

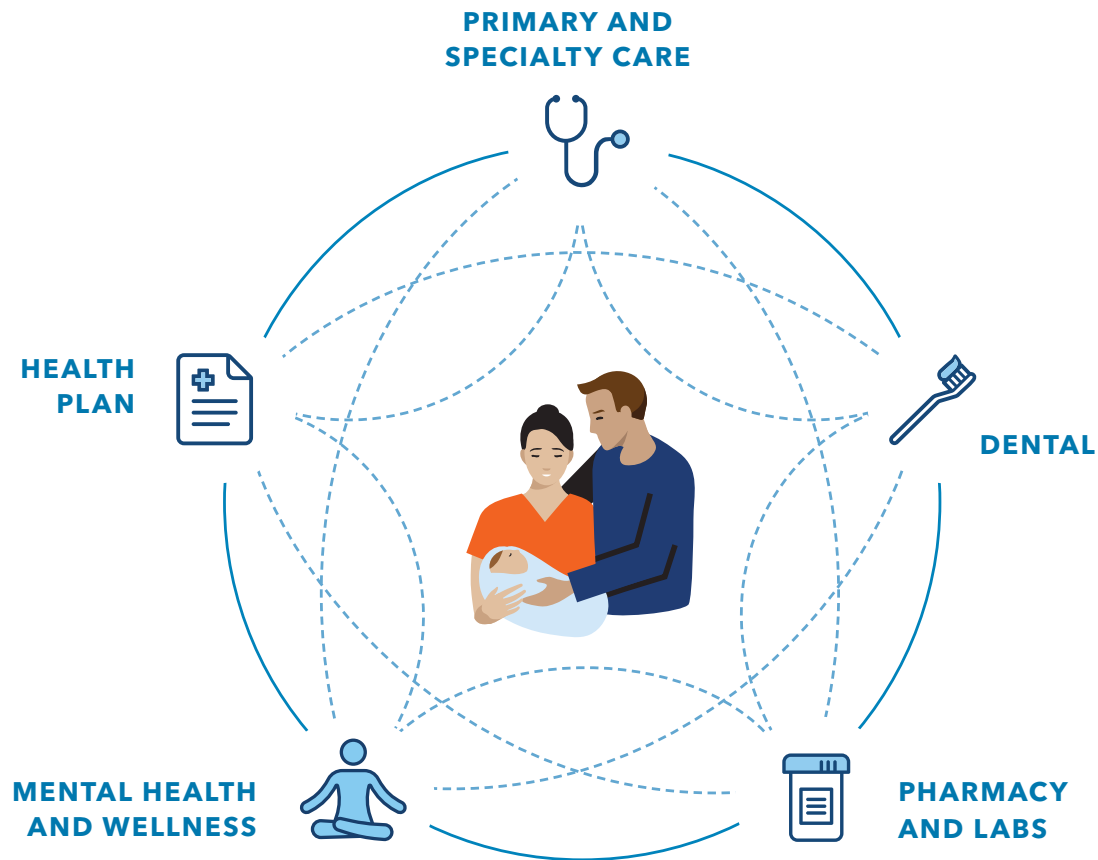


OREGON
2023

For Oregon groups with 1-50 employees

Medical Plans for Small Employers

Coverage effective on or after January 1, 2023



Why Kaiser Permanente?

We are an industry-leading nonprofit health care organization with over 70 years of experience. In our integrated system, everyone works together toward the same goal, and there's no financial advantage to treat more, test more, or keep patients in the hospital longer than necessary.

Kaiser Permanente goes beyond health care to help employers keep employees – and their company's bottom line – healthy.

Kaiser Permanente is the better option

We help businesses control costs, improve employee health, and build long-term success. It's important for employers to choose a partner that delivers more health for every health care dollar. We're caregivers, hospitals, and a health plan working in concert to set the bar for quality, affordability, and service. Kaiser Permanente, a better way to take care of business.

Contact your Kaiser Permanente sales representative or account manager today to schedule an Experience KP tour.

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Added Choice® — Learn more about our Added Choice in-area and out-of-area plans and network of providers. kp.org/addedchoice/nw

Broker and employer resources — account.kp.org

- Manage members by enrolling, terminating, and updating group membership.
- Manage payments by making one-time payments, setting up or managing recurring payments, and viewing payment history and transaction details.
- View and print premium payment invoices and provider and facility directories.
- Get answers to employee questions, order member ID cards, and manage email notification preferences for e-receipt and bill notifications.
- View group documents.
- And much more.

Care Essentials by Kaiser Permanente — These convenient care clinics provide nonemergency and preventive health services for both Kaiser Permanente and nonmembers. careessentials.org

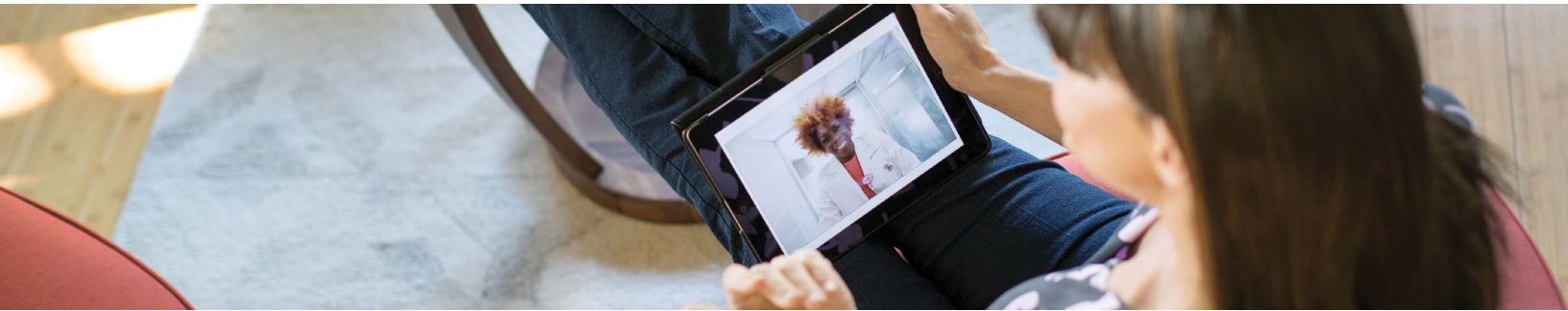
The CHP Group — Find a network of providers for alternative care such as naturopathic, acupuncture, and chiropractic care. chpgroup.com

Dental — Learn about medical-dental integration, our skilled Kaiser Permanente dentists, and convenient dental locations. kaiserpermanentedentalnw.org

Deductible plans — Understand how deductible plans work, the difference between a copay and coinsurance, and more. kp.org/deductibleplans

Formulary — View an outpatient prescription drug table to help guide member cost shares. Learn more about mail-order pharmacy benefits, and more. kp.org/formulary

Get care — Find the many ways you can get care with Kaiser Permanente, including online, phone, or in-person options. kp.org/getcare



Healthy lifestyles — Participate in healthy lifestyle programs such as eating healthy, losing weight, quitting smoking, sleeping better, and more. kp.org/healthylifestyles

KP Plus — Access high-quality care from Kaiser Permanente and affiliated providers, and have the flexibility to get care from out-of-network providers for a limited number of services each year. kp.org/kpplus/nw

Locations — See all current Kaiser Permanente facilities and affiliated providers. kp.org/locations

New members — Help new employees transition their care to Kaiser Permanente with our new member onboarding team. The team can help members create an account, choose a doctor, transfer prescriptions, and get care. New members can call 1-888-491-1124 for assistance. kp.org/newmember

Register for a kp.org account — Create an online account to use the Kaiser Permanente app. kp.org/register

Summary of Benefits and Coverage (SBC) — View sample documents for small business groups. kp.org/sbc

Self-care tools and apps — Discover mental health and wellness tools, including digital apps such as Calm, myStrength, and Ginger.* Get tips on how to navigate life changes and challenges such as parenting, managing stress, and more. kp.org/selfcare

Vision Essentials by Kaiser Permanente — Learn about getting eye exams, contact lenses, and glasses, all under one roof with Kaiser Permanente. kp2020.org

*These services aren't covered under your health plan benefits and aren't 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. Only available to Kaiser Permanente members with medical coverage. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.



Managing the health care needs of your employees can be challenging. Kaiser Permanente has a comprehensive suite of services that come together in a total health solution. The resulting administrative efficiencies can help you get back to the business of running your business.

Kaiser Permanente On-the-Job®

Kaiser Permanente On-the-Job is available to your entire workforce, even those without coverage under our health plans. Find a location at kp.org/kpoj/nw.

Your account team

You have a dedicated account team to support you. It starts with your account manager, who is your partner on strategic planning and development of group policy changes and renewals, group eligibility and underwriting, new products and benefit designs, account planning and collaboration, and group meetings. Other members of the team will help you with plan administration, membership enrollments and changes, eligibility or claims issues, and other service inquiries. Contact your Kaiser Permanente sales representative or account manager to learn how we can help you meet your goals.

Helping keep your employees safe, healthy, and productive

Whether your employees need work-related injury care, employment exams, or medical screenings, Kaiser Permanente On-the-Job® helps get them back to work safely and quickly. Our occupational health program has consistently demonstrated total lower claim costs for employers, including medical and time-loss costs.*

With Kaiser Permanente On-the-Job, all your employees have access to specialized occupational health and safety services, including:

- OSHA-mandated medical exams and screenings
- Drug and alcohol testing
- Specialized care for treatment of work-related injuries and illnesses
- On-site physical therapy and radiology
- Help with workers' compensation paperwork

Learn more at kp.org/kpoj/nw.

*Macy's Inc. Workers Claims Case Study.



Workforce health

Access to wellness programs increases employees' use of preventive care services, which has been shown to improve health outcomes.*

Stronger employee engagement and a culture of well-being can also reduce turnover and help you retain good workers. We have a variety of resources available to you as a small group employer. Contact your Kaiser Permanente sales representative or account manager or visit kp.org/workforcehealth to learn more.

Self-service with account.kp.org

Our self-service employer portal, account.kp.org, provides a quick way to access account services and find resources, including:

- Manage members by enrolling, terminating, and updating group membership.
- Manage payments by making one-time payments, setting up or managing recurring payments, and viewing payment history and transaction details.
- View and print premium payment invoices.
- Access provider and facility directories.
- Get answers to employee questions.
- Order ID cards.
- Manage email notification preferences for e-receipt and bill notifications.
- View group documents.

