

# Find your healthy place

With care for all that is you



# Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

## Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can change or apply for coverage through Kaiser Foundation Health Plan of the Northwest, or we can help you apply through the Oregon Health Insurance Marketplace.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

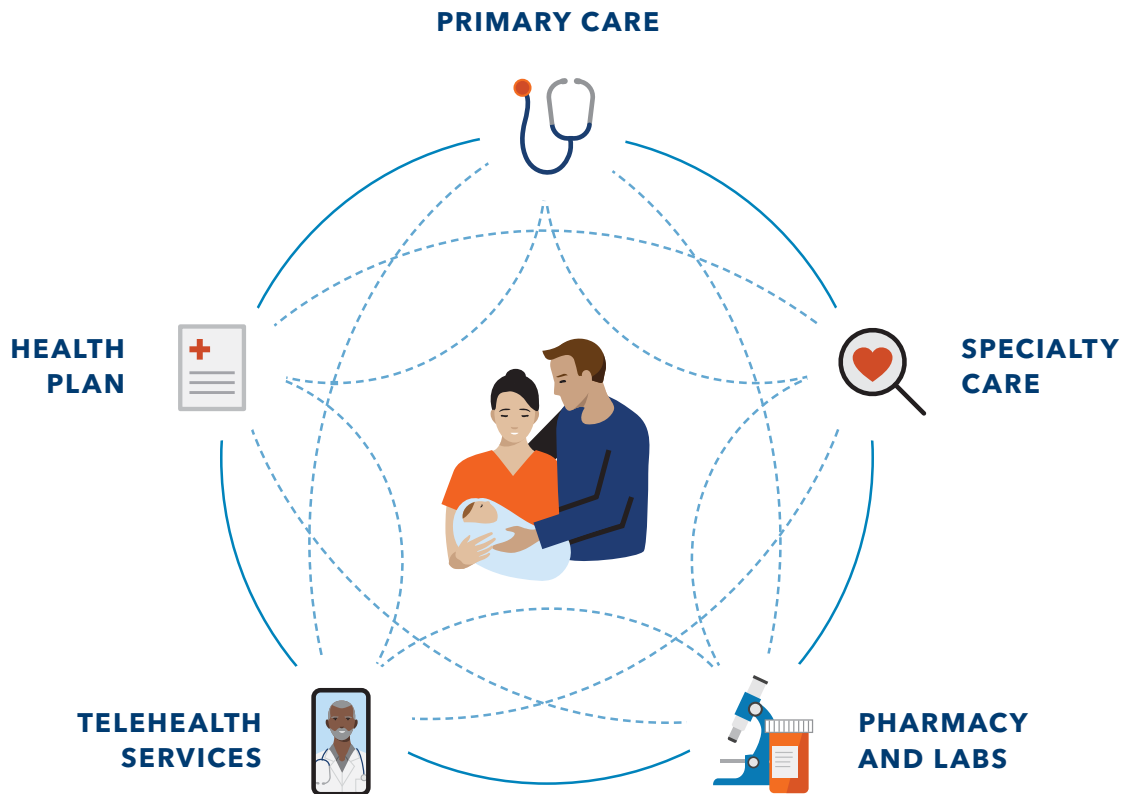
## Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit [kp.org/specialenrollment](https://kp.org/specialenrollment) for a list of qualifying life events and instructions.

### Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





## Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace).

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

# Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

## Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer<sup>1</sup>

## Get care with the help of your electronic health record



**Share your health history** and any concerns with your personal doctor.



**Your doctor coordinates your care**, so you don't have to worry about where to go or who to call next.



**Future care teams** have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



**With your health records in hand**, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

# Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.<sup>2</sup>



Visit us in person  
at a location near you.



Talk to a health care professional  
by phone or video.<sup>2</sup>



## 24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.<sup>2</sup>
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- For urgent care needs via video or phone, no appointment necessary.<sup>11</sup>

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.<sup>3</sup>



## Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.<sup>4</sup>

- Have most delivered directly to your front door.
- Order them for same-day pickup.
- Most members get a 3-month supply of medication for the price of 2, and shipping is free.<sup>12</sup>



## Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.<sup>6</sup>

## Care away from home

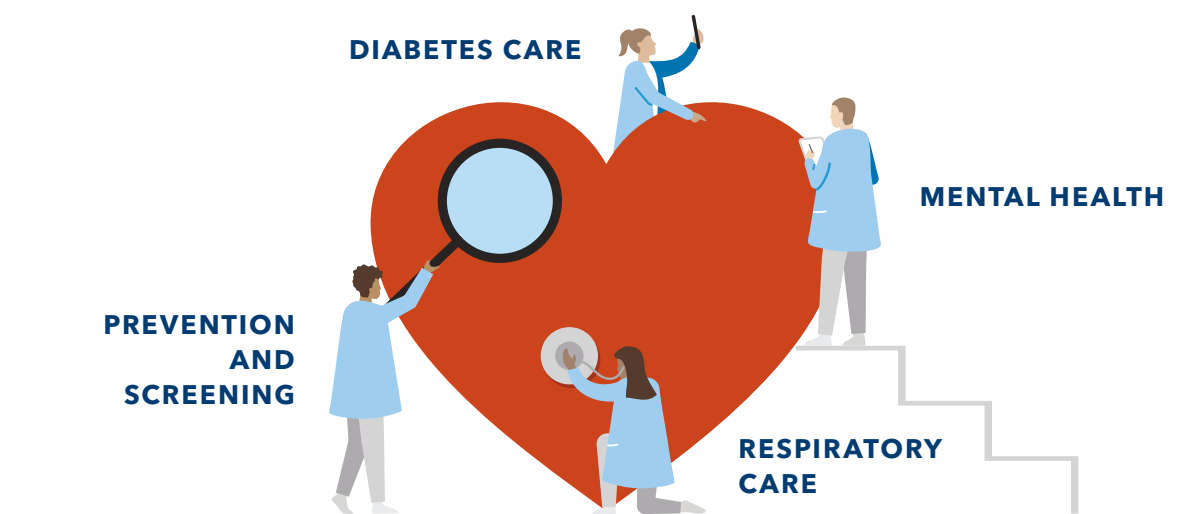
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



# Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.<sup>7</sup>



## Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

### A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit [kp.org/specialtycare](https://kp.org/specialtycare).

### Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

# A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



## Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



## Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



## Connect to care online

After you enroll, create an account at [kp.org](https://kp.org) and download the Kaiser Permanente app.<sup>6</sup> Then manage your health on your schedule – whenever, wherever.

## Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at [kp.org/learnthebasics](https://kp.org/learnthebasics).





# Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.<sup>8</sup> Many of these resources are available at no additional cost.



## Acupuncture, massage therapy, chiropractic care

Get discounts on alternative care from providers belonging to The CHP Group network. Visit [chpgroup.com](http://chpgroup.com) to learn more and select your provider.



## 24/7 Emotional support

The Ginger app provides 24/7 on-demand emotional support coaching via text at no additional cost and without a referral. Visit [kp.org/mentalhealth](http://kp.org/mentalhealth) to learn more.<sup>13</sup>



## Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more. Learn more at [kp.org/healthylifestyles](http://kp.org/healthylifestyles).



## Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone. Learn more at [kp.org/wellnesscoach](http://kp.org/wellnesscoach).

## Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.



# Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.<sup>2</sup>

117.8M

## VIRTUAL CONNECTIONS

between members and their care teams in 2021<sup>9</sup>



12.6M

## MEMBERS

covered for care needs in mind and body



23,656

## DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

## PRESCRIPTION DELIVERIES

to members' homes in 2021

773

## HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

## AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



## Your choice of doctors and locations

Visit [kp.org/doctors](https://kp.org/doctors) to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

# Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

## Copay plans – gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

## Deductible plans – gold, silver and bronze

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

## HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans that give you the option of setting up a health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. You won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental, or chiropractic services.<sup>10</sup> If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP OR Gold 0/20 (no deductible)	\$20	\$50	\$15*
KP OR Silver 3500/40 (\$3,500 deductible)	\$40	\$60	\$25*
KP OR Bronze 5500/50 (\$5,500 deductible)	\$50	\$95 or \$70 if you've met your deductible	\$49* or \$30* if you've met your deductible

\* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

The cost estimates above are from [kp.org/treatmentestimates](https://www.kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

## Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [buykp.org/apply](https://www.buykp.org/apply) for details.



# Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

## Here's a quick look at how to use the chart

Benefit highlights	<div> <div>KP</div> <div>E</div> </div> KP OR Gold 2000/20
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000
<b>Benefits</b>	
<b>Virtual care</b>	
Chat, Email, E-visit, Phone, and Video visit	No charge
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$20
Specialty care office visit	\$50
Most X-rays	\$50
Most lab tests	\$50
MRI, CT, PET	\$350 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$20
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care and postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	\$350 after deductible
Urgent care visit	\$40
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15*
Preferred brand	\$40*
Non-preferred brand	50%
Specialty	50%
<b>Whole health</b>	
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

- KP** Offered through Kaiser Foundation Health Plan of the Northwest
- E** Offered through the health benefit exchange, Oregon Health Insurance Marketplace

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$2,000 for yourself or \$4,000 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd over pay more than \$8,000 for yourself and no more than \$16,000 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no additional charge

Most preventive care services—including routine physical exams and mammograms—are covered at no additional charge. Plus, they're not subject to the deductible.

### Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$20 copay—even before you meet your deductible. With our Gold deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$40 copay for urgent care visits, whether or not you have met your deductible.

\* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	<b>KP</b> <b>E</b> KP OR Bronze 8900/75	<b>KP</b> <b>E</b> KP Oregon Standard Bronze Plan	<b>KP</b> <b>E</b> KP OR Bronze 6900/0% HSA	<b>KP</b> <b>E</b> KP OR Bronze 5500/50
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>HSA-Qualified</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$8,900/\$17,800	\$8,800/\$17,600	\$6,900/\$13,800	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$8,800/\$17,600	\$6,900/\$13,800	\$8,900/\$17,800
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$75	\$50	No charge after deductible	\$50
Specialty care office visit	No charge after deductible	\$100	No charge after deductible	\$85 after deductible
Most X-rays	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
Most lab tests	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Mental health visit	\$75	\$50	No charge after deductible	\$50
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge after deductible	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Urgent care visit	No charge after deductible	\$100	No charge after deductible	35% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$30*	\$20*	No charge after deductible	\$30* after deductible
Preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Non-preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$75 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	No charge after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. No charge after deductible per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

\* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the Oregon standard plan: *EOIDDEDSTD0123*; for traditional copay plans: *EOIDTRAD0123*; for HSA-qualified deductible plans: *EOIDHDP0123*; for deductible plans: *EOIDDED0123*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

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Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	<b>E</b> KP Oregon Standard Silver Plan	<b>KP</b> KP OR Silver 4500/50	<b>KP</b> KP OR Silver 4000/40 X	<b>E</b> KP OR Silver 4000/40
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,800/\$9,600	\$4,500/\$9,000	\$4,000/\$8,000	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,850/\$17,700	\$8,850/\$17,700	\$8,850/\$17,700
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$40	\$50	\$40	\$40
Specialty care office visit	\$80	\$70 after deductible	\$70 after deductible	\$70 after deductible
Most X-rays	30% after deductible	\$60 after deductible	\$60	\$60
Most lab tests	30% after deductible	\$60 after deductible	\$60	\$60
MRI, CT, PET	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
Outpatient surgery	30% after deductible	35% after deductible	35% after deductible	35% after deductible
Mental health visit	\$40	\$50	\$40	\$40
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	30% after deductible	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
Urgent care visit	\$70	\$70	\$65	\$60
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$25*	\$25*	\$25*
Preferred brand	\$60*	\$65*	\$65*	\$65*
Non-preferred brand	50%	50% after deductible	50% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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Benefit highlights	KP KP OR Silver 3500/40 X	E KP OR Silver 3500/40	KP KP OR Silver 3000/35% HSA	KP KP OR Silver 750/30 X	E KP OR Silver 750/30
Plan type	Deductible	Deductible	HSA-Qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,000/\$6,000	\$750/\$1,500	\$750/\$1,500
Annual out-of-pocket maximum (individual/family)	\$8,850/\$17,700	\$8,850/\$17,700	\$6,900/\$13,800	\$8,900/\$17,800	\$8,900/\$17,800
<b>Benefits</b>					
<b>Virtual care</b>					
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible	No charge	No charge
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	\$40	\$40	35% after deductible	\$30	\$30
Specialty care office visit	\$65	\$65	35% after deductible	\$60	\$60
Most X-rays	\$60	\$60	35% after deductible	\$100	\$100
Most lab tests	\$60	\$60	35% after deductible	\$50	\$50
MRI, CT, PET	\$350 after deductible	\$350 after deductible	35% after deductible	\$750	\$750
Outpatient surgery	35% after deductible	35% after deductible	35% after deductible	\$750	\$750
Mental health visit	\$40	\$40	35% after deductible	\$30	\$30
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	35% after deductible	40% after deductible	40% after deductible
<b>Maternity</b>					
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	35% after deductible	40% after deductible	40% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	\$350 after deductible	\$350 after deductible	35% after deductible	\$750	\$750
Urgent care visit	\$65	\$60	35% after deductible	\$65	\$60
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	\$25*	\$25*	\$15* after deductible	\$20*	\$20*
Preferred brand	\$65*	\$65*	\$55* after deductible	\$100*	\$100*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>					
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. 35% coinsurance after deductible per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$30 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$30 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

\* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

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- KP** Offered through Kaiser Foundation Health Plan of the Northwest
- E** Offered through the health benefit exchange, Oregon Health Insurance Marketplace

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	<b>KP</b> <b>E</b> KP OR Gold 2000/20	<b>KP</b> <b>E</b> KP Oregon Standard Gold Plan	<b>KP</b> <b>E</b> KP OR Gold 0/20
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$1,800/\$3,600	None/None
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$7,300/\$14,600	\$8,000/\$16,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$20	\$20	\$20
Specialty care office visit	\$50	\$40	\$50
Most X-rays	\$50	20% after deductible	\$50
Most lab tests	\$50	20% after deductible	\$50
MRI, CT, PET	\$350 after deductible	20% after deductible	\$350
Outpatient surgery	30% after deductible	20% after deductible	30%
Mental health visit	\$20	\$20	\$20
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	20% after deductible	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	20% after deductible	\$350
Urgent care visit	\$40	\$60	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$15*
Preferred brand	\$40*	\$30*	\$40*
Non-preferred brand	50%	50%	50%
Specialty	50%	50% up to \$500	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$20 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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**E** Offered through the health benefit exchange,  
Oregon Health Insurance Marketplace

## Cost Share Reduction (CSR) plans

You must qualify for and enroll in the CSR plans on this page through HealthCare.gov.

Benefit highlights	<b>E</b> KP Oregon Standard Silver Plan 73% CSR	<b>E</b> KP Oregon Standard Silver Plan 87% CSR	<b>E</b> KP Oregon Standard Silver Plan 94% CSR
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,800/\$9,600	\$1,300/\$2,600	\$125/\$250
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$3,000/\$6,000	\$1,000/\$2,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$15	\$10
Specialty care office visit	\$70	\$30	\$20
Most X-rays	30% after deductible	10% after deductible	10% after deductible
Most lab tests	30% after deductible	10% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10% after deductible	10% after deductible
Mental health visit	\$40	\$15	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care and postpartum visits	30% after deductible	10% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	10% after deductible	10% after deductible
Urgent care visit	\$70	\$40	\$30
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$5*
Preferred brand	\$55*	\$25*	\$10*
Non-preferred brand	50%	50%	25%
Specialty	50%	50%	25%
<b>Whole health</b>			
Healthy services	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$15 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$15 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$10 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$10 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

\* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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Oregon Health Insurance Marketplace

## Cost Share Reduction (CSR) plans

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Benefit highlights	<b>E</b> KP OR Silver 4000/40 73% CSR	<b>E</b> KP OR Silver 4000/40 87% CSR	<b>E</b> KP OR Silver 4000/40 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$3,200/\$6,400	\$650/\$1,300	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$2,600/\$5,200	\$2,300/\$4,600
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$25	\$5
Specialty care office visit	\$65 after deductible	\$35	\$10
Most X-rays	\$40	\$25	\$5
Most lab tests	\$40	\$25	\$5
MRI, CT, PET	\$350 after deductible	\$250 after deductible	\$100 after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$35	\$25	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	\$250 after deductible	\$100 after deductible
Urgent care visit	\$50	\$45	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$25 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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## Cost Share Reduction (CSR) plans

You must qualify for and enroll in the CSR plans on this page through  
HealthCare.gov.

Benefit highlights	<b>E</b> KP OR Silver 3500/40 73% CSR	<b>E</b> KP OR Silver 3500/40 87% CSR	<b>E</b> KP OR Silver 3500/40 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$3,200/\$6,400	\$350/\$700	None/None
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$2,800/\$5,600	\$2,300/\$4,600
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$20	\$5
Specialty care office visit	\$65	\$30	\$10
Most X-rays	\$60	\$20	\$5
Most lab tests	\$60	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$250 after deductible	\$100
Outpatient surgery	35% after deductible	30% after deductible	10%
Mental health visit	\$40	\$20	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10%
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	\$250 after deductible	\$100
Urgent care visit	\$60	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$15*	\$5*
Preferred brand	\$60*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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Oregon Health Insurance Marketplace

## Cost Share Reduction (CSR) plans

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Benefit highlights	<b>E</b> KP OR Silver 750/30 73% CSR	<b>E</b> KP OR Silver 750/30 87% CSR	<b>E</b> KP OR Silver 750/30 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$750/\$1,500	\$200/\$400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$2,500/\$5,000	\$850/\$1,700
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$30	\$10	\$5
Specialty care office visit	\$60	\$30	\$10
Most X-rays	\$100	\$40	\$15
Most lab tests	\$50	\$20	\$5
MRI, CT, PET	\$750	\$400	\$150
Outpatient surgery	\$750	\$400	\$150
Mental health visit	\$30	\$10	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	10%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$750	\$400	\$150
Urgent care visit	\$60	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$10*	\$5*
Preferred brand	\$100*	\$60*	\$15*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$30 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$10 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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# Find your rate

Use the monthly rates chart on the following pages or apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add a dental plan for members of your family
- If you qualify for federal financial assistance. Visit [buykp.org/apply](https://buykp.org/apply) or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you use tobacco

## Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Our Service Area	
Benton County	97321, 97330-31, 97333, 97339, 97361, 97370
Clackamas County	All ZIP codes
Columbia County	All ZIP codes
Hood River County	97014
Lane County	97401-5, 97408-9, 97419, 97424, 97426, 97431, 97437-8, 97440, 97446, 97448, 97451-2, 97454-6, 97461, 97475, 97477-8, 97487, 97489
Linn County	97321-22, 97333, 97335, 97346, 97348, 97352, 97355, 97358, 97360, 97374, 97377, 97383, 97389
Marion County	All ZIP codes
Multnomah County	All ZIP codes
Polk County	All ZIP codes
Washington County	All ZIP codes
Yamhill County	All ZIP codes

