

# Find your healthy place

With care designed to help you thrive





# Go where you feel like your best self

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

## Important open enrollment dates for 2022

- The open enrollment period for 2022 coverage runs from November 1, 2021, through January 15, 2022.
- You can change or apply for coverage through Kaiser Foundation Health Plan of the Northwest, or we can help you apply through Washington Healthplanfinder.
- For coverage that starts on January 1, 2022, we must receive your Application for Health Coverage no later than December 15, 2021.

## Enrolling during a special enrollment period

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

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

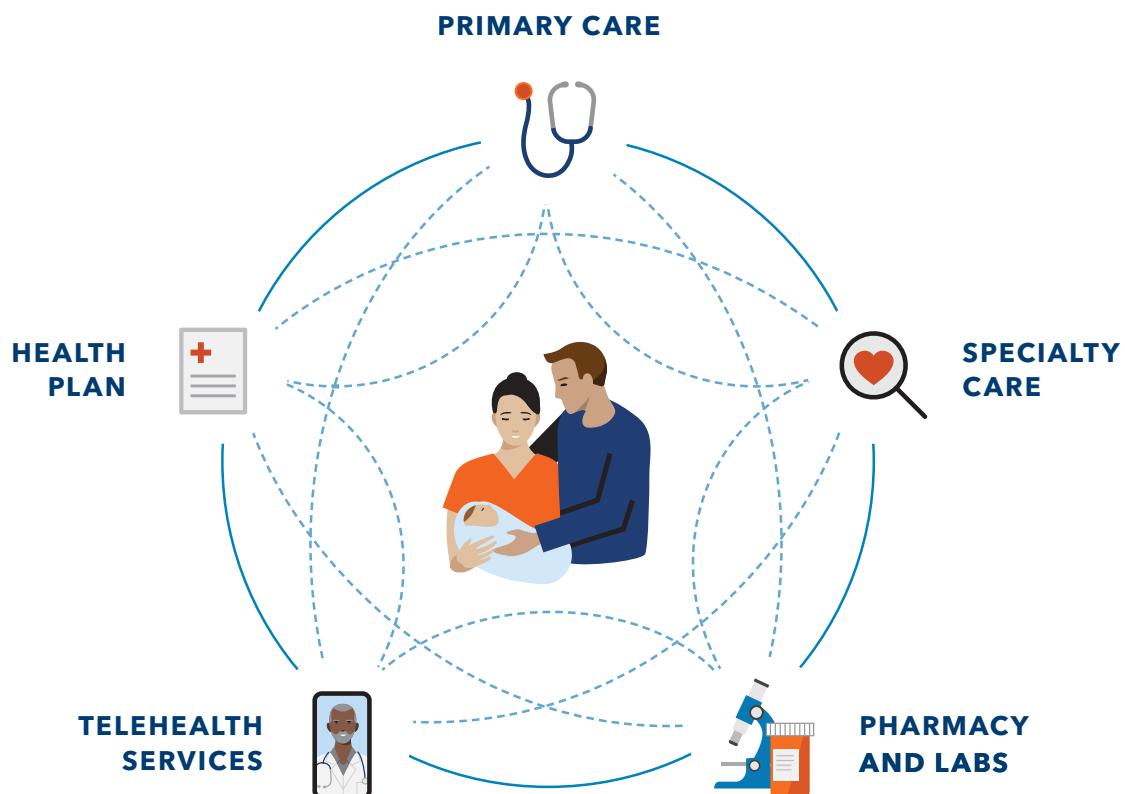
A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).



# Built to make your life easier

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

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



# Care centered around you

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

## Your healthy place should reflect who you are

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

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

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



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



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



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



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

# Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health.



## Phone or video visit

Talk with a doctor by phone or video. They can treat many illnesses and conditions, prescribe medication, and more – just like an office visit. Available 24/7 or with an appointment.<sup>2</sup>



## In-person care

We offer same-day, next-day, after-hours, and weekend services at many of our locations.<sup>3</sup>



## Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.



## Prescription delivery

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.<sup>4</sup>



## 24/7 advice

Get on-demand support with 24/7 care advice by phone.



## E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.



## Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic locations (in select CVS and Target stores) or Concentra urgent care centers.

## Telehealth is covered at no additional cost with most plans<sup>5</sup>

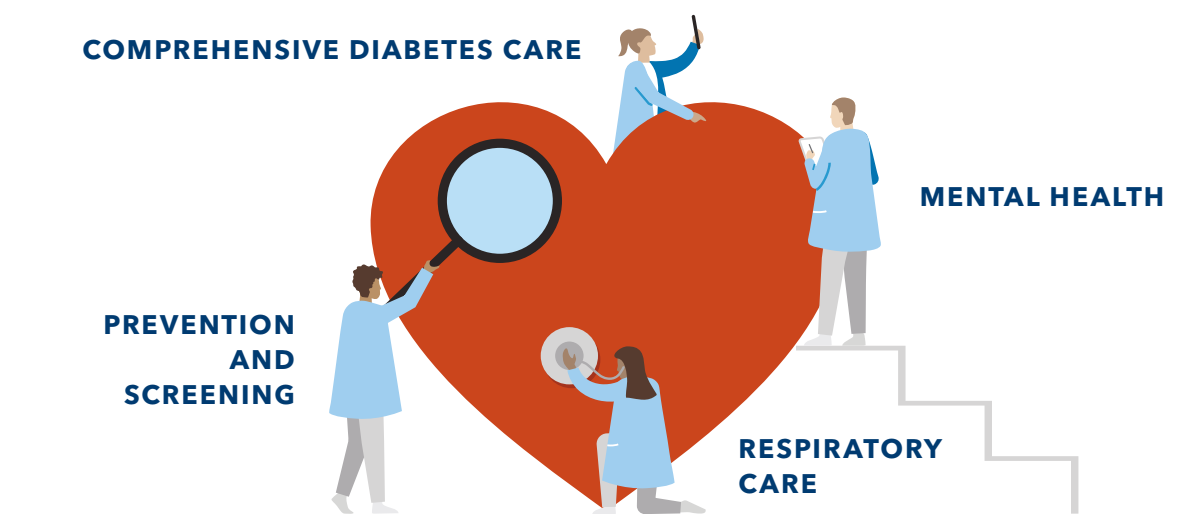
Telehealth has been part of how we deliver care for years, making it easier for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.<sup>6</sup>



# Industry-leading clinical quality

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

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures. The closest national competitor led in only 17.<sup>7</sup>



## Specialty care when you need it

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

### A comprehensive approach to care

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

### Support for ongoing conditions

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

# A better experience from the start

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



## Search profiles to find the right doctor

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



## Transition your care

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



## Connect to care online

After you enroll, create an account at [kp.org](https://kp.org) and download the Kaiser Permanente app.<sup>9</sup> Then manage your health on your schedule – whenever, wherever.

## Health care doesn't have to be confusing

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





# Making the most of your membership

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



## Kaiser Permanente app

Manage your health 24/7 – schedule appointments, email your doctor's office with nonurgent questions, order most prescription refills, see most test results, read your doctor's notes, and more.<sup>9</sup>



## Acupuncture, massage therapy, chiropractic care

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



## Reduced rates on healthy activities

Save money on your favorite healthy, fun, and stress-relieving activities. Explore your options at [chpactiveandhealthy.com](http://chpactiveandhealthy.com).



## Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



## Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

## Extras for your total health



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



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



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

# Care meets you where you are

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

95M

## VIRTUAL CONNECTIONS

between members and their care teams in 2020<sup>10</sup>



12.5M

## MEMBERS

covered for care needs in mind and body



23,597

## DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



39M

## PRESCRIPTION DELIVERIES

to members' homes in 2020, usually within 3 to 5 days



763

## HOSPITALS AND MEDICAL OFFICES

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



9

## AREAS

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



### Your choice of doctors and locations

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



# Choosing your health plan

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

## Copay plans – gold

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

## Deductible plans – gold, silver, and bronze

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

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

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses, adult dental care, or chiropractic services.<sup>11</sup> If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# Example of your costs for care

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

| Plan name   | Office visit | X-ray                                      | Generic drug                                 |
|---|--------------|--|--|
| KP WA Gold 0/20 with Pediatric Dental (no deductible)           | \$20         | \$50                                       | \$10*  |
| KP WA Silver 2500/40 with Pediatric Dental (\$2,500 deductible) | \$40         | \$50                                       | \$25*  |
| KP WA Bronze 6350/65 with Pediatric Dental (\$6,350 deductible) | \$65         | \$95 or \$65 if you've met your deductible | \$49* or \$30* if you've met your deductible |

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

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

## Do you qualify for financial help?

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



# Understanding the plans: benefit highlights

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

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

| Benefit highlights  | E<br>WA Silver 2500/40   |
|---|--|
| <b>Plan type</b>  | <b>Deductible</b>  |
| Annual medical deductible (individual/family)   | \$2,500/\$5,000  |
| Annual out-of-pocket maximum (individual/family)  | \$8,550/\$17,100   |
| <b>Benefits</b>   |  |
| <b>Virtual care</b>   |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  |
| <b>Preventive care</b>  |  |
| Routine physical exam, mammograms, etc.   | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |
| Primary care office visit   | \$40   |
| Specialty care office visit   | \$65   |
| Most X-rays   | \$50   |
| Most lab tests  | \$50   |
| MRI, CT, PET  | \$350 after deductible   |
| Outpatient surgery  | 30% after deductible   |
| Mental health visit   | \$40   |
| <b>Inpatient hospital care</b>  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 30% after deductible   |
| <b>Maternity</b>  |  |
| Routine prenatal care and, postpartum visits  | No charge  |
| Delivery and inpatient well-baby care   | 30% after deductible   |
| <b>Emergency and urgent care</b>  |  |
| Emergency Department visit  | \$350 after deductible   |
| Urgent care visit   | \$50   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |
| Generic   | \$25*  |
| Preferred brand   | \$65*  |
| Non-preferred brand   | 50% after deductible   |
| Specialty   | 50% after deductible   |
| <b>Whole health</b>   |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. \$40 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

**E** Offered through the health benefit exchange, Washington Healthplanfinder

**Annual deductible**  
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

**Annual out-of-pocket maximum**  
This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,550 for yourself and no more than \$17,100 for your family for your copays, coinsurance, and deductible in a calendar year.