Communities we serve

Kaiser Permanente's community health efforts in the Northwest are working to make real and lasting change for the people who live, learn, work, and play here. Each year, we partner with more than 150 local community organizations that, like us, are deeply committed to the mission of community health. We take pride in these collaborations and the opportunity to help build greater health capacity and sustainability in the region.

*Oluwaseyi O. Isehunwa, "Access to Employee Wellness Programs and Use of Preventive Care Services Among U.S. Adults," *American Journal of Preventive Medicine*, October 2017.



New member resources

It's easy for new members to engage and make the most of their health plan! Send your employees to **kp.org/newmember** to create an online **kp.org** account, choose a doctor, and transition prescriptions.

The path to better health is right at your fingertips

Encourage your employees to start their journey with **kp.org**, where the information they need is just a click away.

Putting members in control of their care

We're leveraging our scale and connectivity to drive quality and affordable care for your organization and your employees. Whether your employees are at home or on the go, **kp.org** and the Kaiser Permanente app¹ give them a simple, secure way to keep up with their care, allowing them to:

- Schedule, review, or cancel routine appointments²
- Join a video visit with a Kaiser Permanente clinician who has access to the member's electronic health record^{2,3}
- Complete an e-visit and receive a treatment plan, including prescriptions if needed, from a Kaiser Permanente clinician⁴
- Email their care team with nonurgent questions²
- View most test results and immunizations²
- Order or refill most prescriptions²
- Pay bills and see cost estimates²
- Access a digital copy of their ID card

Learn more at **kp.org/register**.

Care beyond the doctor's office

We believe we can improve the total health of our members by empowering them to choose care from many different options. Scheduled and new no-appointment-needed 24/7 phone and video visits, e-visits, 24/7 advice, and the ability to email their doctor nonurgent questions on **kp.org** are convenient alternatives that offer high-quality care, comparable with an in-person visit.^{2,3,4} Learn more at **kp.org/getcare**.

Healthy lifestyle programs

With our online wellness programs, your employees get advice, encouragement, and tools to help them create positive changes in their lives. Our complimentary programs can help them:

- Eat healthier
- Lose weight
- Move more
- Sleep better
- Reduce stress
- Quit smoking

Learn more about these programs at **kp.org/healthylifestyles**.

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

²These features apply to care you get at Kaiser Permanente facilities.

³When appropriate and available. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. If you travel out of state, phone 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. To have a video visit, members must be registered on **kp.org** and have a camera-equipped computer or mobile device.

⁴Applicable cost shares will apply for services or items ordered during an e-visit. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible.



Mental health and emotional wellness apps

Everyone needs support for total health — mind, body, and spirit. These wellness apps can help members navigate life's challenges and make small changes to improve sleep, mood, relationships, and more.¹ Go to kp.org/selfcare to learn more and download apps.

ginger

NEW in 2022! On-demand emotional support through the Ginger app — Ginger's emotional support coaches are available 24/7 to help with stress, low mood, sleep troubles, and more. Learn more at kp.org/coachingapps.

Calm

Meditation and relaxation app designed to help strengthen mental fitness and help with stress, anxiety, insomnia, depression, and more

myStrength

myStrength² is a personalized program with interactive activities to track current emotional states and ongoing life events to help improve awareness and change behaviors

classpass

Access to thousands of on-demand workout videos, plus live-streaming and in-person exercise classes from top studios worldwide

Alternative medicine and discounts

As part of your offering, your employees may have access to discounts through the CHP Active and Healthy program. This service gives members discounts on alternative care (chiropractic, naturopathic, acupuncture, massage therapy), health club memberships, sporting events, and more. Learn more at chpactiveandhealthy.com.

Total Health Assessment

The Total Health Assessment is an online tool to help members learn more about how their lifestyle behavior interacts with their health. It connects members to online programs tailored to their lifestyles. Employees can complete the assessment in 10 minutes and get recommendations to improve their health at kp.org/tha.

Wellness coaching

If your employees need a little extra support, we offer Wellness Coaching by Phone at no additional cost. Members can work one-on-one with their personal coach to make a plan to help them reach their health goals. Learn more at kp.org/wellnesscoach.

Health Engagement and Wellness Services classes

Making informed choices and creating balance in your life can improve or maintain your health. And a class can help you. From diabetes management to quitting tobacco, we have you covered!

Registered dietitians, health coaches, certified diabetes educators, and other health professionals facilitate Health Engagement and Wellness Services classes (HEWS). You'll find online and phone options to help fit your learning style — all promoting a safe and supportive atmosphere. Find more information at kp.org/healthengagement/classes.

There is no charge for Kaiser Permanente members for all HEWS offerings.

¹These services aren't covered under your health plan benefits and aren't 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. Only available to Kaiser Permanente members with medical coverage.

²myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.



Kaiser Permanente offers members options for how they connect with our highly trained providers. Both on-demand and scheduled care is available, allowing your workforce to thrive with better outcomes, all while saving them – and your business – time and money.

Cost estimator

Members can access a cost estimator to see how much treatments, procedures, tests, or other medical services could cost.

New member onboarding

New members receive dedicated support to transfer their health records and prescriptions, make appointments, and register on kp.org/register.

Meeting members when and where they need care

In person

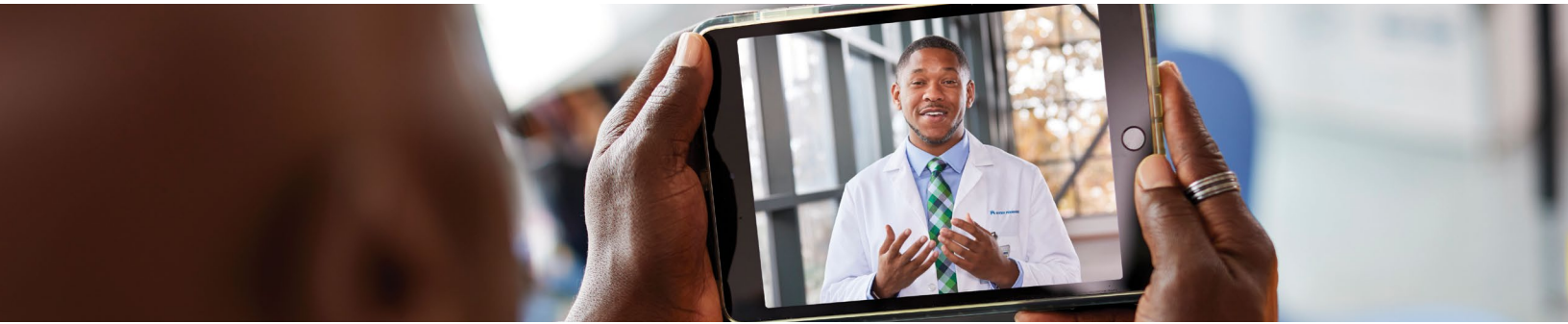
- **Primary and specialty care** — Visit with a member of your care team. If you don't need to see your regular doctor, you can schedule a visit with an available doctor at any of our medical offices. You may need a referral to see certain specialists.
- **Care Essentials® by Kaiser Permanente** — Our Hawthorne and Pearl District clinics provide nonemergency and preventive health services. Evening and weekend appointments available. Visit careessentials.org to learn more.
- **Urgent care** — These walk-in clinics are for conditions that require prompt medical attention (usually within 1 or 2 days) but are not an emergency.¹ Open 7 days a week, including evenings, weekends, and holidays. Visit kp.org/urgentcare/nw to find a facility. You are also covered for urgent care while traveling anywhere in the world.²
- **Emergency care** — If you ever need emergency care, you're covered — anywhere, anytime. You can get care at any Kaiser Permanente hospital or any other hospital emergency department.³
- **Affiliate providers** — Kaiser Permanente health plans include access to affiliate providers for primary and specialty care, including The Portland Clinic.⁴

¹An 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.

²Routine 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.

³If 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.

⁴Not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.



Online

- **NEW! Get care now** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video, no appointment necessary.^{1,2,3}
- **E-visits** — Complete an online questionnaire to receive a treatment plan, including prescriptions if needed.^{1,2}
- **Secure email** — Message your care team with nonurgent questions.³
- **Scheduled video visits** — Meet face-to-face with a Kaiser Permanente doctor on a computer, smartphone, or tablet.¹
- **Online resources** — Use kp.org or the Kaiser Permanente app to manage your health, find nearby locations, and take advantage of health guides and other resources.⁴

By phone

- **NEW! Get care now** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video, no appointment necessary.^{1,2,3}
- **Scheduled phone visits** — Save a trip to the medical office for minor conditions or follow-up care.^{1,3}
- **24/7 advice** — Talk with a Kaiser Permanente registered nurse for advice, referrals, prescription information, and more.

Visit kp.org/getcare to learn more about online and phone options.

¹When appropriate and available. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. If you travel out of state, phone 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. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²Applicable cost shares will apply for services or items ordered during an e-visit. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible.

³These features are available when you get care at Kaiser Permanente facilities.

⁴To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

Want to learn more?

Visit kp.org/choosebetter.



For quicker and easier care, including prescriptions, try a phone or video visit or an e-visit.

