

# Health care that just works



Get started at [buykp.org](https://buykp.org)

# Experience simpler, smarter health care

When your health needs are handled  
under one plan, you get:

- High-quality in-person  
and virtual care experiences
- Support for your  
mental health and wellness
- 24/7 access to care  
wherever you are
- High-quality preventive,  
primary, and specialty care



# Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Kaiser Permanente care feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind and body.

## Important open enrollment dates for 2026

- The open enrollment period for 2026 coverage runs from **November 1, 2025**, through **January 15, 2026**.
- You can change or apply for coverage through Kaiser Foundation Health Plan of Washington, or we can help you apply through Washington Healthplanfinder.
- For coverage that starts on **January 1, 2026**, we must receive your Application for health coverage no later than **December 15, 2025**.

## 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**).

# Combined care and coverage is everything

Your doctors, hospitals, and health plan benefits should work together to give you world-class care, when and where you need it.

From preventive, primary, and virtual care to pharmacy, labs, and mental health support – we put it all together to make your health care work for you.

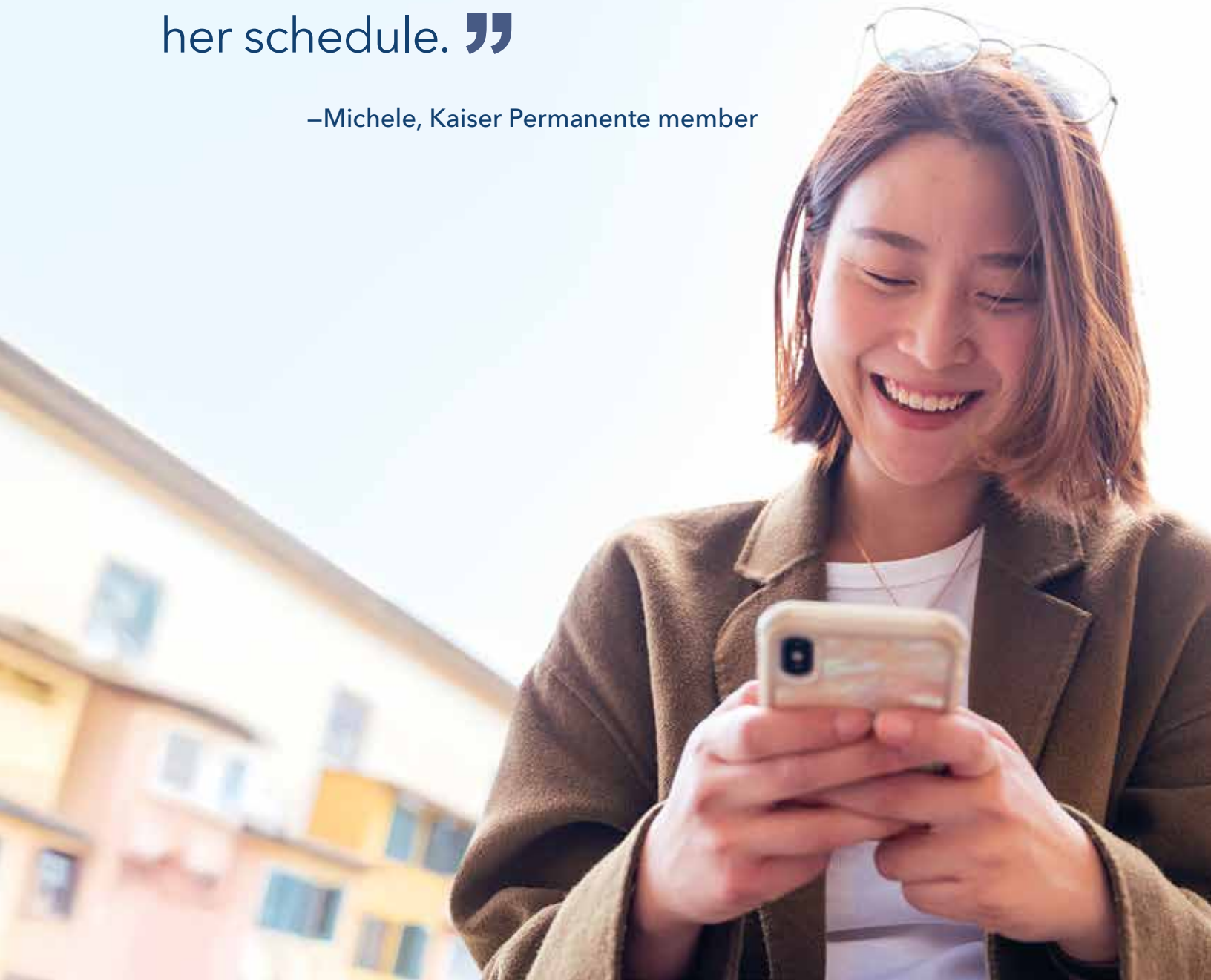
That's why members stay with Kaiser Permanente nearly twice as long as other health plans.<sup>1</sup>



Discover how we can help you live your best life at [kp.org/learnthebasics](https://kp.org/learnthebasics).

