

For Oregon groups with 1-50 employees

Medical Plans for Small Employers

Coverage effective on or after January 1, 2024

OREGON
2024

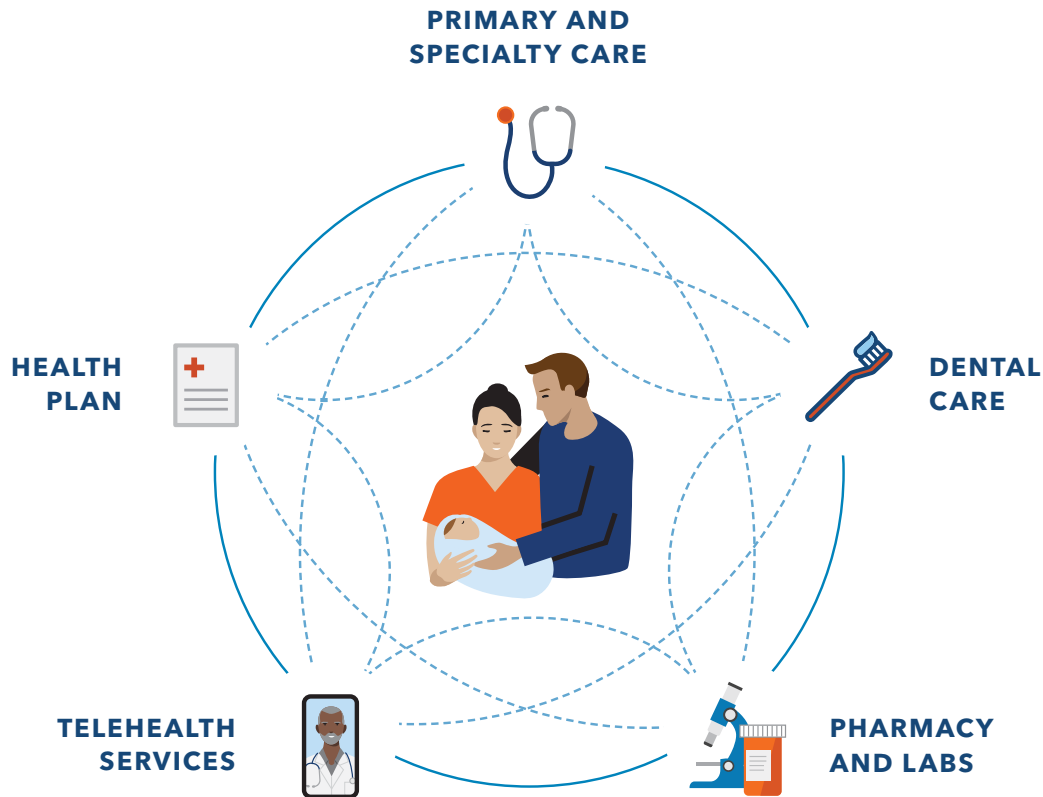


account.kp.org



 KAISER PERMANENTE®

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



The Kaiser Permanente Difference

Our integrated, team-based model helps us provide the right care at the right time. This innovative approach helps lower costs by reducing unnecessary treatments and encouraging members to stay on top of their health needs. And it's a key reason why, year after year, we can bring high-quality, affordable health care to more than 12 million members across the country.

Protecting the Health of Your Business

At Kaiser Permanente, our complete system of caregivers, hospitals, and health plans all work together to help protect and grow your business by leveraging the power of employee health. Your employees see doctors who are motivated by health outcomes, not profits – so you get more for your health care dollar.

Experience KP

The simplest way to see the Kaiser Permanente difference? Let our caregivers show you. Our private tours give you an inside look at how we make staying healthy easier by using the right tools, technology, and support. Ask your sales executive or account manager today to set up a personalized visit.

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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/choiceproducts/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 members 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. kp.org/dental/nw

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 any licensed out-of-network providers for a limited number of services each year. kp.org/kpplus/nw

Lane County — With a large network of affiliate providers and facilities in Lane County, we offer access to more options for care and services when and where members need them. kp.org/lane

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 SBCs 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 Headspace Care.* Get tips on how to navigate life changes and challenges such as caregiving, 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.



Everyone at Kaiser Permanente shares the same mission: keeping your employees as healthy as possible. With no hidden fees and clear and simple billing, you face fewer administrative hassles – and get more time to focus on running your business.

Your sales and account management team

You have a dedicated sales and account management team to support you. It starts with your sales executive and account manager, who are your partners on strategic planning and helping new groups enroll with Kaiser Permanente, 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 executive 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.

Workforce health

Access to wellness programs increases employees' use of preventive care services, which has been shown to improve health outcomes.¹

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 executive or account manager or visit kp.org/workforcehealth to learn more.

*Macy's Inc. Workers Claims Case Study. ¹Oluwaseyi O. Isehunwa et al., "Access to Employee Wellness Programs and Use of Preventive Care Services Among U.S. Adults," *American Journal of Preventive Medicine*, October 2017.



Employer portal on 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.

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}

- Share information with a Kaiser Permanente clinician about their symptoms/condition and receive care advice, including treatment plan or prescriptions if needed^{3,4}
- 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 no-appointment-needed 24/7 phone and video visits, e-visits, 24/7 nurse 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.

Furthering our mission with Community Health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2022 alone, we invested more than \$135 million in the community.⁵ Learn more at kp.org/communityreport/nw.

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.

⁵Community Health Snapshot, kp.org/communityreport/nw, accessed March 24, 2022.



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.



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 (HEWS) classes. 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.