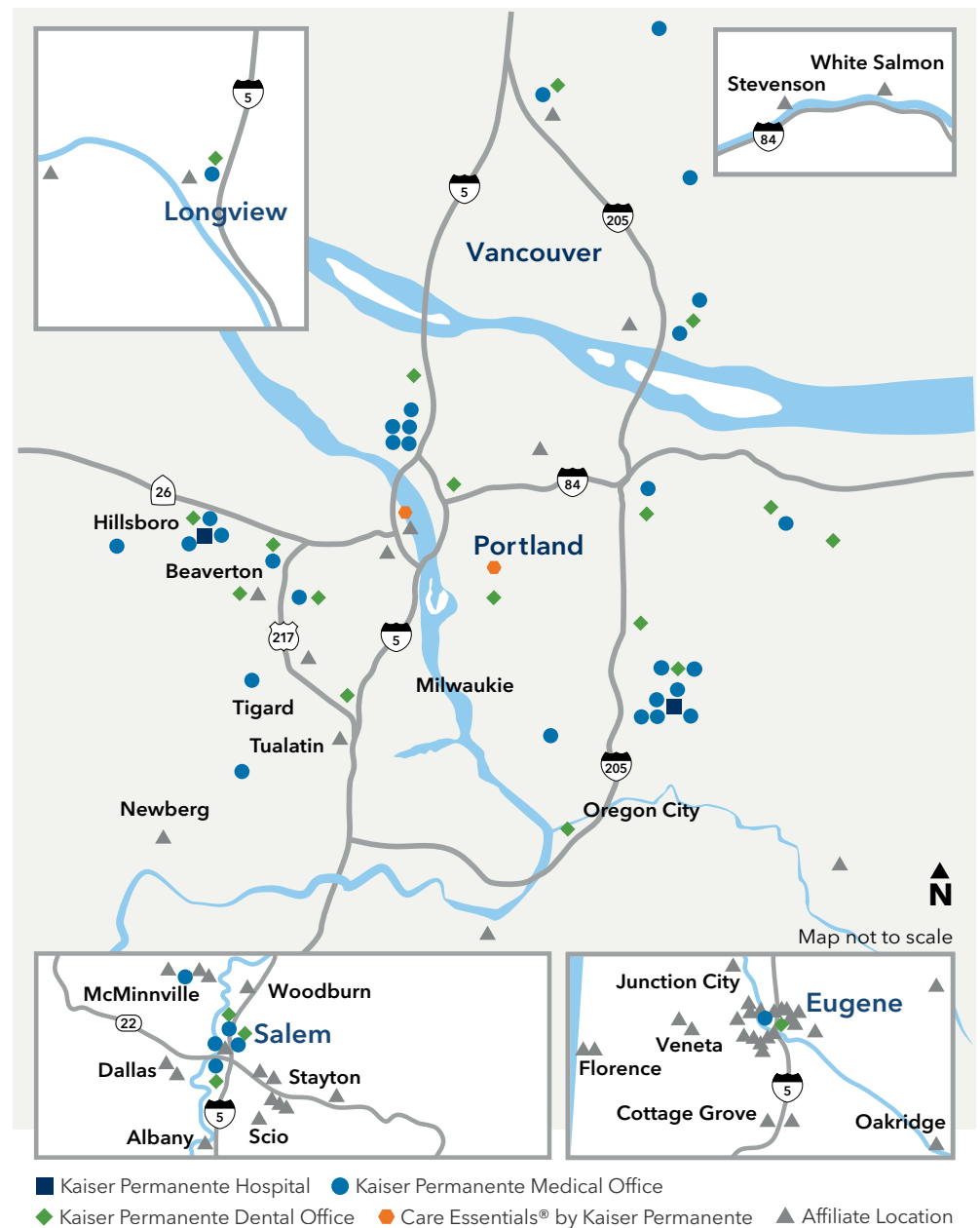
Learn more at kp.org/getcare.

Facility information is current as of July 2022.

Go to kp.org/locations to see all our current locations and to find the facility closest to you. Or call Member Services at 1-800-813-2000 (TTY 711).

Oregon and Southwest Washington

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, dental 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.





Dental

With Kaiser Permanente's coordinated medical and dental care and coverage, it can be simpler to take care of your total health. Our skilled dentists, convenient dental locations, and quality services will make you smile.

Learn more at kp.org/dental/nw.



Pharmacy

Most of our Kaiser Permanente medical offices include pharmacy services. You also have the option of using our mail-order pharmacy service to fill and refill most prescriptions at no additional cost.



visionessentials by KAISER PERMANENTE

Our optometrists, ophthalmologists, and opticians work together within our integrated care delivery system and are able to connect to our larger team of medical professionals and services.

Learn more at kp2020.org.



careessentials[®] by KAISER PERMANENTE

Care Essentials by Kaiser Permanente are convenient care clinics that provide nonemergency and preventive health services to both Kaiser Permanente members and nonmembers.

- Treatment for minor illnesses and injuries
- Preventive services, including checkups, vaccinations, and some lab and diagnostic testing

There are 2 Portland locations in the Hawthorne and Pearl neighborhoods.

Learn more at careessentials.org.



Affiliate Providers

Kaiser Permanente health plans include access to affiliate providers for primary and specialty care, including The Portland Clinic.*

View our Dental Product Portfolio brochure for dental plan offerings.

*Not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.



All our plans give your employees what they need to help them be healthier and more productive every day – prevention, health promotion, and care for ongoing health conditions. You have lots of choices, from traditional plans to HSA-qualified options, from out-of-area coverage to dental coverage. Here's a quick overview of what we offer. For plan specifics, contact your Kaiser Permanente representative.

Dental + medical: a business boost

Did you know that Kaiser Permanente members with both medical and dental coverage weigh less, smoke less, and visit the hospital and emergency department less often than members with just medical coverage?² And healthier employees can support and improve your business productivity, while helping you manage costs.

Administrative ease

When it comes to managing your plan, hassles should be the last thing on any business's mind. With coordinated dental care and coverage from the same company, we can streamline plan administration, with:

- One point of contact
- One phone number to call
- One bill

All of which helps make it quicker and easier for you to stay focused on the health of your business.

Traditional plans

These plans offer predictable copays and out-of-pocket maximums, and make it easier for employees to manage their health care spending. A variety of copay options gives you flexibility to choose a plan that meets employee needs and business goals.

Deductible plans

You'll get more options at an affordable cost. With the addition of an employee deductible and out-of-pocket cost, monthly payments are lower than for traditional plans. You'll reduce premiums while still maintaining quality care and access to our doctors for your employees.

HSA-qualified high deductible plans

Offer lower premiums than other plan types, plus tax savings.¹ With our HSA-qualified high deductible plans and deductible plans with health reimbursement arrangement (HRA), your employees have more control over their health care dollars, helpful online decision-support tools, and the same high-value access to services as members of our traditional plans.

KP Plus plans

KP Plus offers comprehensive care from Kaiser Permanente doctors and facilities as well as affiliated providers. Plus, employees will have the option to see out-of-network providers for a limited number of services each year.

Added Choice® point-of-service plans

Added Choice offers in-area and out-of-area employees provider choice, while offering you the benefits of single carrier administration and health care cost containment.

¹The tax references relate to federal income tax only. Consult with your financial or tax advisor for information about state income tax laws.

²Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population, 2013.



Added Choice® out-of-area plans

An indemnity coverage solution for employees who live or work outside the Kaiser Permanente service area. It provides first-dollar coverage for doctor's office visits and no-cost preventive care delivered by any contracted provider.

Standard plans

Standard plans are designed by the state of Oregon and cover only essential health benefits.* These plans have the same benefits from one company to the next so consumers can compare like plans across carriers that offer qualified health plans to small employers.

Kaiser Permanente Senior Advantage plan

Provide your Medicare-eligible employees with the benefits of Medicare Advantage.

Dental plans

Choose from our cost-effective Traditional plans or flexible Choice PPO plans. We have a range of options with comprehensive coverage to meet the needs of your employees. Our unique medical-dental integration helps improve care quality, improve patient safety, and increase member satisfaction. See our dental product portfolio for information on our dental plans.

Our Voluntary plans give individual employees in your company the opportunity to enjoy a high-quality dental plan. Employees pay up to 100% of the premium through payroll deduction and can access quality dental care.

Did you know?

At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help your employees stay happy, healthy, and productive.

Learn more at kp2020.org.

Some plans are designed for pairing with our point-of-service Added Choice plans. Ask your Kaiser Permanente representative for the Added Choice Pairing Guide to see which plans pair.

*These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Infertility diagnosis.



Solutions for employers and choice for employees

You're looking for more plan options, more services, and more doctor choices for your employees, but without the complexity that comes with more plans. With us, you can get all of this – and choose your contribution level.

Select 2 or 3 medical plans to offer your employees. There is a limit of one point-of-service plan per bundle. As an employer, your contribution for each plan will be the same. It must be at least 50% – but not more than 100% – of the lowest-cost plan.

Then each of your employees can choose the plan in the bundle that best meets their needs. If employees select a higher-cost plan, they will pay the difference. To help your employees choose the right plan, we provide you with enrollment packages customized for the bundle you've chosen. The package explains the differences among the plans so your employees can choose the features that are important to them.

The right plan for your business

You have the ability to customize a medical plan with vision and/or massage benefit options, based on your company's needs and budget. Follow the 3 easy steps to choose a health plan that's right for your business.

Step 1: Choose your medical plan or plans

You can offer 2 or 3 medical plans in a bundle, with the following limitations:

- Only 1 Added Choice plan per bundle
- Once you select your plan offerings, employees choose the plan that best meets their needs

Step 2: Choose your optional buy-up coverage

All our medical plans, with the exception of the Oregon Standard plans, can be paired with any of the following buy-up options when purchased directly through Kaiser Permanente:

A. Vision: Adult vision hardware \$200 benefit/2-year period with adult vision exam (primary care office visit cost share applies)

B. Massage: \$25 massage therapy (limit 12 per year). Cost shares are after deductible for all high deductible plans. Massage on the 6900/0% HSA plan will be 0% after deductible is met.

Added Choice plans: \$25 select providers, 20% coinsurance PPO providers, 40% nonparticipating providers

Added Choice out-of-area plans: \$25 select providers, \$25 PPO providers, 40% nonparticipating providers

C. Vision + Massage: Bundle of Options A and B above

Step 3: Apply or renew your coverage

New groups: Complete the Small Business employer application, along with other required forms, and submit it to a Kaiser Permanente sales executive by the **20th of the month** prior to the effective date.

Renewing groups: Please indicate your selection on the Renewal Decision Form and return it to your Kaiser Permanente account manager no later than the **15th of the month** prior to your anniversary date. We will provide you with coverage options that best match the plan or plans your business offers today, but you can choose from any of our other plans available to small employers if you prefer.



Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	KP Plus	Added Choice® point-of-service ¹
Platinum	KP OR Platinum 0/20	KP OR Platinum 250/20 KP OR Platinum 500/20		KP OR Platinum 0/20 KP Plus	KP OR Platinum 250/20 3T POS ² KP OR Platinum 250/20 3T POS OOA ²
Gold	KP OR Gold 0/30	KP OR Gold 1000/20 KP OR Gold 1500/35 KP OR Gold 2000/35 KP Oregon Standard Gold Plan		KP OR Gold 1000/20 KP Plus	KP OR Gold 500/35 3T POS ² KP OR Gold 500/35 3T POS OOA ² KP OR Gold 1000/20 3T POS ² KP OR Gold 1000/35 3T POS OOA ²
Silver		KP OR Silver 3000/45 KP OR Silver 4000/45 KP OR Silver 5000/50 KP OR Silver 6000/50 KP Oregon Standard Silver Plan	KP OR Silver 3200/25% HSA	KP OR Silver 3000/45 KP Plus	KP OR Silver 3000/45 3T POS ² KP OR Silver 3000/45 3T POS OOA ² KP OR Silver 4000/45 3T POS ² KP OR Silver 4000/45 3T POS OOA ²
Bronze		KP OR Bronze 7000/50 KP OR Bronze 9000/40 KP Oregon Standard Bronze Plan	KP OR Bronze 6900/0% HSA	KP OR Bronze 7000/50 KP Plus	KP OR Bronze 7000/50 3T POS ² KP OR Bronze 7000/50 3T POS OOA ²

¹If you have employees who live or work outside our service area, they may be eligible for an Added Choice out-of-area (OOA) plan. Rates and approval subject to underwriting.