“ This was my first appointment with Dr. Rieple, and I could not be more impressed. She made me feel like I was the most important person on her schedule. ”

–Michele, Kaiser Permanente member



# Timely, convenient in-person and virtual care

Get the care you need, when you need it. The Kaiser Permanente Washington app makes it easier to manage your care online or connect with your care team on demand. And with our widespread network of locations, specialists, and services, you can get timely lab results and primary care appointments close to home.



## 24/7 virtual care

Visit [kp.org](https://kp.org) or use our app to talk to a clinician 24/7 by phone or video.<sup>2</sup> You can also email your care team, view most lab results, and more.



## Mail-order pharmacy

Refill prescriptions online, in person, or over the phone – with same-day pickup and same-day or next-day home delivery for most prescriptions.<sup>3</sup>



## Care while traveling

If you're planning to travel, we can help with vaccinations, prescriptions, and more. You also have access to urgent and emergency care worldwide – not just at Kaiser Permanente facilities.

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## One of the highest-ranked medical groups in the state

Washington Permanente Medical Group has been one of the top-ranked medical groups in the state for quality of care **18 years in a row.**<sup>4</sup>

# Support for your body and mind

Members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Explore individual and group therapy, health classes, self-care resources, and more.<sup>5</sup>

## Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.<sup>6</sup>

- Wellness coaching
- Fitness programs
- Gym memberships

## Get help reaching your health goals

Take advantage of a fitness membership with One Pass Select<sup>®</sup> from Optum.<sup>6</sup> Choose your plan and get unlimited access to a large nationwide network of gyms and boutique studios.

Kaiser Permanente members also have access to Optum's affinity musculoskeletal program – no signup required. Enjoy 20% off chiropractor, acupuncture, and therapeutic massage services at participating providers. Learn more at [kp.org/exercise](https://kp.org/exercise).

Our members are:

**5x**

more likely to be  
screened for depression<sup>7</sup>

**Nearly 2x**

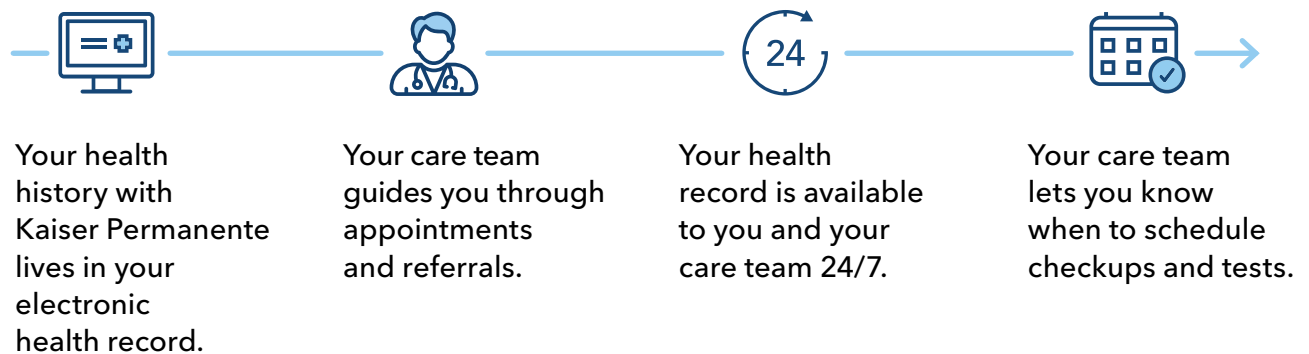
more likely to  
respond to treatment<sup>7</sup>

# Care that's world class

With most plans, you get preventive care at no extra cost. If you need specialty care – for maternity, cancer care, heart health, or anything else – you have access to advanced technology and evidence-based care. You can also change your doctor at any time, so you always have a health partner you know and trust.

