

Care for all that is you



Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need – from routine checkups to complex treatments to mental wellness support.

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



Discover how we can help you stay healthy and doing what you love at kp.org/learnthebasics.



Go where you feel like your best self

Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2025

- The open enrollment period for 2025 coverage runs from **November 1, 2024**, through **January 15, 2025**.
- 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, 2025**, we must receive your Application for health coverage no later than **December 15, 2024**.

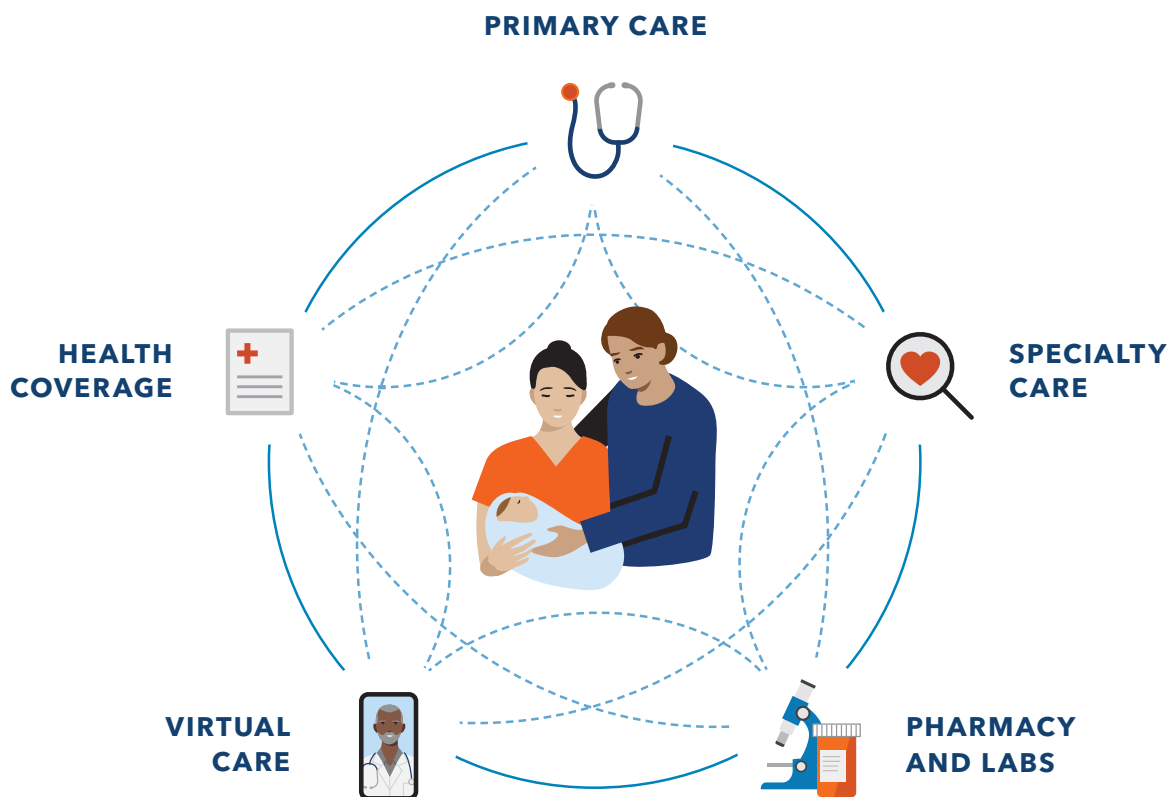
Enrolling during a special enrollment period

- 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 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).





A different kind of care

Your health care should make your life easier – with doctors, hospitals, and health plan benefits that are all connected and focused on providing you with exceptional care.

With Kaiser Permanente, you get

Personalized care from
high-quality specialists

24/7 access to care
wherever you are

Predictable costs and
less paperwork

Members stay with Kaiser Permanente nearly 3 times as long
as other health plans.¹

Care that's **personalized**

For the you who deserves to be seen and heard

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you typically don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire Kaiser Permanente medical history through your electronic health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

“ From seeing the doctor to getting lab work, I knew exactly where to go and the flow was seamless. ”

– Kaiser Permanente member

We guide you through every step of your care



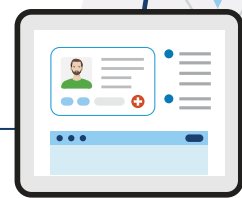
Your Kaiser Permanente health history lives in your electronic health record.



Your care team helps guide you through appointments and referrals.



Your health record is available to you and your care team 24/7.



Your care team lets you know when to schedule checkups and tests.



Care that's world class

For the you who expects high quality

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to highly skilled doctors, cutting-edge technology, and advanced evidence-based care.



Explore high-quality care options for every health need at buykp.org.

We're a national leader in outcomes

We are one of the national leaders in outcomes for conditions like cancer and heart disease, and we're among the top-rated health plans in every state we serve.^{2,3,4,5,6}



Kaiser Permanente members are

33% more likely to **survive heart disease**⁵

52% more likely to **survive colorectal cancer**⁶

20% **less likely to die early** of cancer⁵

Recognized excellence in stroke and heart disease care⁷

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.