²Added Choice OOA plans: Groups must meet underwriting requirements to purchase.

Small business tax credit

Qualified small employers who wish to claim the small business health care tax credit through the Oregon Health Insurance Marketplace must select a plan without buy-up coverage. Additionally, our Choice products are not qualified plans for this tax credit. The IRS Small Business Health Care Tax Credit helps qualified small businesses lower the cost of offering health insurance to employees. Small businesses in Oregon must also meet the minimum criteria to qualify for the tax credit, available on [Oregon.gov](https://oregon.gov).

Buy-up options	<p>Any of the above medical plans can be paired with a buy-up option listed below, with the exception of the Standard plans.</p> <p>A. Vision: \$200/2-year period vision hardware benefit and vision exam</p> <p>B. Massage: \$25 massage therapy (limit 12 per year). Cost shares are after deductible for all high deductible plans. Massage on the 6900/0% HSA plan will be 0% after deductible is met.</p> <p>Added Choice plans: \$25 select providers, 20% coinsurance PPO providers, 40% nonparticipating providers</p> <p>Added Choice out-of-area plans: \$25 select providers, \$25 PPO providers, 40% nonparticipating providers</p> <p>C. Vision + Massage: Bundle of Options A and B above</p>
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PLAN HIGHLIGHTS FOR TRADITIONAL PLANS



Did you know?

Members can access many specialty care appointments at Kaiser Permanente without preauthorization, including:

- Substance use disorder services
- Behavioral health, including mental health services
- Cancer care
- Obstetrics-gynecology
- Sleep medicine

Members can call Member Services at **1-800-813-2000** (TTY **711**) to learn more.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

The right mix of choice, care, and convenience

We believe that every small business deserves convenient and high-quality care. We offer a mix of cost-sharing options to help you to pick a plan that hits the sweet spot between growing your business and protecting your employees' health. Our traditional plans offer predictable cost shares and out-of-pocket maximums to help manage health-care spending.

We also make it easier for your employees to access the care they need to keep them happy, healthy, and productive on the job. Whether choosing a medical office near their home or close to their workplace, members can find a wide range of services such as specialty appointments, lab tests, and X-ray services, often in one time-saving location. And thanks to our integrated care approach, every visit gets coordinated efficiently among doctors, lab personnel, specialists, and other medical staff.

Specialty care that's made especially for your needs

With one of the largest multispecialty medical groups in the country, we're able to conveniently connect your employees to the kind of care that's right for them. Our doctors work with our members and the specialist to create an individualized treatment plan that's backed by research. That means your employees get the right care, at the right time. Plus, our skilled doctors and specialists come fully equipped with the latest technology and innovative treatment methods for cancer care, heart problems, maternity care, orthopedic procedures, and more.



PLAN NAME	KP OR Platinum 0/20	KP OR Gold 0/30
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	\$8,200 per individual; \$16,400 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$30
Urgent care	\$40	\$60
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25
Chiropractic services ²	\$25	\$25
Naturopathic services	\$20	\$30
OUTPATIENT THERAPIES³	\$30	\$50
OUTPATIENT SURGERY	\$100	40%
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$20	\$30
CT, MRI, AND PET SCANS	\$75	\$300
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
EMERGENCY DEPARTMENT VISIT	\$150	\$500
AMBULANCE SERVICES	\$150	\$200
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Outpatient	\$20	\$30
DURABLE MEDICAL EQUIPMENT	20%	40%
INFERTILITY SERVICES (diagnosis)	50%	50%
DEPENDENT OUT-OF-AREA⁴	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$15 generic; \$40 preferred brand-name; \$60 non-preferred brand-name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	20%	40%
MATERNITY CARE Inpatient	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁴Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN HIGHLIGHTS FOR DEDUCTIBLE PLANS



Our deductible plans offer various copays, coinsurance levels, deductibles, and out-of-pocket maximums to help you reduce your premiums. Just like our traditional plans, our deductible plans give your employees access to our broad range of primary care, specialty care, and hospital services. Many preventive services are covered in full without the need to satisfy a deductible. Because all the plans have an out-of-pocket maximum, employees know both their health and financial security are being protected.

Out-of-pocket maximum on deductible plans

- Amounts paid toward the deductible count toward the out-of-pocket maximum.
- All copays and coinsurance apply to the out-of-pocket maximum.
- After meeting the out-of-pocket maximum, no further costs apply for the remainder of the calendar year.

Want to learn more?

Visit kp.org/deductibleplans for more details.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

When the deductible applies

The member will be charged the full costs of these services, until they reach their deductible.

- Ambulance services
- Substance use disorder care (inpatient/residential)
- Durable medical equipment (outpatient)
- Emergency services
- Home health services
- Inpatient hospitalization
- Mental health services (inpatient/residential)
- Outpatient or same-day surgery
- Skilled nursing facility services

When the deductible does not apply

The member will be charged the copay or coinsurance for these services, regardless of whether they have met their deductible.

- Office visits for primary, preventive, and prenatal and postpartum care and for routine eye exams
- Hospice*
- Immunizations

*Some plans are different. Please check your benefit summary for details.



PLAN NAME	KP OR Platinum 250/20	KP OR Platinum 500/20
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,000 per individual; \$6,000 per family
BENEFITS	Member pays	
OFFICE VISITS		
Preventive care	\$0	\$0
Primary care	\$20	\$20
Urgent care	\$40	\$40
Specialty care	\$30	\$30
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE		
Acupuncture services ¹	\$25	\$25
Chiropractic services ²	\$25	\$25
Naturopathic services	\$20	\$20
OUTPATIENT THERAPIES³	\$30	\$30
OUTPATIENT SURGERY	15%*	20%*
LAB	\$20	\$20
X-RAY/DIAGNOSTIC TEST	\$20	\$20
CT, MRI, AND PET SCANS	15%*	20%*
INPATIENT HOSPITAL CARE	15%*	20%*
EMERGENCY DEPARTMENT VISIT	15%*	20%*
AMBULANCE SERVICES	15%*	20%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	15%*	20%*
Inpatient psychiatric and residential treatment		
Outpatient	\$20	\$20
DURABLE MEDICAL EQUIPMENT	15%*	20%*
INFERTILITY SERVICES (diagnosis)	50%	50%
DEPENDENT OUT-OF-AREA⁴	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	20%*
MATERNITY CARE	15%*	20%*
Inpatient		

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁴Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN HIGHLIGHTS FOR DEDUCTIBLE PLANS

PLAN NAME	KP OR Gold 1000/20	KP OR Gold 1500/35	KP OR Gold 2000/35
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$1,500 per individual; \$3,000 per family	\$2,000 per individual; \$4,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,200 per individual; \$16,400 per family	\$8,200 per individual; \$16,400 per family	\$8,200 per individual; \$16,400 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$20	\$35	\$35
Urgent care	\$50	\$55	\$60
Specialty care	\$40	\$45	\$50
Prenatal care	\$0	\$0	\$0
Allergy shots and other injections	\$10	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	\$25
Chiropractic services ²	\$25	\$25	\$25
Naturopathic services	\$20	\$35	\$35
OUTPATIENT THERAPIES³	\$40	\$45	\$50
OUTPATIENT SURGERY	25%*	25%*	25%*
LAB	\$20	\$35	\$35
X-RAY/DIAGNOSTIC TEST	\$20	\$35	\$35
CT, MRI, AND PET SCANS	\$300	\$300	\$300
INPATIENT HOSPITAL CARE	25%*	25%*	25%*
EMERGENCY DEPARTMENT VISIT	25%*	25%*	25%*
AMBULANCE SERVICES	25%*	25%*	25%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	25%*	25%*
Outpatient	\$20	\$35	\$35
DURABLE MEDICAL EQUIPMENT	25%*	25%*	25%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA⁴	20%	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 non-preferred brand-name; 50% specialty	\$15 generic; \$45 preferred brand-name; 50% non-preferred brand-name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	25%*	25%*
MATERNITY CARE Inpatient	25%*	25%*	25%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁴Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN NAME	KP Oregon Standard Gold Plan ¹	KP OR Silver 3000/45	KP OR Silver 4000/45
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,800 per individual; \$3,600 per family	\$3,000 per individual; \$6,000 per family	\$4,000 per individual; \$8,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,300 per individual; \$14,600 per family	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$20	\$45	\$45
Urgent care	\$60	\$65	\$70
Specialty care	\$40	\$55	\$60
Prenatal care	20%*	\$0	\$0
Allergy shots and other injections	20%*	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ²	\$20	\$25	\$25
Chiropractic services ³	\$20	\$25	\$25
Naturopathic services	\$20	\$45	\$45
OUTPATIENT THERAPIES⁴	\$20	\$55	\$60
OUTPATIENT SURGERY	20%*	40%*	40%*
LAB	20%*	\$45	\$45
X-RAY/DIAGNOSTIC TEST	20%*	\$45	\$45
CT, MRI, AND PET SCANS	20%*	40%*	40%*
INPATIENT HOSPITAL CARE	20% per admission*	40%*	40%*
EMERGENCY DEPARTMENT VISIT	20%*	40%*	40%*
AMBULANCE SERVICES	20%*	40%*	40%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	20%*	40%*	40%*
Outpatient	\$20	\$45	\$45
DURABLE MEDICAL EQUIPMENT	20%*	40%*	40%*
INFERTILITY SERVICES (diagnosis)	Not covered	50%	50%
DEPENDENT OUT-OF-AREA⁵	Not covered	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% (up to a max of \$500) specialty	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	\$0	40%*	40%*
MATERNITY CARE Inpatient	20%*	40%*	40%*

*Subject to annual medical deductible.

¹These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Infertility Diagnosis.

²Limited to 12 visits per year.

³Limited to 20 visits per year.