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

**Covered before you reach the deductible**  
With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan primary care visits are covered at a \$40 copay – even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

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

**Copay**  
This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$50 copay for urgent care visits, whether or not you have met your deductible.

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

| Benefit highlights  | KP<br>KP WA Bronze 8550/75<br>with Pediatric Dental  | KP<br>KP WA Bronze 6900/0% HSA<br>with Pediatric Dental  | KP<br>KP WA Bronze 6350/65<br>with Pediatric Dental   | KP<br>KP WA Silver 4500/40<br>with Pediatric Dental  |
|---|--|--|---|--|
|   | Deductible   | HSA-Qualified  | Deductible  | Deductible   |
| Annual medical deductible (individual/family)   | \$8,550/\$17,100   | \$6,900/\$13,800   | \$6,350/\$12,700  | \$4,500/\$9,000  |
| Annual out-of-pocket maximum (individual/family)  | \$8,550/\$17,100   | \$6,900/\$13,800   | \$8,550/\$17,100  | \$8,550/\$17,100   |
| <b>Benefits</b>   |  |  |   |  |
| <b>Virtual care</b>   |  |  |   |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | Email, E-visit: No charge. Chat, Phone and Video visit: No charge after deductible   | No charge   | No charge  |
| <b>Preventive care</b>  |  |  |   |  |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge   | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |   |  |
| Primary care office visit   | \$75   | No charge after deductible   | \$65  | \$40   |
| Specialty care office visit   | No charge after deductible   | No charge after deductible   | \$95 after deductible   | \$70 after deductible  |
| Most X-rays   | No charge after deductible   | No charge after deductible   | \$65 after deductible   | \$60 after deductible  |
| Most lab tests  | No charge after deductible   | No charge after deductible   | \$65 after deductible   | \$60 after deductible  |
| MRI, CT, PET  | No charge after deductible   | No charge after deductible   | 35% after deductible  | \$350 after deductible   |
| Outpatient surgery  | No charge after deductible   | No charge after deductible   | 35% after deductible  | 35% after deductible   |
| Mental health visit   | \$75   | No charge after deductible   | \$65  | \$40   |
| <b>Inpatient hospital care</b>  |  |  |   |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | No charge after deductible   | No charge after deductible   | 35% after deductible  | 35% after deductible   |
| <b>Maternity</b>  |  |  |   |  |
| Routine prenatal care and postpartum visits   | No charge  | No charge  | No charge   | No charge  |
| Delivery and inpatient well-baby care   | No charge after deductible   | No charge after deductible   | 35% after deductible  | 35% after deductible   |
| <b>Emergency and urgent care</b>  |  |  |   |  |
| Emergency Department visit  | No charge after deductible   | No charge after deductible   | 35% after deductible  | \$350 after deductible   |
| Urgent care visit   | No charge after deductible   | No charge after deductible   | 35% after deductible  | \$50   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |   |  |
| Generic   | \$30*  | No charge after deductible   | \$30* after deductible  | \$25*  |
| Preferred brand   | No charge after deductible   | No charge after deductible   | 50% after deductible  | \$65*  |
| Non-preferred brand   | No charge after deductible   | No charge after deductible   | 50% after deductible  | 50% after deductible   |
| Specialty   | No charge after deductible   | No charge after deductible   | 50% after deductible  | 50% after deductible   |
| <b>Whole health</b>   |  |  |   |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. \$75 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. No charge after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$95 after deductible per visit. \$65 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$70 per visit. \$40 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the standard plan: *EWIDDEDSTD0122*; for traditional copay plans: *EWIDTRADDNTOVX0122 & EWIDTRADOVX0122*; for HSA-qualified deductible plans: *EWIDHDHPDNT0122 & EWIDHDHP0122*; for deductible plans: *EWIDDEDNTOVX0122; EWIDDEDOVX0122*.

Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000, or contact your producer.

| Benefit highlights  | <b>KP</b><br>KP WA Silver 3000/20% HSA with Pediatric Dental   | <b>KP</b><br>KP WA Silver 2500/40 with Pediatric Dental  | <b>KP</b><br>KP WA Gold 2000/30 with Pediatric Dental  | <b>KP</b><br>KP WA Gold 0/20 with Pediatric Dental   |
|---|--|--|--|--|
|   | HSA-Qualified  | Deductible   | Deductible   | Copayment  |
| Annual medical deductible (individual/family)   | \$3,000/\$6,000  | \$2,500/\$5,000  | \$2,000/\$4,000  | None/None  |
| Annual out-of-pocket maximum (individual/family)  | \$6,900/\$13,800   | \$8,550/\$17,100   | \$7,900/\$15,800   | \$7,900/\$15,800   |
| <b>Benefits</b>   |  |  |  |  |
| <b>Virtual care</b>   |  |  |  |  |
| Chat, Email, E-visit, Phone, and Video visit  | Email, E-visit: No charge. Chat, Phone and Video visit: No charge after deductible   | No charge  | No charge  | No charge  |
| <b>Preventive care</b>  |  |  |  |  |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge  | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |  |  |
| Primary care office visit   | 20% after deductible   | \$40   | \$30   | \$20   |
| Specialty care office visit   | 20% after deductible   | \$65   | \$50   | \$50   |
| Most X-rays   | 20% after deductible   | \$50   | \$50   | \$50   |
| Most lab tests  | 20% after deductible   | \$50   | \$50   | \$50   |
| MRI, CT, PET  | 20% after deductible   | \$350 after deductible   | \$350 after deductible   | \$350  |
| Outpatient surgery  | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30%  |
| Mental health visit   | 20% after deductible   | \$40   | \$30   | \$20   |
| <b>Inpatient hospital care</b>  |  |  |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30%  |
| <b>Maternity</b>  |  |  |  |  |
| Routine prenatal care and postpartum visits   | No charge  | No charge  | No charge  | No charge  |
| Delivery and inpatient well-baby care   | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30%  |
| <b>Emergency and urgent care</b>  |  |  |  |  |
| Emergency Department visit  | 20% after deductible   | \$350 after deductible   | \$350 after deductible   | \$350  |
| Urgent care visit   | 20% after deductible   | \$50   | \$40   | \$40   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |  |  |
| Generic   | \$15* after deductible   | \$25*  | \$15*  | \$10*  |
| Preferred brand   | \$55* after deductible   | \$65*  | \$40*  | \$30*  |
| Non-preferred brand   | 50% after deductible   | 50% after deductible   | 50%  | 50%  |
| Specialty   | 50% after deductible   | 50% after deductible   | 50%  | 50%  |
| <b>Whole health</b>   |  |  |  |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits 20% after deductible per visit. 20% after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. \$40 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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**E** Offered through the health benefit exchange, Washington Healthplanfinder

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on [wahealthplanfinder.org](http://wahealthplanfinder.org).

| Benefit highlights  | <b>E</b><br>KP WA Bronze 8550/75   | <b>E</b><br>KP WA Bronze 6900/0% HSA   | <b>E</b><br>KP WA Bronze 6350/65  |
|---|--|--|---|
| <b>Plan type</b>  | <b>Deductible</b>  | <b>HSA-Qualified</b>   | <b>Deductible</b>   |
| Annual medical deductible (individual/family)   | \$8,550/\$17,100   | \$6,900/\$13,800   | \$6,350/\$12,700  |
| Annual out-of-pocket maximum (individual/family)  | \$8,550/\$17,100   | \$6,900/\$13,800   | \$8,550/\$17,100  |
| <b>Benefits</b>   |  |  |   |
| <b>Virtual care</b>   |  |  |   |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | Email, E-visit: No charge. Chat, Phone and Video visit: No charge after deductible   | No charge   |
| <b>Preventive care</b>  |  |  |   |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge   |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |   |
| Primary care office visit   | \$75   | No charge after deductible   | \$65  |
| Specialty care office visit   | No charge after deductible   | No charge after deductible   | \$95 after deductible   |
| Most X-rays   | No charge after deductible   | No charge after deductible   | \$65 after deductible   |
| Most lab tests  | No charge after deductible   | No charge after deductible   | \$65 after deductible   |
| MRI, CT, PET  | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| Outpatient surgery  | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| Mental health visit   | \$75   | No charge after deductible   | \$65  |
| <b>Inpatient hospital care</b>  |  |  |   |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| <b>Maternity</b>  |  |  |   |
| Routine prenatal care and postpartum visits   | No charge  | No charge  | No charge   |
| Delivery and inpatient well-baby care   | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| <b>Emergency and urgent care</b>  |  |  |   |
| Emergency Department visit  | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| Urgent care visit   | No charge after deductible   | No charge after deductible   | 35% after deductible  |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |   |
| Generic   | \$30*  | No charge after deductible   | \$30* after deductible  |
| Preferred brand   | No charge after deductible   | No charge after deductible   | 50% after deductible  |
| Non-preferred brand   | No charge after deductible   | No charge after deductible   | 50% after deductible  |
| Specialty   | No charge after deductible   | No charge after deductible   | 50% after deductible  |
| <b>Whole health</b>   |  |  |   |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. \$75 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. No charge after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$95 after deductible per visit. \$65 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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

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**E** Offered through the health benefit exchange, Washington Healthplanfinder