Washington Permanente Medical Group is the highest-ranked medical group in the state for quality of care, and among the highest-ranked for lower cost of care.⁸

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.⁹ No matter how you connect, you'll always speak with a medical professional who can see your Kaiser Permanente health history and pick up where you left off.



More than half of members avoided a trip to the ER or urgent care by meeting a clinician for a video visit.¹⁰

Your health at your fingertips

- Get 24/7 virtual care.
- Email your care team.
- View most lab results and doctor's notes.
- Refill most prescriptions.
- Check in for appointments.
- Pay bills and view statements.

Do more in one visit

Many of our facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

Additional online care options in Washington

Members can get a wide range of virtual care online or with the Kaiser Permanente Washington app – phone or video visits, online chat, e-visits, and more. Telehealth is covered at no cost with most plans.¹¹

Top doctors

100+ doctors recognized in Seattle's Top Docs 2023 list in *Seattle Magazine* and *Seattle Met*.¹²

Care you can **count on**

For the you who wants dependable service

You should always have the right care – when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

At Kaiser Permanente, most members say they get primary care appointments as soon as they expect – or sooner.¹³

You can get timely, convenient service with:

- ✓ More primary care appointments
- ✓ Quick lab results
- ✓ 24/7 virtual care
- ✓ A large clinician network



See how to get care that meets you where you are at kp.org/connectedtocare.



Mail-order pharmacy

- Easy refills online, in person, or over the phone
- Most are same-day pickup
- Most prescriptions delivered to your front door¹⁴
- Same-day or next-day home delivery available for an additional fee¹⁴



Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities
- Visit kp.org/travel for more information

Care that's all-encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes¹⁵
- Medication
- Self-care resources
- Mental wellness apps¹⁶

Not sure where to start? Talk to your personal doctor about your concerns or call us to talk with our mental health team. Visit kp.org/mentalhealth for more information.



Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.¹⁷

- Acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs¹⁷
- Wellness coaching¹⁷
- Reduced rates on gym memberships



Enjoy special deals

on fitness programs, gym memberships, and online resources.

Get help reaching your health goals with a fitness membership from One Pass Select® from Optum.¹⁷ Choose your plan and get unlimited access to a large nationwide network of gyms and boutique studios. Kaiser Permanente members 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.

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 – gold, silver, bronze, and catastrophic

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, including:

- **Kaiser Permanente VisitsPlus plans** offer many services that are not subject to the deductible.
- **Kaiser Permanente Cascade Care plans** are standardized plans offered only on the exchange. They cover more services than most plans before you must meet the deductible.
- **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.

HSA-qualified high deductible health plans – silver and bronze

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses, adult dental care, or chiropractic services.¹⁸ 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
VisitsPlus Gold (\$1,000 deductible)	\$10	\$40	\$10
VisitsPlus Silver (\$2,500 deductible)	\$15	\$60	\$10
Bronze HSA (\$5,500 deductible)	\$219 or 40% if you've met your deductible	\$98 or 40% if you've met your deductible	\$12 or 40% if you've met your 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 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

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VisitsPlus Gold

Benefit highlights

Plan type

Annual medical deductible (individual/family)

Annual out-of-pocket maximum (individual/family)

Benefits

Virtual care

Chat, Email, E-visit, Phone and Video visit

Preventive care

Routine physical exam, mammograms, etc.

Outpatient services

Primary care office visit

Specialty care office visit

Most X-rays

Most lab tests

MRI, CT, PET

Outpatient surgery

Mental health visit

Inpatient hospital care

Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care

Maternity

Routine prenatal care and postpartum visits

Delivery and inpatient well-baby care

Emergency and urgent care

Emergency Department visit

Urgent care visit

Prescription drugs (up to a 30-day supply)

Generic

Preferred brand

Non-preferred brand

Specialty

Whole health

Healthy services

Deductible

\$1,000/\$2,000

\$7,500/\$15,000

No charge

No charge

\$10

\$45

\$40

\$40

30% after deductible

\$400 after deductible

\$10

30% after deductible

No charge

30% after deductible

30% after deductible

\$45

\$10

\$40

40% after deductible

40% after deductible

\$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving.

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Offered through Kaiser Permanente

Offered through the health benefit exchange, Washington Healthplanfinder

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$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.

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 pay a \$45 copay for an urgent care visit if whether or not you have met your deductible.