- **Top doctors:** 100+ Kaiser Permanente doctors were recognized in Seattle's Top Docs 2024 list in *Seattle Magazine* and *Seattle Met* magazine.<sup>8</sup>
- **Recognized excellence in stroke and heart disease care:** The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized 38 of our medical centers for commitment to excellence in the treatment of stroke or heart disease.<sup>9</sup>

## We guide you every step of the way



“ You have enough stressors in your life. So at Kaiser Permanente we make sure health care isn't one of them. ”

–Dr. Khushboo Mehta



# 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.

## Deductible plans

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. For example:

- **Kaiser Permanente VisitsPlus plans** offer many services that aren't subject to the deductible.
- **Kaiser Permanente Cascade Care plans** are standardized plans offered only on the state health benefit exchange, Washington Healthplanfinder. Compared to most plans, they cover more services without you needing to reach the deductible first.
- **Basics Plus Catastrophic plans** have low monthly premiums and very high deductibles. These plans are only available through Washington Healthplanfinder to people under 30 or those who qualify for a hardship exemption.

For a full list of our plan offerings, visit [buykp.org](https://buykp.org).

## HSA-qualified high deductible health plans

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses for adults, adult dental care, or chiropractic services.<sup>10</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.

**New for 2026:** Most bronze plans can be paired with an HSA, giving you more options to save and pay for eligible health care costs. Learn more at [healthy.kp.org/pages/hsa-overview](https://healthy.kp.org/pages/hsa-overview).

# 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
VisitsPlus Gold (\$1,000 deductible)	\$10	\$40	\$10
VisitsPlus Silver (\$2,500 deductible)	\$15	\$60	\$20
Bronze HSA (\$5,500 deductible)	40% after deductible	40% after deductible	40% after deductible

## You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



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

# Understanding the plans: Benefit highlights

The charts on the next few pages show 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

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VisitsPlus Gold

Benefit highlights

Plan type	Deductible
Annual medical deductible (individual/family)	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	\$10
Specialty care office visit	\$45
Most X-rays	\$40
Most lab tests	\$40
MRI, CT, PET	30% after deductible
Outpatient surgery	\$400 after deductible
Mental health visit	\$10
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	\$45
Prescription drugs (up to a 30-day supply)	
Generic	\$10
Preferred brand	\$40
Non-preferred brand	40% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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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 \$1,000 for yourself or \$2,000 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 \$7,500 for yourself and no more than \$15,000 for your family for your copays, coinsurance, and deductible in a calendar year.

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 \$10 copay – even before you meet your deductible. With our VisitsPlus plans, primary care, specialty care, and urgent care visits are all covered before you reach the deductible.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a \$45 copay for an urgent care visit, whether or not you've met your 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 rest of the calendar year.

Mail-order prescription refills

Fill new prescriptions at an in-network pharmacy or use our mail-order service. To continue to pay the same or a lower copay or coinsurance for maintenance drugs, use our mail-order service for additional refills.

**KP** Offered through Kaiser Permanente

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

Benefit highlights	<div>KP</div> <div>E</div> VisitsPlus Bronze	<div>E</div> Kaiser Permanente Cascade Bronze	<div>KP</div> Bronze	<div>KP</div> <div>E</div> Bronze HSA
Plan type	HSA-qualified	HSA-qualified	Deductible	HSA-qualified
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$10,100/\$20,200	\$10,150/\$20,300	\$8,750/\$17,500	\$7,500/\$15,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge after deductible
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	\$50	First 2 visits \$1; additional visits \$40*	\$50	40% after deductible
Specialty care office visit	\$85	\$100	\$100 after deductible	40% after deductible
Most X-rays	\$85	40% after deductible	40% after deductible	40% after deductible
Most lab tests	\$85	40% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	\$950 after deductible	40% after deductible	40% after deductible	40% after deductible
Mental health visit	\$50	First 2 visits \$1; additional visits \$40	\$50	40% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$85	\$100	\$100 after deductible	40% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$30	\$32	40% after deductible	40% after deductible
Preferred brand	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Whole health				
Healthy services	\$50 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	First 2 visits \$1, additional visits \$40*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$50 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	40% after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

\*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-290-8900 (TTY 711), or contact your producer.

