

Individual and Family Plans

Bronze

Effective January 1, 2025. 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	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	40% after deductible
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. 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.

Individual and Family Plans

Bronze HSA

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	40% after deductible
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

Bronze HSA X

Effective January 1, 2025. Available direct from Kaiser Permanente.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	40% after deductible
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

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Individual and Family Plans

Kaiser Permanente Cascade Bronze

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	First 2 visits \$1; additional visits \$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	First 2 visits \$1; additional visits \$50
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care and postpartum visits	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 a 30-day supply)	
Generic	\$32
Preferred brand	40% after deductible
Non-preferred brand	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$50; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

VisitsPlus Bronze

Effective January 1, 2025. Available direct from Kaiser Permanente and through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$30
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$50; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

VisitsPlus Silver HD

Effective January 1, 2025. 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	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$15
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

Silver HSA

Effective January 1, 2025. Available direct from Kaiser Permanente.

Features	
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$3,300/\$6,600
Annual out-of-pocket maximum (individual/family)	\$6,250/\$12,500
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	20% after deductible
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	20% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

Kaiser Permanente Cascade Silver

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)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	First 2 visits \$1; additional visits \$30
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 \$30
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 and postpartum visits	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 a 30-day supply)	
Generic	\$25
Preferred brand	\$75
Non-preferred brand	\$250 after deductible
Specialty	\$250 after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

Individual and Family Plans

VisitsPlus Silver

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)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$10
Preferred brand	50% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

VisitsPlus Gold

Effective January 1, 2025. 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	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$10
Preferred brand	\$40
Non-preferred brand	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	\$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

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Individual and Family Plans

Kaiser Permanente Cascade Gold

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)	\$7,000/\$14,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$10
Preferred brand	\$60
Non-preferred brand	\$100
Specialty	\$100
Whole health	
Healthy services	\$15; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

Individual and Family Plans

Basics Plus Catastrophic

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Catastrophic
Annual medical deductible (individual/family)	\$9,200/\$18,400
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge after deductible
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	No charge after deductible
Preferred brand	No charge after deductible
Non-preferred brand	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 and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

Only applicants younger than 30, or applicants age 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase.

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

Individual and Family Plans

Kaiser Permanente Cascade Silver

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)	\$7,250/\$14,500
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	First 2 visits \$1; additional visits \$30
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 \$30
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 and postpartum visits	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 a 30-day supply)	
Generic	\$24
Preferred brand	\$75
Non-preferred brand	\$250 after deductible
Specialty	\$250 after deductible
Whole health	
Healthy services	First 2 visits \$1, additional visits \$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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

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Individual and Family Plans

Kaiser Permanente Cascade Silver

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)	\$2,500/\$5,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	First 2 visits \$1; additional visits \$10
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 \$10
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 and postpartum visits	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 a 30-day supply)	
Generic	\$12
Preferred brand	\$35
Non-preferred brand	\$160
Specialty	\$160
Whole health	
Healthy services	First 2 visits \$1, additional visits \$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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

Individual and Family Plans

Kaiser Permanente Cascade Silver

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)	\$1,900/\$3,800
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	First 2 visits \$1; additional visits \$5
Specialty care office visit	\$15
Most X-rays	\$15
Most lab tests	\$5
MRI, CT, PET	15%
Outpatient surgery	\$125
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	\$100 per day up to 5 days [†]
Maternity	
Routine prenatal care and postpartum visits	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 a 30-day supply)	
Generic	\$5
Preferred brand	\$12
Non-preferred brand	\$35
Specialty	\$35
Whole health	
Healthy services	First 2 visits \$1, additional visits \$5; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

Individual and Family Plans

VisitsPlus Silver 73

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)	\$7,300/\$14,600
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$10
Preferred brand	40% after deductible
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$15; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

Cost Share Reduction (CSR) Plans

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Individual and Family Plans

VisitsPlus Silver 87

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)	\$2,500/\$5,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	\$10
Specialty care office visit	\$30
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	10% after deductible
Outpatient surgery	\$500 after deductible
Mental health visit	\$10
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible
Maternity	
Routine prenatal care and postpartum visits	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 a 30-day supply)	
Generic	\$10
Preferred brand	30% after deductible
Non-preferred brand	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	\$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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Individual and Family Plans

VisitsPlus Silver 94

Effective January 1, 2025. Available through Washington Healthplanfinder.

Features	
Plan type	Deductible
Annual medical deductible (individual/family)	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$2,000/\$4,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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 and postpartum visits	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 a 30-day supply)	
Generic	\$5
Preferred brand	10% after deductible
Non-preferred brand	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	No charge; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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