

# 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 the Oregon Health Insurance Marketplace.
- 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.

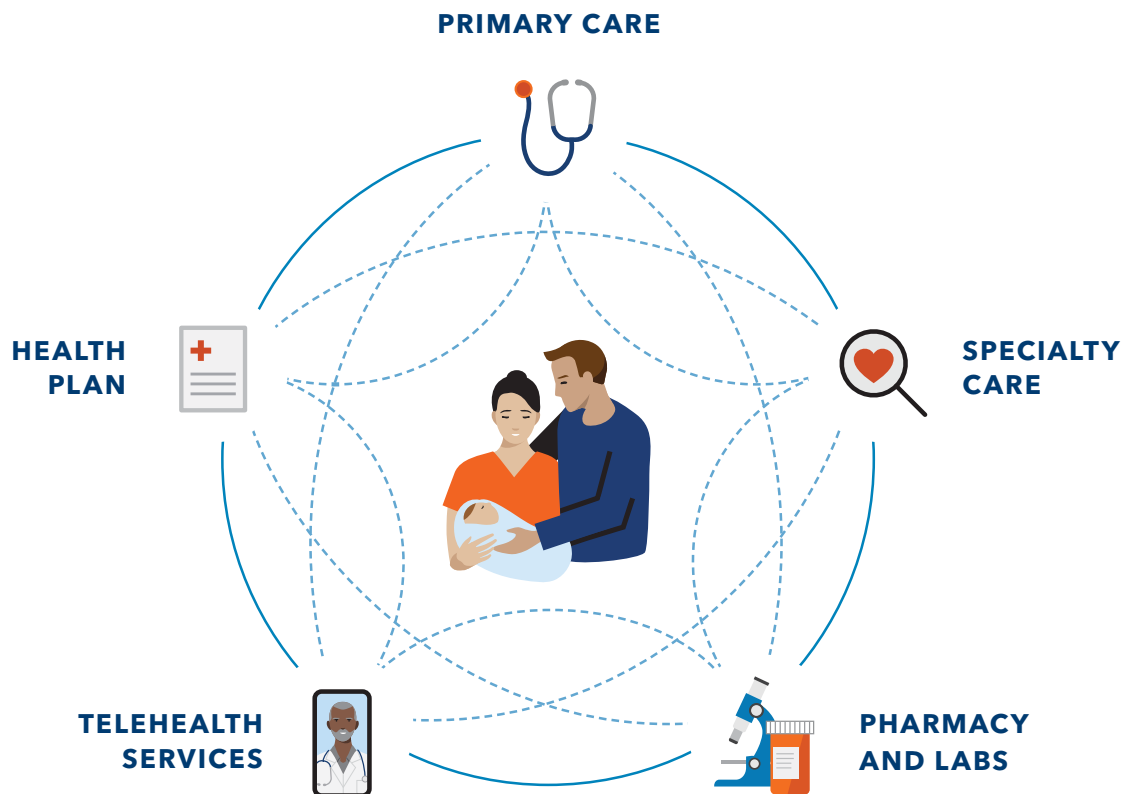
A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).



# 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/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.



## 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>

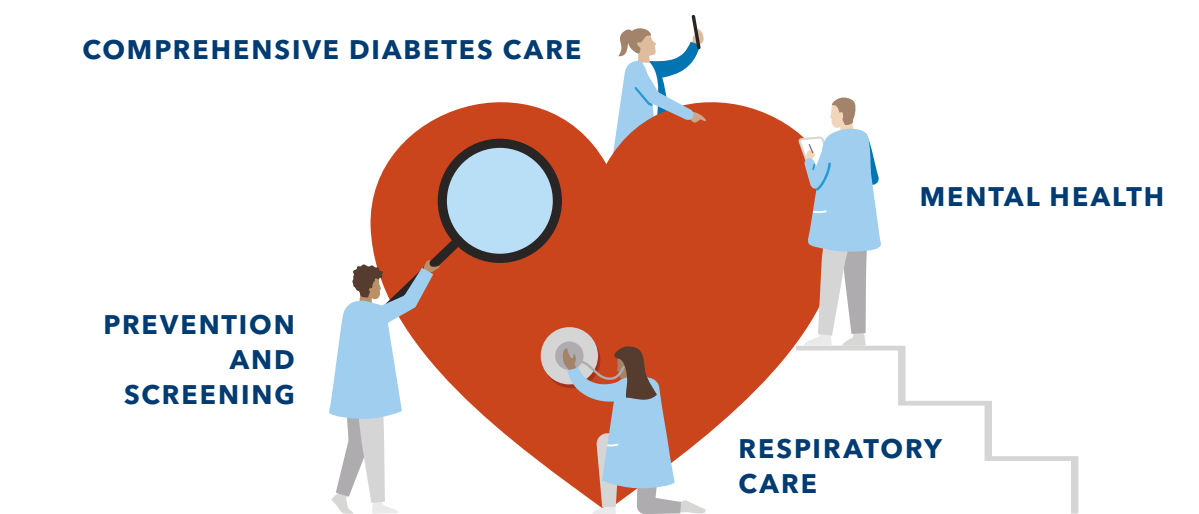
Telehealth has been part of how we deliver care for years, making it easier for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.<sup>6</sup>



