	No charge. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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