2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Basics Plus Catastrophic**	E **Basics Plus Catastrophic**
Annual medical deductible (individual/family)	$9,450/$18,900	$9,200/$18,400
Annual out-of-pocket maximum (individual/family)	$9,450/$18,900	$9,200/$18,400

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E Basics Plus Catastrophic	E VisitsPlus Bronze
Annual medical deductible (individual/family)	$9,450/$18,900	$6,000/$12,000
Annual out-of-pocket maximum (individual/family)	$9,450/$18,900	$9,200/$18,400
Primary care office visit	First 3 primary care and outpatient mental health visits combined no charge; additional visits no charge after deductible	$50
Specialist care office visit	No charge after deductible	$85
Most X-rays	No charge after deductible	$85
Most lab tests	No charge after deductible	$85
MRI, CT, PET imaging	No charge after deductible	40% after deductible
Retail prescription medications	No charge after deductible	Generic drugs: $30 Preferred brand drugs: 40% after deductible Nonpreferred brand drugs: 50% after deductible Specialty drugs: 50% after deductible
Outpatient surgery facility fee	No charge after deductible	$950 after deductible
Emergency Department visit	No charge after deductible	40% after deductible
Ambulance services	No charge after deductible	40% after deductible
Urgent care visit	No charge after deductible	$85
Inpatient hospital care facility fee, per day	No charge after deductible	40% after deductible
Inpatient hospital care physician/surgeon fee	No charge after deductible	40% after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 3 primary care and outpatient mental health visits combined no charge; additional visits no charge after deductible	$50
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	No charge after deductible	40% after deductible
Maternity, delivery, and inpatient well-baby care	No charge after deductible	40% after deductible
Adult eye exam	No charge after deductible	$50

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2024 Cost-Share Changes and Plan Mapping

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Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	KP Current 2024 Benefit	KP Future 2025 Benefit
	Bronze HSA X	**Bronze HSA X**
Annual medical deductible (individual/family)	$6,050/$12,100	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$7,250/$14,500	$7,000/$14,000

	E Current 2024 Benefit	E Future 2025 Benefit
	Bronze HSA	**Bronze HSA**
Annual medical deductible (individual/family)	$6,050/$12,100	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$7,250/$14,500	$7,000/$14,000

	KP Current 2024 Benefit	KP Future 2025 Benefit
	Silver HSA	**Silver HSA**
Annual medical deductible (individual/family)	$3,200/$6,400	$3,300/$6,600
Annual out-of-pocket maximum (individual/family)	$6,900/$13,800	$6,250/$12,500

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2024 Cost-Share Changes and Plan Mapping

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Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	KP E **Flex Bronze**	KP E **VisitsPlus Bronze**
Primary care office visit	First 3 visits $40, additional visits 20% after deductible (first 3 visits can be used for primary care or outpatient mental health visits, different copay amounts may apply)	$50
Specialist care office visit	20% after deductible	$85
Most X-rays	20% after deductible	$85
Most lab tests	20% after deductible	$85
MRI, CT, PET imaging	20% after deductible	40% after deductible
Retail prescription medications	Generic drugs: $25	Generic drugs: $30
Outpatient surgery facility fee	20% after deductible	$950 after deductible
Emergency Department visit	20% after deductible	40% after deductible
Ambulance services	20% after deductible	40% after deductible
Urgent care visit	20% after deductible	$85
Inpatient hospital care facility fee, per day	20% after deductible	40% after deductible
Inpatient hospital care physician/surgeon fee	20% after deductible	40% after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 3 visits $40, additional visits 20% after deductible (first 3 visits can be used for primary care or outpatient mental health visits, different copay amounts may apply)	$50
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	20% after deductible	40% after deductible
Maternity, delivery, and inpatient well-baby care	20% after deductible	40% after deductible
Adult eye exam	$40	$50

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

	KP Current 2024 Benefit Bronze	KP Future 2025 Benefit Bronze
Annual medical deductible (individual/family)	$7,500/$15,000	$6,000/$12,000