# 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.

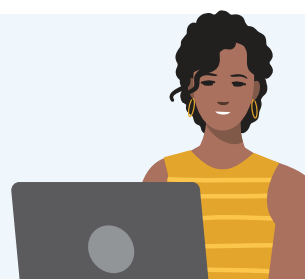


## Connect to care online

After you enroll, create an account at **kp.org** 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**.





# 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.

## CLASSPASS

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, such as eyeglasses, adult dental , 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 OR Gold 0/20 (no deductible)	\$20	\$50	\$10*
KP OR Silver 2500/40 (\$2,500 deductible)	\$40	\$50	\$25*
KP OR Bronze 5500/50 (\$5,500 deductible)	\$50	\$95 or \$70 if you've met your deductible	\$49* or \$30* if you've met your deductible

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

The cost estimates above are from [kp.org/treatmentestimates](https://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	<div> <div>KP</div> <div>E</div> </div>	KP OR Gold 2000/30
Plan type		Deductible
Annual medical deductible (individual/family)		\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)		\$7,900/\$15,800
<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		\$30
Specialty care office visit		\$50
Most X-rays		\$50
Most lab tests		\$50
MRI, CT, PET		\$350 after deductible
Outpatient surgery		30% after deductible
Mental health visit		\$30
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care		30% after deductible
<b>Maternity</b>		
Routine prenatal care and postpartum visit		No charge
Delivery and inpatient well-baby care		30% after deductible
<b>Emergency and urgent care</b>		
Emergency Department visit		\$350 after deductible
Urgent care visit		\$40
<b>Prescription drugs (up to a 30-day supply)</b>		
Generic		\$15*
Preferred brand		\$40*
Non-preferred brand		50%
Specialty		50%
<b>Whole health</b>		
Healthy services		\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$30 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

**KP** Offered through Kaiser Foundation Health Plan of the Northwest

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

### Annual deductible

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

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd over pay more than \$7,900 for yourself and no more than \$15,800 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 \$30 copay—even before you meet your deductible. With our Gold deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