## 2023 Monthly rates

Benton, Lane, and Linn counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Non-Tobacco User Rates								
Age on 2023 effective date	KP E KP OR Bronze 8900/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP E KP Oregon Standard Silver Plan	KP KP OR Silver 4500/50	KP KP OR Silver 4000/40 X	E KP OR Silver 4000/40
0-20	\$169	\$174	\$178	\$178	\$240	\$192	\$197	\$226
21-24	267	273	280	280	378	302	310	356
25	268	275	281	281	380	303	311	358
26	273	280	287	286	387	309	318	365
27	279	287	293	293	396	316	325	374
28	290	297	304	304	411	328	337	387
29	298	306	313	313	423	338	347	399
30	303	310	318	317	429	342	352	405
31	309	317	324	324	438	350	359	413
32	315	324	331	331	447	357	367	422
33	319	328	335	335	453	361	372	427
34	324	332	340	339	459	366	377	433
35	326	334	342	342	462	369	379	436
36	328	336	344	344	465	371	382	438
37	330	339	346	346	468	373	384	441
38	332	341	349	348	471	376	386	444
39	337	345	353	353	477	381	391	450
40	341	349	358	357	483	386	396	455
41	347	356	364	364	492	393	404	464
42	353	362	371	370	501	400	411	472
43	362	371	380	379	513	409	421	484
44	373	382	391	391	528	421	433	498
45	385	395	404	404	546	436	448	515
46	400	410	420	419	567	453	465	535
47	417	427	437	437	591	472	485	557
48	436	447	458	457	618	493	507	583
49	455	467	477	477	645	515	529	608
50	476	488	500	499	675	539	554	637
51	497	510	522	521	705	563	578	665
52	521	534	546	546	738	589	605	696
53	544	558	571	570	771	615	633	727
54	569	584	598	597	807	644	662	761
55	595	610	624	623	843	673	692	795
56	622	638	653	652	882	704	724	832
57	650	666	682	681	921	735	756	869
58	679	697	713	712	963	769	790	908
59	694	712	728	728	984	785	807	928
60	724	742	760	759	1,026	819	842	967
61	749	768	786	786	1,062	848	872	1,002
62	766	786	804	803	1,086	867	891	1,024
63	787	807	826	825	1,116	891	916	1,052
64+	801	819	840	840	1,134	906	930	1,068



## 2023 Monthly rates

Benton, Lane, and Linn counties














**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Non-Tobacco User Rates								
Age on 2023 effective date	KP KP OR Silver 3500/40 X	E KP OR Silver 3500/40	KP KP OR Silver 3000/35% HSA	KP KP OR Silver 750/30 X	E KP OR Silver 750/30	KP E KP OR Gold 2000/20	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$212	\$243	\$202	\$227	\$260	\$237	\$251	\$257
21-24	334	383	318	357	410	373	395	405
25	335	385	319	359	412	375	397	407
26	342	393	325	366	420	382	405	415
27	350	402	333	374	430	391	414	424
28	363	417	345	388	446	406	430	440
29	374	429	355	400	459	418	442	453
30	379	435	360	405	465	424	448	460
31	387	444	368	414	475	433	458	469
32	395	454	376	422	485	442	467	479
33	400	459	380	428	491	447	473	485
34	405	466	385	434	498	453	480	492
35	408	469	388	436	501	456	483	495
36	411	472	391	439	504	459	486	498
37	413	475	393	442	508	462	489	501
38	416	478	396	445	511	465	492	505
39	421	484	401	451	517	471	499	511
40	427	490	406	456	524	477	505	518
41	435	499	413	465	534	486	514	527
42	443	508	421	473	543	495	524	537
43	453	520	431	485	556	507	536	550
44	467	536	444	499	573	522	552	566
45	482	554	459	516	592	539	571	585
46	501	575	476	536	615	560	593	608
47	522	599	496	558	641	584	618	633
48	546	627	519	584	670	611	646	662
49	570	654	542	609	700	637	674	691
50	596	685	567	638	732	667	706	723
51	623	715	592	666	765	696	737	755
52	652	749	620	697	800	729	771	791
53	681	782	648	728	836	762	806	826
54	713	819	678	762	875	797	844	865
55	745	855	708	796	914	833	881	903
56	779	895	741	833	957	871	922	945
57	814	934	774	870	999	910	963	987
58	851	977	809	910	1,045	951	1,007	1,032
59	869	998	827	930	1,067	972	1,029	1,054
60	906	1,041	862	969	1,113	1,013	1,072	1,099
61	938	1,078	892	1,003	1,152	1,049	1,110	1,138
62	959	1,102	912	1,026	1,178	1,073	1,135	1,164
63	986	1,132	937	1,054	1,210	1,102	1,166	1,196
64+	1,002	1,149	954	1,071	1,230	1,119	1,185	1,215

## 2023 Monthly rates

Benton, Lane, and Linn counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Tobacco User Rates								
Age on 2023 effective date	  KP OR Bronze 8900/75	  KP Oregon Standard Bronze Plan	  KP OR Bronze 6900/0% HSA	  KP OR Bronze 5500/50	  KP Oregon Standard Silver Plan	 KP OR Silver 4500/50	 KP OR Silver 4000/40 X	 KP OR Silver 4000/40
0-20	\$169	\$174	\$178	\$178	\$240	\$192	\$197	\$226
21-24	320	328	336	335	454	362	372	428
25	321	329	337	337	456	363	374	429
26	328	336	344	344	465	371	381	438
27	335	344	352	352	475	379	390	448
28	348	357	365	365	493	394	405	465
29	358	367	376	375	508	405	416	479
30	363	372	381	381	515	411	422	485
31	371	380	389	389	526	420	431	496
32	379	388	397	397	537	428	440	506
33	383	393	402	402	544	434	446	512
34	388	398	408	407	551	439	452	519
35	391	401	410	410	554	442	455	523
36	394	404	413	413	558	445	458	526
37	396	406	416	415	562	448	461	529
38	399	409	418	418	565	451	464	533
39	404	414	424	423	573	457	470	540
40	409	419	429	429	580	463	476	547
41	417	427	437	437	591	471	485	557
42	424	435	445	444	601	480	493	567
43	434	445	456	455	616	491	505	580
44	447	458	469	469	634	506	520	597
45	462	474	485	484	655	523	537	618
46	480	492	504	503	681	543	558	642
47	500	513	525	524	709	566	582	668
48	523	537	549	548	742	592	609	699
49	546	560	573	572	774	618	635	730
50	572	586	600	599	810	647	665	764
51	597	612	626	626	846	675	694	798
52	625	641	656	655	886	707	727	835
53	653	669	685	684	926	739	759	872
54	683	701	717	716	969	773	795	913
55	714	732	749	748	1,012	807	830	954
56	747	766	784	783	1,059	845	868	998
57	780	800	818	817	1,106	882	907	1,042
58	815	836	856	855	1,156	922	948	1,090
59	833	854	874	873	1,181	942	969	1,113
60	868	891	911	910	1,231	983	1,010	1,161
61	899	922	944	943	1,275	1,017	1,046	1,202
62	919	943	965	964	1,304	1,040	1,069	1,229
63	945	969	991	990	1,339	1,069	1,099	1,263
64+	960	984	1,008	1,005	1,362	1,086	1,116	1,284