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.



On-demand emotional support through the Headspace Care app — Headspace Care's emotional support coaches are available 24/7 to help with stress, low mood, sleep troubles, and more. Learn more at kp.org/coachingapps.²



Meditation and relaxation app designed to help strengthen mental fitness and help with stress, anxiety, insomnia, depression, and more.²



myStrength is a personalized program with interactive activities to track current emotional states and ongoing life events to help improve awareness and change behaviors.²

classpass

Access to thousands of on-demand workout videos, plus live-streaming and in-person exercise classes from top studios worldwide. Learn more at kp.org/choosehealthy.

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.



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. ²Calm and myStrength can be used by members 13 years and older. The Headspace Care app and services are not available to members under 18 years of age.

Calm, my Strength, and Headspace Care are not available to Kaiser Permanente Dental-only members.



Meeting members when and where they need care

From convenient video visits and phone appointments to in-person visits, Kaiser Permanente members can choose what works best, helping them — and your business — save time and money.

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](https://www.kp.org/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/knowbeforeyougo](https://www.kp.org/knowbeforeyougo) to find a facility.

You are also covered for urgent care while traveling anywhere in the world.² Visit [kp.org/travel](https://www.kp.org/travel) when traveling outside of the service area displayed on page 12.

- **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

Cost estimator

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

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

- **24/7 video and phone** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video or phone, no appointment necessary.^{1,2,3} Call **1-800-813-2000** to get started.
- **E-visits** — Share information with a Kaiser Permanente clinician about your symptoms/condition and receive care advice, including treatment plan or 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

- **24/7 video and phone** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via video or phone, 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 nurse advice** — Talk with a Kaiser Permanente registered nurse for advice, referrals, prescription information, and more.



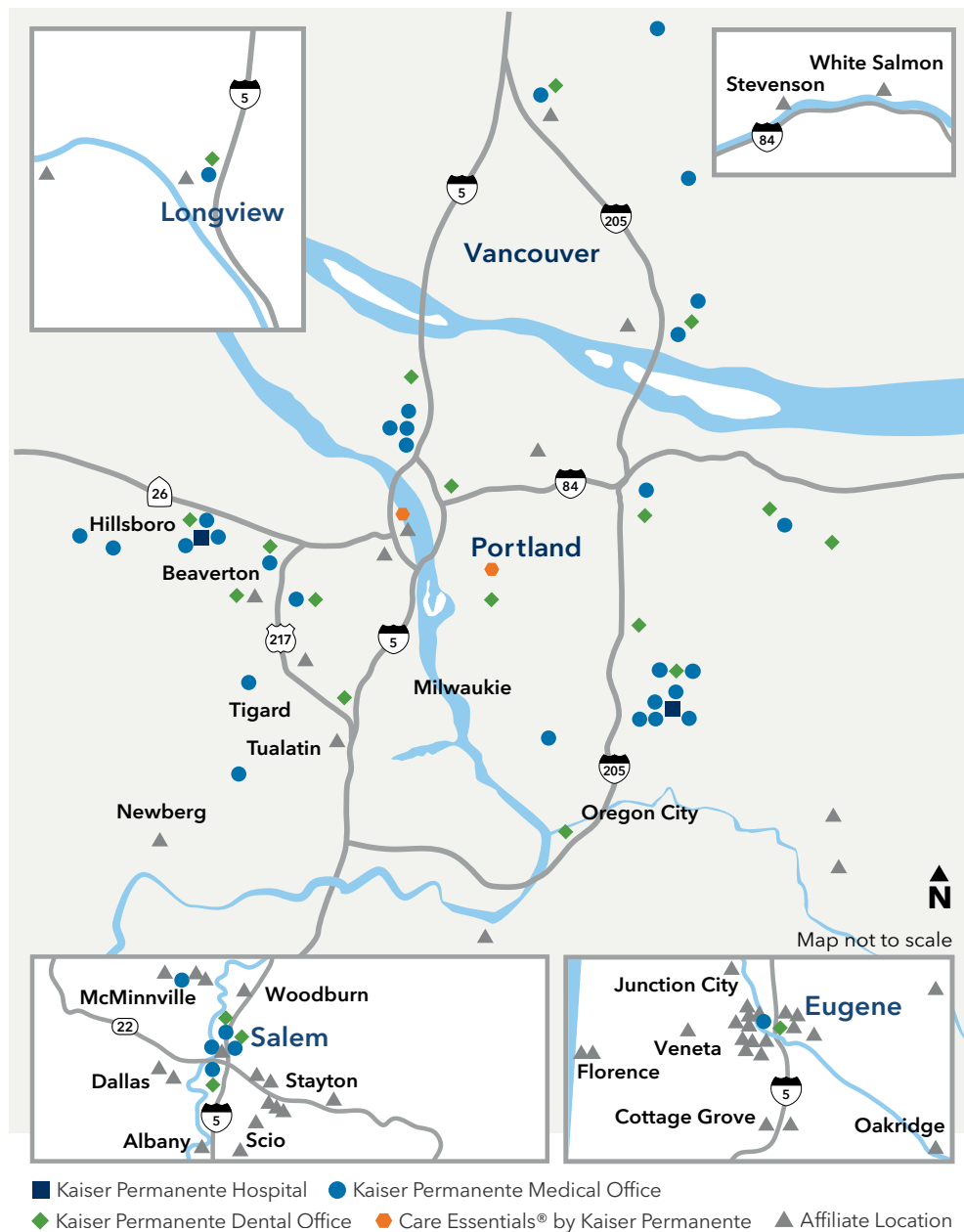
Visit **kp.org/getcare** to learn more about online and phone options.