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

### Copay

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

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



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

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

Benefit highlights	<b>KP</b> <b>E</b> KP OR Bronze 8550/75	<b>KP</b> <b>E</b> KP Oregon Standard Bronze Plan	<b>KP</b> <b>E</b> KP OR Bronze 6900/0% HSA	<b>KP</b> <b>E</b> KP OR Bronze 5500/50
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>HSA-qualified</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$8,550/\$17,100	\$8,700/\$17,400	\$6,900/\$13,800	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	\$8,700/\$17,400	\$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	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	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$75	\$50	No charge after deductible	\$50
Specialty care office visit	No charge after deductible	\$100	No charge after deductible	\$85 after deductible
Most X-rays	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
Most lab tests	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Mental health visit	\$75	\$50	No charge after deductible	\$50
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge after deductible	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Urgent care visit	No charge after deductible	\$100	No charge after deductible	35% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$30*	\$20*	No charge after deductible	\$30* after deductible
Preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Non-preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$75 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	No charge after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. No charge after deductible per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the standard plan: *EOIDDEDSTD0122*; for traditional copay plans: *EOIDTRAD0122*; for HSA-qualified deductible plans: *EOIDHDP0122*; for deductible plans: *EOIDDED0122*. 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> KP OR Silver 4500/40 X	<b>KP</b> KP OR Silver 3650/40 X	<b>KP</b> KP OR Silver 3000/20% HSA	<b>KP</b> KP OR Silver 2500/40 X
Plan type	Deductible	Deductible	HSA-Qualified	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$3,650/\$7,300	\$3,000/\$6,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	\$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	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	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$40	\$40	20% after deductible	\$40
Specialty care office visit	\$70 after deductible	\$80	20% after deductible	\$65
Most X-rays	\$60 after deductible	30% after deductible	20% after deductible	\$50
Most lab tests	\$60 after deductible	30% after deductible	20% after deductible	\$50
MRI, CT, PET	\$350 after deductible	30% after deductible	20% after deductible	\$350 after deductible
Outpatient surgery	35% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental health visit	\$40	\$40	20% after deductible	\$40
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	20% after deductible	30% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	30% after deductible	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	20% after deductible	30% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	\$350 after deductible	30% after deductible	20% after deductible	\$350 after deductible
Urgent care visit	\$55	\$75	20% after deductible	\$55
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$25*	\$15*	\$15* after deductible	\$25*
Preferred brand	\$65*	\$60*	\$55* after deductible	\$65*
Non-preferred brand	50% after deductible	50%	50% after deductible	50% after deductible
Specialty	50% after deductible	50%	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. 20% coinsurance after deductible per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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Benefit highlights	<b>KP</b> <b>E</b> KP OR Gold 2000/30	<b>KP</b> <b>E</b> KP Oregon Standard Gold Plan	<b>KP</b> <b>E</b> KP OR Gold 0/20
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	None/None
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,300/\$14,600	\$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	\$20	\$20
Specialty care office visit	\$50	\$40	\$50
Most X-rays	\$50	20% after deductible	\$50
Most lab tests	\$50	20% after deductible	\$50
MRI, CT, PET	\$350 after deductible	20% after deductible	\$350
Outpatient surgery	30% after deductible	20% after deductible	30%
Mental health visit	\$30	\$20	\$20
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30%
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	20% after deductible	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	20% after deductible	\$350
Urgent care visit	\$40	\$60	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$10*
Preferred brand	\$40*	\$30*	\$30*
Non-preferred brand	50%	50%	50%
Specialty	50%	50% up to \$500	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$30 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$20 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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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: *EOIDDEDSTD0122*; for traditional copay plans: *EOIDTRADO122*; for HSA-qualified deductible plans: *EOIDHDHP0122*; for deductible plans: *EOIDDED0122*. 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.

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

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

Benefit highlights	<b>E</b> KP OR Silver 4500/40	<b>E</b> KP Oregon Standard Silver Plan	<b>E</b> KP OR Silver 2500/40
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$3,650/\$7,300	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	\$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	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	\$40	\$40
Specialty care office visit	\$70 after deductible	\$80	\$65
Most X-rays	\$60 after deductible	30% after deductible	\$50
Most lab tests	\$60 after deductible	30% after deductible	\$50
MRI, CT, PET	\$350 after deductible	30% after deductible	\$350 after deductible
Outpatient surgery	35% after deductible	30% after deductible	30% after deductible
Mental health visit	\$40	\$40	\$40
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	30% after deductible	No charge
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	30% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	30% after deductible	\$350 after deductible
Urgent care visit	\$50	\$70	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$15*	\$25*
Preferred brand	\$65*	\$60*	\$65*
Non-preferred brand	50% after deductible	50%	50% after deductible
Specialty	50% after deductible	50%	50% after deductible
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

## Cost Share Reduction (CSR) plans

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

Benefit highlights	<b>E</b> KP OR Silver 4500/40 73% CSR	<b>E</b> KP OR Silver 4500/40 87% CSR	<b>E</b> KP OR Silver 4500/40 94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,950/\$5,900	\$650/\$1,300	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,250/\$12,500	\$2,600/\$5,200	\$2,300/\$4,600
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$25	\$5
Specialty care office visit	\$65 after deductible	\$35 after deductible	\$10 after deductible
Most X-rays	\$35 after deductible	\$25 after deductible	\$10 after deductible
Most lab tests	\$35 after deductible	\$25 after deductible	\$10 after deductible
MRI, CT, PET	\$350 after deductible	\$250 after deductible	\$100 after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$35	\$25	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	\$250 after deductible	\$100 after deductible
Urgent care visit	\$50	\$45	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$25 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

Benefit highlights	<b>E</b> KP Oregon Standard Silver Plan 73% CSR	<b>E</b> KP Oregon Standard Silver Plan 87% CSR	<b>E</b> KP Oregon Standard Silver Plan 94% CSR
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$3,650/\$7,300	\$1,200/\$2,400	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,800/\$13,600	\$2,850/\$5,700	\$1,000/\$2,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$15	\$10
Specialty care office visit	\$70	\$30	\$20
Most X-rays	30% after deductible	10% after deductible	10% after deductible
Most lab tests	30% after deductible	10% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10% after deductible	10% after deductible
Mental health visit	\$40	\$15	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	30% after deductible	10% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	10% after deductible	10% after deductible
Urgent care visit	\$70	\$40	\$30
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$5*
Preferred brand	\$55*	\$25*	\$10*
Non-preferred brand	50%	50%	25%
Specialty	50%	50%	25%
<b>Whole health</b>			
Healthy services	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$15 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$15 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$10 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$10 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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## Cost Share Reduction (CSR) plans

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HealthCare.gov.