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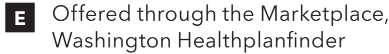

2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Flex Silver**	E **VisitsPlus Silver**
Annual medical deductible (individual/family)	$2,020/$4,040	$2,500/$5,000
Primary care office visit	First 3 visits $40, additional visits $40 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$15
Specialist care office visit	First 3 visits $85, additional visits $85 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$60
Most X-rays	35% after deductible	$60
Most lab tests	35% after deductible	$60
Retail prescription medications	Preferred brand drugs: 40% after deductible	Preferred brand drugs: 50% after deductible
Outpatient surgery facility fee	35% after deductible	$600 after deductible
Urgent care visit	First 3 visits $85, additional visits $85 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$60
Adult eye exam	$40	$15
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 3 visits $40, additional visits $40 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$15

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2024 Cost-Share Changes and Plan Mapping

Plans available in all 17 counties within our service area.

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Flex Silver 73**	E **VisitsPlus Silver 73**
Annual medical deductible (individual/family)	$1,650/$3,300	$2,500/$5,000
Annual out-of-pocket maximum (individual/family)	$8,075/$16,150	$7,300/$14,600
Primary care office visit	First 4 visits $25, additional visits $25 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$15
Specialist care office visit	First 4 visits $50, additional visits $50 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$60
Most X-rays	30% after deductible	$60
Most lab tests	30% after deductible	$60
MRI, CT, PET imaging	30% after deductible	35% after deductible
Outpatient surgery facility fee	30% after deductible	$600 after deductible
Emergency Department visit	30% after deductible	35% after deductible
Ambulance services	30% after deductible	35% after deductible
Urgent care visit	First 4 visits $50, additional visits $50 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$60
Inpatient hospital care facility fee, per day	30% after deductible	35% after deductible
Inpatient hospital care physician/surgeon fee	30% after deductible	35% after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 4 visits $25, additional visits $25 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$15
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	30% after deductible	35% after deductible
Maternity, delivery, and inpatient well-baby care	30% after deductible	35% after deductible
Adult eye exam	$25	$15

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2024 Cost-Share Changes and Plan Mapping

Plans available in all 17 counties within our service area.

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Flex Silver 87**	E **VisitsPlus Silver 87**
Annual out-of-pocket maximum (individual/family)	$2,850/$5,700	$2,500/$5,000
Primary care office visit	First 4 visits $10, additional visits $10 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$10
Specialist care office visit	First 4 visits $40, additional visits $40 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$30
Most X-rays	10% after deductible	$30
Most lab tests	10% after deductible	$30
Outpatient surgery facility fee	10% after deductible	$500 after deductible
Urgent care visit	First 4 visits $40, additional visits $40 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$30
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 4 visits $10, additional visits $10 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$10

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2024 Cost-Share Changes and Plan Mapping

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Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Flex Silver 94**	E **VisitsPlus Silver 94**
Annual medical deductible (individual/family)	$150/$300	$100/$200
Annual out-of-pocket maximum (individual/family)	$2,400/$4,800	$2,000/$4,000
Primary care office visit	First 4 visits no charge, additional visits no charge after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	No charge
Specialist care office visit	First 4 visits $5, additional visits $5 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$5
Most X-rays	5% after deductible	$5
Most lab tests	5% after deductible	$5
Outpatient surgery facility fee	5% after deductible	$80 after deductible
Urgent care visit	First 4 visits $5, additional visits $5 after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$5
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 4 visits no charge, additional visits no charge after deductible (first 4 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	No charge

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2024 Cost-Share Changes and Plan Mapping