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.



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.



Facility information is current as of July 2023.

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).





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.

View our Dental Product Portfolio brochure for dental plan offerings.



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.*

*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.



Integrated care for total health

Dental care can play a vital role in your employees' overall health

Did you know that Kaiser Permanente members who have both medical and dental coverage weigh less, smoke less, and visit the hospital and emergency department less often than members with just medical coverage?¹ And healthier employees can support and improve your business productivity while helping you manage costs.



Convenience of integrated care

Your employees can experience a new way to take care of their overall health when they have Kaiser Permanente medical and dental coverage. Help them save time and enjoy the convenience of integration with:

- **Coordinated care**, like getting a flu shot, vaccination, or other preventive medical services during their dental appointment²
- **One electronic health record** and access to kp.org to help manage care
- **New virtual dentistry options**, like email, phone appointments, and care advice from our dental team — all with no copay and integrated with your employees' health record³

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.



Learn more at kp.org/dental/nw.

¹Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/ Medical vs. Medical Only Population, 2013. ²Medical services are available at select dental locations. You must be a Kaiser Permanente medical member to receive medical care. ³When appropriate and available.



Every Kaiser Permanente plan is designed to help keep your workforce happy, healthy, and productive. Along with our variety of plan options, you can also include out-of-area coverage, comprehensive dental coverage, and more. See our plan overviews below to learn more.

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 health plans

Offer lower premiums than other plan types, plus tax savings.* With our HSA-qualified high deductible health plans, 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 any licensed out-of-network provider 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.

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



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 participating 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.

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



The right plan for your business

You have the ability to customize a medical plan with vision or vision and 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 up to 3 medical plans in a bundle, with the following guidelines:

- Limited to 1 Added Choice plan per bundle
- For groups that qualify, Added Choice out-of-area plans are not counted toward the 3-plan limit
- 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 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. Vision + Massage: Bundle option A and receive \$25 massage therapy (limit 12 per year). Cost shares are after deductible for all high deductible health plans. Massage on the 7100/0% 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.

Step 3: Apply or renew your coverage

New groups: Wired Quote/Wired Enroll are the fastest, most secure ways to apply for coverage for small groups with Kaiser Permanente Northwest. Wired Quote/Wired Enroll are available to KP appointed brokers/producers at no cost. Learn more at wiredenroll.com. You can also complete the Small Business employer application, along with other required forms, and submit it to a Kaiser Permanente sales executive. Applications are due 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.

Solutions for employers and choice for employees

Select up to 3 medical plans to offer your employees. There is a limit of one point-of-service plan per bundle (with the exception of an out-of-area plan). 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.

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.



PLAN OPTIONS

Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	KP Plus™	Added Choice® point-of-service¹
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 POS² KP OR Platinum 250/20 3T POS OOA²
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 POS² KP OR Gold 500/35 3T POS OOA² KP OR Gold 1000/20 3T POS² KP OR Gold 1000/35 3T POS OOA²
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 3500/25% HSA	KP OR Silver 3000/45 KP Plus	KP OR Silver 3000/45 3T POS² KP OR Silver 3000/45 3T POS OOA² KP OR Silver 4000/45 3T POS² KP OR Silver 4000/45 3T POS OOA²
Bronze		KP OR Bronze 7000/60 KP OR Bronze 9400/0% KP Oregon Standard Bronze Plan	KP OR Bronze 7100/0% HSA	KP OR Bronze 7000/60 KP Plus	KP OR Bronze 7000/60 3T POS² KP OR Bronze 7000/60 3T POS OOA²

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. Vision + Massage: Bundle option A and receive \$25 massage therapy (limit 12 per year). Cost shares are after deductible for all high deductible health plans. Massage on the 7100/0% 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.</p>
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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**.

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.



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-order pharmacy). View our formulary at kp.org/formulary.

KP Plus outpatient prescription drugs

KP Plus members have access to 5 prescription fills per year at any licensed 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/choiceproducts/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 visits 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.

For members enrolled under Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.

For alternative care outside states where Kaiser Permanente operates (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.), The Cigna HealthcareSM PPO Network can be accessed for PPO network care.* Visit kp.org/choiceproducts/nw for more information.

*The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.



Vision hardware and routine eye exam

Children 18 and under are eligible for 1 pair of standard frames with lenses, a 6-month supply of disposable contacts, or 1 pair of conventional lenses per year at no cost. There is also no charge for low vision aids from a selected list, including medically necessary contact lenses.

Added Choice plan members 18 and under using the nonparticipating providers network pay 50%* for 1 pair of frames with lenses, 1 pair of conventional lenses, or a 6-month supply of disposable contact lenses. Low vision aids or medically necessary contacts are covered at 50%.

Employers can add coverage for adult vision exams and hardware to most of our plans. Vision hardware must be prescribed and purchased at Kaiser Permanente and selected vendors.

If vision coverage is 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.

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.

*Subject to annual medical deductible.



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 have no deductible and 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.



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.



TRADITIONAL PLANS

PLAN NAME	KP OR Platinum 0/20	KP OR Gold 0/30
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,200 per individual; \$4,400 per family	\$8,700 per individual; \$17,400 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$30 ⁵
Urgent care	\$40	\$60
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25
Chiropractic services ²	\$25	\$25
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$30 ⁵
OUTPATIENT THERAPIES³	\$30	\$50
OUTPATIENT SURGERY	\$100	\$200
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$30	\$40
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	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$30 ⁵
DURABLE MEDICAL EQUIPMENT	20%	40%
FERTILITY 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



Our deductible plans let employees access a broad range of primary care, specialty care, and hospital services. In fact, many preventive services are covered in full without the need to satisfy a deductible. And because all our plans have an out-of-pocket maximum, employees know both their health and financial security are being protected.