Benefit highlights	<b>E</b> KP OR Silver 2500/40 73% CSR	<b>E</b> KP OR Silver 2500/40 87% CSR	<b>E</b> KP OR Silver 2500/40 94% CSR
Plan type	Deductible	Deductible	Deductible
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	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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# Find your rate

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

## How is your rate determined?

### Your rate is based on:

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

### Interested in a family plan?

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

Family members include:

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

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

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

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

## 2022 Monthly rates

Benton, Lane, and Linn counties

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

Non-Tobacco User Rates														
Age on 2022 effective date	KP E KP OR Bronze 8550/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP KP OR Silver 4500/40 X	E KP OR Silver 4500/40	KP KP OR Silver 3650/40 X	E KP Oregon Standard Silver Plan	KP KP OR Silver 3000/20% HSA	KP KP OR Silver 2500/40 X	E KP OR Silver 2500/40	KP E KP OR Gold 2000/30	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$163	\$168	\$168	\$170	\$183	\$211	\$204	\$235	\$197	\$209	\$241	\$224	\$242	\$244
21-24	257	264	265	268	289	333	321	370	311	329	379	352	381	385
25	258	265	266	269	290	334	323	372	312	331	381	354	383	386
26	263	270	271	274	296	341	329	379	318	337	388	361	390	394
27	270	277	278	280	303	349	337	388	326	345	398	369	399	403
28	280	287	288	291	314	362	349	402	338	358	412	383	414	418
29	288	296	296	299	323	372	360	414	348	369	424	394	426	430
30	292	300	301	304	328	377	365	420	353	374	431	400	433	436
31	298	306	307	310	335	385	372	429	360	382	440	408	442	446
32	304	312	313	317	342	393	380	438	368	390	449	417	451	455
33	308	316	317	321	346	398	385	443	372	395	454	422	457	461
34	312	321	322	325	351	404	390	449	377	400	460	427	463	467
35	314	323	324	327	353	406	393	452	380	402	464	430	466	470
36	316	325	326	329	355	409	395	455	382	405	467	433	469	473
37	319	327	328	331	358	412	398	458	385	408	470	436	472	476
38	321	329	330	333	360	414	400	461	387	410	473	439	475	479
39	325	333	334	338	364	420	406	467	392	416	479	444	481	485
40	329	338	338	342	369	425	411	473	397	421	485	450	487	491
41	335	344	345	348	376	433	418	482	405	429	494	458	496	501
42	341	350	351	355	383	441	426	490	412	436	503	467	505	510
43	349	358	359	363	392	451	436	502	422	447	515	478	517	522
44	359	369	370	374	403	465	449	517	434	460	530	492	532	537
45	371	381	382	386	417	480	464	534	449	476	548	508	550	555
46	386	396	397	401	433	499	482	555	466	494	569	528	572	577
47	402	413	414	418	451	520	502	578	486	515	593	550	596	601
48	421	432	433	438	472	544	525	605	508	539	620	576	623	629
49	439	451	452	457	493	567	548	631	530	562	647	601	650	656
50	459	472	473	478	516	594	574	661	555	588	677	629	681	687
51	480	493	494	499	539	620	599	690	580	614	707	657	711	717
52	502	516	517	522	564	649	627	722	607	643	740	687	744	751
53	525	539	540	546	589	678	656	755	634	672	774	718	777	784
54	549	564	565	571	617	710	686	790	663	703	810	752	814	821
55	574	589	591	597	644	742	717	825	693	734	846	785	850	858
56	600	616	618	624	674	776	750	863	725	768	885	821	889	897
57	627	644	645	652	704	811	783	902	757	803	924	858	929	937
58	656	673	675	682	736	847	819	943	792	839	966	897	971	980
59	670	687	689	697	752	866	837	963	809	857	987	917	992	1,001
60	698	717	719	726	784	903	872	1,004	843	894	1,029	956	1,034	1,044
61	723	742	744	752	812	935	903	1,040	873	926	1,066	989	1,071	1,081
62	739	759	761	769	830	956	923	1,063	893	946	1,090	1,012	1,095	1,105
63	759	780	782	790	853	982	949	1,093	917	972	1,120	1,039	1,125	1,135
64+	771	792	795	804	867	999	963	1,110	933	987	1,137	1,056	1,143	1,155