## 2023 Monthly rates

Benton, Lane, and Linn counties









**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Tobacco User Rates								
Age on 2023 effective date	KP KP OR Silver 3500/40 X	E KP OR Silver 3500/40	KP KP OR Silver 3000/35% HSA	KP KP OR Silver 750/30 X	E KP OR Silver 750/30	KP E KP OR Gold 2000/20	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$212	\$243	\$202	\$227	\$260	\$237	\$251	\$257
21-24	401	460	381	429	492	448	474	486
25	402	462	383	430	494	450	476	488
26	410	471	390	439	504	459	486	498
27	420	482	399	449	516	470	497	509
28	436	500	414	466	535	487	515	528
29	448	515	426	480	551	501	531	544
30	455	522	432	486	558	509	538	552
31	464	533	442	497	570	519	550	563
32	474	544	451	507	582	530	561	575
33	480	551	456	513	589	537	568	582
34	487	559	463	520	597	544	576	590
35	490	562	466	524	601	548	579	594
36	493	566	469	527	605	551	583	598
37	496	570	472	531	609	555	587	602
38	499	573	475	534	613	558	591	606
39	506	581	481	541	621	565	598	613
40	512	588	487	548	629	573	606	621
41	522	599	496	558	641	583	617	633
42	531	610	505	568	652	594	628	644
43	544	624	517	582	668	608	643	660
44	560	643	532	599	687	626	662	679
45	579	664	550	619	711	647	685	702
46	601	690	572	643	738	672	711	729
47	626	719	596	670	769	700	741	760
48	655	752	623	701	805	733	775	795
49	684	785	650	731	839	764	809	829
50	716	822	681	765	879	800	847	868
51	747	858	711	799	918	836	884	906
52	782	898	744	836	960	875	926	949
53	818	939	777	874	1,004	914	967	992
54	856	982	814	915	1,051	957	1,012	1,038
55	894	1,026	850	956	1,097	999	1,057	1,084
56	935	1,074	889	1,000	1,148	1,045	1,106	1,134
57	977	1,121	929	1,044	1,199	1,092	1,156	1,185
58	1,021	1,172	971	1,092	1,254	1,142	1,208	1,238
59	1,043	1,198	992	1,115	1,281	1,166	1,234	1,265
60	1,088	1,249	1,034	1,163	1,335	1,216	1,287	1,319
61	1,126	1,293	1,071	1,204	1,383	1,259	1,332	1,366
62	1,151	1,322	1,095	1,231	1,414	1,287	1,362	1,396
63	1,183	1,358	1,125	1,265	1,453	1,323	1,400	1,435
64+	1,203	1,380	1,143	1,287	1,476	1,344	1,422	1,458

## 2023 Monthly rates

All other service area counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Non-Tobacco User Rates								
Age on 2023 effective date	 KP OR Bronze 8900/75	 KP Oregon Standard Bronze Plan	 KP OR Bronze 6900/0% HSA	 KP OR Bronze 5500/50	 KP Oregon Standard Silver Plan	 KP OR Silver 4500/50	 KP OR Silver 4000/40 X	 KP OR Silver 4000/40
0-20	\$161	\$165	\$169	\$169	\$229	\$182	\$188	\$216
21-24	254	260	267	266	360	287	295	339
25	255	261	268	267	362	288	297	341
26	260	267	273	273	369	294	302	348
27	266	273	279	279	377	301	310	356
28	276	283	290	289	391	312	321	369
29	284	291	298	298	403	322	331	380
30	288	296	303	302	409	326	335	385
31	294	302	309	309	417	333	342	393
32	300	308	315	315	426	340	349	402
33	304	312	319	319	431	344	354	407
34	308	316	324	323	437	349	359	412
35	310	318	326	325	440	351	361	415
36	312	320	328	327	443	353	363	418
37	314	322	330	330	446	356	366	420
38	316	325	332	332	449	358	368	423
39	321	329	336	336	454	363	373	428
40	325	333	341	340	460	367	378	434
41	331	339	347	347	469	374	385	442
42	337	345	353	353	477	381	391	450
43	345	353	362	361	489	390	401	461
44	355	364	372	372	503	401	413	474
45	367	376	385	384	520	415	427	490
46	381	391	400	399	540	431	443	509
47	397	407	417	416	563	449	462	531
48	415	426	436	435	589	470	483	555
49	433	444	455	454	614	490	504	579
50	454	465	476	475	643	513	528	606
51	474	486	497	497	672	536	551	633
52	496	508	520	520	703	561	577	663
53	518	531	544	543	735	586	603	692
54	542	556	569	568	769	613	631	725
55	566	581	594	594	803	641	659	757
56	593	608	622	621	840	670	689	792
57	619	635	650	649	878	700	720	827
58	647	664	679	678	918	732	753	865
59	661	678	694	693	937	748	769	884
60	689	707	723	723	977	780	802	921
61	714	732	749	748	1,012	807	830	954
62	730	748	766	765	1,035	825	849	975
63	750	769	787	786	1,063	848	872	1,002
64+	762	780	801	798	1,080	861	885	1,017