What is an annual deductible?

The annual deductible is the amount a member must pay in a calendar year for certain services before we will cover those services at the copay or coinsurance in that calendar year.

When the deductible applies

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

- Ambulance services
- 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
- Substance use disorder care (inpatient/residential)

*Some plans are different. Please check your benefit summary for 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 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
- Immunizations
- Hospice*

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.



DEDUCTIBLE PLANS

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	\$3,300 per individual; \$6,600 per family	\$3,200 per individual; \$6,400 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$20 ⁵
Urgent care	\$40	\$40
Specialty care	\$30	\$30
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
TELEHEALTH (PHONE/VIDEO)	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25
Chiropractic services ²	\$25	\$25
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$20 ⁵
OUTPATIENT THERAPIES³	\$30	\$30
OUTPATIENT SURGERY	15%*	20%*
LAB	\$20	\$20
X-RAY/DIAGNOSTIC TEST	\$30	\$30
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 Inpatient psychiatric and residential treatment	15%*	20%*
Outpatient	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$20 ⁵
DURABLE MEDICAL EQUIPMENT	15%*	20%*
FERTILITY 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 Inpatient	15%*	20%*

*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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$8,700 per individual; \$17,400 per family	\$8,700 per individual; \$17,400 per family	\$8,700 per individual; \$17,400 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$35 ⁵	\$5 for the first 3 visits; then \$35 ⁵
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 ⁵	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	\$25
Chiropractic services ²	\$25	\$25	\$25
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$35 ⁵	\$5 for the first 3 visits; then \$35 ⁵
OUTPATIENT THERAPIES³	\$40	\$45	\$50
OUTPATIENT SURGERY	25%*	25%*	25%*
LAB	\$20	\$35	\$35
X-RAY/DIAGNOSTIC TEST	\$20	\$45	\$40
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	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$35 ⁵	\$5 for the first 3 visits; then \$35 ⁵
DURABLE MEDICAL EQUIPMENT	25%*	25%*	25%*
FERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA⁴	20%	20%	20%
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$40 preferred brand name; 50% non-preferred brand name; 50% specialty	\$10 generic; \$30 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



DEDUCTIBLE PLANS

PLAN NAME	KP Oregon Standard Gold Plan ⁶	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	\$7,550 per individual; \$15,100 per family	\$8,900 per individual; \$17,800 per family	\$9,400 per individual; \$18,800 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$45 ⁵	\$5 for the first 3 visits; then \$45 ⁵
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 ⁵	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$20	\$25	\$25
Chiropractic services ²	\$20	\$25	\$25
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$45 ⁵	\$5 for the first 3 visits; then \$45 ⁵
OUTPATIENT THERAPIES³	\$20	\$55	\$60
OUTPATIENT SURGERY	20%*	40%*	40%*
LAB	20%*	\$45	\$45
X-RAY/DIAGNOSTIC TEST	20%*	\$50	\$45
CT, MRI, AND PET SCANS	20%*	40%*	40%*
INPATIENT HOSPITAL CARE	20%*	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	\$5 for the first 3 visits; then \$20 ⁵	\$5 for the first 3 visits; then \$45 ⁵	\$5 for the first 3 visits; then \$45 ⁵
DURABLE MEDICAL EQUIPMENT	20%*	40%*	40%*
FERTILITY SERVICES (diagnosis)	Not covered	50%	50%
DEPENDENT OUT-OF-AREA⁴	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. 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ⁶These plans may not be sold with additional coverage such as adult vision hardware and eye exam and massage. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Fertility Diagnosis.



PLAN NAME	KP OR Silver 5000/50	KP OR Silver 6000/50	KP Oregon Standard Silver Plan ⁶
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$5,000 per individual; \$10,000 per family	\$6,000 per individual; \$12,000 per family	\$5,500 per individual; \$11,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,400 per individual; \$18,800 per family	\$9,400 per individual; \$18,800 per family	\$9,450 per individual; \$18,900 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$40 ⁵
Urgent care	\$75	40%*	\$70
Specialty care	\$70	\$75	\$80
Prenatal care	\$0	\$0	30%*
Allergy shots and other injections	\$10	\$10	30%*
TELEHEALTH (PHONE/VIDEO)	\$0 ⁵	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	\$40
Chiropractic services ²	\$25	\$25	\$40
Naturopathic services	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$40 ⁵
OUTPATIENT THERAPIES³	\$70	\$75	\$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%*
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	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$50 ⁵	\$5 for the first 3 visits; then \$40 ⁵
DURABLE MEDICAL EQUIPMENT	40%*	40%*	30%*
FERTILITY SERVICES (diagnosis)	50%	50%	Not covered
DEPENDENT OUT-OF-AREA⁴	20%	20%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$60 preferred brand name; 50% non-preferred brand name; 50%* specialty	\$30 generic; \$75 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. 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.

⁶These plans may not be sold with additional coverage such as adult vision hardware and eye exam and massage. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Fertility Diagnosis.