## 2022 Monthly rates

Benton, Lane, and Linn counties

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

Tobacco User Rates														
Age on 2022 effective date	KP E KP OR Bronze 8550/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP KP OR Silver 4500/40 X	E KP OR Silver 4500/40	KP KP OR Silver 3650/40 X	E KP Oregon Standard Silver Plan	KP KP OR Silver 3000/20% HSA	KP KP OR Silver 2500/40 X	E KP OR Silver 2500/40	KP E KP OR Gold 2000/30	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$163	\$168	\$168	\$170	\$183	\$211	\$204	\$235	\$197	\$209	\$241	\$224	\$242	\$244
21-24	309	317	318	321	347	399	386	444	373	395	455	423	457	461
25	310	318	319	322	348	401	387	446	374	397	457	424	459	463
26	316	325	325	329	355	409	395	455	382	405	466	433	468	473
27	324	332	333	337	363	418	404	465	391	414	477	443	479	484
28	336	345	345	349	377	434	419	483	405	430	495	459	497	502
29	345	355	356	359	388	447	432	497	417	442	509	473	512	516
30	350	360	361	365	393	453	438	504	423	449	517	480	519	524
31	358	367	368	372	402	463	447	515	432	458	528	490	530	535
32	365	375	376	380	410	472	456	525	441	468	538	500	541	546
33	370	380	381	385	415	478	462	532	447	473	545	506	548	553
34	375	385	386	390	421	485	468	539	453	480	553	513	555	560
35	377	387	388	392	423	488	471	543	456	483	556	516	559	564
36	380	390	391	395	426	491	474	546	459	486	560	520	563	568
37	382	392	393	398	429	494	477	550	462	489	563	523	566	571
38	385	395	396	400	432	497	481	553	465	492	567	526	570	575
39	390	400	401	405	437	504	487	560	471	499	574	533	577	582
40	395	405	406	410	443	510	493	568	477	505	582	540	584	590
41	402	413	414	418	451	520	502	578	486	515	593	550	595	601
42	409	420	421	426	459	529	511	588	494	524	603	560	606	611
43	419	430	431	436	470	542	523	603	506	536	618	573	621	626
44	431	443	444	449	484	558	539	620	521	552	636	590	639	645
45	446	458	459	464	500	576	557	641	538	571	657	610	660	666
46	463	475	477	482	520	599	578	666	559	593	683	634	686	692
47	483	495	497	502	542	624	603	694	583	618	711	660	715	721
48	505	518	520	525	567	653	631	726	610	646	744	691	748	754
49	527	541	542	548	591	681	658	758	636	674	777	721	780	787
50	551	566	568	574	619	713	689	793	666	706	813	755	817	824
51	576	591	593	599	646	744	719	828	695	737	849	788	853	861
52	603	619	620	627	676	779	753	867	728	772	888	825	893	901
53	630	647	648	655	707	814	787	906	761	806	929	862	933	941
54	659	677	678	686	740	852	823	948	796	844	972	902	976	985
55	688	707	709	716	773	890	860	990	832	881	1,015	942	1,020	1,029
56	720	739	741	749	809	931	900	1,036	870	922	1,062	986	1,067	1,077
57	752	772	774	783	845	973	940	1,082	909	963	1,109	1,030	1,115	1,125
58	787	808	810	818	883	1,017	983	1,132	950	1,007	1,160	1,077	1,165	1,176
59	804	825	827	836	902	1,039	1,004	1,156	971	1,029	1,185	1,100	1,190	1,201
60	838	860	863	872	941	1,083	1,047	1,205	1,012	1,073	1,235	1,147	1,241	1,252
61	868	891	893	902	974	1,121	1,084	1,248	1,048	1,111	1,279	1,187	1,285	1,297
62	887	911	913	923	996	1,147	1,108	1,276	1,071	1,136	1,308	1,214	1,314	1,326
63	911	936	938	948	1,023	1,178	1,138	1,311	1,101	1,167	1,344	1,247	1,350	1,362
64+	927	951	954	963	1,041	1,197	1,158	1,332	1,119	1,185	1,365	1,269	1,371	1,383