⁴Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁵Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN HIGHLIGHTS FOR DEDUCTIBLE PLANS

PLAN NAME	KP OR Silver 5000/50	KP OR Silver 6000/50	KP Oregon Standard Silver Plan ¹
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$5,000 per individual; \$10,000 per family	\$6,000 per individual; \$12,000 per family	\$4,800 per individual; \$9,600 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$9,100 per individual; \$18,200 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$50	\$50	\$40
Urgent care	\$75	40%*	\$70
Specialty care	\$70	\$70	\$80
Prenatal care	\$0	\$0	30%*
Allergy shots and other injections	\$10	\$10	30%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ²	\$25	\$25	\$40
Chiropractic services ³	\$25	\$25	\$40
Naturopathic services	\$50	\$50	\$40
OUTPATIENT THERAPIES⁴	\$70	\$70	\$40
OUTPATIENT SURGERY	40%*	40%*	30%*
LAB	\$50	40%*	30%*
X-RAY/DIAGNOSTIC TEST	\$50	40%*	30%*
CT, MRI, AND PET SCANS	40%*	40%*	30%*
INPATIENT HOSPITAL CARE	40%*	40%*	30% per admission*
EMERGENCY DEPARTMENT VISIT	40%*	40%*	30%*
AMBULANCE SERVICES	40%*	40%*	30%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	40%*	30%*
Outpatient	\$50	\$50	\$40
DURABLE MEDICAL EQUIPMENT	40%*	40%*	30%*
INFERTILITY SERVICES (diagnosis)	50%	50%	Not covered
DEPENDENT OUT-OF-AREA⁵	20%	20%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$15 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50% specialty
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	40%*	\$0
MATERNITY CARE Inpatient	40%*	40%*	30%*

*Subject to annual medical deductible.

¹These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Infertility Diagnosis.

²Limited to 12 visits per year.

³Limited to 20 visits per year.

⁴Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁵Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN NAME	KP OR Bronze 7000/50	KP OR Bronze 9000/40	KP Oregon Standard Bronze Plan ¹
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$9,000 per individual; \$18,000 per family	\$8,800 per individual; \$17,600 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$8,800 per individual; \$17,600 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$50	\$40 for first 3 visits; then \$0*	\$50
Urgent care	40%*	\$0*	\$100
Specialty care	\$70*	\$0*	\$100
Prenatal care	\$0	\$0	0%*
Allergy shots and other injections	\$10	\$10	0%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	\$0
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ²	\$25	\$25	\$50
Chiropractic services ³	\$25	\$25	\$50
Naturopathic services	\$50	\$0*	\$50
OUTPATIENT THERAPIES⁴	\$70*	\$0*	\$50
OUTPATIENT SURGERY	40%*	\$0*	0%*
LAB	40%*	\$0*	0%*
X-RAY/DIAGNOSTIC TEST	40%*	\$0*	0%*
CT, MRI, AND PET SCANS	40%*	\$0*	0%*
INPATIENT HOSPITAL CARE	40%*	\$0*	0% per admission*
EMERGENCY DEPARTMENT VISIT	40%*	\$0*	0%*
AMBULANCE SERVICES	40%*	\$0*	0%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	\$0*	0%*
Outpatient	\$50	\$0*	\$50
DURABLE MEDICAL EQUIPMENT	40%*	\$0*	0%*
INFERTILITY SERVICES (diagnosis)	50%	50%	Not covered
DEPENDENT OUT-OF-AREA⁵	20%	20%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$30 generic; \$0* preferred brand-name; \$0* non-preferred brand-name; \$0* specialty	\$20 generic; 0%* preferred brand-name; 0%* non-preferred brand-name; 0%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	\$0*	0%*
MATERNITY CARE Inpatient	40%*	\$0*	0%*

*Subject to annual medical deductible.

¹These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Infertility Diagnosis.

²Limited to 12 visits per year.

³Limited to 20 visits per year.

⁴Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁵Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



PLAN HIGHLIGHTS
FOR HSA-QUALIFIED
**HIGH DEDUCTIBLE
HEALTH PLANS**



Health savings account (HSA)-qualified plans encourage employees to become more involved with their own health care spending – and their own health. If you're struggling with the high cost of health care, this could be a good option for you. An HSA is an easy-to-administer, tax-exempt account that is paired with an HSA-qualified high deductible plan. It allows your employees to pay for current health expenses and save for future qualified expenses on a tax-free basis.*

**Easy online access with our
employee portal**

Your employees have 24/7 access to kp.org to see account balances, file claims, upload receipts, request distributions, and view account activity, including claim and payment history.

Individual members own these accounts and keep their HSA if they change jobs or become unemployed. Unlike a flexible spending account, there is no "use it or lose it" provision. Instead, unused contributions roll over each year and can be used for future medical expenses, including long-term care and insurance.

Employers and/or individuals can contribute to these accounts. Annual contributions from all sources are limited to the amount of the HSA-qualified plan deductible. More detailed information can be found in IRS publication 502.

Unlike financial savings vehicles like IRAs, HSAs have the potential to offer triple tax savings with:

- Tax-free contributions
- Tax-free investment earnings
- Tax-free withdrawals for qualified medical expenses

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

*The tax references in this brochure relate to federal income tax only. Consult with your financial or tax adviser for more information about state income tax laws.

PLAN HIGHLIGHTS
FOR HSA-QUALIFIED
**HIGH DEDUCTIBLE
HEALTH PLANS**



PLAN NAME	KP OR Silver 3200/25% HSA	KP OR Bronze 6900/0% HSA
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,200 per individual; \$6,400 per family	\$6,900 per individual; \$13,800 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,900 per individual; \$11,800 per family	\$6,900 per individual; \$13,800 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	0%
Primary care	25%*	0%*
Urgent care	25%*	0%*
Specialty care	25%*	0%*
Prenatal care	\$0	0%
Allergy shots and other injections	25%*	0%*
TELEHEALTH (PHONE/VIDEO)	\$0*	0%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25*	0%*
Chiropractic services ²	\$25*	0%*
Naturopathic services	25%*	0%*
OUTPATIENT THERAPIES³	25%*	0%*
OUTPATIENT SURGERY	25%*	0%*
LAB	25%*	0%*
X-RAY/DIAGNOSTIC TEST	25%*	0%*
CT, MRI, AND PET SCANS	25%*	0%*
INPATIENT HOSPITAL CARE	25%*	0%*
EMERGENCY DEPARTMENT VISIT	25%*	0%*
AMBULANCE SERVICES	25%*	0%*
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	0%*
Outpatient	25%*	0%*
DURABLE MEDICAL EQUIPMENT	25%*	0%*
INFERTILITY SERVICES (diagnosis)	50%*	0%*
DEPENDENT OUT-OF-AREA⁴	20%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$40* preferred brand-name; 30%* non-preferred brand-name; 50%* specialty	0%* generic; 0%* preferred brand-name; 0%* non-preferred brand-name; 0%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	0%*
MATERNITY CARE Inpatient	25%*	0%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

⁴Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



CONSUMER-DIRECTED HEALTH CARE AND HEALTH PAYMENT ACCOUNTS



Consumer-directed health plans are growing in popularity, and Kaiser Permanente is uniquely positioned to help you control your overall health care costs and achieve healthy outcomes. We strive to deliver plans that are simple and easy to use – not just for you, but for your employees.

More time to focus on your business

Our enhanced administrative capabilities and dedicated team of support specialists help you and your employees make the most of your plans, which enables you to spend more time managing your business.

How do we do it?

Our integrated care model helps us deliver patient-centered care, connecting doctors, dentists, labs, hospitals, and pharmacies together on one shared electronic health record system. This means our caregivers can easily access and share information to help your employees get the right care at the right time — often in the same visit and under one roof.

Resources and tools to better engage your employees

- Convenient account administration through our online portal
- Integrated health plan and account eligibility management
- Automated reports and notifications
- Comprehensive employee education and communication support
- Dedicated support from our specialists — from setup to daily management



Health payment account types

Our consumer-directed health care (CDHC) options offer even more value by combining one of our health plans with a Kaiser Permanente health payment account — a health reimbursement arrangement (HRA), health savings account (HSA), or flexible spending account (FSA).

- HRA** Employees can use funds contributed by you to pay for qualified medical expenses on a tax-free basis. There are several HRA types available, from broad to more limited coverage, with options for point-of-service payment using our health payment card or convenient automatic reimbursement.
- HSA** When paired with an HSA-qualified high deductible health plan, these employee-owned accounts can be used to pay for qualified medical expenses, including services not covered under the Kaiser Permanente health plan. The money your employees contribute to their HSAs through payroll withholding isn't considered part of their wages, so they won't be taxed on it. They can also make post-tax contributions. Mutual fund investment options are available with HSAs as well.
- FSA** With a medical FSA, your employees make pretax contributions to an account they can use to pay for a wide range of qualified expenses such as doctor visits, prescription drugs, and lab tests, including services not covered under the Kaiser Permanente health plan. A dependent care FSA can be used for any qualified child and dependent care expense, including child care.¹

Convenience your employees expect

- Online access to account balances, claims, contributions and reimbursements
- Mobile access with our Balance Tracker app
- Dedicated phone and email support from our Health Payment Services team
- HSA calculators to help employees estimate their health care costs

¹Refer to IRS Publication 502 for a list of qualified medical and dental expenses. Refer to IRS Publication 503 for a list of qualified child and dependent care expenses.

²There is no additional charge for stacked or paired HRA/FSA offerings.

³There is no fee for accounts with an average daily balance of \$2,000 or more for the month. This doesn't apply to an HSA paired with a limited-purpose FSA.

⁴Except for self-funded groups.

⁵For HSAs, employers may choose to have their employees billed for the administrative fees.

Health payment accounts

HRA \$3.75

per account per month²

HSA \$3.25

per account per month³

FSA \$3.75

per account per month²

Account fees are per employee account per month. They'll be billed monthly to the employer, separate from the premium.⁴

There are no additional setup fees for standard account types. For health payment cards, there is no annual fee and the first 2 pairs are given at no cost, with a \$10 fee for replacement or additional cards.⁵

Helping your employees stay in control of their spending

Your employees can track their Health Payment Account spending wherever they are with our free mobile app. The app can be used to:

- Check account balances
- View account activity
- Submit claims for HRA and FSA reimbursement with photos of required paperwork

Our Health Payment Accounts combine the convenience, flexibility, and cost-controlling features you want with the high-quality Kaiser Permanente care your employees know and trust.



PLAN HIGHLIGHTS FOR **KP PLUS PLANS**



KP Plus is a new and affordable option that gives your employees access to high-quality care from Kaiser Permanente and affiliated providers, and have the flexibility to get care from out-of-network providers for a limited number of services each year.