DEDUCTIBLE PLANS

PLAN NAME	KP OR Bronze 7000/60	KP OR Bronze 9400/0%	KP Oregon Standard Bronze Plan ⁶
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$9,400 per individual; \$18,800 per family	\$9,450 per individual; \$18,900 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$9,400 per individual; \$18,800 per family	\$9,450 per individual; \$18,900 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$60 ⁵	\$5 for the first 3 visits; then 0%* ⁵	\$5 for the first 3 visits; then \$50 ⁵
Urgent care	40%*	\$0*	\$100
Specialty care	\$80*	\$0*	\$150
Prenatal care	\$0	\$0	0%*
Allergy shots and other injections	\$10	\$10	0%*
TELEHEALTH (PHONE/VIDEO)	\$0 ⁵	\$0 ⁵	\$0 ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	\$50
Chiropractic services ²	\$25	\$25	\$50
Naturopathic services	\$5 for the first 3 visits; then \$60 ⁵	\$5 for the first 3 visits; then 0%* ⁵	\$5 for the first 3 visits; then \$50 ⁵
OUTPATIENT THERAPIES³	\$80*	\$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%*
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	\$5 for the first 3 visits; then \$60 ⁵	\$5 for the first 3 visits; then 0%* ⁵	\$5 for the first 3 visits; then \$50 ⁵
DURABLE MEDICAL EQUIPMENT	40%*	\$0*	0%*
FERTILITY SERVICES (diagnosis)	50%	50%	Not covered
DEPENDENT OUT-OF-AREA⁴	20%	20%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$100 preferred brand name; 50%* non-preferred brand name; 50%* specialty	\$30 generic; \$0* preferred brand name; \$0* non-preferred brand name; \$0* specialty	\$25 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. 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ⁶These plans may not be sold with additional coverage such as adult vision hardware and eye exam and massage. Only medically necessary eye exams are covered. These plans exclude the following benefits: Dependent Out of Area and Fertility Diagnosis.



Our high deductible health plans offer lower monthly premiums and are health savings account (HSA) qualified to help employees take charge of their own health care spending.

True to its name, our high deductible health plan is a health plan with a high deductible. These plans are unique from traditional and traditional deductible plans as most nonpreventive services apply to the deductible. Some examples of nonpreventive services include prescriptions, outpatient surgery, and emergency department visits.

Paired with HSA-qualified high deductible plans, HSA accounts are easy to administer and let your employees pay for current health expenses and save for future qualified expenses on a tax-free basis.* To learn more, please refer to the Health Payment Accounts section of this book.

What is an annual deductible?

The annual deductible is the amount a member must pay in a calendar year for certain services before we will cover those services at the copay or coinsurance in that calendar year.

*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.

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.



HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS

PLAN NAME	KP OR Silver 3500/25% HSA	KP OR Bronze 7100/0% HSA
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,500 per individual; \$7,000 per family	\$7,100 per individual; \$14,200 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,000 per individual; \$14,000 per family	\$7,100 per individual; \$14,200 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	0%
Primary care	\$5* for the first 3 visits; then 25%* ⁵	0%* for the first 3 visits; then 0%* ⁵
Urgent care	25%*	0%*
Specialty care	25%*	0%*
Prenatal care	\$0	0%
Allergy shots and other injections	25%*	0%*
TELEHEALTH (PHONE/VIDEO)	0%* ⁵	0%* ⁵
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25*	0%*
Chiropractic services ²	\$25*	0%*
Naturopathic services	\$5* for the first 3 visits; then 25%* ⁵	0%* for the first 3 visits; then 0%* ⁵
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	\$5* for the first 3 visits; then 25%* ⁵	0%* for the first 3 visits; then 0%* ⁵
DURABLE MEDICAL EQUIPMENT	25%*	0%*
FERTILITY SERVICES (diagnosis)	50%*	0%*
DEPENDENT OUT-OF-AREA⁴	20%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$50* preferred brand name; 50%* 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. ⁵First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



Our health payment account options offer even more value by combining one of our health plans with a health reimbursement arrangement (HRA), health savings account (HSA), or flexible spending account (FSA). Administered through Kaiser Permanente, these accounts combine the convenience, flexibility, and cost-controlling features you want with the high-quality care your employees know and trust.

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

You get:

- 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

Your employees get:

- Easy access to cost estimates, balances, claims, and more
- A simple way to pay and get reimbursements
- Dedicated phone and email support from our specialists

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.

Administrative fees

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.^{4,5}

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.

Helping your employees stay in control of their spending

Your employees can track their health payment account spending wherever they are with our free KP Balance Tracker 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



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



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

With KP Plus, your employees get:

- Comprehensive coverage from Kaiser Permanente providers and facilities as well as affiliated providers
- 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 any licensed out-of-network provider 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 any licensed out-of-network provider.

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.



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

Out-of-network specialist office visit:

- Member pays higher cost share
- Counts as 1 service toward the 10-service max

Out-of-network lab service (2 labs):

- Member pays higher cost share
- Counts as up to 2 services toward the 10-service max

Out-of-network pharmacy visit:

- Member pays higher cost share
- Counts as 1 fill toward the 5-fill max

Result: Higher member cost share and up to 3 of 10 services and 1 of 5 prescription fills used.

OPTION 2: Combined in- and out-of-network

Out-of-network specialist office visit:

- Member pays higher cost share
- Counts as 1 service toward the 10-service max

Member brings lab orders to Kaiser Permanente (2 labs):

- Member pays lower cost share
- Does not count against member's 10-service max

Member brings prescription to Kaiser Permanente:

- Member pays lower cost share
- Does not count against member's 5-fill max

Result: Lower member cost share and 1 of 10 services and 0 of 5 prescription fills used.