## 2022 Monthly rates

All other service area counties

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

### Non-Tobacco User Rates

Age on 2022 effective date	KP E KP OR Bronze 8550/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP KP OR Silver 4500/40 X	E KP OR Silver 4500/40	KP KP OR Silver 3650/40 X	E KP Oregon Standard Silver Plan	KP KP OR Silver 3000/20% HSA	KP KP OR Silver 2500/40 X	E KP OR Silver 2500/40	KP E KP OR Gold 2000/30	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$156	\$160	\$160	\$162	\$175	\$201	\$194	\$224	\$188	\$199	\$229	\$213	\$230	\$233
21-24	245	252	252	255	275	317	306	352	296	314	361	335	363	366
25	246	253	253	256	276	318	307	354	297	315	363	337	364	368
26	251	258	258	261	282	324	313	361	303	321	370	343	372	375
27	257	264	264	267	288	332	321	369	310	329	379	351	380	384
28	266	273	274	277	299	344	333	383	322	341	393	365	395	398
29	274	281	282	285	308	354	342	394	331	351	404	375	406	410
30	278	285	286	289	312	360	347	400	336	356	410	381	412	416
31	284	292	292	295	319	367	355	409	343	364	419	389	421	424
32	290	298	298	302	325	375	362	417	350	371	427	397	429	433
33	294	301	302	305	330	379	367	422	355	376	433	402	435	439
34	297	305	306	309	334	385	372	428	359	381	439	407	441	445
35	299	307	308	311	336	387	374	431	362	383	441	410	444	448
36	301	309	310	314	338	390	376	434	364	386	444	412	446	450
37	303	311	312	316	341	392	379	436	366	388	447	415	449	453
38	305	313	314	318	343	395	381	439	369	391	450	418	452	456
39	309	317	318	322	347	400	386	445	373	396	456	423	458	462
40	313	321	322	326	352	405	391	450	378	401	462	429	464	468
41	319	327	328	332	358	412	399	459	385	408	470	437	473	477
42	325	333	334	338	364	420	406	467	392	416	479	444	481	485
43	332	341	342	346	373	430	415	478	402	426	490	455	493	497
44	342	351	352	356	384	442	428	492	413	438	505	468	507	512
45	354	363	364	368	397	457	442	509	427	453	522	484	524	529
46	368	377	378	382	413	475	459	529	444	471	542	503	544	549
47	383	393	394	398	430	495	478	551	463	490	565	524	567	572
48	401	411	412	417	450	518	500	576	484	513	591	548	593	599
49	418	429	430	435	469	540	522	601	505	535	616	572	619	625
50	438	449	450	455	491	566	547	630	529	560	645	599	648	654
51	457	469	470	475	513	591	571	657	552	585	674	625	677	683
52	478	491	492	498	537	618	597	688	578	612	705	655	708	715
53	500	513	515	520	561	646	624	719	604	640	737	684	740	747
54	523	537	538	544	587	676	653	753	632	670	771	716	775	782
55	546	561	562	568	613	706	683	786	660	700	806	748	809	817
56	572	587	588	595	642	739	714	822	690	732	843	782	847	854
57	597	613	615	621	670	772	746	859	721	764	880	817	885	893
58	624	641	643	649	701	807	780	898	754	799	920	854	925	933
59	638	655	657	663	716	825	797	917	770	817	940	873	945	953
60	665	683	685	692	746	860	831	957	803	851	980	910	985	994
61	689	707	709	716	773	890	860	990	832	881	1,015	942	1,020	1,029
62	704	723	725	732	790	910	879	1,013	850	901	1,038	963	1,043	1,052
63	723	743	745	752	812	935	904	1,040	874	926	1,066	990	1,071	1,081
64+	735	756	756	765	825	951	918	1,056	888	942	1,083	1,005	1,089	1,098

## 2022 Monthly rates

All other service area counties

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

### Tobacco User Rates

Age on 2022 effective date	KP E KP OR Bronze 8550/75	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze 6900/0% HSA	KP E KP OR Bronze 5500/50	KP KP OR Silver 4500/40 X	E KP OR Silver 4500/40	KP KP OR Silver 3650/40 X	E KP Oregon Standard Silver Plan	KP KP OR Silver 3000/20% HSA	KP KP OR Silver 2500/40 X	E KP OR Silver 2500/40	KP E KP OR Gold 2000/30	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0/20
0-20	\$156	\$160	\$160	\$162	\$175	\$201	\$194	\$224	\$188	\$199	\$229	\$213	\$230	\$233
21-24	294	302	303	306	330	380	367	423	355	376	433	402	436	439
25	295	303	304	307	331	382	369	425	357	378	435	404	437	441
26	301	309	310	313	338	389	376	433	364	385	444	412	446	450
27	308	316	317	321	346	398	385	443	372	394	454	422	456	461
28	320	328	329	332	359	413	399	460	386	409	471	437	473	478
29	329	338	339	342	369	425	411	473	397	421	485	450	487	492
30	334	343	344	347	375	431	417	480	403	427	492	457	494	499
31	341	350	351	355	383	441	426	490	412	436	502	466	505	509
32	348	357	358	362	390	450	434	500	420	445	513	476	515	520
33	352	362	363	366	395	455	440	507	425	451	519	482	522	527
34	357	366	367	371	401	461	446	513	431	457	526	489	529	534
35	359	369	370	374	403	464	449	517	434	460	530	492	532	537
36	362	371	372	376	406	468	452	520	437	463	533	495	536	541
37	364	374	375	379	409	471	455	524	440	466	537	498	539	544
38	366	376	377	381	411	474	458	527	443	469	540	501	543	548
39	371	381	382	386	417	480	464	534	448	475	547	508	550	555
40	376	386	387	391	422	486	469	541	454	481	554	514	557	562
41	383	393	394	398	430	495	478	551	462	490	564	524	567	572
42	390	400	401	405	437	504	487	560	471	499	574	533	577	582
43	399	410	411	415	448	516	498	574	482	511	588	546	591	596
44	411	422	423	427	461	531	513	591	496	526	606	562	608	614
45	425	436	437	442	477	549	530	611	513	544	626	581	629	635
46	441	453	454	459	495	570	551	634	533	565	650	604	653	659
47	460	472	473	478	516	594	574	661	555	588	678	629	681	687
48	481	494	495	500	540	621	601	692	581	615	709	658	712	719
49	502	515	516	522	563	648	627	722	606	642	740	686	743	750
50	525	539	541	546	589	679	656	755	634	672	774	719	778	785
51	548	563	564	570	616	709	685	789	662	702	808	750	812	820
52	574	589	591	597	644	742	717	826	693	735	846	785	850	858
53	600	616	617	624	673	775	749	863	724	768	884	821	889	897
54	628	644	646	653	705	812	784	903	758	804	925	859	930	938
55	656	673	675	682	736	848	819	943	792	839	967	897	971	980
56	686	704	706	714	770	887	857	987	829	878	1,011	939	1,016	1,025
57	717	736	738	745	804	926	895	1,031	865	917	1,056	981	1,061	1,071
58	749	769	771	779	841	968	936	1,078	905	959	1,105	1,025	1,110	1,120
59	765	786	788	796	859	989	956	1,101	924	980	1,128	1,047	1,134	1,144
60	798	819	821	830	896	1,032	997	1,148	964	1,022	1,176	1,092	1,182	1,193
61	826	848	850	859	927	1,068	1,032	1,189	998	1,058	1,218	1,131	1,224	1,235
62	845	867	870	879	948	1,092	1,055	1,215	1,020	1,081	1,245	1,156	1,251	1,263
63	868	891	893	903	974	1,122	1,084	1,249	1,048	1,111	1,280	1,188	1,286	1,297
64+	882	906	909	918	990	1,140	1,101	1,269	1,065	1,128	1,299	1,206	1,308	1,317

# Dental and vision coverage

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

## Quality dental care

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

## Choice

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

## Convenience

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

## Quality

Our dental professionals exceed national standards. Since 1990, we've received

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

## How to make appointments

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

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

## Vision Essentials

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

Adult vision exams are included in our Gold plans (except Oregon Standard) and the KP OR Silver 2500/40 plan. 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 Plans

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

<b>Monthly rates</b>			
Age on 2022 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<19	\$33.30	\$21.60	\$25.53
19-29	37.10	25.46	33.04
30-34	39.05	26.79	34.77
35-39	40.76	27.96	36.29
40-44	45.18	31.00	40.22
45-49	50.19	34.44	44.69
50-54	53.91	36.99	48.00
55-59	58.53	40.16	52.12
60+	60.25	41.34	53.64

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

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

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

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0122*, *EOIDDEDFAMILYDNT0122-Evidence of Coverage*; *BOIDFAMILYDNT0122*, *BOIDDEDFAMILYDNT0122-Benefit Summaries*; *FSOIDFAMILYDNT0122-Face Sheet*.