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| Benefit highlights  | <b>E</b><br>KP Cascade Bronze  | <b>E</b><br>KP WA Silver 2500/40   | <b>E</b><br>KP Cascade Silver  |
|---|--|--|--|
| <b>Plan type</b>  | <b>Deductible</b>  | <b>Deductible</b>  | <b>Deductible</b>  |
| Annual medical deductible (individual/family)   | \$6,000/\$12,000   | \$2,500/\$5,000  | \$2,000/\$4,000  |
| Annual out-of-pocket maximum (individual/family)  | \$8,550/\$17,100   | \$8,550/\$17,100   | \$7,800/\$15,600   |
| <b>Benefits</b>   |  |  |  |
| <b>Virtual care</b>   |  |  |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | No charge  | No charge  |
| <b>Preventive care</b>  |  |  |  |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |  |
| Primary care office visit   | \$50   | \$40   | \$25   |
| Specialty care office visit   | \$100 after deductible   | \$65   | \$60   |
| Most X-rays   | 40% after deductible   | \$50   | \$60   |
| Most lab tests  | 40% after deductible   | \$50   | \$35   |
| MRI, CT, PET  | 40% after deductible   | \$350 after deductible   | 30% after deductible   |
| Outpatient surgery  | 40% after deductible   | 30% after deductible   | \$800 after deductible   |
| Mental health visit   | \$50   | \$40   | \$25   |
| <b>Inpatient hospital care</b>  |  |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 40% after deductible   | 30% after deductible   | \$800 per day after deductible up to 5 days**  |
| <b>Maternity</b>  |  |  |  |
| Routine prenatal care visit, first postpartum visit                                     | 40% after deductible   | No charge  | 30% after deductible   |
| Delivery and inpatient well-baby care   | 40% after deductible   | 30% after deductible   | \$800 per day after deductible up to 5 days**  |
| <b>Emergency and urgent care</b>  |  |  |  |
| Emergency Department visit  | 40% after deductible   | \$350 after deductible   | \$800 after deductible   |
| Urgent care visit   | \$100  | \$50   | \$60   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |  |
| Generic   | \$32*  | \$25*  | \$20*  |
| Preferred brand   | 40% after deductible   | \$65*  | \$70*  |
| Non-preferred brand   | 40% after deductible   | 50% after deductible   | \$250* after deductible  |
| Specialty   | 40% after deductible   | 50% after deductible   | \$250 after deductible   |
| <b>Whole health</b>   |  |  |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits \$100 after deductible per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. \$40 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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

\*\*After 5 days, there is no charge for covered services related to the admission.

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| Benefit highlights  | <b>E</b><br>KP WA Gold 2000/30   | <b>E</b><br>KP Cascade Gold  | <b>E</b><br>KP WA Gold 0/20  |
|---|--|--|--|
|   | Deductible   | Deductible   | Copayment  |
| Annual medical deductible (individual/family)   | \$2,000/\$4,000  | \$500/\$1,000  | None/None  |
| Annual out-of-pocket maximum (individual/family)  | \$7,900/\$15,800   | \$5,250/\$10,500   | \$7,900/\$15,800   |
| <b>Benefits</b>   |  |  |  |
| <b>Virtual care</b>   |  |  |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | No charge  | No charge  |
| <b>Preventive care</b>  |  |  |  |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |  |
| Primary care office visit   | \$30   | \$15   | \$20   |
| Specialty care office visit   | \$50   | \$40   | \$50   |
| Most X-rays   | \$50   | \$30   | \$50   |
| Most lab tests  | \$50   | \$20   | \$50   |
| MRI, CT, PET  | \$350 after deductible   | \$300 after deductible   | \$350  |
| Outpatient surgery  | 30% after deductible   | \$425 after deductible   | 30%  |
| Mental health visit   | \$30   | \$15   | \$20   |
| <b>Inpatient hospital care</b>  |  |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 30% after deductible   | \$525 per day up to 5 days**   | 30%  |
| <b>Maternity</b>  |  |  |  |
| Routine prenatal care visit, first postpartum visit                                     | No charge  | 20% after deductible   | No charge  |
| Delivery and inpatient well-baby care   | 30% after deductible   | \$525 per day up to 5 days**   | 30%  |
| <b>Emergency and urgent care</b>  |  |  |  |
| Emergency Department visit  | \$350 after deductible   | \$450 after deductible   | \$350  |
| Urgent care visit   | \$40   | \$35   | \$40   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |  |
| Generic   | \$15*  | \$10*  | \$10*  |
| Preferred brand   | \$40*  | \$60*  | \$30*  |
| Non-preferred brand   | 50%  | \$100*   | 50%  |
| Specialty   | 50%  | \$100  | 50%  |
| <b>Whole health</b>   |  |  |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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**E** Offered through the health benefit exchange, Washington Healthplanfinder

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through [wahealthplanfinder.org](http://wahealthplanfinder.org).

| Benefit highlights  | <b>E</b><br>KP WA Silver 2500/40 73% CSR   | <b>E</b><br>KP WA Silver 2500/40 87% CSR   | <b>E</b><br>KP WA Silver 2500/40 94% CSR  |
|---|--|--|---|
| <b>Plan type</b>  | <b>Deductible</b>  | <b>Deductible</b>  | <b>Deductible</b>   |
| Annual medical deductible (individual/family)   | \$2,500/\$5,000  | \$350/\$700  | None/None   |
| Annual out-of-pocket maximum (individual/family)  | \$6,500/\$13,000   | \$2,700/\$5,400  | \$2,300/\$4,600   |
| <b>Benefits</b>   |  |  |   |
| <b>Virtual care</b>   |  |  |   |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | No charge  | No charge   |
| <b>Preventive care</b>  |  |  |   |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge   |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |   |
| Primary care office visit   | \$40   | \$20   | \$5   |
| Specialty care office visit   | \$60   | \$30   | \$10  |
| Most X-rays   | \$50   | \$20   | \$5   |
| Most lab tests  | \$50   | \$20   | \$5   |
| MRI, CT, PET  | \$350 after deductible   | \$250 after deductible   | \$100   |
| Outpatient surgery  | 30% after deductible   | 30% after deductible   | 10%   |
| Mental health visit   | \$40   | \$20   | \$5   |
| <b>Inpatient hospital care</b>  |  |  |   |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 30% after deductible   | 30% after deductible   | 10%   |
| <b>Maternity</b>  |  |  |   |
| Routine prenatal care and postpartum visits   | No charge  | No charge  | No charge   |
| Delivery and inpatient well-baby care   | 30% after deductible   | 30% after deductible   | 10%   |
| <b>Emergency and urgent care</b>  |  |  |   |
| Emergency Department visit  | \$350 after deductible   | \$250 after deductible   | \$100   |
| Urgent care visit   | \$50   | \$35   | \$25  |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |   |
| Generic   | \$25*  | \$15*  | \$5*  |
| Preferred brand   | \$65*  | \$45*  | \$10*   |
| Non-preferred brand   | 50% after deductible   | 50% after deductible   | 50%   |
| Specialty   | 50% after deductible   | 50% after deductible   | 50%   |
| <b>Whole health</b>   |  |  |   |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. \$40 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$10 per visit. \$5 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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## Cost Share Reduction (CSR) Plans

**E** Offered through the health benefit exchange, Washington Healthplanfinder

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| Benefit highlights  | <b>E</b>   | <b>E</b>   | <b>E</b>   |
|---|--|--|--|
|   | KP Cascade Silver  | KP Cascade Silver  | KP Cascade Silver  |
| <b>Plan type</b>  | <b>Deductible</b>  | <b>Deductible</b>  | <b>Deductible</b>  |
| Annual medical deductible (individual/family)   | \$2,000/\$4,000  | \$750/\$1,500  | \$150/\$300  |
| Annual out-of-pocket maximum (individual/family)  | \$6,500/\$13,000   | \$2,250/\$4,500  | \$800/\$1,600  |
| <b>Benefits</b>   |  |  |  |
| <b>Virtual care</b>   |  |  |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | No charge  | No charge  |
| <b>Preventive care</b>  |  |  |  |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                                     |  |  |  |
| Primary care office visit   | \$20   | \$10   | \$3  |
| Specialty care office visit   | \$60   | \$30   | \$15   |
| Most X-rays   | \$60   | \$40   | \$15   |
| Most lab tests  | \$35   | \$20   | \$5  |
| MRI, CT, PET  | 30% after deductible   | 20% after deductible   | 15% after deductible   |
| Outpatient surgery  | \$775 after deductible   | \$445 after deductible   | \$125 after deductible   |
| Mental health visit   | \$20   | \$10   | \$3  |
| <b>Inpatient hospital care</b>  |  |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | \$750 per day after deductible up to 5 days**  | \$425 per day after deductible up to 5 days**  | \$100 per day after deductible up to 5 days**  |
| <b>Maternity</b>  |  |  |  |
| Routine prenatal care and postpartum visits   | 30% after deductible   | 20% after deductible   | 15% after deductible   |
| Delivery and inpatient well-baby care   | \$750 per day after deductible up to 5 days**  | \$425 per day after deductible up to 5 days**  | \$100 per day after deductible up to 5 days**  |
| <b>Emergency and urgent care</b>  |  |  |  |
| Emergency Department visit  | \$750 after deductible   | \$425 after deductible   | \$150  |
| Urgent care visit   | \$60   | \$30   | \$15   |
| <b>Prescription drugs (up to a 30-day supply)</b>                                       |  |  |  |
| Generic   | \$18*  | \$12*  | \$3*   |
| Preferred brand   | \$70*  | \$35*  | \$12*  |
| Non-preferred brand   | \$200* after deductible  | \$160*   | \$35*  |
| Specialty   | \$200 after deductible   | \$160  | \$35   |
| <b>Whole health</b>   |  |  |  |
| Healthy services  | 10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . | 10 in-network chiropractic visits and 12 acupuncture visits \$15 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> . |

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# Find your rate

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

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you add an optional dental plan for family members 19 and older
- If you qualify for federal financial assistance. Visit [buykp.org/apply](https://buykp.org/apply) or call us at **1-800-494-5314 (TTY 711)** to see if you may qualify.
- If you use tobacco

### Interested in a family plan?

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

Family members include:

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

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

The rates in the monthly rates chart apply to these counties. Please check that your county is listed below. If it isn't, call us at **1-800-494-5314 (TTY 711)** for information on other rate areas.

| Our service area |                |
|------------------|----------------|
| Clark County     | Cowlitz County |
| All ZIP codes    | All ZIP codes  |