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)	\$2,200 per individual; \$4,400 per family	N/A
BENEFITS ¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ²	\$40
Urgent care	\$40	Not covered, except for services received outside the service area ^{3,4}
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0 ²	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁵	\$45
Chiropractic services	\$25 ⁶	\$45
Naturopathic services	\$5 for the first 3 visits; then \$20 ²	\$40
OUTPATIENT THERAPIES	\$30 ⁷	\$50
OUTPATIENT SURGERY	\$100	Not covered
LAB	\$20	\$40
X-RAY/DIAGNOSTIC TEST	\$30	\$50
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 ³
AMBULANCE SERVICES	\$150	Covered at the in-network cost share ³
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	\$300 per day, \$1,500 per admission	Not covered
Outpatient	\$5 for the first 3 visits; then \$20 ²	\$40
DURABLE MEDICAL EQUIPMENT	20%	Not covered
FERTILITY 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) ³
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. ²First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ³The limit of 10 covered services does not apply. ⁴If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁵Limited to 12 visits per year. ⁶Limited to 20 visits per year. ⁷Rehabilitative 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)	\$8,700 per individual; \$17,400 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$5 for the first 3 visits; then \$20 ²	\$40
Urgent care	\$50	Not covered, except for services received outside the service area ^{3,4}
Specialty care	\$40	\$60
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0 ²	\$40
SELF-REFERRED ALTERNATIVE CARE Acupuncture services	\$25 ⁵	\$45
Chiropractic services	\$25 ⁶	\$45
Naturopathic services	\$5 for the first 3 visits; then \$20 ²	\$40
OUTPATIENT THERAPIES	\$40 ⁷	\$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 ³
AMBULANCE SERVICES	25%*	Covered at the in-network cost share ³
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Inpatient psychiatric and residential treatment	25%*	Not covered
Outpatient	\$5 for the first 3 visits; then \$20 ²	\$40
DURABLE MEDICAL EQUIPMENT	25%*	Not covered
FERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$40 preferred brand name; 50% non-preferred brand name; 50% specialty	\$30 generic; \$60 preferred brand name; 50% non-preferred brand name; 50% specialty (limited to 5 prescriptions fills per year) ³
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. ²First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ³The limit of 10 covered services does not apply. ⁴If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁵Limited to 12 visits per year. ⁶Limited to 20 visits per year. ⁷Rehabilitative 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.



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	\$0	\$0
Preventive care		
Primary care	\$5 for the first 3 visits; then \$45 ²	\$65
Urgent care	\$65	Not covered, except for services received outside the service area ^{3,4}
Specialty care	\$55	\$75
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0 ²	\$65
SELF-REFERRED ALTERNATIVE CARE	\$25 ⁵	\$45
Acupuncture services		
Chiropractic services	\$25 ⁶	\$45
Naturopathic services	\$5 for the first 3 visits; then \$45 ²	\$65
OUTPATIENT THERAPIES	\$55 ⁷	\$75
OUTPATIENT SURGERY	40%*	Not covered
LAB	\$45	\$65
X-RAY/DIAGNOSTIC TEST	\$50	\$70
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 ³
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ³
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	Not covered
Inpatient psychiatric and residential treatment		
Outpatient	\$5 for the first 3 visits; then \$45 ²	\$65
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
FERTILITY 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) ³
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE	40%*	Not covered
Inpatient		

*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. ²First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ³The limit of 10 covered services does not apply. ⁴If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁵Limited to 12 visits per year. ⁶Limited to 20 visits per year. ⁷Rehabilitative 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 7000/60 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)	\$9,450 per individual; \$18,900 per family	N/A
BENEFITS¹	Member pays	
OFFICE VISITS	\$0	\$0
Preventive care		
Primary care	\$5 for the first 3 visits; then \$60 ²	\$80
Urgent care	40%*	Not covered, except for services received outside the service area ^{3,4}
Specialty care	\$80*	\$100
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$30
TELEHEALTH (PHONE/VIDEO)	\$0 ²	\$80
SELF-REFERRED ALTERNATIVE CARE	\$25 ⁵	\$45
Acupuncture services		
Chiropractic services	\$25 ⁶	\$45
Naturopathic services	\$5 for the first 3 visits; then \$60 ²	\$80
OUTPATIENT THERAPIES	\$80* ⁷	\$100
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 ³
AMBULANCE SERVICES	40%*	Covered at the in-network cost share ³
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	40%*	Not covered
Inpatient psychiatric and residential treatment		
Outpatient	\$5 for the first 3 visits; then \$60 ²	\$80
DURABLE MEDICAL EQUIPMENT	40%*	Not covered
FERTILITY SERVICES (diagnosis)	50%	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$100 preferred brand name; 50%* non-preferred brand name; 50%* specialty	\$50 generic; \$120 preferred brand name; 50% non-preferred brand name; 50% specialty (limited to 5 prescriptions fills per year) ³
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	Not covered
MATERNITY CARE	40%*	Not covered
Inpatient		

*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. ²First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. ³The limit of 10 covered services does not apply. ⁴If you are temporarily out of the service area, urgent care from a nonparticipating provider or nonparticipating facility may be covered if the services are deemed necessary to prevent serious deterioration of health. ⁵Limited to 12 visits per year. ⁶Limited to 20 visits per year. ⁷Rehabilitative 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.



ADDED CHOICE POINT-OF-SERVICE PLANS

To allow your employees more autonomy when choosing care and coverage, we offer Added Choice. These members can access Kaiser Permanente's integrated care model and highly trained doctors, as well as seek covered services from thousands of licensed providers across the country.