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Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit KP E **Flex Gold**	Future 2025 Benefit KP E **VisitsPlus Gold**
Annual medical deductible (individual/family)	$1,150/$2,300	$1,000/$2,000
Annual out-of-pocket maximum (individual/family)	$7,900/$15,800	$7,500/$15,000
Primary care office visit	First 5 visits $20, additional visits $20 after deductible (first 5 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$10
Specialist care office visit	First 5 visits $45, additional visits $45 after deductible (first 5 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$45
Most X-rays	30% after deductible	$40
Most lab tests	30% after deductible	$40
Outpatient surgery facility fee	30% after deductible	$400 after deductible
Urgent care visit	First 5 visits $45, additional visits $45 after deductible (first 5 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$45
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 5 visits $20, additional visits $20 after deductible (first 5 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$10
Adult eye exam	$20	$10

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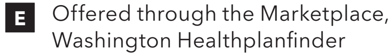

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

	Current 2024 Benefit	Future 2025 Benefit
	KP Flex Silver HD	KP VisitsPlus Silver HD
Annual out-of-pocket maximum (individual/family)	$9,450/$18,900	$9,200/$18,400
Primary care office visit	First 3 visits $30, additional visits $30 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$30
Specialist care office visit	First 3 visits $60, additional visits $60 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$85
Most X-rays	30% after deductible	$55
Most lab tests	30% after deductible	$55
Outpatient surgery facility fee	30% after deductible	$600 after deductible
Urgent care visit	First 3 visits $60, additional visits $60 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$85
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	First 3 visits $30, additional visits $30 after deductible (first 3 visits can be used for primary care, specialty care, urgent care, or outpatient mental health visits, different copay amounts may apply)	$30

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	Current 2024 Benefit	Future 2025 Benefit
	E **Kaiser Permanente Cascade Gold**	E **Kaiser Permanente Cascade Gold**
Annual out-of-pocket maximum (individual/family)	$6,100/$12,200	$7,000/$14,000

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	Current 2024 Benefit	Future 2025 Benefit
	E **Kaiser Permanente Cascade Silver (73% CSR)**	E **Kaiser Permanente Cascade Silver (73% CSR)**
Annual out-of-pocket maximum (individual/family)	$7,550/$15,100	$7,250/$14,500

	Current 2024 Benefit	Future 2025 Benefit
	E **Kaiser Permanente Cascade Silver (94% CSR)**	E **Kaiser Permanente Cascade Silver (94% CSR)**
Annual out-of-pocket maximum (individual/family)	$1,200/$2,400	$1,900/$3,800

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

	Current 2024 Benefit	Future 2025 Benefit
	KP **Virtual Plus Silver X**	KP **VisitsPlus Silver HD**
Annual out-of-pocket maximum (individual/family)	$9,175/$18,350	$9,200/$18,400
Primary care office visit	$20 with referral; 30% after deductible without referral	$30
Specialist care office visit	$50 with referral; 30% after deductible without referral	$85
Most X-rays	30% after deductible	$55
Most lab tests	30% after deductible	$55
Retail prescription medications	Generic drugs: $25 Preferred brand drugs: 50% after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $15 Preferred brand drugs: 40% after deductible Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	30% after deductible	$600 after deductible
Urgent care visit	$55	$85
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$20 with referral; 30% after deductible without referral	$30
Adult eye exam	$20	$30

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	Current 2024 Benefit E **Virtual Plus Silver**	Future 2025 Benefit E **Kaiser Permanente Cascade Silver**
Annual medical deductible (individual/family)	$3,000/$6,000	$2,500/$5,000
Annual out-of-pocket maximum (individual/family)	$9,175/$18,350	$9,200/$18,400
Primary care office visit	$20 with referral; 30% after deductible without referral	First 2 visits $1; additional visits $30
Specialist care office visit	$50 with referral; 30% after deductible without referral	$65
Most X-rays	30% after deductible	$65
Most lab tests	30% after deductible	$40
Retail prescription medications	Preferred brand drugs: 50 % after deductible Non-preferred brand drugs: 50 % after deductible Specialty drugs: 50% after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Preferred brand drugs: $75 Non-preferred brand drugs: $250 after deductible Specialty drugs: $250 after deductible Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	30% after deductible	$600 after deductible
Emergency Department visit	30% after deductible	$800 after deductible
Ambulance services	30% after deductible	$375
Urgent care visit	$50	$65
Inpatient hospital care facility fee, per day	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Inpatient hospital care physician/surgeon fee	30% after deductible	No charge after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$20 with referral; 30% after deductible without referral	First 2 visits $1; additional visits $30 (first 2 visits can be used for outpatient mental health, behavioral health, or chemical dependency visits)
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Maternity, delivery, and inpatient well-baby care	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Adult eye exam	$20	$30