## 2023 Monthly rates

All other service area counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Non-Tobacco User Rates								
Age on 2023 effective date	KP KP OR Silver 3500/40 X	E KP OR Silver 3500/40	KP KP OR Silver 3000/35% HSA	KP KP OR Silver 750/30 X	E KP OR Silver 750/30	KP E KP OR Gold 2000/20	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$202	\$232	\$192	\$216	\$248	\$226	\$239	\$245
21-24	318	365	302	340	391	356	376	386
25	319	367	304	341	392	357	378	387
26	326	374	310	348	400	364	385	395
27	333	383	317	356	409	373	394	404
28	346	397	329	370	424	387	409	419
29	356	409	338	381	437	398	421	432
30	361	415	343	386	443	404	427	438
31	369	423	350	394	453	412	436	447
32	376	432	358	402	462	421	445	456
33	381	438	362	407	468	426	451	462
34	386	443	367	413	474	432	457	468
35	389	446	370	416	477	435	460	471
36	391	449	372	418	480	437	463	474
37	394	452	374	421	483	440	466	478
38	396	455	377	424	487	443	469	481
39	401	461	382	429	493	449	475	487
40	406	467	386	435	499	454	481	493
41	414	475	394	443	508	463	490	502
42	421	484	401	451	517	471	499	511
43	432	496	410	462	530	483	511	523
44	444	510	422	475	546	497	526	539
45	459	527	437	491	564	514	543	557
46	477	548	454	510	586	533	564	579
47	497	571	473	532	610	556	588	603
48	520	597	494	556	639	581	615	631
49	543	623	516	580	666	607	642	658
50	568	652	540	607	697	635	672	689
51	593	681	564	634	728	663	702	719
52	621	713	590	664	762	694	735	753
53	649	745	617	694	797	725	768	787
54	679	780	646	726	834	759	803	824
55	709	814	674	758	871	793	839	860
56	742	852	706	793	911	830	878	900
57	775	890	737	829	952	867	917	940
58	810	931	771	867	995	906	959	983
59	828	951	787	885	1,017	926	980	1,004
60	863	991	821	923	1,060	965	1,021	1,047
61	894	1,026	850	956	1,097	999	1,057	1,084
62	914	1,049	869	977	1,122	1,022	1,081	1,108
63	939	1,078	893	1,004	1,153	1,050	1,111	1,139
64+	954	1,095	906	1,020	1,173	1,068	1,128	1,158

## 2023 Monthly rates

All other service area counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Tobacco User Rates								
Age on 2023 effective date	KP E KP OR Bronze 8900/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP E KP Oregon Standard Silver Plan	KP KP OR Silver 4500/50	KP KP OR Silver 4000/40 X	E KP OR Silver 4000/40
0-20	\$161	\$165	\$169	\$169	\$229	\$182	\$188	\$216
21-24	305	313	320	319	432	345	354	407
25	306	314	321	321	434	346	356	409
26	312	320	328	327	442	353	363	417
27	319	328	335	335	453	361	371	427
28	331	340	348	347	470	375	385	443
29	341	350	358	357	484	386	397	456
30	346	355	363	363	490	391	402	462
31	353	362	371	370	501	400	411	472
32	361	370	378	378	511	408	419	482
33	365	374	383	383	518	413	425	488
34	370	379	388	388	525	419	430	494
35	372	382	391	390	528	421	433	498
36	375	384	393	393	531	424	436	501
37	377	387	396	396	535	427	439	504
38	380	389	399	398	538	430	442	508
39	385	394	404	403	545	435	447	514
40	389	399	409	408	552	441	453	521
41	397	407	416	416	563	449	462	530
42	404	414	424	423	573	457	470	540
43	414	424	434	434	586	468	481	553
44	426	437	447	446	604	482	495	569
45	440	451	462	461	624	498	512	588
46	457	469	480	479	648	517	532	611
47	476	488	500	499	675	539	554	637
48	498	511	523	522	706	564	580	666
49	520	533	546	545	737	588	605	695
50	544	558	571	571	772	616	633	727
51	568	583	597	596	806	643	661	760
52	595	610	624	624	843	673	692	795
53	622	638	652	652	882	703	723	831
54	651	667	683	682	923	736	757	870
55	680	697	713	712	964	769	790	908
56	711	729	746	745	1,008	804	827	950
57	743	762	779	779	1,053	840	864	993
58	777	796	815	814	1,101	879	903	1,038
59	793	814	833	832	1,125	897	923	1,060
60	827	848	868	867	1,173	936	962	1,105
61	856	878	899	898	1,214	969	996	1,145
62	876	898	919	918	1,241	991	1,018	1,170
63	900	923	944	943	1,276	1,018	1,046	1,202
64+	915	939	960	957	1,296	1,035	1,062	1,221

## 2023 Monthly rates

All other service area counties

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the Oregon Health Insurance Marketplace. Rates for CSR plans will vary and are found on the Oregon Health Insurance Marketplace.

Tobacco User Rates								
Age on 2023 effective date	KP KP OR Silver 3500/40 X	E KP OR Silver 3500/40	KP KP OR Silver 3000/35% HSA	KP KP OR Silver 750/30 X	E KP OR Silver 750/30	KP E KP OR Gold 2000/20	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$202	\$232	\$192	\$216	\$248	\$226	\$239	\$245
21-24	382	438	363	408	469	427	452	463
25	383	440	364	410	470	428	453	465
26	391	449	372	418	480	437	462	474
27	400	459	380	428	491	447	473	485
28	415	476	394	444	509	464	491	503
29	427	490	406	457	524	478	505	518
30	433	497	412	463	532	484	513	525
31	442	508	421	473	543	495	523	537
32	452	518	429	483	554	505	534	548
33	457	525	435	489	561	511	541	555
34	463	532	441	495	569	518	548	562
35	466	536	443	499	573	521	552	566
36	469	539	446	502	576	525	555	569
37	473	543	449	505	580	528	559	573
38	476	546	452	509	584	532	563	577
39	482	553	458	515	591	539	570	584
40	488	560	464	522	599	545	577	592
41	497	571	472	531	610	556	588	603
42	506	581	481	541	621	565	598	613
43	518	595	492	554	636	579	613	628
44	533	612	507	570	655	596	631	647
45	551	633	524	589	677	616	652	668
46	573	657	544	612	703	640	677	694
47	597	685	567	638	732	667	706	724
48	624	717	593	667	766	698	738	757
49	651	748	619	696	799	728	770	790
50	682	783	648	729	837	762	807	827
51	712	817	677	761	874	796	842	863
52	745	855	708	797	915	833	882	904
53	779	894	740	833	956	871	921	944
54	815	936	775	871	1,001	911	964	988
55	851	977	809	910	1,045	952	1,007	1,032
56	890	1,022	847	952	1,093	996	1,054	1,080
57	930	1,068	884	995	1,142	1,040	1,101	1,128
58	973	1,117	925	1,040	1,194	1,087	1,151	1,179
59	993	1,141	945	1,062	1,220	1,111	1,176	1,205
60	1,036	1,189	985	1,108	1,272	1,158	1,226	1,256
61	1,072	1,231	1,020	1,147	1,317	1,199	1,269	1,301
62	1,097	1,259	1,043	1,173	1,346	1,226	1,297	1,330
63	1,127	1,294	1,071	1,205	1,383	1,260	1,333	1,367
64+	1,146	1,314	1,089	1,224	1,407	1,281	1,356	1,389



# Dental and vision coverage

With our Kaiser Permanente for Individuals and Families dental plans and vision coverage, you get the benefits you need and the high quality of care you've come to expect. There is no waiting period – you'll be eligible to start receiving covered services the minute your coverage takes effect.

