

2026 Cost-share changes and plan comparison

INDIVIDUAL AND FAMILY | WASHINGTON

The benefits, services, and availability of each plan may change from 2025 to 2026. Please review the information below to see what those differences may be.

Note: Members enrolled on the Basics Plus catastrophic plan for 2025 due to a hardship exemption may have to requalify through [healthcare.gov](https://www.healthcare.gov) for 2026.

	Current 2025 Plan	2026 Plan
	E Basics Plus Catastrophic	E Basics Plus Catastrophic
Annual medical deductible (individual/family)	\$9,200/\$18,400	\$10,600/\$21,200
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$10,600/\$21,200
Hearing aids (1 per ear, every 36 months)	Not covered	No charge
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	No charge after deductible

KP Offered through Kaiser Permanente **E** Offered through the Marketplace, Washington Healthplanfinder

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Note: Members enrolled on the Basics Plus catastrophic plan for 2025 due to a hardship exemption may have to requalify through [healthcare.gov](https://www.healthcare.gov) for 2026.

	Current 2025 Plan	2026 Plan
	E Basics Plus Catastrophic (aged off plan or hardship exemption expired)	E VisitsPlus Bronze
Annual medical deductible (individual/family)	\$9,200/\$18,400	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$10,100/\$20,200
Primary care office visit	First 3 primary care or outpatient mental health visits combined no charge; additional visits no charge after deductible	First 3 primary care or outpatient mental health visits combined \$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
Generic drugs	No charge after deductible	\$30
Preferred brand drugs	No charge after deductible	40% after deductible
Non-preferred brand drugs	No charge after deductible	50% after deductible
Specialty drugs	No charge after deductible	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	No charge after deductible	40% after deductible
Inpatient hospital care physician/surgeon fee	No charge after deductible	40% after deductible
Mental health, behavioral health, or chemical dependency outpatient office visit	No charge after deductible	\$50
Mental health, behavioral health, or chemical dependency inpatient services	No charge after deductible	40% after deductible
Maternity, delivery, and inpatient well-baby care	No charge after deductible	40% after deductible
Home health services	No charge after deductible	40% after deductible
Rehabilitative services, per visit	No charge after deductible	\$85
Habilitation services, per visit	No charge after deductible	\$85
Skilled nursing facility care	No charge after deductible	40% after deductible
Durable medical equipment	No charge after deductible	40% after deductible
Hospice care	No charge after deductible	No charge
Adult eye exam	No charge after deductible	\$50
Hearing aids (1 per ear, every 36 months)	Not covered	40%
Hearing aid assessment, ear molds, and fitting/adjustment	Not covered	\$50

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	KP Current 2025 Plan Bronze HSA X	KP 2026 Plan Bronze HSA
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,500/\$15,000
Hearing aids (1 per ear, every 36 months)	Not covered	40% after minimum deductible (see plan documents)
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	40% after deductible

	E Current 2025 Plan Bronze HSA	E 2026 Plan Bronze HSA
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,500/\$15,000
Hearing aids (1 per ear, every 36 months)	Not covered	40% after minimum deductible (see plan documents)
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	40% after deductible

	KP Current 2025 Plan Silver HSA	KP 2026 Renewing Plan Silver HSA
Annual medical deductible (individual/family)	\$3,300/\$6,600	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$6,250/\$12,500	\$7,000/\$14,000
Hearing aids (1 per ear, every 36 months)	Not covered	20% after minimum deductible (see plan documents)
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	20% after deductible

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	Current 2025 Plan	2026 Renewing Plan
	VisitsPlus Bronze	VisitsPlus Bronze
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$10,100/\$20,200
Hearing aids (1 per ear, every 36 months)	Not covered	40%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$50

	Current 2025 Plan	2026 Renewing Plan
	Bronze	Bronze
Primary care office visit	40% after deductible	\$50
Specialist care office visit	40% after deductible	\$100 after deductible
Urgent care visit	40% after deductible	\$100 after deductible
Mental health, behavioral health, or chemical dependency outpatient office visit	\$50	\$50
Adult eye exam	\$50	\$50
Hearing aids (1 per ear, every 36 months)	40%	40%
Hearing aid assessment, ear molds, and fitting/ adjustment	\$50	\$50

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	E Current 2025 Plan	E 2026 Plan
	VisitsPlus Silver	VisitsPlus Silver
Generic drugs	\$10	\$20
Preferred brand drugs	50% after deductible	40% after deductible
Hearing aids (1 per ear, every 36 months)	Not covered	35%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$15

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	E Current 2025 Plan VisitsPlus Silver 73	E 2026 Plan VisitsPlus Silver 73
Annual out-of-pocket maximum (individual/family)	\$7,300/\$14,600	\$7,600/\$15,200
Generic drugs	\$10	\$20
Preferred brand drugs	40% after deductible	35% after deductible
Hearing aids (1 per ear, every 36 months)	Not covered	35%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$15

	E Current 2025 Plan VisitsPlus Silver 87	E 2026 Plan VisitsPlus Silver 87
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000
Primary care office visit	\$10	\$5
Most lab tests	\$30	\$20
Outpatient surgery facility fee	\$500 after deductible	\$450 after deductible
Mental health, behavioral health, or chemical dependency outpatient office visit	\$10	\$5
Adult eye exam	\$10	\$5
Hearing aids (1 per ear, every 36 months)	Not covered	10%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$5

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	Current 2025 Plan E VisitsPlus Silver 94	2026 Plan E VisitsPlus Silver 94
Annual medical deductible (individual/family)	\$100/\$200	\$50/\$100
Hearing aids (1 per ear, every 36 months)	Not covered	5%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	No charge