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Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Virtual Plus Silver 73**	E **Kaiser Permanente Cascade Silver**
Annual out-of-pocket maximum (individual/family)	$7,800/$15,600	$7,250/$14,500
Primary care office visit	$20 with referral; 30% after deductible without referral	First 2 visits $1; additional visits $30
Specialist care office visit	$45 with referral; 30% after deductible without referral	$65
Most X-rays	30% after deductible	$65
Most lab tests	30% after deductible	$40
Retail prescription medications	Generic drugs: $25 Preferred brand drugs: 50% after deductible Non-preferred brand drugs: 50% after deductible Specialty drugs: 50% after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $24 Preferred brand drugs: $75 Non-preferred brand drugs: $250 after deductible Specialty drugs: $250 after deductible Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	30% after deductible	$600 after deductible
Emergency Department visit	30% after deductible	$800 after deductible
Ambulance services	30% after deductible	$325
Urgent care visit	$45	$65
Inpatient hospital care facility fee, per day	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Inpatient hospital care physician/surgeon fee	30% after deductible	No charge after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$20 with referral; 30% after deductible without referral	First 2 visits $1; additional visits $30 (first 2 visits can be used for outpatient mental health, behavioral health, or chemical dependency visits)
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Maternity, delivery, and inpatient well-baby care	30% after deductible	$800 per day after deductible, up to $4,000 per admission
Adult eye exam	$20	$30

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IF0001233-59-24

2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit E Virtual Plus Silver 87	Future 2025 Benefit E Kaiser Permanente Cascade Silver
Annual out-of-pocket maximum (individual/family)	$2,600/$5,200	$2,500/$5,000
Primary care office visit	$10 with referral; 20% after deductible without referral	First 2 visits $1; additional visits $10
Specialist care office visit	$20 with referral; 20% after deductible without referral	$30
Most X-rays	20% after deductible	$40
Most lab tests	20% after deductible	$20
MRI, CT, PET imaging	20% after deductible	10% after deductible
Retail prescription medications	Generic drugs: $15 Preferred brand drugs: 50% after deductible Non-preferred brand drugs: 50% after deductible Specialty drugs: 50% after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $12 Preferred brand drugs: $35 Non-preferred brand drugs: $160 Specialty drugs: $160 Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	20% after deductible	$325 after deductible
Emergency Department visit	20% after deductible	$425 after deductible
Ambulance services	20% after deductible	$175
Urgent care visit	$20	$30
Inpatient hospital care facility fee, per day	20% after deductible	$425 per day after deductible, up to $2,125 per admission
Inpatient hospital care physician/surgeon fee	20% after deductible	No charge after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$10 with referral; 20% after deductible without referral	First 2 visits $1; additional visits $10 (first 2 visits can be used for outpatient mental health, behavioral health, or chemical dependency visits)
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	20% after deductible	$425 per day after deductible, up to $2,125 per admission
Maternity, delivery, and inpatient well-baby care	20% after deductible	$425 per day after deductible, up to $2,125 per admission