# Find a facility near you

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

## Locate a medical provider

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

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

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

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

## Talk to a new member specialist

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

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

## Our locations

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

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

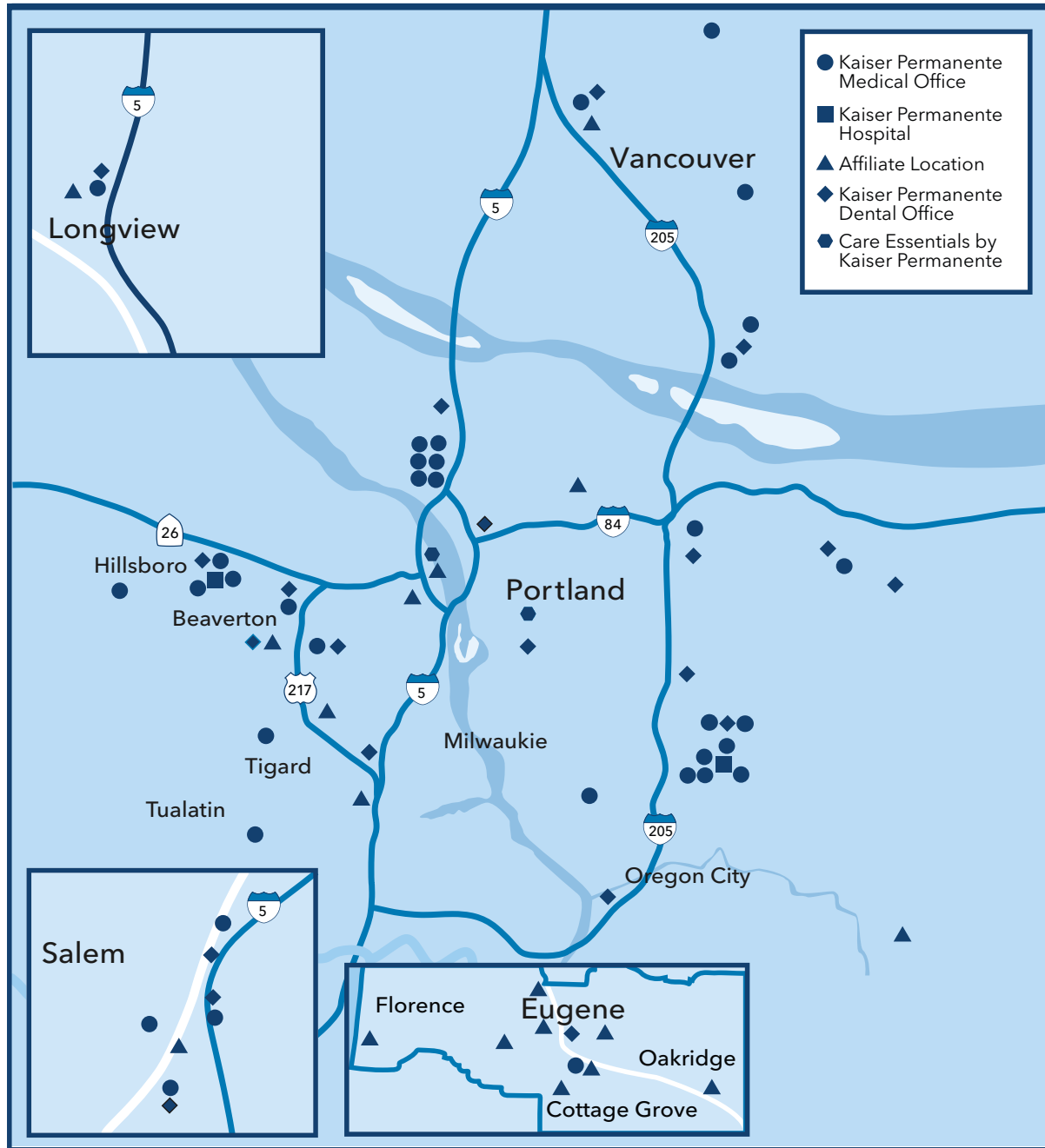
## Dental care

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



# Northwest locations

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



1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. 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**. 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.

## **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/online services/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:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បម្រើអ្នក។ 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) ໂປດຂາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

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

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

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

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

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

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

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

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

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

## Notes

## Notes





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