	Current 2025 Plan KP E VisitsPlus Gold	2026 Plan KP E VisitsPlus Gold
Specialty drugs	40% after deductible	50% after deductible
Hearing aids (1 per ear, every 36 months)	Not covered	30%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$10

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	Current 2025 Plan	2026 Plan
	 VisitsPlus Silver HD	 VisitsPlus Silver HD
Generic drugs	\$15	\$25
Hearing aids (1 per ear, every 36 months)	Not covered	30%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$30

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	E Current 2025 Plan Kaiser Permanente Cascade Gold	E 2026 Plan Kaiser Permanente Cascade Complete Gold
Annual medical deductible (individual/family)	\$600/\$1,200	\$1,000/\$2,000
Hearing aids (1 per ear, every 36 months)	Not covered	20%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$15
Nutritional counseling and diabetes education/care management	\$15	No charge

	E Current 2025 Plan Kaiser Permanente Cascade Silver	E 2026 Plan Kaiser Permanente Cascade Silver
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$9,750/\$19,500
Primary care office visit	First 2 visits \$1; additional visits \$30	First 2 visits \$1; additional visits \$20
Mental health, behavioral health, or chemical dependency outpatient office visit	First 2 visits \$1; additional visits \$30	First 2 visits \$1; additional visits \$20
Adult eye exam	\$30	\$20
Hearing aids (1 per ear, every 36 months)	Not covered	30%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$20
Nutritional counseling and diabetes education/care management	\$30	No charge

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For silver cost-share reduction plans, members can refer to the annual member notification letter sent by Kaiser Permanente Washington for details on cost-share and benefit changes or to the *2026 Evidence of Coverage*.

	E Current 2025 Plan Kaiser Permanente Cascade Silver (73% CSR)	E 2026 Renewing Plan Kaiser Permanente Cascade Silver (73% CSR)
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$7,950/\$5,900
Primary care office visit	First 2 visits \$1; additional visits \$30	First 2 visits \$1; additional visits \$20
Mental health, behavioral health, or chemical dependency outpatient office visit	First 2 visits \$1; additional visits \$30	First 2 visits \$1; additional visits \$20
Adult eye exam	\$30	\$20
Hearing aids (1 per ear, every 36 months)	Not covered	30%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$20
Nutritional counseling and diabetes education/care management	\$30	No charge

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For silver cost-share reduction plans, members can refer to the annual member notification letter sent by Kaiser Permanente Washington for details on cost-share and benefit changes or to the *2026 Evidence of Coverage*.

	E Current 2025 Plan Kaiser Permanente Cascade Silver (87% CSR)	E 2026 Renewing Plan Kaiser Permanente Cascade Silver (87% CSR)
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$2,850/\$,5,700
Primary care office visit	First 2 visits \$1; additional visits \$10	First 2 visits \$1; additional visits \$5
Mental health, behavioral health, or chemical dependency outpatient office visit	First 2 visits \$1; additional visits \$10	First 2 visits \$1; additional visits \$5
Adult eye exam	\$10	\$5
Hearing aids (1 per ear, every 36 months)	Not covered	20%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$5
Nutritional counseling and diabetes education/care management	\$10	No charge

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For silver cost-share reduction plans, members can refer to the annual member notification letter sent by Kaiser Permanente Washington for details on cost-share and benefit changes or to the *2026 Evidence of Coverage*.

	E Current 2025 Plan Kaiser Permanente Cascade Silver (94% CSR)	E 2026 Plan Kaiser Permanente Cascade Silver (94% CSR)
Annual out-of-pocket maximum (individual/family)	\$1,900/\$3,800	\$2,400/\$4,800
Primary care office visit	First 2 visits \$1; additional visits \$5	\$1
Mental health, behavioral health, or chemical dependency outpatient office visit	First 2 visits \$1; additional visits \$5	\$1
Adult eye exam	\$5	\$1
Hearing aids (1 per ear, every 36 months)	Not covered	15%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$1
Nutritional counseling and diabetes education/care management	\$5	No charge

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	E Current 2025 Plan Kaiser Permanente Cascade Bronze	E 2026 Plan Kaiser Permanente Cascade Bronze
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$10,150/\$20,300
Primary care office visit	First 2 visits \$1; additional visits \$50	First 2 visits \$1; additional visits \$40
Specialist care office visit	\$100 after deductible	\$100
Mental health, behavioral health, or chemical dependency outpatient office visit	First 2 visits \$1; additional visits \$50	First 2 visits \$1; additional visits \$40
Adult eye exam	\$50	\$40
Hearing aids (1 per ear, every 36 months)	Not covered	40%
Hearing aid assessment, ear molds, and fitting/ adjustment	Not covered	\$40
Nutritional counseling and diabetes education/care management	\$50	No charge

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2026 Pediatric Dental Plan

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No changes have been made to the benefits for 2026. 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.

	 2026 Renewing Plan Pediatric plan (18 and younger)
	Amount of maximum allowable fee Kaiser Permanente member pays
Annual maximum	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	2025	2026
1 child	\$54.50	\$56.85
2 children	\$109.00	\$113.70
3 children or more	\$163.50	\$170.55

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2026 Adult/Family Basic Dental Plan


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No changes have been made to the benefits for 2026. 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.



2026 Renewing Plan

	 Adult/Family Basic (19 and older)
	Amount of maximum allowable fee Kaiser Permanente member pays
Annual maximum	\$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	2025	2026
Individual only	\$52.21	\$54.91
Individual + spouse	\$104.43	\$109.84
Individual + child(ren)	\$116.12	\$122.12
Individual + family	\$186.65	\$194.20

- ▶ 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.

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