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	E Current 2024 Benefit	E Future 2025 Benefit
	Virtual Plus Silver 94	**Kaiser Permanente Cascade Silver**
Annual medical deductible (individual/family)	$150/$300	$0/$0
Annual out-of-pocket maximum (individual/family)	$1,000/$2,000	$1,900/$3,800
Primary care office visit	$5 with referral; 5% after deductible without referral	First 2 visits $1; additional visits $5
Specialist care office visit	$10 with referral; 5% after deductible without referral	$15
Most X-rays	5% after deductible	$15
Most lab tests	5% after deductible	$5
Retail prescription medications	Generic drugs: $7 Preferred brand drugs: 50% after deductible Nonpreferred brand drugs: 50% after deductible Specialty drugs: 50% after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $5 Preferred brand drugs: $12 Nonpreferred brand drugs: $35 Specialty drugs: $35 Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	5% after deductible	$100
Urgent care visit	$10	$15
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$5 with referral; 5% after deductible without referral	First 2 visits $1; additional visits $5 (first 2 visits can be used for outpatient mental health, behavioral health, or chemical dependency visits)
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	5% after deductible	$100 per day, up to $500 per admission

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IF0001233-59-24

2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

	Current 2024 Benefit KP Virtual Plus Bronze	Future 2025 Benefit KP VisitsPlus Bronze
Annual medical deductible (individual/family)	$9,450/$18,900	$6,000/$12,000
Annual out-of-pocket maximum (individual/family)	$9,450/$18,900	$9,200/$18,400
Primary care office visit	$50 with referral; no charge after deductible without referral	$50
Specialist care office visit	$110 with referral; no charge after deductible without referral	$85
Most X-rays	No charge after deductible	$85
Most lab tests	No charge after deductible	$85
MRI, CT, PET imaging	No charge after deductible	40% after deductible
Retail prescription medications	Generic drugs: $35 Preferred brand drugs: No charge after deductible Nonpreferred brand drugs: No charge after deductible Specialty drugs: No charge after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $30 Preferred brand drugs: 40% after deductible Nonpreferred brand drugs: 50% after deductible Specialty drugs: 50% after deductible Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	No charge after deductible	$950 after deductible
Emergency Department visit	No charge after deductible	40% after deductible
Ambulance services	No charge after deductible	40% after deductible
Urgent care visit	$110	$85
Inpatient hospital care facility fee, per day	No charge after deductible	40% after deductible
Inpatient hospital care physician/surgeon fee	No charge after deductible	40% after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$50 with referral; no charge after deductible without referral	$50
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	No charge after deductible	40% after deductible
Maternity, delivery, and inpatient well-baby care	No charge after deductible	40% after deductible

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2024 Cost-Share Changes and Plan Mapping

The benefits, services, and availability of each plan may change from 2024 to 2025. Please review the information below to see what those differences may be.

Note: Members enrolled on an exchange plan through the Washington Health Benefit Exchange (WAHBE) may need to take steps to stay enrolled for 2025. Refer to the annual letter sent by WAHBE for those details.

	Current 2024 Benefit	Future 2025 Benefit
	E **Virtual Plus Bronze**	E **Kaiser Permanente Cascade Bronze**
Annual medical deductible (individual/family)	$9,450/$18,900	$6,000/$12,000
Annual out-of-pocket maximum (individual/family)	$9,450/$18,900	$9,200/$18,400
Primary care office visit	$50 with referral; no charge after deductible without referral	First 2 visits $1; additional visits $50
Specialist care office visit	$110 with referral; no charge after deductible without referral	$100 after deductible
Most X-rays	No charge after deductible	40% after deductible
Most lab tests	No charge after deductible	40% after deductible
MRI, CT, PET imaging	No charge after deductible	40% after deductible
Retail prescription medications	Generic drugs: $35 Preferred brand drugs: No charge after deductible Nonpreferred brand drugs: No charge after deductible Specialty drugs: No charge after deductible Most maintenance prescriptions must be refilled through Kaiser Permanente's mail-order service or a Kaiser Permanente Pharmacy.	Generic drugs: $32 Preferred brand drugs: 40% after deductible Nonpreferred brand drugs: 40% after deductible Specialty drugs: 40% after deductible Fill up to a 90-day supply of a maintenance drug at any in-network pharmacy or by mail order. Subsequent refills can be filled at any in-network pharmacy or by mail order. Delivery is free and usually takes 1 to 2 days.
Outpatient surgery facility fee	No charge after deductible	40% after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	40% after deductible
Emergency Department visit	No charge after deductible	40% after deductible
Ambulance services	No charge after deductible	40% after deductible
Urgent care visit	$110	$100
Inpatient hospital care facility fee, per day	No charge after deductible	40% after deductible
Inpatient hospital care physician/surgeon fee	No charge after deductible	40% after deductible
Certain outpatient visits (mental health, chemical dependency, and behavioral health)	$50 with referral; no charge after deductible without referral	First 2 visits $1; additional visits $50 (first 2 visits can be used for outpatient mental health, behavioral health, or chemical dependency visits)
Certain inpatient visits (mental health, chemical dependency, and behavioral health)	No charge after deductible	40% after deductible
Maternity, delivery, and inpatient well-baby care	No charge after deductible	40% after deductible