# 2022 Monthly rates

## Clark County

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

| Tobacco Non-User Rates     |  |  |  |                        |  |   |  |                        |  |                      |   |
|----------------------------|--|--|--|------------------------|--|---|--|------------------------|--|----------------------|---|
| Age on 2022 effective date | KP<br>KP WA Bronze 8550/75 with Pediatric Dental | KP<br>KP WA Bronze 6900/0% HSA with Pediatric Dental | KP<br>KP WA Bronze 6350/65 with Pediatric Dental | E<br>KP Cascade Bronze | KP<br>KP WA Silver 4500/40 with Pediatric Dental | KP<br>KP WA Silver 3000/20% HSA with Pediatric Dental | KP<br>KP WA Silver 2500/40 with Pediatric Dental | E<br>KP Cascade Silver | KP<br>KP WA Gold 2000/30 with Pediatric Dental | E<br>KP Cascade Gold | KP<br>KP WA Gold 0/20 with Pediatric Dental |
| 0-14                       | \$201.11   | \$205.70   | \$206.32   | \$203.72               | \$225.51   | \$242.41  | \$259.49   | \$303.94               | \$277.17                                       | \$322.33             | \$302.31                                    |
| 15                         | 218.99   | 223.99   | 224.66   | 221.83                 | 245.56   | 263.96  | 282.55   | 330.96                 | 301.81   | 350.98               | 329.18                                      |
| 16                         | 225.82   | 230.98   | 231.67   | 228.75                 | 253.22   | 272.20  | 291.37   | 341.29                 | 311.23   | 361.93               | 339.45                                      |
| 17                         | 232.66   | 237.97   | 238.68   | 235.68                 | 260.89   | 280.44  | 300.19   | 351.62                 | 320.65   | 372.89               | 349.73                                      |
| 18                         | 240.02   | 245.50   | 246.24   | 243.13                 | 269.14   | 289.31  | 309.69   | 362.74                 | 330.80   | 384.68               | 360.79                                      |
| 19                         | 247.38   | 253.03   | 253.79   | 250.59                 | 277.40   | 298.18  | 319.19   | 373.87                 | 340.94   | 396.48               | 371.85                                      |
| 20                         | 255.00   | 260.82   | 261.61   | 258.31                 | 285.95   | 307.37  | 329.02   | 385.39                 | 351.45   | 408.70               | 383.31                                      |
| 21-24                      | 262.89   | 268.89   | 269.70   | 266.30                 | 294.79   | 316.88  | 339.20   | 397.31                 | 362.32   | 421.34               | 395.17                                      |
| 25                         | 263.94   | 269.97   | 270.78   | 267.37                 | 295.97   | 318.15  | 340.56   | 398.90                 | 363.77   | 423.03               | 396.75                                      |
| 26                         | 269.20   | 275.34   | 276.17   | 272.69                 | 301.86   | 324.49  | 347.34   | 406.85                 | 371.02   | 431.45               | 404.65                                      |
| 27                         | 275.51   | 281.80   | 282.65   | 279.08                 | 308.94   | 332.09  | 355.48   | 416.38                 | 379.71   | 441.56               | 414.14                                      |
| 28                         | 285.76   | 292.28   | 293.16   | 289.47                 | 320.44   | 344.45  | 368.71   | 431.88                 | 393.84   | 458.00               | 429.55                                      |
| 29                         | 294.17   | 300.89   | 301.79   | 297.99                 | 329.87   | 354.59  | 379.56   | 444.59                 | 405.44   | 471.48               | 442.20                                      |
| 30                         | 298.38   | 305.19   | 306.11   | 302.25                 | 334.59   | 359.66  | 384.99   | 450.95                 | 411.23   | 478.22               | 448.52                                      |
| 31                         | 304.69   | 311.64   | 312.58   | 308.64                 | 341.66   | 367.26  | 393.13   | 460.48                 | 419.93   | 488.33               | 458.00                                      |
| 32                         | 311.00   | 318.10   | 319.06   | 315.03                 | 348.74   | 374.87  | 401.27   | 470.02                 | 428.62   | 498.45               | 467.49                                      |
| 33                         | 314.94   | 322.13   | 323.10   | 319.03                 | 353.16   | 379.62  | 406.36   | 475.98                 | 434.06   | 504.77               | 473.41                                      |
| 34                         | 319.15   | 326.43   | 327.42   | 323.29                 | 357.88   | 384.69  | 411.79   | 482.33                 | 439.86   | 511.51               | 479.74                                      |
| 35                         | 321.25   | 328.58   | 329.57   | 325.42                 | 360.23   | 387.23  | 414.50   | 485.51                 | 442.76   | 514.88               | 482.90                                      |
| 36                         | 323.35   | 330.73   | 331.73   | 327.55                 | 362.59   | 389.76  | 417.22   | 488.69                 | 445.65   | 518.25               | 486.06                                      |
| 37                         | 325.46   | 332.89   | 333.89   | 329.68                 | 364.95   | 392.30  | 419.93   | 491.87                 | 448.55   | 521.62               | 489.22                                      |
| 38                         | 327.56   | 335.04   | 336.05   | 331.81                 | 367.31   | 394.83  | 422.64   | 495.05                 | 451.45   | 524.99               | 492.38                                      |
| 39                         | 331.77   | 339.34   | 340.36   | 336.07                 | 372.02   | 399.90  | 428.07   | 501.41                 | 457.25   | 531.73               | 498.70                                      |
| 40                         | 335.97   | 343.64   | 344.68   | 340.33                 | 376.74   | 404.97  | 433.50   | 507.76                 | 463.04   | 538.47               | 505.03                                      |
| 41                         | 342.28   | 350.09   | 351.15   | 346.72                 | 383.82   | 412.58  | 441.64   | 517.30                 | 471.74   | 548.58               | 514.51                                      |
| 42                         | 348.33   | 356.28   | 357.35   | 352.85                 | 390.60   | 419.87  | 449.44   | 526.44                 | 480.07   | 558.28               | 523.60                                      |
| 43                         | 356.74   | 364.88   | 365.98   | 361.37                 | 400.03   | 430.01  | 460.29   | 539.15                 | 491.67   | 571.76               | 536.25                                      |
| 44                         | 367.26   | 375.64   | 376.77   | 372.02                 | 411.82   | 442.68  | 473.86   | 555.04                 | 506.16   | 588.61               | 552.05                                      |
| 45                         | 379.61   | 388.28   | 389.45   | 384.54                 | 425.68   | 457.57  | 489.80   | 573.72                 | 523.19   | 608.41               | 570.63                                      |
| 46                         | 394.34   | 403.34   | 404.55   | 399.45                 | 442.19   | 475.32  | 508.80   | 595.97                 | 543.48   | 632.01               | 592.76                                      |
| 47                         | 410.90   | 420.28   | 421.54   | 416.23                 | 460.76   | 495.28  | 530.17   | 621.00                 | 566.31   | 658.55               | 617.65                                      |
| 48                         | 429.83   | 439.64   | 440.96   | 435.40                 | 481.98   | 518.10  | 554.59   | 649.60                 | 592.39   | 688.89               | 646.10                                      |
| 49                         | 448.49   | 458.73   | 460.11   | 454.31                 | 502.91   | 540.60  | 578.68   | 677.81                 | 618.12   | 718.81               | 674.16                                      |
| 50                         | 469.52   | 480.24   | 481.68   | 475.61                 | 526.49   | 565.95  | 605.81   | 709.60                 | 647.10   | 752.51               | 705.77                                      |
| 51                         | 490.29   | 501.48   | 502.99   | 496.65                 | 549.78   | 590.98  | 632.61   | 740.98                 | 675.73   | 785.80               | 736.99                                      |
| 52                         | 513.16   | 524.87   | 526.45   | 519.82                 | 575.43   | 618.55  | 662.12   | 775.55                 | 707.25   | 822.46               | 771.37                                      |
| 53                         | 536.30   | 548.54   | 550.19   | 543.25                 | 601.37   | 646.44  | 691.97   | 810.51                 | 739.13   | 859.53               | 806.15                                      |
| 54                         | 561.27   | 574.08   | 575.81   | 568.55                 | 629.38   | 676.54  | 724.19   | 848.26                 | 773.55   | 899.56               | 843.69                                      |
| 55                         | 586.24   | 599.62   | 601.43   | 593.85                 | 657.38   | 706.64  | 756.42   | 886.00                 | 807.97   | 939.59               | 881.23                                      |
| 56                         | 613.32   | 627.32   | 629.21   | 621.28                 | 687.75   | 739.28  | 791.35   | 926.92                 | 845.29   | 982.99               | 921.93                                      |
| 57                         | 640.66   | 655.28   | 657.26   | 648.97                 | 718.40   | 772.24  | 826.63   | 968.24                 | 882.97   | 1,026.81             | 963.03                                      |
| 58                         | 669.84   | 685.13   | 687.20   | 678.53                 | 751.12   | 807.41  | 864.28   | 1,012.35               | 923.19   | 1,073.57             | 1,006.89                                    |
| 59                         | 684.30   | 699.92   | 702.03   | 693.18                 | 767.34   | 824.84  | 882.94   | 1,034.20               | 943.12   | 1,096.75             | 1,028.63                                    |
| 60                         | 713.48   | 729.77   | 731.97   | 722.74                 | 800.06   | 860.01  | 920.59   | 1,078.30               | 983.34   | 1,143.52             | 1,072.49                                    |
| 61                         | 738.72   | 755.58   | 757.86   | 748.30                 | 828.36   | 890.43  | 953.15   | 1,116.44               | 1,018.12                                       | 1,183.97             | 1,110.43                                    |
| 62                         | 755.28   | 772.52   | 774.85   | 765.08                 | 846.93   | 910.40  | 974.52   | 1,141.47               | 1,040.95                                       | 1,210.51             | 1,135.32                                    |
| 63                         | 776.05   | 793.76   | 796.15   | 786.12                 | 870.22   | 935.43  | 1,001.32   | 1,172.86               | 1,069.57                                       | 1,243.80             | 1,166.54                                    |
| 64+                        | 788.67   | 806.67   | 809.10   | 798.90                 | 884.37   | 950.64  | 1,017.60   | 1,191.93               | 1,086.96                                       | 1,264.02             | 1,185.51                                    |