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Benefit highlights	<b>KP</b> VisitsPlus Silver 4500	<b>KP</b> Silver HSA	<b>KP</b> VisitsPlus Silver HD	<b>E</b> Kaiser Permanente Cascade Silver
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$3,500/\$7,000	\$3,000/\$6,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,800/\$19,600	\$7,000/\$14,000	\$9,200/\$18,400	\$9,750/\$19,500
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge after deductible	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	\$35	20% after deductible	\$30	First 2 visits \$1; additional visits \$20*
Specialty care office visit	\$85	20% after deductible	\$85	\$65
Most X-rays	\$75	20% after deductible	\$55	\$65
Most lab tests	\$60	20% after deductible	\$55	\$40
MRI, CT, PET	30% after deductible	20% after deductible	30% after deductible	30% after deductible
Outpatient surgery	\$600 after deductible	20% after deductible	\$600 after deductible	\$800 after deductible
Mental health visit	\$35	20% after deductible	\$30	First 2 visits \$1; additional visits \$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30% after deductible	\$800 per day after deductible up to 5 days**
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30% after deductible	\$800 per day after deductible up to 5 days**
Emergency and urgent care				
Emergency Department visit	30% after deductible	20% after deductible	30% after deductible	\$800 after deductible
Urgent care visit	\$85	20% after deductible	\$85	\$65
Prescription drugs (up to a 30-day supply)				
Generic	\$30	20% after deductible	\$25	\$25
Preferred brand	\$60	40% after deductible	40% after deductible	\$75
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	\$250 after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	\$250 after deductible
Whole health				
Healthy services	\$35 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	20% after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$30 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	First 2 visits \$1, additional visits \$20*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

\*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

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

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Benefit highlights	<b>KP</b> VisitsPlus Silver X	<b>E</b> VisitsPlus Silver	<b>KP</b> <b>E</b> Gold HSA	<b>E</b> Kaiser Permanente Cascade Vital Gold
Plan type	Deductible	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,100 (Self only)/\$4,200 (Individual in Family)/\$4,200 (Family) <sup>1</sup>	\$1,900/\$3,800
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$6,100/\$12,200	\$8,800/\$17,600
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	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</b>				
Primary care office visit	\$15	\$15	\$15 after deductible	\$15
Specialty care office visit	\$60	\$60	\$30 after deductible	\$40
Most X-rays	\$60	\$60	20% after deductible	\$30
Most lab tests	\$60	\$60	20% after deductible	\$30
MRI, CT, PET	35% after deductible	35% after deductible	20% after deductible	\$300 after deductible
Outpatient surgery	\$600 after deductible	\$600 after deductible	20% after deductible	\$425 after deductible
Mental health visit	\$15	\$15	\$15 after deductible	\$15
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	20% after deductible	\$650 per day up to 5 days**
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	20% after deductible	\$650 per day up to 5 days**
<b>Emergency and urgent care</b>				
Emergency Department visit	35% after deductible	35% after deductible	20% after deductible	\$800 after deductible
Urgent care visit	\$65	\$60	\$45 after deductible	\$35
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$20	\$20	\$20 after deductible	\$10
Preferred brand	40% after deductible	40% after deductible	20% after deductible	\$75
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	\$200 after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	\$200 after deductible
<b>Whole health</b>				
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$15 per visit after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

<sup>1</sup>If you are the only applicant applying for this plan, then you must meet the individual deductible. However, when two or more applicants are applying as a family, the combined expenses count toward fulfilling the family deductible.

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Benefit highlights	<b>KP</b> VisitsPlus Gold	<b>E</b> Kaiser Permanente Cascade Complete Gold	<b>KP</b> VisitsPlus Gold LD	<b>E</b> Basics Plus Catastrophic <sup>††</sup>
Plan type	Deductible	Deductible	Deductible	HSA-qualified
Annual medical deductible (individual/family)	\$1,000/\$2,000	\$1,000/\$2,000	\$500/\$1,000	\$10,600/\$21,200
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,000/\$14,000	\$7,500/\$15,000	\$10,600/\$21,200
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge after deductible
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services</b>				
Primary care office visit	\$10	\$15	\$10	First 3 visits no charge <sup>‡</sup> ; additional visits no charge after deductible
Specialty care office visit	\$45	\$40	\$40	No charge after deductible
Most X-rays	\$40	\$30	\$40	No charge after deductible
Most lab tests	\$40	\$20	\$40	No charge after deductible
MRI, CT, PET	30% after deductible	\$300 after deductible	30% after deductible	No charge after deductible
Outpatient surgery	\$400 after deductible	\$425 after deductible	\$400 after deductible	No charge after deductible
Mental health visit	\$10	\$15	\$10	First 3 visits no charge <sup>‡</sup> ; additional visits no charge after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	\$525 per day up to 5 days**	30% after deductible	No charge after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	\$525 per day up to 5 days**	30% after deductible	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	\$450 after deductible	30% after deductible	No charge after deductible
Urgent care visit	\$45	\$35	\$40	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$10	\$10	\$10	No charge after deductible
Preferred brand	\$40	\$60	\$40	No charge after deductible
Non-preferred brand	40% after deductible	\$100	40% after deductible	No charge after deductible
Specialty	50% after deductible	\$100	50% after deductible	No charge after deductible
<b>Whole health</b>				
Healthy services	\$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	First 3 visits no charge <sup>‡</sup> ; additional visits no charge after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

<sup>‡</sup>First visits can be any combination of primary care and other qualified services.