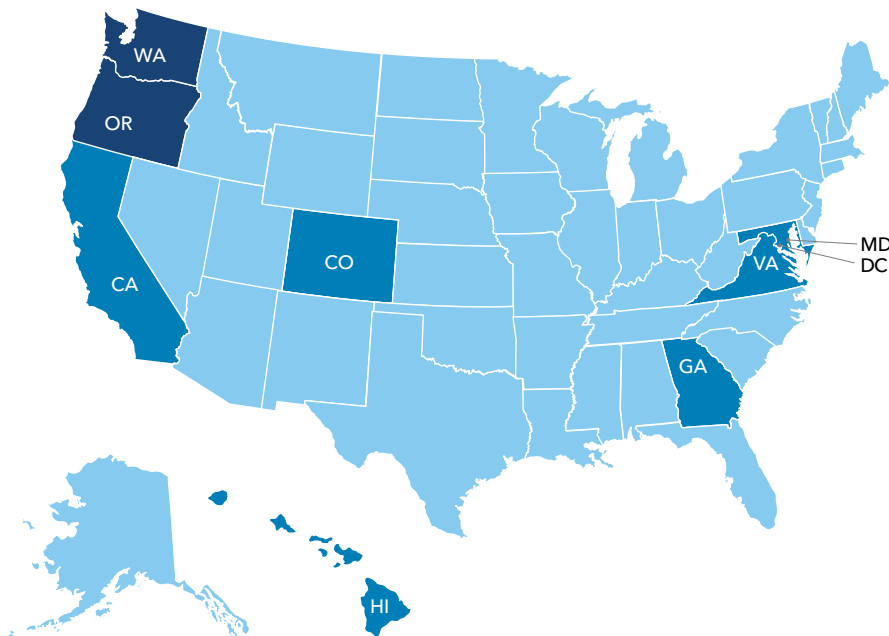


To learn more, visit kp.org/choiceproducts/nw.



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/choiceproducts/nw.



 **First Choice Health**

 **First Health Network**

 **cigna**
healthcare
Shared Administration
PPO

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.




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.

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 \$	PPO PROVIDERS ¹ \$\$	NONPARTICIPATING PROVIDERS ¹ \$\$\$
<p>Members choose a provider from Kaiser Permanente or The Portland Clinic.² With a referral, members can also choose other participating community providers and facilities. Members will typically have the lowest out-of-pocket costs when they receive services from select providers.</p>	<p>Members choose a preferred provider (PPO) from:</p> <ul style="list-style-type: none"> • First Choice Health in OR and WA • First Health Network in CA, CO, GA, HI, MD, VA, and Washington, D.C. • The Cigna Healthcare PPO Network in all other states³ 	<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>



See Added Choice plans on the following pages

Get the information you need

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

¹See your *Evidence of Coverage (EOC)* or visit kp.org/choiceproducts/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. ³The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.



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	\$3,200 per individual; \$6,400 per family	\$4,500 per individual; \$9,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$30 ⁴	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 ⁴	\$0 ⁴	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$30 ⁴	35%*
OUTPATIENT THERAPIES³	\$30	\$40	35%*
OUTPATIENT SURGERY	15%*	25%*	35%*
LAB	\$20	\$30	35%*
X-RAY/DIAGNOSTIC TEST	\$30	\$40	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	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$30 ⁴	35%*
DURABLE MEDICAL EQUIPMENT	15%*	25%*	35%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$6,200 per individual; \$12,400 per family	\$8,200 per individual; \$16,400 per family	\$10,200 per individual; \$20,400 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$60 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$60 ⁴	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	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	30%*	50%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$7,000 per individual; \$14,000 per family	\$9,000 per individual; \$18,000 per family	\$11,000 per individual; \$22,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$40 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$40 ⁴	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	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$40 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	25%*	40%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
OUTPATIENT THERAPIES³	\$55	\$70	50%*
OUTPATIENT SURGERY	40%*	45%*	50%*
LAB	\$45	45%*	50%*
X-RAY/DIAGNOSTIC TEST	\$50	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	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$9,400 per individual; \$18,800 per family	\$9,400 per individual; \$18,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	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	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



PLAN NAME	KP OR Bronze 7000/60 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$9,000 per individual; \$18,000 per family	\$11,000 per individual; \$22,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$9,450 per individual; \$18,900 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$75 ⁴	50%*
Urgent care	40%*	45%*	50%*
Specialty care	\$80*	\$100*	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$60	50%*
TELEHEALTH (PHONE/VIDEO)	\$0 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	20%	40%
Chiropractic services ²	\$25	20%	40%
Naturopathic services	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$75 ⁴	50%*
OUTPATIENT THERAPIES³	\$80*	\$100*	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	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$75 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	40%*	45%*	50%*
FERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$100 preferred brand name; 50%* non-preferred brand name; 50%* specialty	\$45 generic; \$120 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