# 2022 Monthly rates

## Cowlitz County

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

| Tobacco Non-User Rates     |  |  |  |                        |  |   |  |                        |  |                      |   |
|----------------------------|--|--|--|------------------------|--|---|--|------------------------|--|----------------------|---|
| Age on 2022 effective date | KP<br>KP WA Bronze 8550/75 with Pediatric Dental | KP<br>KP WA Bronze 6900/0% HSA with Pediatric Dental | KP<br>KP WA Bronze 6350/65 with Pediatric Dental | E<br>KP Cascade Bronze | KP<br>KP WA Silver 4500/40 with Pediatric Dental | KP<br>KP WA Silver 3000/20% HSA with Pediatric Dental | KP<br>KP WA Silver 2500/40 with Pediatric Dental | E<br>KP Cascade Silver | KP<br>KP WA Gold 2000/30 with Pediatric Dental | E<br>KP Cascade Gold | KP<br>KP WA Gold 0/20 with Pediatric Dental |
| 0-14                       | \$211.17   | \$215.99   | \$216.64   | \$213.91               | \$236.79   | \$254.53  | \$272.46   | \$319.14               | \$291.03                                       | \$338.44             | \$317.42                                    |
| 15                         | 229.94   | 235.18   | 235.89   | 232.92                 | 257.84   | 277.16  | 296.68   | 347.51                 | 316.90   | 368.53               | 345.64                                      |
| 16                         | 237.11   | 242.53   | 243.26   | 240.19                 | 265.89   | 285.81  | 305.94   | 358.35                 | 326.79   | 380.03               | 356.42                                      |
| 17                         | 244.29   | 249.87   | 250.62   | 247.46                 | 273.93   | 294.46  | 315.20   | 369.20                 | 336.69   | 391.53               | 367.21                                      |
| 18                         | 252.02   | 257.77   | 258.55   | 255.29                 | 282.60   | 303.78  | 325.17   | 380.88                 | 347.34   | 403.92               | 378.83                                      |
| 19                         | 259.75   | 265.68   | 266.48   | 263.12                 | 291.27   | 313.09  | 335.15   | 392.56                 | 357.99   | 416.30               | 390.45                                      |
| 20                         | 267.75   | 273.86   | 274.69   | 271.23                 | 300.24   | 322.74  | 345.48   | 404.66                 | 369.02   | 429.13               | 402.48                                      |
| 21-24                      | 276.03   | 282.33   | 283.19   | 279.62                 | 309.53   | 332.72  | 356.16   | 417.18                 | 380.44   | 442.41               | 414.93                                      |
| 25                         | 277.14   | 283.46   | 284.32   | 280.73                 | 310.77   | 334.05  | 357.58   | 418.84                 | 381.96   | 444.18               | 416.59                                      |
| 26                         | 282.66   | 289.11   | 289.98   | 286.33                 | 316.96   | 340.71  | 364.71   | 427.19                 | 389.57   | 453.02               | 424.89                                      |
| 27                         | 289.28   | 295.89   | 296.78   | 293.04                 | 324.39   | 348.69  | 373.26   | 437.20                 | 398.70   | 463.64               | 434.85                                      |
| 28                         | 300.05   | 306.90   | 307.82   | 303.94                 | 336.46   | 361.67  | 387.15   | 453.47                 | 413.53   | 480.90               | 451.03                                      |
| 29                         | 308.88   | 315.93   | 316.88   | 312.89                 | 346.36   | 372.32  | 398.54   | 466.82                 | 425.71   | 495.05               | 464.30                                      |
| 30                         | 313.30   | 320.45   | 321.41   | 317.36                 | 351.32   | 377.64  | 404.24   | 473.49                 | 431.79   | 502.13               | 470.94                                      |
| 31                         | 319.92   | 327.23   | 328.21   | 324.07                 | 358.74   | 385.63  | 412.79   | 483.51                 | 440.93   | 512.75               | 480.90                                      |
| 32                         | 326.55   | 334.00   | 335.01   | 330.78                 | 366.17   | 393.61  | 421.34   | 493.52                 | 450.06   | 523.37               | 490.86                                      |
| 33                         | 330.69   | 338.24   | 339.26   | 334.98                 | 370.82   | 398.60  | 426.68   | 499.78                 | 455.76   | 530.00               | 497.08                                      |
| 34                         | 335.11   | 342.75   | 343.79   | 339.45                 | 375.77   | 403.93  | 432.38   | 506.45                 | 461.85   | 537.08               | 503.72                                      |
| 35                         | 337.31   | 345.01   | 346.05   | 341.69                 | 378.25   | 406.59  | 435.23   | 509.79                 | 464.89   | 540.62               | 507.04                                      |
| 36                         | 339.52   | 347.27   | 348.32   | 343.93                 | 380.72   | 409.25  | 438.08   | 513.13                 | 467.94   | 544.16               | 510.36                                      |
| 37                         | 341.73   | 349.53   | 350.58   | 346.16                 | 383.20   | 411.91  | 440.93   | 516.46                 | 470.98   | 547.70               | 513.68                                      |
| 38                         | 343.94   | 351.79   | 352.85   | 348.40                 | 385.67   | 414.57  | 443.78   | 519.80                 | 474.02   | 551.24               | 517.00                                      |
| 39                         | 348.36   | 356.31   | 357.38   | 352.87                 | 390.63   | 419.90  | 449.47   | 526.48                 | 480.11   | 558.32               | 523.64                                      |
| 40                         | 352.77   | 360.82   | 361.91   | 357.35                 | 395.58   | 425.22  | 455.17   | 533.15                 | 486.20   | 565.40               | 530.28                                      |
| 41                         | 359.40   | 367.60   | 368.71   | 364.06                 | 403.01   | 433.21  | 463.72   | 543.16                 | 495.33   | 576.01               | 540.24                                      |
| 42                         | 365.75   | 374.09   | 375.22   | 370.49                 | 410.13   | 440.86  | 471.91   | 552.76                 | 504.08   | 586.19               | 549.78                                      |
| 43                         | 374.58   | 383.13   | 384.28   | 379.44                 | 420.03   | 451.51  | 483.31   | 566.11                 | 516.25   | 600.35               | 563.06                                      |
| 44                         | 385.62   | 394.42   | 395.61   | 390.62                 | 432.41   | 464.82  | 497.56   | 582.79                 | 531.47   | 618.04               | 579.66                                      |
| 45                         | 398.59   | 407.69   | 408.92   | 403.76                 | 446.96   | 480.45  | 514.30   | 602.40                 | 549.35   | 638.84               | 599.16                                      |
| 46                         | 414.05   | 423.50   | 424.78   | 419.42                 | 464.29   | 499.09  | 534.24   | 625.76                 | 570.65   | 663.61               | 622.39                                      |
| 47                         | 431.44   | 441.29   | 442.62   | 437.04                 | 483.79   | 520.05  | 556.68   | 652.05                 | 594.62   | 691.48               | 648.53                                      |
| 48                         | 451.32   | 461.62   | 463.01   | 457.17                 | 506.08   | 544.00  | 582.32   | 682.08                 | 622.01   | 723.34               | 678.41                                      |
| 49                         | 470.91   | 481.66   | 483.11   | 477.02                 | 528.06   | 567.63  | 607.61   | 711.70                 | 649.02   | 754.75               | 707.87                                      |
| 50                         | 493.00   | 504.25   | 505.77   | 499.39                 | 552.82   | 594.25  | 636.10   | 745.08                 | 679.46   | 790.14               | 741.06                                      |
| 51                         | 514.80   | 526.55   | 528.14   | 521.48                 | 577.27   | 620.53  | 664.24   | 778.03                 | 709.51   | 825.09               | 773.84                                      |
| 52                         | 538.82   | 551.12   | 552.78   | 545.81                 | 604.20   | 649.48  | 695.22   | 814.33                 | 742.61   | 863.58               | 809.94                                      |
| 53                         | 563.11   | 575.96   | 577.70   | 570.41                 | 631.44   | 678.76  | 726.57   | 851.04                 | 776.09   | 902.51               | 846.45                                      |
| 54                         | 589.33   | 602.78   | 604.60   | 596.98                 | 660.85   | 710.37  | 760.40   | 890.67                 | 812.23   | 944.54               | 885.87                                      |
| 55                         | 615.56   | 629.61   | 631.50   | 623.54                 | 690.25   | 741.97  | 794.24   | 930.30                 | 848.37   | 986.57               | 925.29                                      |
| 56                         | 643.99   | 658.69   | 660.67   | 652.34                 | 722.13   | 776.25  | 830.92   | 973.27                 | 887.56   | 1,032.14             | 968.03                                      |
| 57                         | 672.70   | 688.05   | 690.12   | 681.42                 | 754.32   | 810.85  | 867.96   | 1,016.66               | 927.12   | 1,078.15             | 1,011.18                                    |
| 58                         | 703.34   | 719.39   | 721.56   | 712.46                 | 788.68   | 847.78  | 907.50   | 1,062.96               | 969.35   | 1,127.25             | 1,057.24                                    |
| 59                         | 718.52   | 734.92   | 737.13   | 727.84                 | 805.71   | 866.08  | 927.08   | 1,085.91               | 990.27   | 1,151.59             | 1,080.06                                    |
| 60                         | 749.16   | 766.26   | 768.56   | 758.88                 | 840.06   | 903.01  | 966.62   | 1,132.21               | 1,032.50                                       | 1,200.69             | 1,126.12                                    |
| 61                         | 775.66   | 793.36   | 795.75   | 785.72                 | 869.78   | 934.95  | 1,000.81   | 1,172.26               | 1,069.03                                       | 1,243.16             | 1,165.95                                    |
| 62                         | 793.05   | 811.15   | 813.59   | 803.33                 | 889.28   | 955.92  | 1,023.25   | 1,198.55               | 1,092.99                                       | 1,271.04             | 1,192.09                                    |
| 63                         | 814.85   | 833.45   | 835.96   | 825.42                 | 913.73   | 982.20  | 1,051.38   | 1,231.50               | 1,123.05                                       | 1,305.99             | 1,224.87                                    |
| 64+                        | 828.09   | 846.99   | 849.56   | 838.85                 | 928.59   | 998.16  | 1,068.48   | 1,251.53               | 1,141.31                                       | 1,327.22             | 1,244.79                                    |

# 2022 Monthly rates

## Clark County

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

| Tobacco User Rates         |  |  |  |                        |  |   |  |                        |  |                      |   |
|----------------------------|--|--|--|------------------------|--|---|--|------------------------|--|----------------------|---|
| Age on 2022 effective date | KP<br>KP WA Bronze 8550/75 with Pediatric Dental | KP<br>KP WA Bronze 6900/0% HSA with Pediatric Dental | KP<br>KP WA Bronze 6350/65 with Pediatric Dental | E<br>KP Cascade Bronze | KP<br>KP WA Silver 4500/40 with Pediatric Dental | KP<br>KP WA Silver 3000/20% HSA with Pediatric Dental | KP<br>KP WA Silver 2500/40 with Pediatric Dental | E<br>KP Cascade Silver | KP<br>KP WA Gold 2000/30 with Pediatric Dental | E<br>KP Cascade Gold | KP<br>KP WA Gold 0/20 with Pediatric Dental |
| 0-14                       | \$201.11   | \$205.70   | \$206.32   | \$203.72               | \$225.51   | \$242.41  | \$259.49   | \$303.94               | \$277.17                                       | \$322.33             | \$302.31                                    |
| 15                         | 218.99   | 223.99   | 224.66   | 221.83                 | 245.56   | 263.96  | 282.55   | 330.96                 | 301.81   | 350.98               | 329.18                                      |
| 16                         | 225.82   | 230.98   | 231.67   | 228.75                 | 253.22   | 272.20  | 291.37   | 341.29                 | 311.23   | 361.93               | 339.45                                      |
| 17                         | 232.66   | 237.97   | 238.68   | 235.68                 | 260.89   | 280.44  | 300.19   | 351.62                 | 320.65   | 372.89               | 349.73                                      |
| 18                         | 240.02   | 245.50   | 246.24   | 243.13                 | 269.14   | 289.31  | 309.69   | 362.74                 | 330.80   | 384.68               | 360.79                                      |
| 19                         | 247.38   | 253.03   | 253.79   | 250.59                 | 277.40   | 298.18  | 319.19   | 373.87                 | 340.94   | 396.48               | 371.85                                      |
| 20                         | 255.00   | 260.82   | 261.61   | 258.31                 | 285.95   | 307.37  | 329.02   | 385.39                 | 351.45   | 408.70               | 383.31                                      |
| 21-24                      | 315.47   | 322.67   | 323.64   | 319.56                 | 353.75   | 380.26  | 407.04   | 476.77                 | 434.78   | 505.61               | 474.20                                      |
| 25                         | 316.73   | 323.96   | 324.93   | 320.84                 | 355.16   | 381.78  | 408.67   | 478.68                 | 436.52   | 507.63               | 476.10                                      |
| 26                         | 323.04   | 330.41   | 331.41   | 327.23                 | 362.24   | 389.38  | 416.81   | 488.21                 | 445.22   | 517.74               | 485.58                                      |
| 27                         | 330.61   | 338.16   | 339.17   | 334.90                 | 370.73   | 398.51  | 426.58   | 499.66                 | 455.65   | 529.88               | 496.97                                      |
| 28                         | 342.91   | 350.74   | 351.80   | 347.36                 | 384.52   | 413.34  | 442.45   | 518.25                 | 472.61   | 549.60               | 515.46                                      |
| 29                         | 353.01   | 361.07   | 362.15   | 357.59                 | 395.84   | 425.51  | 455.48   | 533.51                 | 486.52   | 565.78               | 530.63                                      |
| 30                         | 358.06   | 366.23   | 367.33   | 362.70                 | 401.50   | 431.59  | 461.99   | 541.14                 | 493.48   | 573.87               | 538.22                                      |
| 31                         | 365.63   | 373.97   | 375.10   | 370.37                 | 409.99   | 440.72  | 471.76   | 552.58                 | 503.91   | 586.00               | 549.60                                      |
| 32                         | 373.20   | 381.72   | 382.87   | 378.04                 | 418.48   | 449.84  | 481.53   | 564.02                 | 514.35   | 598.13               | 560.98                                      |
| 33                         | 377.93   | 386.56   | 387.72   | 382.83                 | 423.79   | 455.55  | 487.63   | 571.17                 | 520.87   | 605.72               | 568.10                                      |
| 34                         | 382.98   | 391.72   | 392.90   | 387.95                 | 429.45   | 461.63  | 494.15   | 578.80                 | 527.83   | 613.81               | 575.68                                      |
| 35                         | 385.50   | 394.30   | 395.49   | 390.50                 | 432.28   | 464.67  | 497.40   | 582.62                 | 531.31   | 617.85               | 579.48                                      |
| 36                         | 388.03   | 396.88   | 398.08   | 393.06                 | 435.11   | 467.71  | 500.66   | 586.43                 | 534.78   | 621.90               | 583.27                                      |
| 37                         | 390.55   | 399.46   | 400.67   | 395.62                 | 437.94   | 470.76  | 503.92   | 590.24                 | 538.26   | 625.94               | 587.06                                      |
| 38                         | 393.07   | 402.04   | 403.26   | 398.17                 | 440.77   | 473.80  | 507.17   | 594.06                 | 541.74   | 629.99               | 590.86                                      |
| 39                         | 398.12   | 407.21   | 408.43   | 403.28                 | 446.43   | 479.88  | 513.68   | 601.69                 | 548.70   | 638.08               | 598.45                                      |
| 40                         | 403.17   | 412.37   | 413.61   | 408.40                 | 452.09   | 485.97  | 520.20   | 609.31                 | 555.65   | 646.17               | 606.03                                      |
| 41                         | 410.74   | 420.11   | 421.38   | 416.07                 | 460.58   | 495.09  | 529.97   | 620.76                 | 566.09   | 658.30               | 617.41                                      |
| 42                         | 418.00   | 427.54   | 428.82   | 423.42                 | 468.72   | 503.84  | 539.33   | 631.72                 | 576.09   | 669.93               | 628.32                                      |
| 43                         | 428.09   | 437.86   | 439.18   | 433.64                 | 480.04   | 516.01  | 552.35   | 646.98                 | 590.00   | 686.11               | 643.49                                      |
| 44                         | 440.71   | 450.77   | 452.13   | 446.43                 | 494.19   | 531.22  | 568.63   | 666.05                 | 607.39   | 706.33               | 662.46                                      |
| 45                         | 455.54   | 465.93   | 467.34   | 461.44                 | 510.81   | 549.09  | 587.77   | 688.46                 | 627.83   | 730.10               | 684.75                                      |
| 46                         | 473.20   | 484.00   | 485.46   | 479.34                 | 530.62   | 570.38  | 610.56   | 715.16                 | 652.18   | 758.41               | 711.31                                      |
| 47                         | 493.08   | 504.33   | 505.85   | 499.47                 | 552.91   | 594.34  | 636.20   | 745.19                 | 679.57   | 790.27               | 741.18                                      |
| 48                         | 515.79   | 527.56   | 529.15   | 522.48                 | 578.38   | 621.72  | 665.51   | 779.52                 | 710.87   | 826.67               | 775.32                                      |
| 49                         | 538.19   | 550.47   | 552.13   | 545.17                 | 603.49   | 648.72  | 694.41   | 813.37                 | 741.74   | 862.57               | 808.99                                      |
| 50                         | 563.43   | 576.29   | 578.02   | 570.73                 | 631.79   | 679.14  | 726.97   | 851.51                 | 776.52   | 903.02               | 846.93                                      |
| 51                         | 588.35   | 601.78   | 603.59   | 595.98                 | 659.74   | 709.18  | 759.13   | 889.18                 | 810.87   | 942.96               | 884.39                                      |
| 52                         | 615.79   | 629.85   | 631.75   | 623.78                 | 690.52   | 742.26  | 794.54   | 930.66                 | 848.70   | 986.95               | 925.65                                      |
| 53                         | 643.55   | 658.24   | 660.23   | 651.90                 | 721.65   | 775.72  | 830.36   | 972.61                 | 886.96   | 1,031.44             | 967.38                                      |
| 54                         | 673.52   | 688.90   | 690.97   | 682.26                 | 755.25   | 811.85  | 869.03   | 1,017.91               | 928.26   | 1,079.47             | 1,012.43                                    |
| 55                         | 703.49   | 719.55   | 721.72   | 712.62                 | 788.86   | 847.97  | 907.70   | 1,063.20               | 969.57   | 1,127.51             | 1,057.47                                    |
| 56                         | 735.99   | 752.78   | 755.05   | 745.53                 | 825.29   | 887.14  | 949.62   | 1,112.31               | 1,014.35                                       | 1,179.58             | 1,106.32                                    |
| 57                         | 768.80   | 786.34   | 788.71   | 778.77                 | 862.08   | 926.68  | 991.96   | 1,161.89               | 1,059.57                                       | 1,232.17             | 1,155.64                                    |
| 58                         | 803.81   | 822.16   | 824.63   | 814.24                 | 901.35   | 968.89  | 1,037.14   | 1,214.82               | 1,107.83                                       | 1,288.29             | 1,208.27                                    |
| 59                         | 821.16   | 839.90   | 842.43   | 831.81                 | 920.81   | 989.81  | 1,059.53   | 1,241.04               | 1,131.74                                       | 1,316.10             | 1,234.35                                    |
| 60                         | 856.18   | 875.72   | 878.36   | 867.29                 | 960.07   | 1,032.01  | 1,104.71   | 1,293.96               | 1,180.00                                       | 1,372.22             | 1,286.99                                    |
| 61                         | 886.47   | 906.70   | 909.43   | 897.96                 | 994.03   | 1,068.52  | 1,143.78   | 1,339.73               | 1,221.74                                       | 1,420.76             | 1,332.51                                    |
| 62                         | 906.34   | 927.03   | 929.82   | 918.10                 | 1,016.32   | 1,092.48  | 1,169.43   | 1,369.77               | 1,249.13                                       | 1,452.61             | 1,362.39                                    |
| 63                         | 931.26   | 952.52   | 955.39   | 943.34                 | 1,044.26   | 1,122.52  | 1,201.58   | 1,407.43               | 1,283.48                                       | 1,492.55             | 1,399.85                                    |
| 64+                        | 946.40   | 968.00   | 970.92   | 958.68                 | 1,061.24   | 1,140.77  | 1,221.12   | 1,430.31               | 1,304.34                                       | 1,516.82             | 1,422.60                                    |



# 2022 Monthly rates

## Cowlitz County

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

### Tobacco User Rates

| Age on 2022 effective date | KP<br>KP WA Bronze 8550/75 with Pediatric Dental | KP<br>KP WA Bronze 6900/0% HSA with Pediatric Dental | KP<br>KP WA Bronze 6350/65 with Pediatric Dental | E<br>KP Cascade Bronze | KP<br>KP WA Silver 4500/40 with Pediatric Dental | KP<br>KP WA Silver 3000/20% HSA with Pediatric Dental | KP<br>KP WA Silver 2500/40 with Pediatric Dental | E<br>KP Cascade Silver | KP<br>KP WA Gold 2000/30 with Pediatric Dental | E<br>KP Cascade Gold | KP<br>KP WA Gold 0/20 with Pediatric Dental |
|----------------------------|--|--|--|------------------------|--|---|--|------------------------|--|----------------------|---|
| 0-14                       | \$211.17   | \$215.99   | \$216.64   | \$213.91               | \$236.79   | \$254.53  | \$272.46   | \$319.14               | \$291.03                                       | \$338.44             | \$317.42                                    |
| 15                         | 229.94   | 235.18   | 235.89   | 232.92                 | 257.84   | 277.16  | 296.68   | 347.51                 | 316.90   | 368.53               | 345.64                                      |
| 16                         | 237.11   | 242.53   | 243.26   | 240.19                 | 265.89   | 285.81  | 305.94   | 358.35                 | 326.79   | 380.03               | 356.42                                      |
| 17                         | 244.29   | 249.87   | 250.62   | 247.46                 | 273.93   | 294.46  | 315.20   | 369.20                 | 336.69   | 391.53               | 367.21                                      |
| 18                         | 252.02   | 257.77   | 258.55   | 255.29                 | 282.60   | 303.78  | 325.17   | 380.88                 | 347.34   | 403.92               | 378.83                                      |
| 19                         | 259.75   | 265.68   | 266.48   | 263.12                 | 291.27   | 313.09  | 335.15   | 392.56                 | 357.99   | 416.30               | 390.45                                      |
| 20                         | 267.75   | 273.86   | 274.69   | 271.23                 | 300.24   | 322.74  | 345.48   | 404.66                 | 369.02   | 429.13               | 402.48                                      |
| 21-24                      | 331.24   | 338.80   | 339.82   | 335.54                 | 371.44   | 399.27  | 427.39   | 500.61                 | 456.52   | 530.89               | 497.91                                      |
| 25                         | 332.57   | 340.16   | 341.18   | 336.88                 | 372.92   | 400.87  | 429.10   | 502.61                 | 458.35   | 533.01               | 499.91                                      |
| 26                         | 339.19   | 346.93   | 347.98   | 343.59                 | 380.35   | 408.85  | 437.65   | 512.63                 | 467.48   | 543.63               | 509.86                                      |
| 27                         | 347.14   | 355.06   | 356.13   | 351.64                 | 389.26   | 418.43  | 447.91   | 524.64                 | 478.44   | 556.37               | 521.81                                      |
| 28                         | 360.06   | 368.28   | 369.39   | 364.73                 | 403.75   | 434.01  | 464.58   | 544.16                 | 496.24   | 577.08               | 541.23                                      |
| 29                         | 370.66   | 379.12   | 380.26   | 375.47                 | 415.64   | 446.78  | 478.25   | 560.18                 | 510.85   | 594.06               | 557.17                                      |
| 30                         | 375.96   | 384.54   | 385.70   | 380.84                 | 421.58   | 453.17  | 485.09   | 568.19                 | 518.15   | 602.56               | 565.13                                      |
| 31                         | 383.91   | 392.67   | 393.85   | 388.89                 | 430.49   | 462.75  | 495.35   | 580.21                 | 529.11   | 615.30               | 577.08                                      |
| 32                         | 391.86   | 400.80   | 402.01   | 396.94                 | 439.41   | 472.33  | 505.60   | 592.22                 | 540.07   | 628.04               | 589.03                                      |
| 33                         | 396.83   | 405.88   | 407.11   | 401.97                 | 444.98   | 478.32  | 512.02   | 599.73                 | 546.91   | 636.00               | 596.50                                      |
| 34                         | 402.13   | 411.30   | 412.54   | 407.34                 | 450.92   | 484.71  | 518.85   | 607.74                 | 554.22   | 644.50               | 604.47                                      |
| 35                         | 404.78   | 414.02   | 415.26   | 410.03                 | 453.89   | 487.91  | 522.27   | 611.75                 | 557.87   | 648.75               | 608.45                                      |
| 36                         | 407.43   | 416.73   | 417.98   | 412.71                 | 456.87   | 491.10  | 525.69   | 615.75                 | 561.52   | 652.99               | 612.43                                      |
| 37                         | 410.08   | 419.44   | 420.70   | 415.40                 | 459.84   | 494.29  | 529.11   | 619.76                 | 565.18   | 657.24               | 616.42                                      |
| 38                         | 412.73   | 422.15   | 423.42   | 418.08                 | 462.81   | 497.49  | 532.53   | 623.76                 | 568.83   | 661.49               | 620.40                                      |
| 39                         | 418.03   | 427.57   | 428.86   | 423.45                 | 468.75   | 503.88  | 539.37   | 631.77                 | 576.13   | 669.98               | 628.37                                      |
| 40                         | 423.33   | 432.99   | 434.29   | 428.82                 | 474.69   | 510.27  | 546.21   | 639.78                 | 583.44   | 678.48               | 636.33                                      |
| 41                         | 431.28   | 441.12   | 442.45   | 436.87                 | 483.61   | 519.85  | 556.46   | 651.80                 | 594.39   | 691.22               | 648.28                                      |
| 42                         | 438.89   | 448.91   | 450.26   | 444.59                 | 492.15   | 529.03  | 566.29   | 663.31                 | 604.89   | 703.43               | 659.74                                      |
| 43                         | 449.49   | 459.75   | 461.14   | 455.33                 | 504.04   | 541.81  | 579.97   | 679.33                 | 619.50   | 720.42               | 675.67                                      |
| 44                         | 462.74   | 473.31   | 474.73   | 468.75                 | 518.90   | 557.78  | 597.07   | 699.35                 | 637.76   | 741.65               | 695.59                                      |
| 45                         | 478.31   | 489.23   | 490.70   | 484.52                 | 536.35   | 576.54  | 617.15   | 722.88                 | 659.22   | 766.60               | 718.99                                      |
| 46                         | 496.86   | 508.20   | 509.73   | 503.31                 | 557.15   | 598.90  | 641.09   | 750.92                 | 684.78   | 796.33               | 746.87                                      |
| 47                         | 517.73   | 529.55   | 531.14   | 524.45                 | 580.55   | 624.06  | 668.01   | 782.45                 | 713.55   | 829.78               | 778.24                                      |
| 48                         | 541.58   | 553.94   | 555.61   | 548.60                 | 607.30   | 652.80  | 698.79   | 818.50                 | 746.42   | 868.00               | 814.09                                      |
| 49                         | 565.10   | 578.00   | 579.74   | 572.43                 | 633.67   | 681.15  | 729.13   | 854.04                 | 778.83   | 905.70               | 849.44                                      |
| 50                         | 591.60   | 605.10   | 606.92   | 599.27                 | 663.38   | 713.09  | 763.32   | 894.09                 | 815.35   | 948.17               | 889.27                                      |
| 51                         | 617.77   | 631.86   | 633.77   | 625.78                 | 692.73   | 744.64  | 797.09   | 933.64                 | 851.42   | 990.11               | 928.61                                      |
| 52                         | 646.58   | 661.34   | 663.33   | 654.97                 | 725.04   | 779.37  | 834.27   | 977.19                 | 891.13   | 1,036.29             | 971.93                                      |
| 53                         | 675.73   | 691.15   | 693.24   | 684.50                 | 757.73   | 814.51  | 871.88   | 1,021.25               | 931.31   | 1,083.01             | 1,015.74                                    |
| 54                         | 707.20   | 723.34   | 725.52   | 716.37                 | 793.01   | 852.44  | 912.48   | 1,068.80               | 974.68   | 1,133.45             | 1,063.05                                    |
| 55                         | 738.67   | 755.53   | 757.80   | 748.25                 | 828.30   | 890.37  | 953.08   | 1,116.36               | 1,018.05                                       | 1,183.88             | 1,110.35                                    |
| 56                         | 772.79   | 790.42   | 792.80   | 782.81                 | 866.56   | 931.49  | 997.11   | 1,167.92               | 1,065.07                                       | 1,238.56             | 1,161.63                                    |
| 57                         | 807.24   | 825.66   | 828.15   | 817.71                 | 905.19   | 973.02  | 1,041.55   | 1,219.99               | 1,112.55                                       | 1,293.78             | 1,213.42                                    |
| 58                         | 844.00   | 863.27   | 865.87   | 854.95                 | 946.42   | 1,017.34  | 1,088.99   | 1,275.56               | 1,163.22                                       | 1,352.70             | 1,268.69                                    |
| 59                         | 862.22   | 881.90   | 884.56   | 873.41                 | 966.85   | 1,039.30  | 1,112.50   | 1,303.09               | 1,188.33                                       | 1,381.90             | 1,296.07                                    |
| 60                         | 898.99   | 919.51   | 922.28   | 910.65                 | 1,008.08   | 1,083.62  | 1,159.94   | 1,358.66               | 1,239.00                                       | 1,440.83             | 1,351.34                                    |
| 61                         | 930.79   | 952.03   | 954.90   | 942.86                 | 1,043.73   | 1,121.95  | 1,200.97   | 1,406.72               | 1,282.83                                       | 1,491.80             | 1,399.14                                    |
| 62                         | 951.66   | 973.38   | 976.31   | 964.00                 | 1,067.13   | 1,147.10  | 1,227.90   | 1,438.25               | 1,311.59                                       | 1,525.24             | 1,430.51                                    |
| 63                         | 977.82   | 1,000.14   | 1,003.15   | 990.51                 | 1,096.48   | 1,178.64  | 1,261.66   | 1,477.80               | 1,347.66                                       | 1,567.18             | 1,469.84                                    |
| 64+                        | 993.72   | 1,016.40   | 1,019.46   | 1,006.61               | 1,114.31   | 1,197.81  | 1,282.17   | 1,501.83               | 1,369.56                                       | 1,592.67             | 1,493.73                                    |

# Dental and vision coverage

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

## Quality dental care

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

### Choice

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

### Convenience

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

### Quality

Our dental professionals exceed national standards. Since 1990, we've received accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). Right now, we're the only dental practice in the Pacific Northwest with

AAAHC accreditation.†

### How to make appointments

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

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

## Vision essentials

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

The WA Gold 0/20, WA Gold 0/20 with Pediatric Dental, WA Gold 2000/30, WA Gold 2000/30 with Pediatric Dental, WA Silver 2500/40, WA Silver 2500/40 with Pediatric Dental, WA Silver 2500/40 73% CSR, WA Silver 2500/40 87% CSR, and WA Silver 2500/40 94% CSR plans have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.‡ For more information, including our 10 optical locations, visit [kp2020.org](https://kp2020.org).