<sup>††</sup>Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Basics Plus Catastrophic plan.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-290-8900 (TTY 711), or contact your producer.

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

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder.

Benefit highlights	<b>E</b> Kaiser Permanente Cascade Silver	<b>E</b> Kaiser Permanente Cascade Silver	<b>E</b> Kaiser Permanente Cascade Silver
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,950/\$15,900	\$2,850/\$5,700	\$2,400/\$4,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	First 2 visits \$1; additional visits \$20*	First 2 visits \$1; additional visits \$5*	\$1
Specialty care office visit	\$65	\$30	\$15
Most X-rays	\$65	\$40	\$15
Most lab tests	\$40	\$20	\$5
MRI, CT, PET	30% after deductible	20% after deductible	15%
Outpatient surgery	\$800 after deductible	\$445 after deductible	\$125
Mental health visit	First 2 visits \$1; additional visits \$20	First 2 visits \$1; additional visits \$5	\$1
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days**	\$425 per day after deductible up to 5 days**	\$100 per day up to 5 days**
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days**	\$425 per day up to 5 days**	\$100 per day up to 5 days**
Emergency and urgent care			
Emergency Department visit	\$800 after deductible	\$425 after deductible	\$150
Urgent care visit	\$65	\$30	\$15
Prescription drugs (up to a 30-day supply)			
Generic	\$24	\$12	\$5
Preferred brand	\$75	\$35	\$12
Non-preferred brand	\$250 after deductible	\$160	\$35
Specialty	\$250 after deductible	\$160	\$35
Whole health			
Healthy services	First 2 visits \$1, additional visits \$20*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="http://kp.org/healthyliving">kp.org/healthyliving</a> .	First 2 visits \$1, additional visits \$5*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="http://kp.org/healthyliving">kp.org/healthyliving</a> .	\$1 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="http://kp.org/healthyliving">kp.org/healthyliving</a> .

\*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

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

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more 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 1-800-290-8900 (TTY 711), or contact your producer.

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

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. The benefits below show 3 plan options based on your income.

Benefit highlights	<b>E</b> VisitsPlus Silver 73	<b>E</b> VisitsPlus Silver 87	<b>E</b> VisitsPlus Silver 94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$600/\$1,200	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$7,600/\$15,200	\$3,000/\$6,000	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	\$15	\$5	No charge
Specialty care office visit	\$60	\$30	\$5
Most X-rays	\$60	\$30	\$5
Most lab tests	\$60	\$20	\$5
MRI, CT, PET	35% after deductible	10% after deductible	5% after deductible
Outpatient surgery	\$600 after deductible	\$450 after deductible	\$80 after deductible
Mental health visit	\$15	\$5	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	10% after deductible	5% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	10% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	35% after deductible	10% after deductible	5% after deductible
Urgent care visit	\$60	\$30	\$5
Prescription drugs (up to a 30-day supply)			
Generic	\$20	\$10	\$5
Preferred brand	35% after deductible	30% after deductible	10% after deductible
Non-preferred brand	50% after deductible	40% after deductible	40% after deductible
Specialty	50% after deductible	40% after deductible	40% after deductible
Whole health			
Healthy services	\$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	\$5 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	No charge. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-290-8900 (TTY 711), or contact your producer.

# Find your rate



Apply on [buykp.org](https://buykp.org) to have your rate calculated automatically.

## How is your rate determined?

### Your rate is based on:

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

## Interested in a family plan?

Find the rate for each family member, based on their 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.

Please check that your county is listed below.

If it isn't, call us at **1-800-494-5314 (TTY 711)** for information on other rate areas.

**KP** Offered through Kaiser Permanente

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

Plan name	<b>KP</b> <b>E</b>	Provider network	Service area counties
VisitsPlus Bronze	<b>KP</b> <b>E</b>	Core	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Kaiser Permanente Cascade Bronze	<b>E</b>		
Bronze	<b>KP</b>		
Bronze HSA	<b>KP</b> <b>E</b>		
VisitsPlus Silver 4500	<b>KP</b>		
Silver HSA	<b>KP</b>		
VisitsPlus Silver HD	<b>KP</b>		
Kaiser Permanente Cascade Silver	<b>E</b>		
VisitsPlus Silver X	<b>KP</b>		
VisitsPlus Silver	<b>E</b>		
Gold HSA	<b>KP</b> <b>E</b>		
Kaiser Permanente Cascade Vital Gold	<b>E</b>		
VisitsPlus Gold	<b>KP</b> <b>E</b>		
Kaiser Permanente Cascade Complete Gold	<b>E</b>		
VisitsPlus Gold LD	<b>KP</b>		
Basics Plus Catastrophic	<b>E</b>		