To learn more, visit **kp.org/kpplus/nw**.

Care from Kaiser Permanente

Care from Kaiser Permanente includes fixed out-of-pocket costs with set copay amounts for most covered services, 24/7 virtual care, and prescription fills at Kaiser Permanente pharmacies.

Care out-of-network

Care out-of-network includes 10 provider visits or other outpatient medical services and 5 prescription fills per year. KP Plus members don't need a referral or prior authorization to receive medical care.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your **account.kp.org** account or visit **kp.org/plandocuments** for sample *EOCs* by product.

With KP Plus, your employees get:

- Comprehensive coverage from Kaiser Permanente providers and facilities as well as affiliated providers
- The option for up to 10 out-of-network provider visits or other medical services, and 5 prescription fills per year
- Preventive care services, such as routine physicals, well-child visits, and certain screening tests, with \$0 copay
- Generally lower out-of-pocket expenses and monthly rates when compared to a typical PPO plan

Give your employees quality care when and where it works for them

Choice and flexibility

Get care from Kaiser Permanente doctors, facilities, and affiliated providers as well as from out-of-network providers within the Kaiser Permanente service area and when traveling.

Affordability

Shop the cost of care and combine more affordable Kaiser Permanente services with services from out-of-network providers.



KP Plus Care Experience: Maximizing medical service visits and cost with KP Plus

Kaiser Permanente member, Jack, develops a severe case of the flu and visits a specialist who is out-of-network. To rule out pneumonia, the specialist orders two lab tests and directs Jack to an out-of-network lab. Jack is also given a prescription for a flu medication.

Below are two options a member could consider with a KP Plus plan.

OPTION 1: 100% out-of-network	OPTION 2: Combined in- and out-of-network
<p>Out-of-network specialist office visit:</p> <ul style="list-style-type: none"> • Member pays higher cost share • Counts as 1 service toward the 10-service max <p>Out-of-network lab service (2 labs):</p> <ul style="list-style-type: none"> • Member pays higher cost share • Counts as up to 2 services toward the 10-service max <p>Out-of-network pharmacy visit:</p> <ul style="list-style-type: none"> • Member pays higher cost share • Counts as 1 fill toward the 5-fill max 	<p>Out-of-network specialist office visit:</p> <ul style="list-style-type: none"> • Member pays higher cost share • Counts as 1 service toward the 10-service max <p>Member brings lab orders to Kaiser Permanente (2 labs):</p> <ul style="list-style-type: none"> • Member pays lower cost share • Does not count against member's 10-service max <p>Member brings prescription to Kaiser Permanente:</p> <ul style="list-style-type: none"> • Member pays lower cost share • Does not count against member's 5-fill max
<p>Result: Higher member cost share and up to 3 of 10 services and 1 of 5 prescription fills used.</p>	<p>Result: Lower member cost share and 1 of 10 services and 0 of 5 prescription fills used.</p>



PLAN HIGHLIGHTS FOR KP PLUS PLANS

PLAN NAME	KP OR Platinum 0/20 KP Plus	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (IND/FAM)	\$0	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$2,000 per individual; \$4,000 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$40
Urgent care	\$40	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁴	\$45
Chiropractic services	\$25 ⁵	\$45
Naturopathic services	\$20	\$40
OUTPATIENT THERAPIES	\$30 ⁶	\$50
OUTPATIENT SURGERY	\$100	Not covered
LAB	\$20	\$40
X-RAY/DIAGNOSTIC TEST	\$20	\$40
CT, MRI, AND PET SCANS	\$75	Not covered
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	Not covered
EMERGENCY DEPARTMENT VISIT	\$150	Covered at the in-network cost share ²
AMBULANCE SERVICES	\$150	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	\$300 per day, \$1,500 per admission	Not covered
Outpatient	\$20	\$40
DURABLE MEDICAL EQUIPMENT	20%	Not covered
INFERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$25 generic; \$35 preferred brand-name; \$70 non-preferred brand-name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	20%	Not covered
MATERNITY CARE Inpatient	\$300 per day, \$1,500 per admission	Not covered

*Subject to annual medical deductible.

¹These plans include a Dependent out-of-area (OOA) benefit which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

²The limit of 10 covered services does not apply.

³If you are temporarily out of the service area, urgent care from a non-participating provider or non-participating Facility may be covered if the services are deemed necessary to prevent serious deterioration of health.

⁴Limited to 12 visits per year.

⁵Limited to 20 visits per year.

⁶Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP OR Gold 1000/20 KP Plus	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (IND/FAM)	\$1,000 per individual; \$2,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$8,200 per individual; \$16,400 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$40
Urgent care	\$50	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$40	\$60
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁴	\$45
Chiropractic services	\$25 ⁵	\$45
Naturopathic services	\$20	\$40
OUTPATIENT THERAPIES	\$40 ⁶	\$60
OUTPATIENT SURGERY	25%*	Not covered
LAB	\$20	\$40
X-RAY/DIAGNOSTIC TEST	\$20	\$40
CT, MRI, AND PET SCANS	\$300	Not covered
INPATIENT HOSPITAL CARE	25%*	Not covered
EMERGENCY DEPARTMENT VISIT	25%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	25%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	Not covered
Outpatient	\$20	\$40
DURABLE MEDICAL EQUIPMENT	25%*	Not covered
INFERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	\$30 generic; \$50 preferred brand-name; 50% non-preferred brand-name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	Not covered
MATERNITY CARE Inpatient	25%*	Not covered

*Subject to annual medical deductible.

¹These plans include a Dependent out-of-area (OOA) benefit which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

²The limit of 10 covered services does not apply.

³If you are temporarily out of the service area, urgent care from a non-participating provider or non-participating Facility may be covered if the services are deemed necessary to prevent serious deterioration of health.

⁴Limited to 12 visits per year.

⁵Limited to 20 visits per year.

⁶Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR KP PLUS PLANS

PLAN NAME	KP OR Silver 3000/45 KP Plus	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (IND/FAM)	\$3,000 per individual; \$6,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$8,900 per individual; \$17,800 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$45	\$65
Urgent care	\$65	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$55	\$75
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$65
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁴	\$45
Chiropractic services	\$25 ⁵	\$45
Naturopathic services	\$45	\$65
OUTPATIENT THERAPIES	\$55 ⁶	\$75
OUTPATIENT SURGERY	40%*	Not covered
LAB	\$45	\$65
X-RAY/DIAGNOSTIC TEST	\$45	\$65
CT, MRI, AND PET SCANS	40%*	Not covered
INPATIENT HOSPITAL CARE	40%*	Not covered
EMERGENCY DEPARTMENT VISIT	40%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	Not covered
Outpatient	\$45	\$65
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
INFERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$50 generic; \$80 preferred brand-name; 50% non-preferred brand-name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE Inpatient	40%*	Not covered

*Subject to annual medical deductible.

¹These plans include a Dependent out-of-area (OOA) benefit which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

²The limit of 10 covered services does not apply.

³If you are temporarily out of the service area, urgent care from a non-participating provider or non-participating Facility may be covered if the services are deemed necessary to prevent serious deterioration of health.

⁴Limited to 12 visits per year.

⁵Limited to 20 visits per year.

⁶Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP OR Bronze 7000/50 KP Plus	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL MEDICAL DEDUCTIBLE (IND/FAM)	\$7,000 per individual; \$14,000 per family	N/A
ANNUAL OUT-OF-POCKET MAXIMUM (IND/FAM)	\$9,000 per individual; \$18,000 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$50	\$70
Urgent care	40%*	Not covered, except for services received outside the service area ^{2,3}
Specialty care	\$70*	\$90
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0	\$70
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁴	\$45
Chiropractic services	\$25 ⁵	\$45
Naturopathic services	\$50	\$70
OUTPATIENT THERAPIES	\$70* ⁶	\$90
OUTPATIENT SURGERY	40%*	Not covered
LAB	40%*	50%
X-RAY/DIAGNOSTIC TEST	40%*	50%
CT, MRI, AND PET SCANS	40%*	Not covered
INPATIENT HOSPITAL CARE	40%*	Not covered
EMERGENCY DEPARTMENT VISIT	40%*	Covered at the in-network cost share ²
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	Not covered
Outpatient	\$50	\$70
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
INFERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$50 generic; \$80 preferred brand-name; 50% non-preferred brand-name; 50% specialty (limited to 5 prescriptions fills per year) ²
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE Inpatient	40%*	Not covered

*Subject to annual medical deductible.

¹These plans include a Dependent out-of-area (OOA) benefit which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

²The limit of 10 covered services does not apply.

³If you are temporarily out of the service area, urgent care from a non-participating provider or non-participating Facility may be covered if the services are deemed necessary to prevent serious deterioration of health.

⁴Limited to 12 visits per year.

⁵Limited to 20 visits per year.

⁶Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR **ADDED CHOICE®** POINT-OF-SERVICE PLANS



If you're committed to empowering your employees to choose their own care and coverage, our Added Choice point-of-service plan may be a good option. Added Choice members have access to Kaiser Permanente's uniquely integrated care model and quality doctors, plus the option to seek covered services from licensed providers in the area and across the country. To learn more, visit kp.org/addedchoice/nw.

More choice for your employees

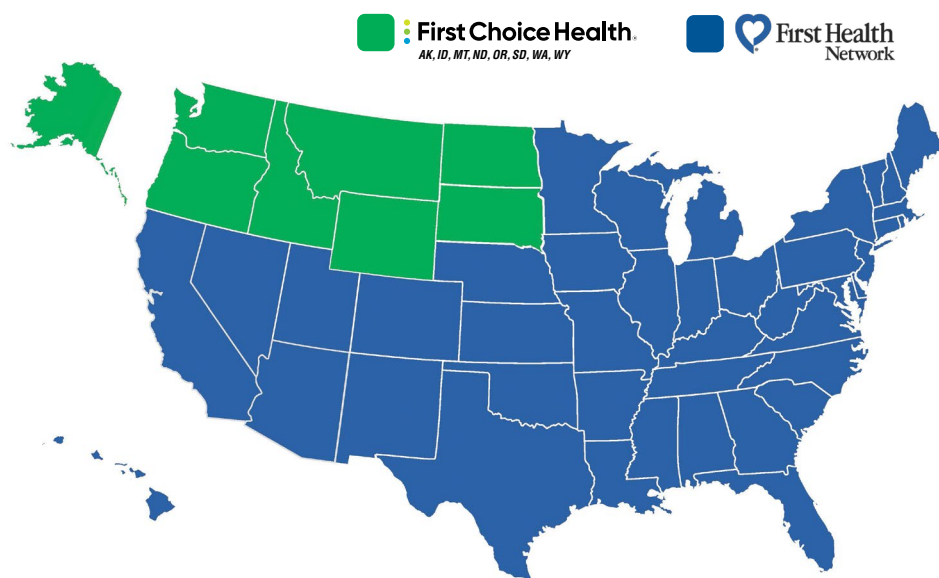
Added Choice provides you with the opportunity to offer in- and out-of-area employees provider choice, while offering the benefits of single carrier administration and health care cost containment.