\* Medical services aren't available at all dental locations. You must be a Kaiser Permanente medical member to get medical care.

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




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

# Dental benefit highlights and rates

These plans are only available from Kaiser Permanente outside of Washington Healthplanfinder.

|  |  KP WA Dental 100 |  KP WA Dental 80 |
|--|--|---|
|  | Adult (19 or older)  | Adult (19 or older)   |
| <b>Features</b>  |  |   |
| <b>Benefit maximum</b>   | \$1,000  | No maximum  |
| <b>Deductible (individual/family)</b>                          | \$50/\$150   | \$100/\$300   |
| <b>Benefits (subject to deductible unless otherwise noted)</b> |  |   |
| <b>Preventive and diagnostic services</b>                      | No charge (not subject to deductible)  | 20% coinsurance (not subject to deductible)   |
| <b>Basic restorative services</b>                              | 20%  | 50%   |
| <b>Oral surgery, endodontics, and periodontics</b>             | 50%  | 50%   |
| <b>Major restorative services</b>                              | 50%  | 50%   |

These plans fulfill the pediatric dental coverage requirement for children 18 and younger.

|  |  KP WA Pediatric Dental 100* |  KPIF WA Pediatric Dental Benefits 1† |  KPIF WA Pediatric Dental Benefits 2** |
|--|---|--|---|
|  | Children (18 and younger)   | Children (18 and younger)  | Children (18 and younger)   |
| <b>Features</b>  |   |  |   |
| <b>Benefit maximum</b>   | No maximum  | No maximum   | No maximum  |
| <b>Deductible (individual/family)</b>                          | \$50/\$150  | None   | Subject to medical deductible   |
| <b>Out-of-pocket maximum (individual/family)</b>               | \$375/\$750   | Subject to medical out-of-pocket max   | Subject to medical out-of-pocket max  |
| <b>Benefits (subject to deductible unless otherwise noted)</b> |   |  |   |
| <b>Preventive and diagnostic services</b>                      | 0% (not subject to deductible)  | 0% (not subject to deductible)   | 0% (not subject to deductible)  |
| <b>Basic restorative services</b>                              | 20%   | 50%  | 50%   |
| <b>Oral surgery, endodontics, and periodontics</b>             | 50%   | 50%  | 50%   |
| <b>Major restorative services</b>                              | 50%   | 50%  | 50%   |

| Monthly rates              |                  |                 |                            |
|----------------------------|------------------|-----------------|----------------------------|
| Age on 2022 effective date | KP WA Dental 100 | KP WA Dental 80 | KP WA Pediatric Dental 100 |
| 0-18                       | -                | -               | \$27.24                    |
| 19-29                      | \$28.86          | \$27.00         | -                          |
| 30-34                      | 30.57            | 28.60           | -                          |
| 35-39                      | 31.95            | 29.89           | -                          |
| 40-44                      | 35.29            | 33.02           | -                          |
| 45-49                      | 39.30            | 36.77           | -                          |
| 50-54                      | 42.15            | 39.43           | -                          |
| 55-59                      | 45.73            | 42.78           | -                          |
| 60+                        | 47.06            | 44.02           | -                          |

Preventive and diagnostic services do not count towards the deductible.

\*On the KP WA Pediatric Dental 100 plan, periodontics are 20% coinsurance.

†These benefits are included with all non-HSA medical plans purchased directly from Kaiser Permanente.

\*\*These benefits are included with all HSA medical plans purchased directly from Kaiser Permanente. The KP WA Bronze \$6,900/0% HSA plan has no additional out-of-pocket charges.

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

For specific plan information about dental plans, see the following forms: *EWIDDEDADULTDNT0122* and *EWIDDEDPEDDNT0122-Evidence of Coverage*; *BWIDDEDADULTDNT800122*, *BWIDDEDADULTDNT1000122*, and *BWIDDEDPEDDNT1000122-Benefit Summaries*; *FSWIDADULTDNT1000122*, *FSWIDADULTDNT800122* and *FSWIDPEDDNT1000122-Face Sheet*.

# Find a facility near you

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

## Locate a medical provider

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

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

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

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

For language interpretation services, call **1-800-324-8010**.

## Talk to a new member specialist

Call our dedicated New Member Welcome Desk at **1-888-491-1124** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., and talk with a specialist who can help you get the most out of your benefits quickly and easily. They can assist you with selecting a provider, transferring medical records and prescriptions, setting appointments, and more.

## Our locations

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

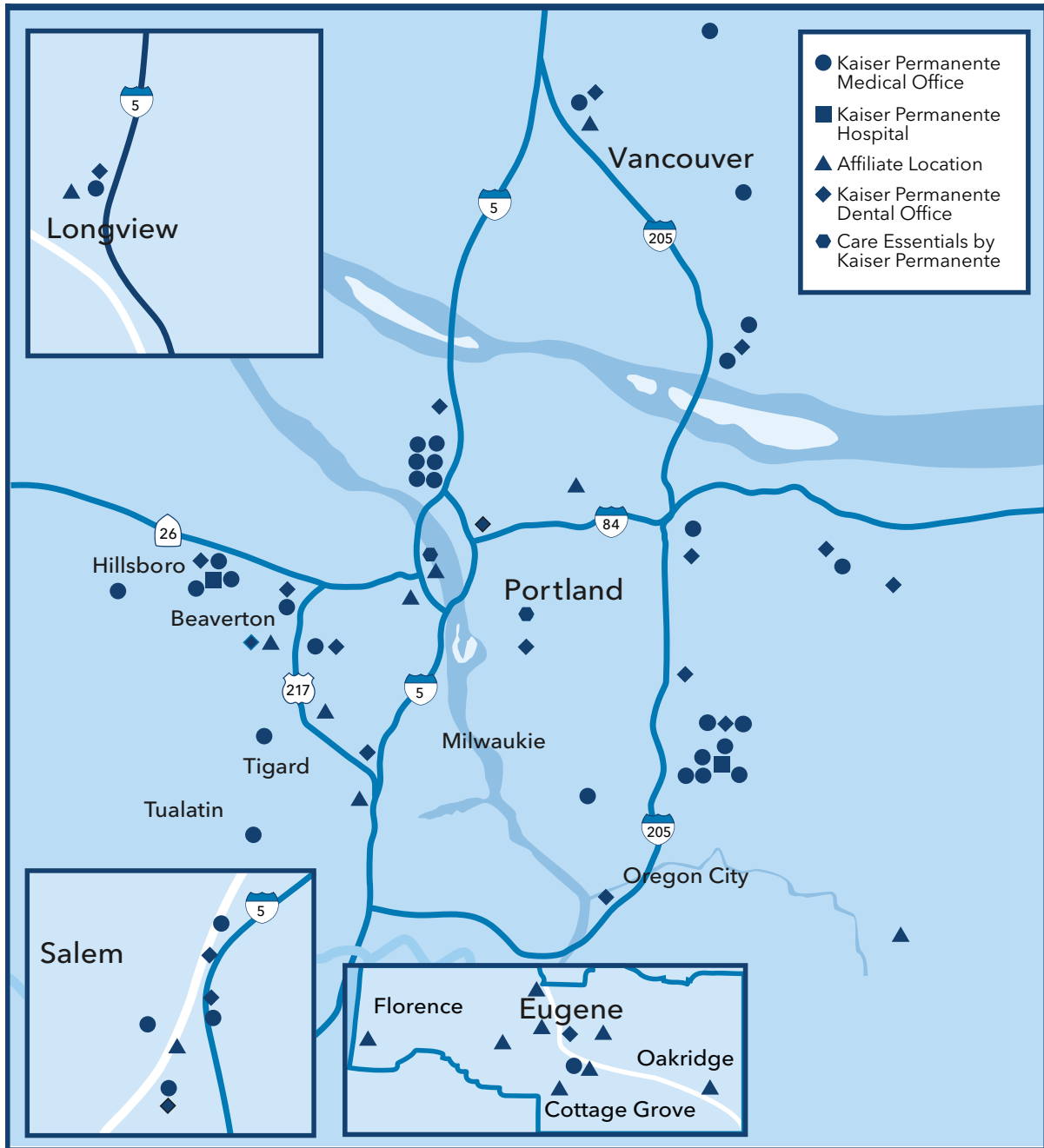
For more information on our medical facilities, visit [kp.org/facilities](https://kp.org/facilities).

## Dental care

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

# Northwest locations

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



Maps not to scale

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. In the case of a pandemic, some facilities may be closed or offer limited hours and services. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 6. Source: Kaiser Permanente Telehealth Insights Dashboard. 7. Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc. 9. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://www.kp.org). 10. See note 6. 11. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

## **Nondiscrimination Notice**

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

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

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

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

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

### **For Washington Members**

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

## Help in Your Language

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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









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

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

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

Visit **kp.org/myhealthyplace** to see how we can make your care experience better, no matter what stage of life you're in.

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

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



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