# Learn about vision and dental coverage

## Covered eye care

All our medical plans cover adult vision exams at a copay, coinsurance, or deductible payment depending on your plan. Glasses and contact lenses for adults 19 and older aren't covered. But for members 18 and younger, vision exams and glasses or contact lenses are covered at no cost.<sup>11</sup> Visit [kp.org/wa/eyecare](https://kp.org/wa/eyecare) for Kaiser Permanente Eye Care locations in Washington. Or check our directory for contracted network providers at [kp.org/wa/directory](https://kp.org/wa/directory).

## Adding dental coverage

Oral health is an important part of your overall well-being. When you choose an off-exchange Kaiser Permanente medical plan, you can also add dental coverage – for yourself, your children, or your entire family.

## Visit a participating Delta Dental network dentist

To get the most from your benefits, we encourage you to see a participating dentist. These dentists contract with Delta Dental to provide services at discounted fees and file all claims for you. Dentists who are part of Delta Dental's networks won't charge more than their approved fees and usually cost you less than out-of-network dentists.

You can choose any licensed dentist to provide services under this plan. However, if you go to an out-of-network dentist, Delta Dental has no control over their fees. You'll be responsible for submitting claims and paying any difference in the charges. This is called balance billing.

## Finding a Delta Dental network dentist

Visit [deltadentalwa.com](https://deltadentalwa.com) and use the Find a Dentist tool. Remember to choose the Delta Dental PPO Plus Premier™ network.

The online directory is easy to use anytime, at home or on your mobile device. You can search based on things like dentist name, specialty, location, and language. You can even see endorsements from other Delta Dental patients for categories like extended office hours, friendly staff, kid-friendly, and if they help ease anxiety.

For more information or to find a participating provider, visit [deltadentalwa.com](https://deltadentalwa.com) or call Delta Dental of Washington at **1-800-554-1907**.

## Choosing your plan

You can choose from 2 kinds of dental plans.

### Adult/Family Basic plan

The optional Adult/Family Basic plan includes dental coverage for everyone covered on the medical plan.

- This dental plan is available for adults or families who buy their medical plan directly from Kaiser Permanente.
- Adults or families who purchase their medical coverage through Washington Healthplanfinder can also purchase a dental plan on the exchange.

### Pediatric plan

The Pediatric plan offers dental coverage for those 18 and younger. The state of Washington requires you to have pediatric dental coverage as part of your medical plan.

- This dental plan is available if you buy your medical plan directly from Kaiser Permanente.
- If you sign up for a pediatric dental plan with another company, complete an Attestation of Pediatric Dental Coverage form and send it to us along with proof of dental coverage within 60 days of the start date of your medical plan.
- If you don't submit this information within the 60 days, you won't meet the minimum health and dental coverage required by Washington state and federal regulations.

# Summary of dental benefits

	Adult/Family Basic plan				Pediatric plan					
	Amount of maximum allowable fee Kaiser Permanente member pays									
	Pediatric (18 and younger)		Adult (19 and older)		Only for those 18 and younger					
	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non- participating dentist				
	Maximum benefit		No annual maximum		\$1,250 annual plan maximum \$1,000 annual TMJ† maximum \$5,000 lifetime TMJ† maximum		No annual maximum			
Annual deductible	Deductible is waived for diagnostic, preventive, and medically necessary orthodontia		\$85 per child per year		\$50 per adult per year		\$85 per child per year			
Out-of-pocket maximum	\$450 per child per year \$900 per year for families with 2 or more children		Not applicable		Not applicable		\$450 per child per year \$900 per year for families with 2 or more children		Not applicable	
Diagnostic and preventive	Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants		0%		0%		0%		0%	
Restorative	Restorations (includes posterior composites), endodontics, periodontics, oral surgery		30%		30%		50%		50%	
Major	Crowns, dentures, partials, and bridges. Implants and TMJ† are for adults 19 and older		50%		50%		50%		50%	
Orthodontia*	Coinsurance Lifetime maximum		Medically necessary 50% Unlimited		Not covered		Medically necessary 50% Unlimited			

Pediatric Benefits: Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum.

Rates <sup>††</sup>	Adult/Family Basic plan	Pediatric plan	
<b>Individual only</b>	\$54.91	This plan bills only for the first three children 18 and younger	
<b>Individual + spouse</b>	\$109.84	1 Individual (<19)	\$56.85
<b>Individual + child(ren)</b>	\$122.12	2 Individuals (<19)	\$113.70
<b>Individual + family</b>	\$194.20	3 Individuals (<19)	\$170.55

\*Includes dental providers in the Delta Dental PPO Plus Premier™ network. †TMJ = temporomandibular joint. ‡Requires preauthorization. ††The dental premium includes administrative fees and/or commissions.