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 lower copay or coinsurance for maintenance drugs, use our mail-order service for additional refills.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

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

Benefit highlights	KP Bronze	E Bronze HSA	KP Bronze HSA X	E Kaiser Permanente Cascade Bronze	KP E VisitsPlus Bronze
Plan type	Deductible	HSA-qualified	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$5,500/\$11,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$8,750/\$17,500	\$7,000/\$14,000	\$7,000/\$14,000	\$9,200/\$18,400	\$9,200/\$18,400
Benefits					
Virtual care					
Chat, Email, E-visit, Phone and Video visit	No charge	No charge after deductible	No charge after deductible	No charge	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services					
Primary care office visit	40% after deductible	40% after deductible	40% after deductible	First 2 visits \$1; additional visits \$50	\$50
Specialty care office visit	40% after deductible	40% after deductible	40% after deductible	\$100 after deductible	\$85
Most X-rays	40% after deductible	40% after deductible	40% after deductible	40% after deductible	\$85
Most lab tests	40% after deductible	40% after deductible	40% after deductible	40% after deductible	\$85
MRI, CT, PET	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	40% after deductible	40% after deductible	40% after deductible	40% after deductible	\$950 after deductible
Mental health visit	40% after deductible	40% after deductible	40% after deductible	First 2 visits \$1; additional visits \$50	\$50
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	40% after deductible
Maternity					
Routine prenatal care and postpartum visits	No charge	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	40% after deductible
Emergency and urgent care					
Emergency Department visit	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	40% after deductible	40% after deductible	40% after deductible	\$100	\$85
Prescription drugs (up to a 30-day supply)					
Generic	40% after deductible	40% after deductible	40% after deductible	\$32	\$30
Preferred brand	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Whole health					
Healthy services	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	40% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 2 visits \$1, additional visits \$50; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	\$50; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

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

Benefit highlights	KP VisitsPlus Silver HD	KP Silver HSA	E Kaiser Permanente Cascade Silver	E VisitsPlus Silver
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$3,300/\$6,600	\$2,500/\$5,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$6,250/\$12,500	\$9,200/\$18,400	\$9,200/\$18,400
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	\$30	20% after deductible	First 2 visits \$1; additional visits \$30	\$15
Specialty care office visit	\$85	20% after deductible	\$65	\$60
Most X-rays	\$55	20% after deductible	\$65	\$60
Most lab tests	\$55	20% after deductible	\$40	\$60
MRI, CT, PET	30% after deductible	20% after deductible	30% after deductible	35% after deductible
Outpatient surgery	\$600 after deductible	20% after deductible	\$800 after deductible	\$600 after deductible
Mental health visit	\$30	20% after deductible	First 2 visits \$1; additional visits \$30	\$15
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	\$800 per day after deductible up to 5 days [†]	35% after deductible
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	\$800 per day after deductible up to 5 days [†]	35% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	20% after deductible	\$800 after deductible	35% after deductible
Urgent care visit	\$85	20% after deductible	\$65	\$60
Prescription drugs (up to a 30-day supply)				
Generic	\$15	20% after deductible	\$25	\$10
Preferred brand	40% after deductible	40% after deductible	\$75	50% after deductible
Non-preferred brand	50% after deductible	50% after deductible	\$250 after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	\$250 after deductible	50% after deductible
Whole health				
Healthy services	\$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	20% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 2 visits \$1, additional visits \$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	\$15; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

[†] After 5 days, there is no charge for covered services related to the admission.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

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

Benefit highlights	KP VisitsPlus Gold	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic††
Plan type	Deductible	Deductible	Catastrophic
Annual medical deductible (individual/family)	\$1,000/\$2,000	\$600/\$1,200	\$9,200/\$18,400
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,000/\$14,000	\$9,200/\$18,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	\$10	\$15	First 3 visits no charge†; additional visits no charge after deductible
Specialty care office visit	\$45	\$40	No charge after deductible
Most X-rays	\$40	\$30	No charge after deductible
Most lab tests	\$40	\$20	No charge after deductible
MRI, CT, PET	30% after deductible	\$300 after deductible	No charge after deductible
Outpatient surgery	\$400 after deductible	\$425 after deductible	No charge after deductible
Mental health visit	\$10	\$15	First 3 visits no charge†; additional visits no charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	\$525 per day up to 5 days†	No charge after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	\$525 per day up to 5 days†	No charge after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	\$450 after deductible	No charge after deductible
Urgent care visit	\$45	\$35	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$10	\$10	No charge after deductible
Preferred brand	\$40	\$60	No charge after deductible
Non-preferred brand	40% after deductible	\$100	No charge after deductible
Specialty	40% after deductible	\$100	No charge after deductible
Whole health			
Healthy services	\$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	\$15; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 3 visits no charge†; additional visits no charge after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

‡ First visits can be any combination of primary care and other qualified services.

†† 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.

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E Offered through the health benefit exchange,
Washington Healthplanfinder

Cost Share Reduction (CSR) Plans

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

Benefit highlights	E Kaiser Permanente Cascade Silver	E Kaiser Permanente Cascade Silver	E Kaiser Permanente Cascade Silver
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,500/\$5,000	\$1,900/\$3,800
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 \$30	First 2 visits \$1; additional visits \$10	First 2 visits \$1; additional visits \$5
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 \$30	First 2 visits \$1; additional visits \$10	First 2 visits \$1; additional visits \$5
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 after deductible 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 \$30; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 2 visits \$1, additional visits \$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 2 visits \$1, additional visits \$5; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

† 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.

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E Offered through the health benefit exchange,
Washington Healthplanfinder

Cost Share Reduction (CSR) