

# 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 Permanente, or we can help you apply through HealthCare.gov.
- For coverage that starts on January 1, 2022, we must receive your Application for Health Coverage and first month's premium 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.

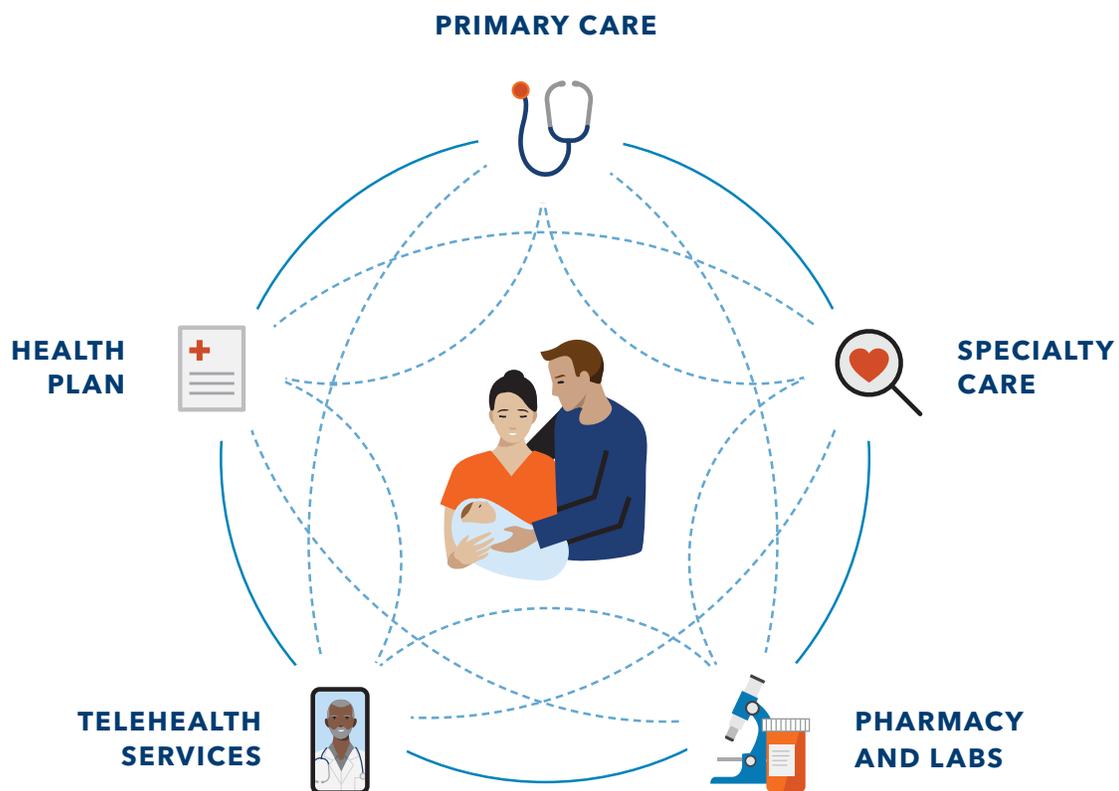
A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).



# 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/myhealthyplace](https://kp.org/myhealthyplace).



# 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.



## Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente professional care team and any specialists you've been referred to.<sup>2,9</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>

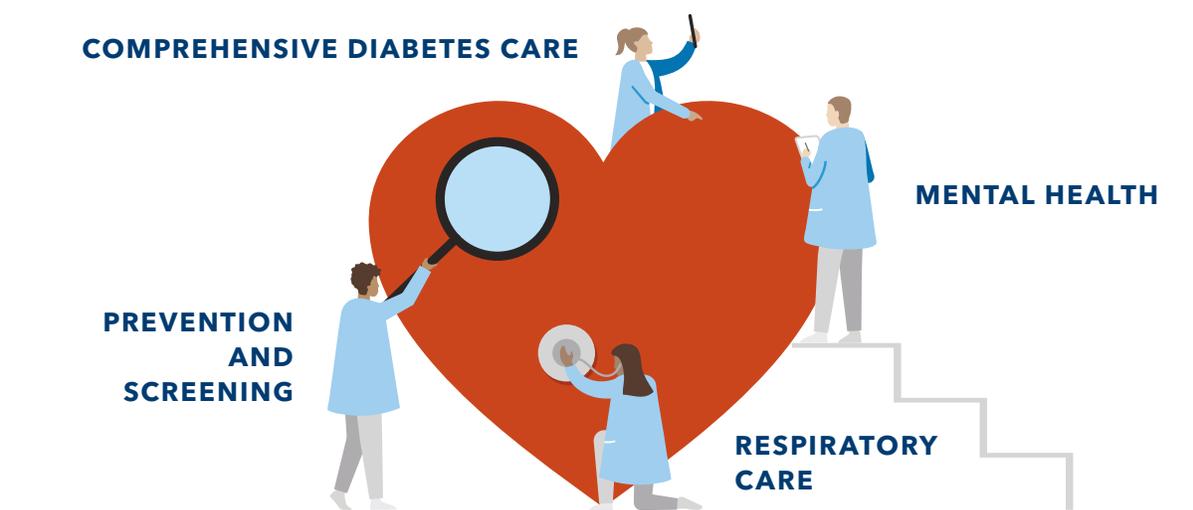
Telehealth has been part of how we deliver care for years, making it easier for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.<sup>6</sup>



# 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

Enjoy reduced rates on services to help you stay healthy.



## Earn a free gym membership

Visit [kp.org/fitrewards](https://kp.org/fitrewards) for details on how you can earn a free gym membership at certain participating fitness centers and take advantage of resources available to help support workouts from home.



## 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 or coinsurance plans

Copay or coinsurance 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.

# 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 HI Gold 0/30 Copayment	\$30 (no charge for children through age 18)	\$40	\$10* generic/\$3* generic maintenance
KP HI Silver 2500/40 (\$2,500 deductible)	\$40 (no charge for children through age 18)	\$40	\$20* generic/\$3* generic maintenance
KP HI Bronze 6500/65 (\$6,500 deductible)	\$65 (no charge for children through age 18)	\$65	\$30* generic/\$3* generic maintenance

\*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://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	<span>KP</span> <span>E</span> KP HI Silver 4000/45	
	Deductible	
Plan type	Deductible	
Annual medical deductible (individual/family)	\$4,000/\$8,000	
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	
<b>Benefits</b>		
<b>Virtual care</b>		
Chat, Email, E-visit, Phone, and Video visit	No charge	
<b>Preventive care</b>		
Routine physical exam, mammograms, etc.	No charge	
<b>Outpatient services (per visit or procedure)</b>		
Primary care office visit	\$45 (no charge for children through age 18)	
Specialty care office visit	\$65	
Most X-rays	\$45	
Most lab tests	\$45	
MRI, CT, PET	\$350 after deductible	
Outpatient surgery	30% after deductible	
Mental health visit	\$45 (no charge for children through age 18)	
<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 visit, first postpartum visit	No charge	
Delivery and inpatient well-baby care	30% after deductible	
<b>Emergency and urgent care</b>		
Emergency Department visit	30% after deductible	
Urgent care visit	20% applicable charges/ \$45 primary or \$65 specialty	
<b>Prescription drugs (up to a 30-day supply)</b>		
Generic	\$20* generic/\$3* generic maintenance	
Preferred brand	50% after \$500 pharmacy deductible	
Non-preferred brand	50% after \$500 pharmacy deductible	
Specialty	50% after \$500 pharmacy deductible	
<b>Whole health</b>		
Healthy services	KP Fit Rewards**	

**KP** Offered through Kaiser Permanente  
**E** Offered through the health benefit exchange

### 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 \$4,000 for yourself or \$8,000 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 \$8,500 for yourself and no more than \$17,000 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no additional charge

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

### Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$45 copay (no charge for children through age 18)—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 20% applicable charge/\$45 primary or \$65 specialty 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.

\*\*Fit Rewards administered by American Specialty Health Fitness, Inc. Please visit [kp.org/fitrewards](http://kp.org/fitrewards) for more information.

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Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP HI Bronze 7000/30% KP HI Bronze 7000/30% Off	KP HI Bronze 6500/65 KP HI Bronze 6500/65 Off	KP HI Silver 4000/45 KP HI Silver 4000/45 Off
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$7,000/\$14,000	\$6,500/\$13,000	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$8,650/\$17,300	\$8,650/\$17,300	\$8,500/\$17,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	30% after deductible (no charge after deductible for children through age 18)	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)
Specialty care office visit	30% after deductible	\$120	\$65
Most X-rays	30% after deductible	\$65	\$45
Most lab tests	30% after deductible	\$65	\$45
MRI, CT, PET	30% after deductible	40% after deductible	\$350 after deductible
Outpatient surgery	30% after deductible	40% after deductible	30% after deductible
Mental health visit	30% after deductible (no charge after deductible for children through age 18)	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	40% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	40% after deductible	30% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	40% after deductible	30% after deductible
Urgent care visit	30% after deductible	20% applicable charges/ \$65 primary or \$120 specialty	20% applicable charges/ \$45 primary or \$65 specialty
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	30% after deductible	\$30* generic/\$3* generic maintenance	\$20* generic/\$3* generic maintenance
Preferred brand	30% after deductible	50% after deductible	50% after \$500 pharmacy deductible
Non-preferred brand	30% after deductible	50% after deductible	50% after \$500 pharmacy deductible
Specialty	30% after deductible	50% after deductible	50% after \$500 pharmacy deductible
<b>Whole health</b>			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

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

\*\* Fit Rewards administered by American Specialty Health Fitness, Inc. Please visit [kp.org/fitrewards](http://kp.org/fitrewards) for more information.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copayments, coinsurance, and deductibles. Please refer to *Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Guide*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-966-5955, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

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Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP HI Silver 2500/40 KP HI Silver 2500/40 Off	KP HI Gold 1000/30 KP HI Gold 1000/30 Off	KP HI Gold 0/30 KP HI Gold 0/30 Off	KP HI Platinum 0/10 KP HI Platinum 0/10 Off
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>	<b>Copayment</b>
<b>Annual medical deductible (individual/family)</b>	\$2,500/\$5,000	\$1,000/\$2,000	None/None	None/None
<b>Annual out-of-pocket maximum (individual/family)</b>	\$8,500/\$17,000	\$8,000/\$16,000	\$8,000/\$16,000	\$6,000/\$12,000
<b>Benefits</b>				
<b>Virtual care</b>				
<b>Chat, Email, E-visit, Phone and Video visit</b>	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
<b>Routine physical exam, mammograms, etc.</b>	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
<b>Primary care office visit</b>	\$40 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$10 (no charge for children through age 18)
<b>Specialty care office visit</b>	\$65	\$60	\$60	\$20
<b>Most X-rays</b>	\$40	\$40	\$40	\$10
<b>Most lab tests</b>	\$40	\$40	\$40	\$10
<b>MRI, CT, PET</b>	\$350 after deductible	\$350 after deductible	\$350	\$100
<b>Outpatient surgery</b>	30% after deductible	30% after deductible	30% coinsurance	\$150
<b>Mental health visit</b>	\$40 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$10 (no charge for children through age 18)
<b>Inpatient hospital care</b>				
<b>Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care</b>	30% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>
<b>Maternity</b>				
<b>Routine prenatal care visit, first postpartum visit</b>	No charge	No charge	No charge	No charge
<b>Delivery and inpatient well-baby care</b>	30% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>
<b>Emergency and urgent care</b>				
<b>Emergency Department visit</b>	30% after deductible	\$350 <sup>‡</sup> after deductible	\$350 <sup>‡</sup>	\$250 <sup>‡</sup>
<b>Urgent care visit</b>	20% applicable charges/ \$40 primary or \$65 specialty	20% applicable charges/ \$30 primary or \$60 specialty	20% applicable charges/ \$30 primary or \$60 specialty	20% applicable charges/ \$10 primary or \$20 specialty
<b>Prescription drugs (up to a 30-day supply)</b>				
<b>Generic</b>	\$20* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$5* generic/\$3* generic maintenance
<b>Preferred brand</b>	50% after \$500 pharmacy deductible	50% after \$250 pharmacy deductible	\$55*	\$45*
<b>Non-preferred brand</b>	50% after \$500 pharmacy deductible	50% after \$250 pharmacy deductible	\$55*	\$45*
<b>Specialty</b>	50% after \$500 pharmacy deductible	50% after \$250 pharmacy deductible	\$200*	\$200*
<b>Whole health</b>				
<b>Healthy services</b>	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards** Optical \$150 annually applied to hardware

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

<sup>†</sup> After 4 days, there is no charge for covered services related to the admission.

<sup>‡</sup> Waived if admitted.

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## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b> KP HI Silver 3500/40 CSR73	<b>E</b> KP HI Silver 750/20 CSR87	<b>E</b> KP HI Silver 50/5 CSR94
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$750/\$1,500	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$6,700/\$13,400	\$2,850/\$5,700	\$2,700/\$5,400
<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 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Specialty care office visit	\$65	\$40	\$25
Most X-rays	\$45	\$20	\$5
Most lab tests	\$45	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$250	\$25
Outpatient surgery	30% after deductible	20% after deductible	10% after deductible
Mental health visit	\$40 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	20% after deductible	10% after deductible
Urgent care visit	20% applicable charges/ \$40 primary or \$65 specialty	20% applicable charges/ \$20 primary or \$40 specialty	20% applicable charges/ \$5 primary or \$25 specialty
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance
Preferred brand	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	5% coinsurance
Non-preferred brand	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	5% coinsurance
Specialty	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	5% coinsurance
<b>Whole health</b>			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

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Benefit highlights	<b>E</b> KP HI Silver 2500/40 CSR73	<b>E</b> KP HI Silver 250/20 CSR87	<b>E</b> KP HI Silver 0/10 CSR94
	Deductible	Deductible	Copayment
Plan type			
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,850/\$5,700	\$2,650/\$5,300
<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 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$10 (no charge for children through age 18)
Specialty care office visit	\$65	\$50	\$30
Most X-rays	\$40	\$20	\$10
Most lab tests	\$40	\$20	\$10
MRI, CT, PET	\$350 after deductible	\$200	\$50
Outpatient surgery	30% after deductible	20% after deductible	10% coinsurance
Mental health visit	\$40 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$10 (no charge for children through age 18)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% coinsurance
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10% coinsurance
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	20% after deductible	10% coinsurance
Urgent care visit	20% applicable charges/ \$40 primary or \$65 specialty	20% applicable charges/ \$20 primary or \$50 specialty	20% applicable charges/ \$10 primary or \$30 specialty
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$5* generic/\$0* generic maintenance
Preferred brand	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
Non-preferred brand	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
Specialty	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
<b>Whole health</b>			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

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

\*\*Fit Rewards administered by American Specialty Health Fitness, Inc. Please visit [kp.org/fitrewards](https://www.kp.org/fitrewards) for more information.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copayments, coinsurance, and deductibles. Please refer to *Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Guide*, please visit [kp.org/plandocuments](https://www.kp.org/plandocuments), call us at 1-800-966-5955, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

The 2022 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. Benefits are for effective dates beginning January 1, 2022, and are subject to change.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

## ChiroAcuMassage (CAM) Plans

You get up to 12 visits per calendar year to a participating Chiropractor, Acupuncture or Massage Therapist for \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.<sup>††</sup>

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP HI Bronze 6500/65 Plus CAM KP HI Bronze 6500/65 Plus CAM Off	KP HI Silver 2500/40 Plus CAM KP HI Silver 2500/40 Plus CAM Off	KP HI Gold 0/30 Plus CAM KP HI Gold 0/30 Plus CAM Off	KP HI Platinum 0/10 Plus CAM KP HI Platinum 0/10 Plus CAM Off
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>	<b>Copayment</b>
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$2,500/\$5,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$8,650/\$17,300	\$8,500/\$17,000	\$8,000/\$16,000	\$6,000/\$12,000
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$65 (no charge for children through age 18)	\$40 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$10 (no charge for children through age 18)
Specialty care office visit	\$120	\$65	\$60	\$20
Most X-rays	\$65	\$40	\$40	\$10
Most lab tests	\$65	\$40	\$40	\$10
MRI, CT, PET	40% after deductible	\$350 after deductible	\$350	\$100
Outpatient surgery	40% after deductible	30% after deductible	30% coinsurance	\$150
Mental health visit	\$65 (no charge for children through age 18)	\$40 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$10 (no charge for children through age 18)
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>
<b>Emergency and urgent care</b>				
Emergency Department visit	40% after deductible	30% after deductible	\$350 <sup>†</sup>	\$250 <sup>†</sup>
Urgent care visit	20% applicable charges/ \$65 primary or \$120 specialty	20% applicable charges/ \$40 primary or \$65 specialty	20% applicable charges/ \$30 primary or \$60 specialty	20% applicable charges/ \$10 primary or \$20 specialty
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$30* generic/\$3* generic maintenance	\$20* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$5* generic/\$3* generic maintenance
Preferred brand	50% after deductible	50% after \$500 pharmacy deductible	\$55*	\$45*
Non-preferred brand	50% after deductible	50% after \$500 pharmacy deductible	\$55*	\$45*
Specialty	50% after deductible	50% after \$500 pharmacy deductible	\$200*	\$200*
<b>Whole health</b>				
Healthy services	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year Optical \$150 annually applied to hardware

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

<sup>†</sup> After 4 days, there is no charge for covered services related to the admission.

<sup>††</sup> Waived if admitted.

\*\* Fit Rewards administered by American Specialty Health Fitness, Inc. Please visit [kp.org/fitrewards](http://kp.org/fitrewards) for more information.

<sup>†††</sup> To find a practitioner visit <http://www.ashlink.com/ash/KaiserHIC>

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copayments, coinsurance, and deductibles. Please refer to *Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Guide*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-966-5955, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

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Benefits are for effective dates beginning January 1, 2022, and are subject to change.

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## ChiroAcuMassage (CAM) Plans

You get up to 12 visits per calendar year to a participating Chiropractor, Acupuncture or Massage Therapist for \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.<sup>††</sup>

Benefit highlights	KP	E	E	E
	KP HI Silver 2500/40 CSR73 Plus CAM	KP HI Silver 250/20 CSR87 Plus CAM	KP HI Silver 250/20 CSR87 Plus CAM	KP HI Silver 0/10 CSR94 Plus CAM
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$250/\$500	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,850/\$5,700	\$2,850/\$5,700	\$2,650/\$5,300
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$40 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$10 (no charge for children through age 18)
Specialty care office visit	\$65	\$50	\$50	\$30
Most X-rays	\$40	\$20	\$20	\$10
Most lab tests	\$40	\$20	\$20	\$10
MRI, CT, PET	\$350 after deductible	\$200	\$200	\$50
Outpatient surgery	30% after deductible	20% after deductible	20% after deductible	10% coinsurance
Mental health visit	\$40 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$10 (no charge for children through age 18)
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	20% after deductible	10% coinsurance
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	20% after deductible	10% coinsurance
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	20% after deductible	20% after deductible	10% coinsurance
Urgent care visit	20% applicable charges/ \$40 primary or \$65 specialty	20% applicable charges/ \$20 primary or \$50 specialty	20% applicable charges/ \$20 primary or \$50 specialty	20% applicable charges/ \$10 primary or \$30 specialty
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$5* generic/\$0* generic maintenance
Preferred brand	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
Non-preferred brand	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
Specialty	50% after \$500 pharmacy deductible	40% after \$100 pharmacy deductible	40% after \$100 pharmacy deductible	10% coinsurance
<b>Whole health</b>				
Healthy services	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year

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

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††To find a practitioner visit <http://www.ashlink.com/ash/KaiserHIC>

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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 ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit [buykp.org/apply](https://buykp.org/apply) or call us at **1-800-494-5314** to see if you may qualify.
- If you use tobacco
- If you already have pediatric dental coverage for children 18 and younger

### Interested in a family plan?

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

Family members include:

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

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

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

Service Area			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	96898
96737-96757	96801-96826	96846-50	

## Pediatric Dental

When you purchase a health plan directly from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through HealthCare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan features	
You pay:	
Monthly rate	\$27.08 per child age 18 and younger
Examination	twice per calendar year: \$0 Bitewing X-rays – twice per calendar year: 70%
Cleanings	twice per calendar year: \$0
Sealants	\$0
Fillings	70%
Fluoride	twice per calendar year: \$0

## 2022 Monthly rates

### Off Exchange

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Age on 2022 effective date	KP HI Bronze 6500/65 Off	KP HI Bronze 7000/30% Off	KP HI Silver 2500/40 Off	KP HI Silver 4000/45 Off	KP HI Gold 1000/30 Off	KP HI Gold 0/30 Off	KP HI Platinum 0/10 Off	KP HI Bronze 6500/65 Plus CAM Off	KP HI Silver 2500/40 Plus CAM Off	KP HI Gold 0/30 Plus CAM Off	KP HI Platinum 0/10 Plus CAM Off
0-14	\$213.15	\$187.10	\$252.76	\$243.13	\$279.14	\$311.55	\$350.07	\$214.55	\$254.42	\$313.59	\$352.35
15	232.10	203.73	275.22	264.74	303.95	339.24	381.19	233.62	277.03	341.46	383.67
16	239.34	210.09	283.81	273.01	313.44	349.83	393.09	240.92	285.68	352.12	395.65
17	246.59	216.44	292.40	281.27	322.93	360.42	404.98	248.21	294.32	362.78	407.62
18	254.39	223.29	301.66	290.17	333.14	371.82	417.80	256.06	303.64	374.26	420.52
19	262.19	230.14	310.91	299.07	343.36	383.22	430.61	263.91	312.95	385.73	433.42
20	270.27	237.23	320.49	308.29	353.94	395.03	443.88	272.05	322.59	397.62	446.77
21	278.63	244.57	330.40	317.82	364.89	407.25	457.61	280.46	332.57	409.92	460.59
22	278.63	244.57	330.40	317.82	364.89	407.25	457.61	280.46	332.57	409.92	460.59
23	278.63	244.57	330.40	317.82	364.89	407.25	457.61	280.46	332.57	409.92	460.59
24	278.63	244.57	330.40	317.82	364.89	407.25	457.61	280.46	332.57	409.92	460.59
25	279.74	245.55	331.72	319.09	366.35	408.88	459.44	281.58	333.90	411.56	462.43
26	285.32	250.44	338.33	325.45	373.65	417.02	468.59	287.19	340.55	419.76	471.64
27	292.00	256.31	346.26	333.08	382.40	426.80	479.58	293.92	348.53	429.60	482.70
28	302.87	265.85	359.14	345.47	396.64	442.68	497.42	304.86	361.50	445.58	500.66
29	311.79	273.67	369.72	355.64	408.31	455.71	512.07	313.83	372.15	458.70	515.40
30	316.25	277.59	375.00	360.73	414.15	462.23	519.39	318.32	377.47	465.26	522.77
31	322.93	283.46	382.93	368.35	422.91	472.00	530.37	325.05	385.45	475.10	533.82
32	329.62	289.33	390.86	375.98	431.66	481.78	541.35	331.78	393.43	484.94	544.88
33	333.80	292.99	395.82	380.75	437.14	487.89	548.22	335.99	398.42	491.08	551.79
34	338.26	296.91	401.11	385.83	442.98	494.40	555.54	340.48	403.74	497.64	559.16
35	340.49	298.86	403.75	388.38	445.90	497.66	559.20	342.72	406.40	500.92	562.84
36	342.71	300.82	406.39	390.92	448.81	500.92	562.86	344.97	409.06	504.20	566.53
37	344.94	302.78	409.04	393.46	451.73	504.18	566.52	347.21	411.72	507.48	570.21
38	347.17	304.73	411.68	396.00	454.65	507.43	570.18	349.45	414.38	510.76	573.90
39	351.63	308.65	416.96	401.09	460.49	513.95	577.50	353.94	419.70	517.32	581.26
40	356.09	312.56	422.25	406.17	466.33	520.47	584.83	358.43	425.02	523.88	588.63
41	362.78	318.43	430.18	413.80	475.09	530.24	595.81	365.16	433.01	533.72	599.69
42	369.18	324.06	437.78	421.11	483.48	539.61	606.33	371.61	440.66	543.14	610.28
43	378.10	331.88	448.35	431.28	495.16	552.64	620.98	380.58	451.30	556.26	625.02
44	389.25	341.66	461.57	443.99	509.75	568.93	639.28	391.80	464.60	572.66	643.44
45	402.34	353.16	477.10	458.93	526.90	588.07	660.79	404.98	480.23	591.92	665.09
46	417.95	366.86	495.60	476.73	547.34	610.88	686.42	420.69	498.86	614.88	690.89
47	435.50	382.26	516.42	496.75	570.32	636.53	715.24	438.36	519.81	640.70	719.90
48	455.56	399.87	540.20	519.64	596.60	665.85	748.19	458.55	543.75	670.22	753.06
49	475.34	417.24	563.66	542.20	622.50	694.77	780.68	478.46	567.36	699.32	785.77
50	497.63	436.80	590.09	567.63	651.69	727.35	817.29	500.90	593.97	732.12	822.61
51	519.64	456.12	616.20	592.73	680.52	759.52	853.44	523.06	620.24	764.50	859.00
52	543.89	477.40	644.94	620.38	712.27	794.95	893.25	547.46	649.18	800.16	899.07
53	568.41	498.92	674.02	648.35	744.38	830.79	933.52	572.14	678.44	836.24	939.60
54	594.88	522.16	705.40	678.55	779.04	869.48	977.00	598.78	710.04	875.18	983.36
55	621.34	545.39	736.79	708.74	813.70	908.17	1020.47	625.43	741.63	914.12	1027.12
56	650.04	570.58	770.82	741.47	851.29	950.11	1067.60	654.31	775.89	956.34	1074.56
57	679.02	596.02	805.18	774.53	889.24	992.47	1115.20	683.48	810.47	998.98	1122.46
58	709.95	623.16	841.86	809.81	929.74	1037.67	1165.99	714.61	847.39	1044.48	1173.58
59	725.27	636.62	860.03	827.29	949.81	1060.07	1191.16	730.04	865.68	1067.02	1198.92
60	756.20	663.76	896.71	862.56	990.31	1105.28	1241.95	761.17	902.59	1112.52	1250.04
61	782.95	687.24	928.42	893.07	1025.34	1144.37	1285.88	788.09	934.52	1151.88	1294.26
62	800.50	702.65	949.24	913.10	1048.33	1170.03	1314.71	805.76	955.47	1177.70	1323.28
63	822.52	721.97	975.34	938.20	1077.16	1202.20	1350.86	827.92	981.75	1210.08	1359.66
64+	835.89	733.71	991.20	953.46	1094.67	1221.75	1372.83	841.38	997.71	1229.76	1381.77

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.**

## 2022 Monthly rates

### On Exchange

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Age on 2022 effective date	KP HI Bronze 6500/65	KP HI Bronze 7000/30%	KP HI Bronze 6500/65 Plus CAM	KP HI Silver 4000/45	KP HI Silver 2500/40	KP HI Silver 2500/40 Plus CAM	KP HI Gold 1000/30	KP HI Gold 0/30	KP HI Gold 0/30 Plus CAM	KP HI Platinum 0/10
0-14	\$213.15	\$187.10	\$214.55	\$280.20	\$291.28	\$293.19	\$279.14	\$311.55	\$313.59	\$350.07
15	232.10	203.73	233.62	305.10	317.17	319.26	303.95	339.24	341.46	381.19
16	239.34	210.09	240.92	314.63	327.07	329.22	313.44	349.83	352.12	393.09
17	246.59	216.44	248.21	324.15	336.97	339.19	322.93	360.42	362.78	404.98
18	254.39	223.29	256.06	334.40	347.63	349.92	333.14	371.82	374.26	417.80
19	262.19	230.14	263.91	344.66	358.30	360.65	343.36	383.22	385.73	430.61
20	270.27	237.23	272.05	355.28	369.34	371.76	353.94	395.03	397.62	443.88
21	278.63	244.57	280.46	366.27	380.76	383.26	364.89	407.25	409.92	457.61
22	278.63	244.57	280.46	366.27	380.76	383.26	364.89	407.25	409.92	457.61
23	278.63	244.57	280.46	366.27	380.76	383.26	364.89	407.25	409.92	457.61
24	278.63	244.57	280.46	366.27	380.76	383.26	364.89	407.25	409.92	457.61
25	279.74	245.55	281.58	367.74	382.28	384.79	366.35	408.88	411.56	459.44
26	285.32	250.44	287.19	375.06	389.90	392.46	373.65	417.02	419.76	468.59
27	292.00	256.31	293.92	383.85	399.04	401.66	382.40	426.80	429.60	479.58
28	302.87	265.85	304.86	398.14	413.89	416.60	396.64	442.68	445.58	497.42
29	311.79	273.67	313.83	409.86	426.07	428.87	408.31	455.71	458.70	512.07
30	316.25	277.59	318.32	415.72	432.16	435.00	414.15	462.23	465.26	519.39
31	322.93	283.46	325.05	424.51	441.30	444.20	422.91	472.00	475.10	530.37
32	329.62	289.33	331.78	433.30	450.44	453.40	431.66	481.78	484.94	541.35
33	333.80	292.99	335.99	438.79	456.15	459.15	437.14	487.89	491.08	548.22
34	338.26	296.91	340.48	444.65	462.24	465.28	442.98	494.40	497.64	555.54
35	340.49	298.86	342.72	447.58	465.29	468.34	445.90	497.66	500.92	559.20
36	342.71	300.82	344.97	450.51	468.33	471.41	448.81	500.92	504.20	562.86
37	344.94	302.78	347.21	453.44	471.38	474.48	451.73	504.18	507.48	566.52
38	347.17	304.73	349.45	456.37	474.43	477.54	454.65	507.43	510.76	570.18
39	351.63	308.65	353.94	462.23	480.52	483.67	460.49	513.95	517.32	577.50
40	356.09	312.56	358.43	468.09	486.61	489.81	466.33	520.47	523.88	584.83
41	362.78	318.43	365.16	476.88	495.75	499.00	475.09	530.24	533.72	595.81
42	369.18	324.06	371.61	485.31	504.51	507.82	483.48	539.61	543.14	606.33
43	378.10	331.88	380.58	497.03	516.69	520.08	495.16	552.64	556.26	620.98
44	389.25	341.66	391.80	511.68	531.92	535.41	509.75	568.93	572.66	639.28
45	402.34	353.16	404.98	528.89	549.82	553.43	526.90	588.07	591.92	660.79
46	417.95	366.86	420.69	549.41	571.14	574.89	547.34	610.88	614.88	686.42
47	435.50	382.26	438.36	572.48	595.13	599.04	570.32	636.53	640.70	715.24
48	455.56	399.87	458.55	598.85	622.54	626.63	596.60	665.85	670.22	748.19
49	475.34	417.24	478.46	624.86	649.58	653.84	622.50	694.77	699.32	780.68
50	497.63	436.80	500.90	654.16	680.04	684.50	651.69	727.35	732.12	817.29
51	519.64	456.12	523.06	683.09	710.12	714.78	680.52	759.52	764.50	853.44
52	543.89	477.40	547.46	714.96	743.24	748.12	712.27	794.95	800.16	893.25
53	568.41	498.92	572.14	747.19	776.75	781.85	744.38	830.79	836.24	933.52
54	594.88	522.16	598.78	781.99	812.92	818.26	779.04	869.48	875.18	977.00
55	621.34	545.39	625.43	816.78	849.09	854.67	813.70	908.17	914.12	1020.47
56	650.04	570.58	654.31	854.51	888.31	894.15	851.29	950.11	956.34	1067.60
57	679.02	596.02	683.48	892.60	927.91	934.00	889.24	992.47	998.98	1115.20
58	709.95	623.16	714.61	933.26	970.18	976.55	929.74	1037.67	1044.48	1165.99
59	725.27	636.62	730.04	953.40	991.12	997.63	949.81	1060.07	1067.02	1191.16
60	756.20	663.76	761.17	994.06	1033.38	1040.17	990.31	1105.28	1112.52	1241.95
61	782.95	687.24	788.09	1029.22	1069.94	1076.96	1025.34	1144.37	1151.88	1285.88
62	800.50	702.65	805.76	1052.29	1093.92	1101.11	1048.33	1170.03	1177.70	1314.71
63	822.52	721.97	827.92	1081.23	1124.00	1131.38	1077.16	1202.20	1210.08	1350.86
64+	835.89	733.71	841.38	1098.81	1142.28	1149.78	1094.67	1221.75	1229.76	1372.83