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2025 Pediatric Dental Plan

No changes have been made to the benefits for 2025. Below is a brief summary of benefits. For more details, refer to dental benefit booklet.

If you choose optional dental coverage (as opposed to choosing pediatric dental coverage), all family members enrolled in the medical plan will be enrolled in the Delta Dental plan.

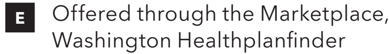
Note: These Delta Dental plans are only available to those who enroll off exchange with Kaiser Permanente Washington.

	2025 Renewing Plan KP Pediatric plan (18 and younger)
	Amount of maximum allowable fee Kaiser Permanente member pays
Maximum benefit	No annual maximum
Annual deductible	$85 per child per year
Out-of-pocket maximum	$350 per child per year $700 per year for families with 2 or more children Delta Dental-participating dentists only
Diagnostic and preventive	0%
Restorative	30%
Major	50%
Orthodontia (medically necessary)	50%

Rates	2024	2025
1 child	$52.88	$54.50
2 children	$105.76	$109.00
3 children or more	$158.64	$163.50

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington.

All dental plans offered and underwritten by Delta Dental of Washington.



KP Offered through Kaiser Permanente

E Offered through the Marketplace, Washington Healthplanfinder

2025 Adult/Family Basic Dental Plan

No changes have been made to the benefits for 2025. Below is a brief summary of benefits. For more details, refer to dental benefit booklet.

If you choose optional dental coverage (as opposed to choosing pediatric dental coverage), all family members enrolled in the medical plan will be enrolled in the Delta Dental plan.

Note: These Delta Dental plans are only available to those who enroll off exchange with Kaiser Permanente Washington.

	2025 Renewing Plan KP Adult/Family Basic (19 and older)
	Amount of maximum allowable fee Kaiser Permanente member pays
Maximum benefit	$1,250 annual plan maximum
Annual deductible	$50 per adult per year
Out-of-pocket maximum	Not applicable
Diagnostic and preventive	0%
Restorative	50%
Major	50%
Orthodontia (medically necessary)	Not covered

When enrolling for family coverage, those 18 and younger will have the benefits listed on page 16.

Rates	2024	2025
Individual only	$50.66	$52.21
Individual + spouse	$101.34	$104.43
Individual + child(ren)	$112.68	$116.12
Individual + family	$179.18	$184.65

▶ Regular preventive care is especially important for people with certain health conditions. To help reduce the risk of potential problems, our Adult/Family Basic plan includes a special dental benefit for members 19 and older who are pregnant, managing heart disease, or living with diabetes.

- Members with these qualifying conditions can receive an extra dental cleaning and exam with a Delta Dental PPO Plus Premier™ provider each year, at no additional charge.
- Delta Dental of Washington will notify those who qualify for this extra benefit. Importantly, the member's specific diagnosis will remain confidential.
- This extra cleaning and exam doesn't apply to the annual maximum benefit or the dental plan's cleaning and exam limitations.

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington.

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E Offered through the Marketplace, Washington Healthplanfinder

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