Your Added Choice plan has a pharmacy benefit, which includes 2 levels of benefit to choose from: Kaiser Permanente pharmacies and MedImpact pharmacies.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

PPO network: more choice, greater flexibility

With the Kaiser Permanente Added Choice plan, you'll have the freedom to choose any doctor or hospital you want, anywhere in the country. But you'll get more value when you select a preferred provider from our extensive local, regional, and national network of quality providers. To find which providers are within these networks, visit kp.org/addedchoice/nw.



Local and regional coverage

Access to the regional First Choice Health network with more than 115,000 providers.

National coverage

Access to First Health Network with 6,000 hospitals, 130,000 ancillary facilities, and more than 1 million health care professional service locations.



Available providers

Added Choice offers 3 levels of coverage. The choices members make determine which doctors they see, which medical facilities they use, and how much they pay.

SELECT PROVIDERS ¹	\$	
<p>Members choose a provider from Kaiser Permanente or The Portland Clinic.² With a referral, members can also choose other contracted community providers and facilities. Members will typically have the lowest out-of-pocket costs when they receive services from select providers.</p>	<p>PPO PROVIDERS¹ \$</p> <p>Members choose a preferred provider (PPO) from First Choice Health or the First Health Network.³ This is a good choice for those who want to keep their current PPO provider or who live outside our service area.</p>	<p>NONPARTICIPATING PROVIDERS¹ \$\$\$</p> <p>Members choose a nonparticipating provider nationwide. Nonparticipating providers include any licensed providers who are not select providers or PPO providers. Members will typically have the highest out-of-pocket costs when they receive services from nonparticipating providers.</p>

Get the information you need

To see more detailed information about Added Choice plans, including explanation of benefits, coverage, and claims, visit kp.org/addedchoice/nw.



See Added Choice plans on the following pages

¹See your *Evidence of Coverage (EOC)* or visit kp.org/addedchoice/nw for definitions of select provider, PPO provider, and nonparticipating provider. This brochure is not a contract. Plan details are provided in the *EOC*. To obtain an *EOC* for a particular plan, contact Customer Service. In the event of any conflict between this brochure and the *EOC*, the *EOC* prevails.

²The Portland Clinic is not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.

³For members receiving care outside of Oregon, Washington, Idaho, Montana, Wyoming, North Dakota, South Dakota, and Alaska.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE PLANS

PLAN NAME	KP OR Platinum 250/20 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,800 per individual; \$7,600 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$30	35%*
Urgent care	\$40	\$60	35%*
Specialty care	\$30	\$40	35%*
Prenatal care	\$0	\$0	35%*
Allergy shots and other injections	\$10	\$30	35%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$20	\$30	35%*
OUTPATIENT THERAPIES³	\$30	\$40	35%*
OUTPATIENT SURGERY	15%*	25%*	35%*
LAB	\$20	\$30	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$30	35%*
CT, MRI, AND PET SCANS	15%*	25%*	35%*
INPATIENT HOSPITAL CARE	15%*	25%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*		
AMBULANCE SERVICES	15%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	15%*	25%*	35%*
Outpatient	\$20	\$30	35%*
DURABLE MEDICAL EQUIPMENT	15%*	25%*	35%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	25%*	35%*
MATERNITY CARE Inpatient	15%*	25%*	35%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP OR Gold 500/35 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$500 per individual; \$1,000 per family	\$1,500 per individual; \$3,000 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,500 per individual; \$11,000 per family	\$7,500 per individual; \$15,000 per family	\$9,500 per individual; \$19,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$60	50%*
Urgent care	\$60	\$80	50%*
Specialty care	\$55	\$80	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$35	\$60	50%*
OUTPATIENT THERAPIES³	\$55	\$80	50%*
OUTPATIENT SURGERY	30%*	50%*	50%*
LAB	\$35	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$35	40%*	50%*
CT, MRI, AND PET SCANS	30%*	50%*	50%*
INPATIENT HOSPITAL CARE	30%*	50%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
AMBULANCE SERVICES	30%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	30%*	50%*	50%*
Outpatient	\$35	\$60	50%*
DURABLE MEDICAL EQUIPMENT	30%*	50%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	50%*	50%*
MATERNITY CARE Inpatient	30%*	50%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE PLANS

PLAN NAME	KP OR Gold 1000/20 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$6,000 per individual; \$12,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$8,500 per individual; \$17,000 per family	\$10,500 per individual; \$21,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$20	\$40	50%*
Urgent care	\$50	\$100	50%*
Specialty care	\$40	\$60	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$40	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$20	\$40	50%*
OUTPATIENT THERAPIES³	\$40	\$60	50%*
OUTPATIENT SURGERY	25%*	40%*	50%*
LAB	\$20	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	40%*	50%*
CT, MRI, AND PET SCANS	\$300	40%*	50%*
INPATIENT HOSPITAL CARE	25%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*		
AMBULANCE SERVICES	25%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	40%*	50%*
Outpatient	\$20	\$40	50%*
DURABLE MEDICAL EQUIPMENT	25%*	40%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	25%	40%	50%*
MATERNITY CARE Inpatient	25%*	40%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP OR Silver 3000/45 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	\$5,000 per individual; \$10,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$65	\$80	50%*
Specialty care	\$55	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$45	\$60	50%*
OUTPATIENT THERAPIES³	\$55	\$70	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	\$45	45%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	45%*	50%*
Outpatient	\$45	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$40 generic; \$70 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE Inpatient	40%*	45%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE PLANS

PLAN NAME	KP OR Silver 4000/45 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$4,000 per individual; \$8,000 per family	\$6,000 per individual; \$12,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$70	\$90	50%*
Specialty care	\$60	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$45	\$60	50%*
OUTPATIENT THERAPIES³	\$60	\$70	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	\$45	45%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	45%*	50%*
Outpatient	\$45	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$40 generic; \$70 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE Inpatient	40%*	45%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP OR Bronze 7000/50 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$8,500 per individual; \$17,000 per family	\$11,000 per individual; \$22,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$50	\$60	50%*
Urgent care	40%*	45%*	50%*
Specialty care	\$70*	\$85*	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$50	\$60	50%*
OUTPATIENT THERAPIES³	\$70*	\$85*	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	40%*	45%*	50%*
X-RAY/DIAGNOSTIC TEST	40%*	45%*	50%*
CT, MRI, AND PET SCANS	40%*	45%*	50%*
INPATIENT HOSPITAL CARE	40%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	40%*	45%*	50%*
Outpatient	\$50	\$60	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$40 generic; \$80 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	45%*	50%*
MATERNITY CARE Inpatient	40%*	45%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
OUT-OF-AREA PLANS**

PLAN NAME	KP OR Platinum 250/20 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$250 per individual; \$500 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,000 per individual; \$6,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$20	35%*
Urgent care	\$40	\$40	35%*
Specialty care	\$30	\$30	35%*
Prenatal care	\$0	\$0	35%*
Allergy shots and other injections	\$10	\$10	35%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$20	\$20	35%*
OUTPATIENT THERAPIES³	\$30	\$30	35%*
OUTPATIENT SURGERY	15%*	15%*	35%*
LAB	\$20	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$20	35%*
CT, MRI, AND PET SCANS	\$100	\$100	35%*
INPATIENT HOSPITAL CARE	15%*	15%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*		
AMBULANCE SERVICES	15%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	15%*	15%*	35%*
Outpatient	\$20	\$20	35%*
DURABLE MEDICAL EQUIPMENT	15%*	15%*	35%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	15%*	15%*	35%*
MATERNITY CARE Inpatient	15%*	15%*	35%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
OUT-OF-AREA PLANS**



PLAN NAME	KP OR Gold 500/35 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$500 per individual; \$1,000 per family	\$500 per individual; \$1,000 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$6,500 per individual; \$13,000 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$35	50%*
Urgent care	\$60	\$60	50%*
Specialty care	\$55	\$55	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$35	\$35	50%*
OUTPATIENT THERAPIES³	\$55	\$55	50%*
OUTPATIENT SURGERY	35%*	35%*	50%*
LAB	\$35	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$35	\$35	50%*
CT, MRI, AND PET SCANS	\$250*	\$250*	50%*
INPATIENT HOSPITAL CARE	35%*	35%*	50%*
EMERGENCY DEPARTMENT VISIT	35%*		
AMBULANCE SERVICES	35%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	35%*	35%*	50%*
Outpatient	\$35	\$35	50%*
DURABLE MEDICAL EQUIPMENT	35%*	35%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	35%*	35%*	50%*
MATERNITY CARE Inpatient	35%*	35%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
OUT-OF-AREA PLANS**

PLAN NAME	KP OR Gold 1000/35 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$1,000 per individual; \$2,000 per family	\$6,000 per individual; \$12,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,500 per individual; \$13,000 per family	\$6,500 per individual; \$13,000 per family	\$10,500 per individual; \$21,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$35	50%*
Urgent care	\$75	\$75	50%*
Specialty care	\$55	\$55	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$35	\$35	50%*
OUTPATIENT THERAPIES³	\$55	\$55	50%*
OUTPATIENT SURGERY	35%*	35%*	50%*
LAB	\$35	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$35	\$35	50%*
CT, MRI, AND PET SCANS	\$300	\$300	50%*
INPATIENT HOSPITAL CARE	35%*	35%*	50%*
EMERGENCY DEPARTMENT VISIT	35%*		
AMBULANCE SERVICES	35%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	35%*	35%*	50%*
Outpatient	\$35	\$35	50%*
DURABLE MEDICAL EQUIPMENT	35%*	35%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$60 non-preferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 non-preferred brand-name; 50% specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	25%	25%	50%*
MATERNITY CARE Inpatient	35%*	35%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
OUT-OF-AREA PLANS**