## Quality dental care

Combining dental coverage with our medical coverage is a great way to experience Kaiser Permanente's uniquely coordinated approach to care. Save a trip – and often a copay – by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.\* Plus, your dentist can view your electronic health record to see if you're due for a screening, lab test, or follow-up appointment. Our dental and medical teams work together to help support your total health, giving you another reason to smile.

## Choice

You'll have your first appointment with a dentist and dental hygienist at the location that works best for you. After that, you can choose to keep them as your providers, or request to be transferred. You can change your dentist or dental hygienist at any time.

## Convenience

We have 21 dental offices in the Portland metro area, southwest Washington, Longview, Salem, and Eugene, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

## Quality

Our dental professionals exceed national standards. Since 1990, we've received accreditation from the Accreditation

Association for Ambulatory Health Care (AAAHC). Right now, we're the only dental practice in the Pacific Northwest with AAAHC accreditation.†

## How to make appointments

Our dental offices are open Monday through Friday, with Saturday hours for hygienist services and emergencies at most locations. To schedule a visit, call our Appointment Center at **1-800-813-2000 (TTY 711)** from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays).

For more information, visit [kp.org/dental/nw](https://kp.org/dental/nw).

## Vision Essentials

We offer eye care services to help keep your world in focus. Plus, when you're a Kaiser Foundation Health Plan of the Northwest member, your eye health information becomes part of your overall medical record, giving your care team a complete picture of your health.

Adult vision exams are included in our Gold plans (except Oregon Standard), KP OR Silver 750/30 X, KP OR Silver 750/30, KP OR 3500/40 X, and the KP OR Silver 3500/40 plan. CSR plans for plans listed above have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.‡ For more information, including our 10 optical locations, visit [kp2020.org](https://kp2020.org).

\* Medical services are available at select dental locations. You must be a Kaiser Permanente medical member to get medical care.

† Source: [https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc\\_site&webcode=find\\_orgs](https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs)

‡ Vision hardware must be prescribed and purchased at a Kaiser Permanente Optical Center, and there is no additional charge when selected from a list of standard frames.

## Dental Plans

	KP OR Dental 100		KP OR Dental 80H		KP OR Dental 80L	
	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)
<b>Features</b>						
<b>Benefit maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	No maximum
<b>Out-of-pocket maximum (individual/family)</b>	\$375/\$750	Does not apply	\$375/\$750	Does not apply	\$375/\$750	Does not apply
<b>Deductible (individual/family)</b>	\$50/\$150	\$50/\$150	\$0	\$0	\$100/\$300	\$100/\$300
<b>Benefits (subject to deductible unless otherwise noted)</b>						
<b>Preventive and diagnostic services</b>	0% (not subject to deductible)		20% coinsurance (not subject to deductible)		20% coinsurance (not subject to deductible)	
<b>Basic restorative services</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Oral surgery, endodontics, and periodontics</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Major restorative services</b>	50% coinsurance		75% coinsurance		50% coinsurance	

<b>Monthly rates</b>			
Age on 2023 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<19	\$34.64	\$22.34	\$26.47
19-29	38.46	26.24	34.19
30-34	40.56	27.67	36.06
35-39	42.42	28.93	37.71
40-44	46.81	31.93	41.61
45-49	52.10	35.54	46.31
50-54	55.95	38.17	49.74
55-59	60.73	41.42	53.98
60+	62.51	42.64	55.57

To calculate the rate of your dental plan for you and your entire family, add the rate for each family member based on their age. For children who are under 21 and covered under the same dental plan, include a rate for no more than the 3 oldest children.

**Note:** All family members must enroll in a pediatric dental plan unless you confirm on your application that you and your family members are enrolled in another Oregon Health Insurance Marketplace-certified pediatric dental plan.

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*.

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0123*, *EOIDDEDFAMILYDNT0123-Evidence of Coverage*; *BOIDFAMILYDNT0123*, *BOIDDEDFAMILYDNT0123-Benefit Summaries*; *FSOIDFAMILYDNT0123-Face Sheet*.

# Find a facility near you

Having a wide selection of health care providers in convenient locations is important. That's why we have medical facilities and dental offices in 5 areas: southwest Washington, Salem, Longview, Eugene-Springfield, and the Portland metropolitan area.

## Locate a medical provider

Just visit [kp.org/newmember](https://kp.org/newmember), select your region, and click on "Choose a personal physician" under "Getting Started." Next, choose a physician, physician's assistant, or nurse practitioner as your primary care participating provider in these departments:

- Family Medicine for children and adults
- Internal Medicine for members 18 and older
- Ob-Gyn for female members (certified nurse-midwives also available)
- Pediatrics for members under age 18

Our medical staff directory lists both primary care and specialty care providers, and shows their education, gender, languages spoken, and more.

You can download the directory from the "Forms and Publications" section of the website. Or, to have one sent to you, contact Member Services at **1-800-813-2000** (TTY **711**) from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays). For language interpretation services, call **1-800-324-8010**.

## Talk to a new member specialist

Call our dedicated New Member Welcome Desk at **1-888-491-1124** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., and talk with a specialist who can help you get the most out of your benefits quickly and

easily. They can assist you with selecting a provider, transferring medical records and prescriptions, setting appointments, and more.

## Our locations

We provide quality care to more than 600,000 members in Oregon and Southwest Washington. Our service area extends from Eugene, Oregon, to Longview, Washington, and includes medical offices, Vision Essentials by Kaiser Permanente optical retail locations, urgent care clinics, hospitals, and Care Essentials clinics. We also have a network of affiliated providers for routine, urgent, or emergency care.