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.**

## 2022 Monthly rates

On Exchange

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Age on 2022 effective date	KP HI Platinum 0/10 Plus CAM	KP HI Silver 3500/40 CSR73	KP HI Silver 750/20 CSR87	KP HI Silver 50/5 CSR94	KP HI Silver 2500/40 CSR73	KP HI Silver 250/20 CSR87	KP HI Silver 0/10 CSR94	KP HI Silver 2500/40 CSR73 Plus CAM	KP HI Silver 250/20 CSR87 Plus CAM	KP HI Silver 0/10 CSR94 Plus CAM
0-14	\$352.35	\$280.20	\$280.20	\$280.20	\$291.28	\$291.28	\$291.28	\$293.19	\$293.19	\$293.19
15	383.67	305.10	305.10	305.10	317.17	317.17	317.17	319.26	319.26	319.26
16	395.65	314.63	314.63	314.63	327.07	327.07	327.07	329.22	329.22	329.22
17	407.62	324.15	324.15	324.15	336.97	336.97	336.97	339.19	339.19	339.19
18	420.52	334.40	334.40	334.40	347.63	347.63	347.63	349.92	349.92	349.92
19	433.42	344.66	344.66	344.66	358.30	358.30	358.30	360.65	360.65	360.65
20	446.77	355.28	355.28	355.28	369.34	369.34	369.34	371.76	371.76	371.76
21	460.59	366.27	366.27	366.27	380.76	380.76	380.76	383.26	383.26	383.26
22	460.59	366.27	366.27	366.27	380.76	380.76	380.76	383.26	383.26	383.26
23	460.59	366.27	366.27	366.27	380.76	380.76	380.76	383.26	383.26	383.26
24	460.59	366.27	366.27	366.27	380.76	380.76	380.76	383.26	383.26	383.26
25	462.43	367.74	367.74	367.74	382.28	382.28	382.28	384.79	384.79	384.79
26	471.64	375.06	375.06	375.06	389.90	389.90	389.90	392.46	392.46	392.46
27	482.70	383.85	383.85	383.85	399.04	399.04	399.04	401.66	401.66	401.66
28	500.66	398.14	398.14	398.14	413.89	413.89	413.89	416.60	416.60	416.60
29	515.40	409.86	409.86	409.86	426.07	426.07	426.07	428.87	428.87	428.87
30	522.77	415.72	415.72	415.72	432.16	432.16	432.16	435.00	435.00	435.00
31	533.82	424.51	424.51	424.51	441.30	441.30	441.30	444.20	444.20	444.20
32	544.88	433.30	433.30	433.30	450.44	450.44	450.44	453.40	453.40	453.40
33	551.79	438.79	438.79	438.79	456.15	456.15	456.15	459.15	459.15	459.15
34	559.16	444.65	444.65	444.65	462.24	462.24	462.24	465.28	465.28	465.28
35	562.84	447.58	447.58	447.58	465.29	465.29	465.29	468.34	468.34	468.34
36	566.53	450.51	450.51	450.51	468.33	468.33	468.33	471.41	471.41	471.41
37	570.21	453.44	453.44	453.44	471.38	471.38	471.38	474.48	474.48	474.48
38	573.90	456.37	456.37	456.37	474.43	474.43	474.43	477.54	477.54	477.54
39	581.26	462.23	462.23	462.23	480.52	480.52	480.52	483.67	483.67	483.67
40	588.63	468.09	468.09	468.09	486.61	486.61	486.61	489.81	489.81	489.81
41	599.69	476.88	476.88	476.88	495.75	495.75	495.75	499.00	499.00	499.00
42	610.28	485.31	485.31	485.31	504.51	504.51	504.51	507.82	507.82	507.82
43	625.02	497.03	497.03	497.03	516.69	516.69	516.69	520.08	520.08	520.08
44	643.44	511.68	511.68	511.68	531.92	531.92	531.92	535.41	535.41	535.41
45	665.09	528.89	528.89	528.89	549.82	549.82	549.82	553.43	553.43	553.43
46	690.89	549.41	549.41	549.41	571.14	571.14	571.14	574.89	574.89	574.89
47	719.90	572.48	572.48	572.48	595.13	595.13	595.13	599.04	599.04	599.04
48	753.06	598.85	598.85	598.85	622.54	622.54	622.54	626.63	626.63	626.63
49	785.77	624.86	624.86	624.86	649.58	649.58	649.58	653.84	653.84	653.84
50	822.61	654.16	654.16	654.16	680.04	680.04	680.04	684.50	684.50	684.50
51	859.00	683.09	683.09	683.09	710.12	710.12	710.12	714.78	714.78	714.78
52	899.07	714.96	714.96	714.96	743.24	743.24	743.24	748.12	748.12	748.12
53	939.60	747.19	747.19	747.19	776.75	776.75	776.75	781.85	781.85	781.85
54	983.36	781.99	781.99	781.99	812.92	812.92	812.92	818.26	818.26	818.26
55	1027.12	816.78	816.78	816.78	849.09	849.09	849.09	854.67	854.67	854.67
56	1074.56	854.51	854.51	854.51	888.31	888.31	888.31	894.15	894.15	894.15
57	1122.46	892.60	892.60	892.60	927.91	927.91	927.91	934.00	934.00	934.00
58	1173.58	933.26	933.26	933.26	970.18	970.18	970.18	976.55	976.55	976.55
59	1198.92	953.40	953.40	953.40	991.12	991.12	991.12	997.63	997.63	997.63
60	1250.04	994.06	994.06	994.06	1033.38	1033.38	1033.38	1040.17	1040.17	1040.17
61	1294.26	1029.22	1029.22	1029.22	1069.94	1069.94	1069.94	1076.96	1076.96	1076.96
62	1323.28	1052.29	1052.29	1052.29	1093.92	1093.92	1093.92	1101.11	1101.11	1101.11
63	1359.66	1081.23	1081.23	1081.23	1124.00	1124.00	1124.00	1131.38	1131.38	1131.38
64+	1381.77	1098.81	1098.81	1098.81	1142.28	1142.28	1142.28	1149.78	1149.78	1149.78