This is a brief summary of benefits and is not a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington. All dental plans offered and underwritten by Delta Dental of Washington.

Kaiser Permanente – Washington Region

# Important Resources and Legal Disclosures

You can receive printed copies of documents described below, and get your questions answered, by calling Member Services at **1-888-901-4636** (WA TTY Relay **1-800-833-6388** or **711**).

## Member resource guide

Find the member guide at [kp.org/wa/resourceguide](https://kp.org/wa/resourceguide).

The member guide offers information on a wide range of topics:

- Your provider network and network restrictions
- Primary and specialty care access, including behavioral health and hospital services
- Supportive care services, including complex case management
- Getting care after hours
- Urgent and emergency care
- Care and coverage when traveling outside our service area
- Prescriptions
- Referral and preauthorization requirements
- Benefit and coverage decisions based on coverage and appropriateness of care, without incentives that create barriers to care and service
- How coverage of new medical technology is evaluated
- Coverage and benefit decisions and how to submit an appeal
- How to file a claim for covered services
- How to file a complaint about care or service
- Member rights and responsibilities
- Laws related to women's health, including contraception and mastectomy

## How to find ...

**Provider and facility directory.** Get information "about doctors and other health care providers such as physical therapists, midwives, and alternative care providers who are covered by your plan at [kp.org/wa/directory](https://kp.org/wa/directory). Provider information includes name, address, phone number, professional qualifications, specialty, medical school attended,

residency completion, and board certification status. For some plans, there are links to see additional providers available to you.

**Coverage documents.** View your Summary of Benefits and Coverage document and Evidence of Coverage by signing in to your secure online member account at [kp.org](https://kp.org). These documents contain detailed information about benefits and services covered under your health plan, your plan's exclusions, and the amount of your copayments and other cost shares for office visits, prescriptions, and other services. For Medicare members, go to [kp.org/medicare](https://kp.org/medicare) and click on "Rates & Benefits."

**Preventive care schedules.** Recommended health screenings and immunizations for children and adults are available at [kp.org/wa/wellcare](https://kp.org/wa/wellcare).

**Drug formulary.** Many Kaiser Permanente plans include coverage for prescription drugs. A formulary is a list of covered medications. Find information about your plan's formulary, including updates, information on drug restrictions (for example, prior authorization, step therapy, quantity limits), generic substitution, and requesting formulary exceptions at [kp.org/formulary](https://kp.org/formulary).

**Information on our quality program.** To help guide the improvement activities we think will help us reach the highest possible quality goals, we develop an annual work plan for the organization and monitor our progress and performance throughout the year. For more details on quality, go to [kp.org/quality](https://kp.org/quality).

**Ratings on hospital care and safety.** Your network includes hospitals across Washington and beyond for some plans. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance. See results for participating hospitals across the country at [leapfroggroup.org/compare-hospitals](https://leapfroggroup.org/compare-hospitals).

# Important Disclosure Information

We appreciate the trust you have placed in us by selecting a health plan offered through Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

State and federal agencies regulate health plan carriers. This document contains or references other sources of information that we are required to provide to you upon your enrollment into a health plan or upon your request. If you have any questions about this information, please call Member Services toll-free at **1-888-901-4636**.

## Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, Kaiser Permanente will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

## Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance
  - Prostheses
  - Treatment of physical complications of all stages of mastectomy, including lymphedemas
- This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

## Pharmacy benefit information

WAC 284-43-5110 and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's *Evidence of Coverage*.

### Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health at **360-236-4700** or email **HSQACSC@doh.wa.gov**.

**Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?** Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a brand-name drug instead of the generic equivalent (if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins – including most prescription vitamins – are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at [kp.org/formulary](http://kp.org/formulary).

**When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?** Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

**What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?**

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.
- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

**How much do I have to pay to get a prescription filled?**

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs and higher cost share for brandname drugs. In addition, nonformulary drugs may be subject to a higher cost share.

**Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?**

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. Most Kaiser Permanente medical facilities have pharmacies located within them. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies, covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at [kp.org](http://kp.org) lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente's business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for your emergency prescription drug fill. Refer to your *Evidence of Coverage* for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at [kp.org/formulary](http://kp.org/formulary). Members can request an emergency fill by calling **1-855-505-8107**.

Call Member Services to find out which pharmacies are in your area or if you anticipate needing to fill a prescription when you are traveling.