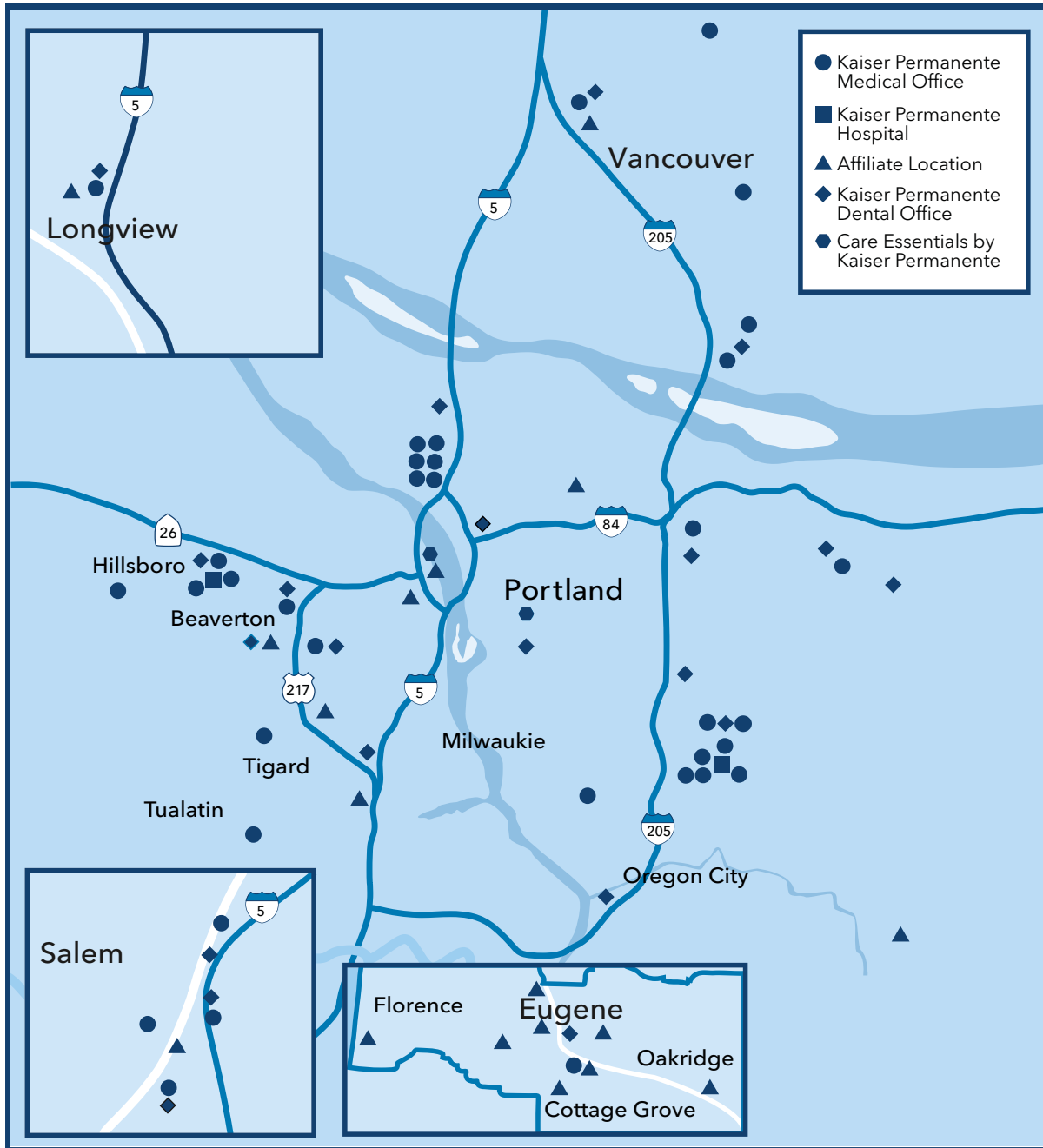
For more information on our medical facilities, visit [kp.org/facilities](https://kp.org/facilities).

## Dental care

With 21 dental offices to choose from, it's easy to find a location that's convenient for you. For more information about our dental plans and the wide range of services available, please visit [kp.org/dental/nw](https://kp.org/dental/nw).

# Northwest locations

Visit [kp.org/locations](https://kp.org/locations) to see all our current locations and find the one closest to you.



1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 7. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov). 11. An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. Routine services like prevention, exams, checkups, and services for ongoing medical conditions aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Please refer to your *Evidence of Coverage* or other coverage documents for details. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. 12. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 13. The Ginger coaching services described are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. The coaching services are not available to any members under 18 years old.

## **Nondiscrimination Notice**

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### **For Washington Members**

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

## Help in Your Language

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000 (TTY: 711)**.

**አማርኛ (Amharic) ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000 (TTY: 711)**.

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000 (TTY: 711)**.

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-813-2000 (TTY: 711)**。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000 (TTY: 711)** تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000 (TTY: 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000 (TTY: 711)**.

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000 (TTY: 711)** まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ **1-800-813-2000 (TTY: 711)**។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000 (TTY: 711)** 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊານ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

**Afaan Oromoo (Oromo) XIYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000 (TTY: 711)**.

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000 (TTY: 711)**.

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000 (TTY: 711)**.

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000 (TTY: 711)**.

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000 (TTY: 711)**.

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000 (TTY: 711)**.

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000 (TTY: 711)**.

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000 (TTY: 711)**.



## Notes

## Notes

## Notes

# Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

## Want to learn more?

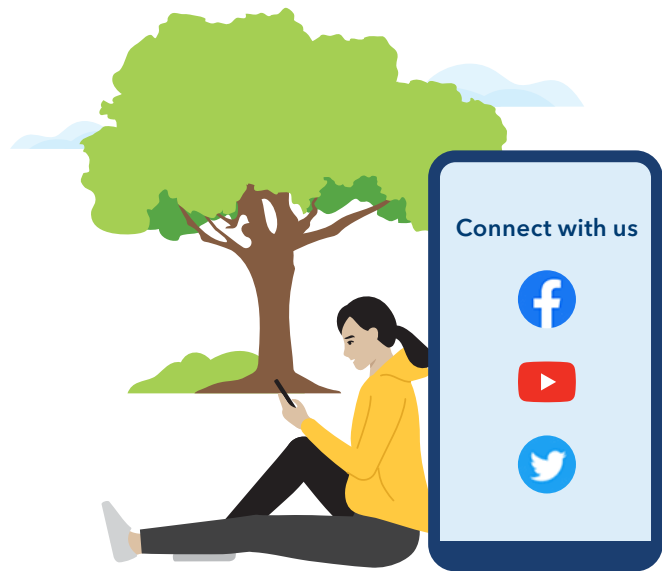
Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY **711**).

Visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace) to see how we can make your care experience better, no matter what stage of life you're in.

**Current members with questions** can call our Member Service Contact Center.

- **1-800-813-2000**
- **711** (TTY)



In Oregon and Southwest Washington (Clark and Cowlitz counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.