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.**

# Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit [kp.org/facilities](http://kp.org/facilities) to find the one nearest you.



1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. 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). 12. The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following 3: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

## NONDISCRIMINATION NOTICE

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

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  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free 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 **1-800-966-5955** (TTY: **711**)

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### Membership Services

**Attn: Kaiser Civil Rights Coordinator**  
**711 Kapiolani Blvd**  
**Honolulu, HI 96813**  
**1-800-966-5955**

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 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

**Cebuano (Bisaya) ATENSYON:** Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**)。

**Chuuk (Chukese) MEI AUCHEA:** Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

**‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI:** Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

**Iloko (Ilocano) PAKDAAR:** No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (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。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວບຄູ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **1-800-966-5955** (TTY: **711**).

**Kajin Majōl (Marshallese) LALE:** Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjelōk wōñāān. Kaalōk **1-800-966-5955** (TTY: **711**).

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yánílti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

**Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR:** Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

**Faa-Samoa (Samoan) MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auauunaga fesoasoani, e fai fua e leai se todogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).

**Lea Faka-Tonga (Tongan) FAKATOKANGA’I:** Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).









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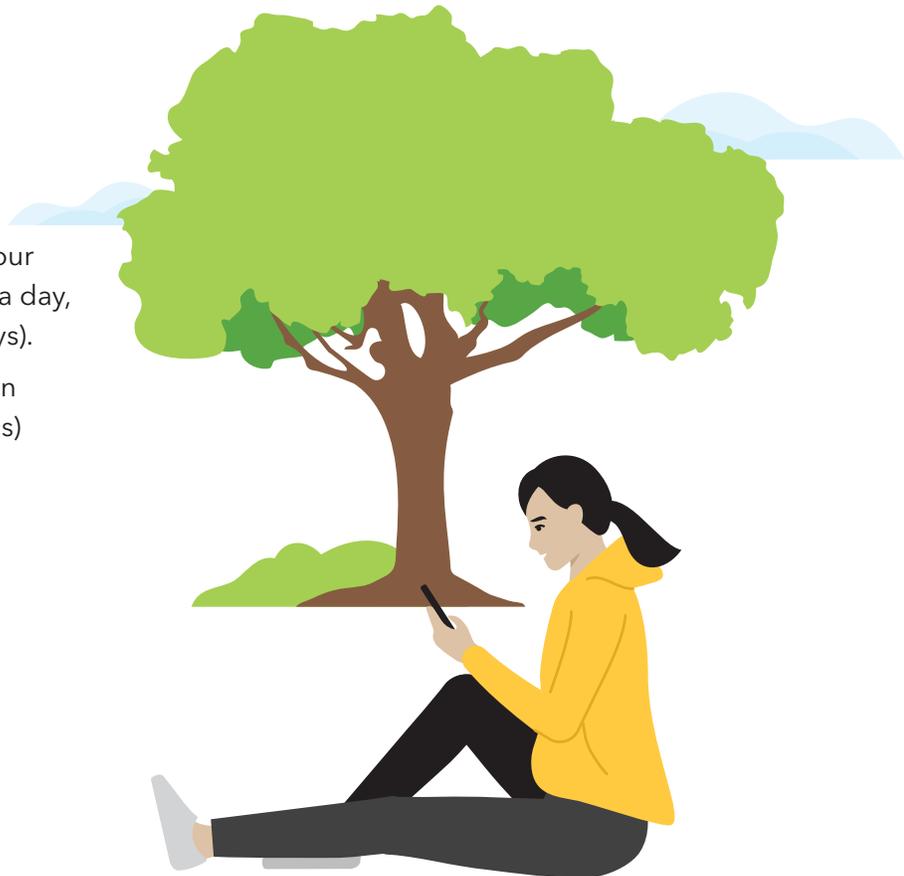
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**Current members with questions** can call our Member Service Contact Center, 24 hours a day, 7 days a week for most calls (closed holidays).

- **1-800-464-4000** (English and more than 150 languages using interpreter services)
- **711** (TTY)



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