ADDED CHOICE POINT-OF-SERVICE OUT-OF-AREA PLANS

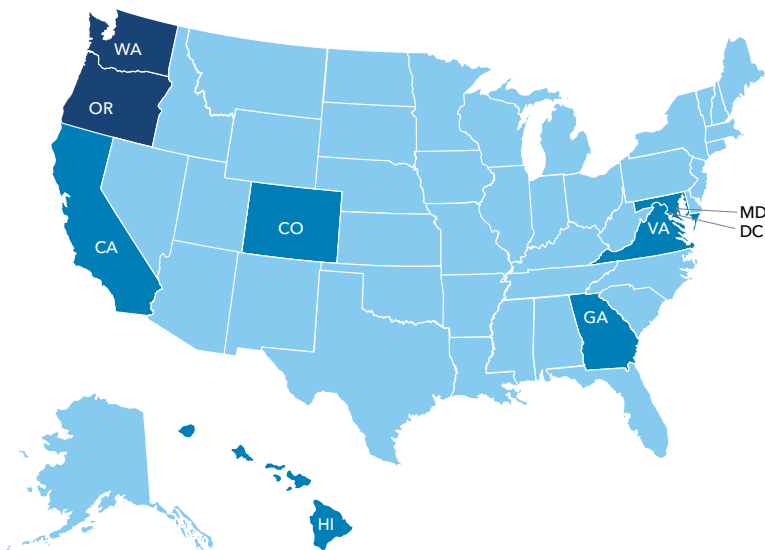


To allow your employees more autonomy when choosing care and coverage out of our service area, we offer Added Choice. Similar to Added Choice point-of-service, these out-of-area plans allow members the ability to access Kaiser Permanente's integrated care model and highly trained doctors, as well as seek covered services from thousands of licensed providers across the country.

To learn more, visit kp.org/choiceproducts/nw.

PPO network: More choice, greater flexibility

With the Kaiser Permanente Added Choice out-of-area 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/choiceproducts/nw.



 **First Choice Health.**

 **First Health
Network**


 **cigna**
healthcare
Shared Administration
PPO

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.



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 \$	PPO PROVIDERS ¹ \$\$	NONPARTICIPATING PROVIDERS ¹ \$\$\$	 See Added Choice out-of-area plans on the following pages
<p>Members choose a provider from Kaiser Permanente or The Portland Clinic.² With a referral, members can also choose other participating community providers and facilities. Members will typically have the lowest out-of-pocket costs when they receive services from select providers.</p>	<p>Members choose a preferred provider (PPO) from:</p> <ul style="list-style-type: none"> • First Choice Health in OR and WA • First Health Network in CA, CO, GA, HI, MD, VA, and Washington, D.C. • The Cigna Healthcare PPO Network in all other states³ 	<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/choiceproducts/nw.

¹See your *Evidence of Coverage (EOC)* or visit kp.org/choiceproducts/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. ³The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.



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	\$3,200 per individual; \$6,400 per family	\$3,200 per individual; \$6,400 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$20 ⁴	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 ⁴	\$0 ⁴	35%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$20 ⁴	35%*
OUTPATIENT THERAPIES³	\$30	\$30	35%*
OUTPATIENT SURGERY	15%*	15%*	35%*
LAB	\$20	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$30	\$30	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	\$5 for the first 3 visits; then \$20 ⁴	\$5 for the first 3 visits; then \$20 ⁴	35%*
DURABLE MEDICAL EQUIPMENT	15%*	15%*	35%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$6,900 per individual; \$13,800 per family	\$6,900 per individual; \$13,800 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	50%*
OUTPATIENT THERAPIES³	\$55	\$55	50%*
OUTPATIENT SURGERY	35%*	35%*	50%*
LAB	\$35	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$40	\$40	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	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	35%*	35%*	50%*
FERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand name; \$60 non-preferred brand name; 50% specialty	\$10 generic; \$30 preferred brand name; \$60 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$7,000 per individual; \$14,000 per family	\$7,000 per individual; \$14,000 per family	\$11,000 per individual; \$22,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	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	\$5 for the first 3 visits; then \$35 ⁴	\$5 for the first 3 visits; then \$35 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	35%*	35%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	50%*
OUTPATIENT THERAPIES³	\$55	\$55	50%*
OUTPATIENT SURGERY	45%*	45%*	50%*
LAB	\$45	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$50	\$50	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	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



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	\$9,400 per individual; \$18,800 per family	\$9,400 per individual; \$18,800 per family	\$14,000 per individual; \$28,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	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 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	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	\$5 for the first 3 visits; then \$45 ⁴	\$5 for the first 3 visits; then \$45 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
FERTILITY 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



PLAN NAME	KP OR Bronze 7000/60 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	\$9,450 per individual; \$18,900 per family	\$9,450 per individual; \$18,900 per family	\$15,000 per individual; \$30,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
Urgent care	45%*	45%*	50%*
Specialty care	\$80*	\$80*	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
TELEHEALTH (PHONE/VIDEO)	\$0 ⁴	\$0 ⁴	50%*
SELF-REFERRED ALTERNATIVE CARE Acupuncture services ¹	\$25	\$25	40%
Chiropractic services ²	\$25	\$25	40%
Naturopathic services	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
OUTPATIENT THERAPIES³	\$80*	\$80*	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	\$5 for the first 3 visits; then \$60 ⁴	\$5 for the first 3 visits; then \$60 ⁴	50%*
DURABLE MEDICAL EQUIPMENT	45%*	45%*	50%*
FERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$100 preferred brand name; 50%* non- preferred brand name; 50%* specialty	\$30 generic; \$100 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.

⁴First 3 visits are any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services.



Helping your employees access high-quality health care doesn't have to end when they become eligible for Medicare. Thanks to our Senior Advantage Plan, eligible employees can access the same physicians, services, and facilities that our other members enjoy, along with their Medicare benefits in a single plan.

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 sales executive or account manager 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 sign in to your account.kp.org account or visit kp.org/plandocuments for sample EOCs by product.



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 brand name and specialty. \$0 generic/brand name and specialty in the catastrophic coverage stage.*
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.

*Catastrophic coverage begins when the member's annual out-of-pocket costs (how much the member and those paying on member's behalf) reach \$8,000.



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