**How many days' supply of most medications can I get without paying another copay or other repeating charge?**

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a 3-month supply of a maintenance drug, you will be charged 3 pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

**What other pharmacy services does my health plan cover?**

A mail-order prescription refill service is available. Contact Member Services for your plan's specific mail-order pharmacy benefits.

At Kaiser Foundation Health Plan of Washington, the Pharmacy Department is involved in the development of clinical road maps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

**Health information practices**

RCW 48.43.510 (1c)

Your health plan protects the confidentiality of members' health care information. Kaiser Foundation Health Plan of Washington designates a privacy and information security officer who work within the National Compliance and Ethics Office to provide strategic direction, leadership, and oversight to ensure solid privacy and information security programs, operational policies, and execution of the organization's privacy and information security standards.

Kaiser Permanente has established policies regarding employee responsibility for safeguarding health care information, oversight and accountability for confidentiality and security, access controls for member information and systems, using and disclosing member information securely, and responding to member requests to exercise individual rights.

**HIPAA Notice of Privacy Practices**

Note: Our HIPAA Notice of Privacy Practices has changed. The following section contains a revision.

•Health Information Exchange

You can download our latest HIPAA Notice of Privacy Practices by visiting <http://healthy.kaiserpermanente.org/privacy-practices>.

For questions or to request a printed copy, call Member Services.

# Complete care helps you live a healthier, more fulfilled life

With Kaiser Permanente, your care is simpler, smarter, and faster – so you can spend more time doing what you love.



Ready for health care that works for you?  
Visit [buykp.org](https://www.buykp.org) to get started.

Call **1-800-494-5314** (TTY **711**)  
to talk to an enrollment specialist.

Current members with questions can call Member Services  
at **1-800-290-8900** (TTY **711**).



1. Kaiser Permanente internal data, 2024; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006–2018," *JAMA Network Open*, February 24, 2022. 2. When appropriate and available. 3. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 4. Washington Health Alliance 2008–2025 Community Checkup reports, [wacommunitycheckup.org](http://wacommunitycheckup.org). The 2017–2025 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C., and now named Washington Permanente Medical Group, P.C. 5. Some classes may require a fee. 6. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 7. Kaiser Permanente 2024 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 2024 and is used with the permission of NCQA. Quality Compass 2024 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. "Top Docs: 2024," *Seattle Magazine*, July 5, 2024; "Top Doctors 2024," *Seattle Met* magazine, accessed June 16, 2025. 9. American Heart Association/American Stroke Association, July 22, 2025. 10. 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). 11. Vision hardware must be prescribed and purchased at a Kaiser Permanente Eye Care location or participating network provider.



# Nondiscrimination Notice

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636 (TTY 711)**. You can file a grievance in person or by mail, phone, or online at **[kp.org/wa/feedback](https://kp.org/wa/feedback)**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

The notice of nondiscrimination is available at <https://healthy.kaiserpermanente.org/washington/language-assistance/nondiscrimination-notice>

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, 800-537-7697 (TDD)**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- 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 **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>**

## Help in your language

**English: ATTENTION:** If you speak a language other than English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-901-4636 (TTY 711)**.

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-901-4636 (TTY 711)**.

**中文 (Chinese) 注意事項:** 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-901-4636 (TTY 711)**。

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-901-4636 (TTY 711)**.

**한국어 (Korean) 주의:** 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-901-4636**로 전화해 주세요(TTY 711).

**Русский (Russian) ВНИМАНИЕ!** Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-901-4636 (TTY 711)**.

**Tagalog (Tagalog) PAALALA:** Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

**Українська (Ukrainian) УВАГА!** Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-888-901-4636 (TTY 711)**.

**ខ្មែរ (Khmer) យកចិត្តទុកដាក់:** បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសម្រួលដោយគិតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-888-901-4636 (TTY 711)**។

**日本語 (Japanese) 注意:** 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-888-901-4636**までお電話ください(TTY 711)。

**አማርኛ (Amharic) ትኩረት:** አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-901-4636** ይደውሉ (TTY 711)።

**Afaan Oromoo (Oromo) XIYYEEFFANNOO:** Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-888-901-4636** irratti bilbilaa (TTY 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-888-901-4636 (TTY 711)**.

**العربية (Arabic) تنبيه:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-901-4636 (TTY 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-901-4636** an (TTY 711).

**ລາວ (Laotian) ເອົາໃຈໃສ່:** ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-888-901-4636 (TTY 711)**.

**International Symbol for ASL  
(American Sign Language):**



## Notes

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## Notes

This image shows a full page of white paper with horizontal blue dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

## Notes

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

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