PLAN NAME	KP OR Silver 3000/45 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,000 per individual; \$6,000 per family	\$3,000 per individual; \$6,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$45	50%*
Urgent care	\$65	\$65	50%*
Specialty care	\$55	\$55	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$45	\$45	50%*
OUTPATIENT THERAPIES³	\$55	\$55	50%*
OUTPATIENT SURGERY	45%*	45%*	50%*
LAB	\$45	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$45	\$45	50%*
CT, MRI, AND PET SCANS	45%*	45%*	50%*
INPATIENT HOSPITAL CARE	45%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	45%*		
AMBULANCE SERVICES	45%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	45%*	45%*	50%*
Outpatient	\$45	\$45	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	45%*	45%*	50%*
MATERNITY CARE Inpatient	45%*	45%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
 OUT-OF-AREA PLANS**

PLAN NAME	KP OR Silver 4000/45 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$4,000 per individual; \$8,000 per family	\$4,000 per individual; \$8,000 per family	\$7,000 per individual; \$14,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$45	50%*
Urgent care	\$70	\$70	50%*
Specialty care	\$60	\$60	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$45	\$45	50%*
OUTPATIENT THERAPIES³	\$60	\$60	50%*
OUTPATIENT SURGERY	45%*	45%*	50%*
LAB	\$45	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$45	\$45	50%*
CT, MRI, AND PET SCANS	45%*	45%*	50%*
INPATIENT HOSPITAL CARE	45%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	45%*		
AMBULANCE SERVICES	45%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	45%*	45%*	50%*
Outpatient	\$45	\$45	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	45%*	45%*	50%*
MATERNITY CARE Inpatient	45%*	45%*	50%*

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

PLAN HIGHLIGHTS FOR
**ADDED CHOICE® POINT-OF-SERVICE
OUT-OF-AREA PLANS**



PLAN NAME	KP OR Bronze 7000/50 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$7,000 per individual; \$14,000 per family	\$11,000 per individual; \$22,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$50	\$50	50%*
Urgent care	45%*	45%*	50%*
Specialty care	\$70*	\$70*	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0	\$0	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$50	\$50	50%*
OUTPATIENT THERAPIES³	\$70*	\$70*	50%*
OUTPATIENT SURGERY	45%*	45%*	50%*
LAB	45%*	45%*	50%*
X-RAY/DIAGNOSTIC TEST	45%*	45%*	50%*
CT, MRI, AND PET SCANS	45%*	45%*	50%*
INPATIENT HOSPITAL CARE	45%*	45%*	50%*
EMERGENCY DEPARTMENT VISIT	45%*		
AMBULANCE SERVICES	45%*		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	45%*	45%*	50%*
Outpatient	\$50	\$50	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	\$30 generic; \$60 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	Not covered
OUTPATIENT ADMINISTERED MEDICATIONS	45%*	45%*	50%*
MATERNITY CARE Inpatient	45%*	45%*	50%*

*Subject to annual medical deductible.

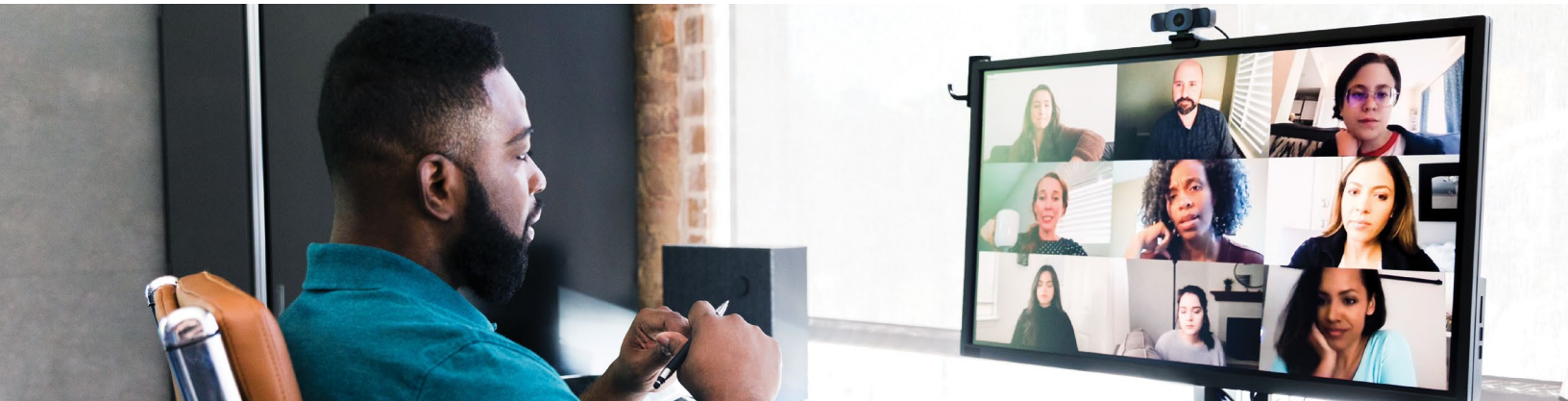
¹Limited to 12 visits per year.

²Limited to 20 visits per year.

³Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.



PLAN HIGHLIGHTS FOR **PRESCRIPTION DRUGS, ALTERNATIVE CARE, VISION, AND DENTAL**



Dental coverage

Investing in dental health helps keep your employees happy, healthy, and productive. Our Traditional dental plans allow you to choose from a wide range of options including deductibles or office visit copays. If you would like more flexibility, the Dental Choice PPO plans are designed for choice – providing comprehensive coverage, while allowing members to see any dentist. Visit kp.org/dental/nw for more information, including our Dental Product Portfolio brochure.

Outpatient prescription drugs

The Kaiser Permanente formulary applies to all plans. Members get up to a 30-day supply for each copay (up to a 90-day supply of eligible drugs for 2 copays when using our mail-delivery pharmacy). View our formulary at kp.org/formulary.

KP Plus outpatient prescription drugs

KP Plus members have access to 5 prescriptions filled per year at an out-of-network pharmacy.

Additional prescription options for Added Choice® plans

Members on an Added Choice plan have the option of filling their prescriptions through MedImpact. When a member fills a prescription at a MedImpact pharmacy, the plan covers up to a 30-day supply of drugs. To locate a pharmacy, go to kp.org/addedchoice/nw.

Alternative care (self-referred)

All of our plans include self-referred unlimited naturopathic care visits, 20 visits per year for chiropractic care, and 12 visit per year for acupuncture.

Self-referred alternative care is available through The CHP Group (CHP) network providers in our service area.

Additional self-referred alternative care buy-up options are available for massage therapy.

Visit chpgroup.com for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.



Vision hardware and routine eye exam

All plans include the following coverage for children 18 or younger: There is no charge for 1 pair of standard frames with lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year). There is also no charge for low vision aids from a selected list or medically necessary contact lenses.

For the nonparticipating providers network, members pay 50%* for 1 pair of frames with lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year) and 50%* for low vision aids or medically necessary contacts.

Many of our plans can be purchased to include coverage for adult vision hardware and routine eye exams. Vision hardware must be prescribed and purchased at Kaiser Permanente and selected vendors.

If added to Added Choice plans, members may use their benefit at select facilities, PPO, and other nonparticipating providers and facilities.

Visit **kp2020.org** for more information.

Integrated eye health

We treat eye health as a component of total health, not in isolation. When you choose the vision option, you're choosing the option that is more convenient and connected, which can help uncover major health issues and lead to better health outcomes. Learn more at **kp2020.org**.

*Subject to annual medical deductible.



PLAN HIGHLIGHTS FOR
KAISER PERMANENTE
SENIOR ADVANTAGE PLAN



Your commitment to high-quality health care for your employees doesn't have to end when they become eligible for Medicare. You can offer your Medicare-eligible employees the same access to our physicians, services, and facilities that our other members enjoy.

Kaiser Permanente Senior Advantage picks up where Medicare leaves off, combining original Medicare coverage and Kaiser Permanente traditional coverage — as well as features unique to Senior Advantage (such as an outside service area benefit and health club benefit) — into one comprehensive plan.

To enroll in Kaiser Permanente Group Senior Advantage

Plan members must obtain Medicare Parts A and B and must complete the Kaiser Permanente Senior Advantage enrollment form.

Employers with 1-19 total employees

Medicare-eligible employees and/or their dependents who enroll in Senior Advantage will receive Senior Advantage rates and benefits. (In most cases, Medicare is primary for groups with fewer than 20 employees.)

Employers with 20-50 total employees

Actively working Medicare-eligible employees and/or their dependents may remain on the active plan with active rates and benefits. They may enroll in the Senior Advantage plan and receive active rates and group Senior Advantage benefits. (Medicare is secondary for groups of 20 or more when the member is actively working.)

Different rules apply for those who are eligible for Medicare due to disability or end stage renal disease. Contact your Kaiser Foundation Health Plan of the Northwest representative for more information.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please visit your account.kp.org account or contact your sales executive or account manager.



PLAN NAME	SENIOR ADVANTAGE
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,000 per individual
BENEFITS	Member pays
OFFICE VISITS — PREVENTIVE CARE	\$0
TELEHEALTH (PHONE/VIDEO)	\$0
Primary care	\$20
Urgent care	\$25
Specialty care	\$20
Allergy shots and other injections	\$10
OUTPATIENT THERAPIES	\$20
LAB	\$0
X-RAY/DIAGNOSTIC TEST	\$0
CT, MRI, AND PET SCANS	\$0
OUTPATIENT SURGERY	\$50
INPATIENT HOSPITAL CARE	\$200 per admission
EMERGENCY CARE	\$50
AMBULANCE SERVICES	\$100
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	\$200 per admission
Residential treatment	\$100 per admission
Outpatient	\$20
DURABLE MEDICAL EQUIPMENT	20%
DEPENDENT OUT-OF-AREA	Not covered
PHYSICIAN-REFERRED CHIROPRACTIC CARE	\$20
SELF-REFERRED ALTERNATIVE CARE	\$20 copay covers self-referred chiropractic, naturopathic, and acupuncture visits. \$25 copay for massage therapy up to 12 visits per calendar year, \$1,000 benefit max per calendar year for all services combined.
OUTPATIENT PRESCRIPTION DRUGS	\$20 generic; \$40 preferred brand-name and specialty; \$3 generic/\$7 preferred brand-name after TrOOP (\$7,400)
OUTPATIENT ADMINISTERED MEDICATIONS	15%

Senior Advantage plans cannot be modified. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.



NOTES

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This image shows a full page of blank, white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.



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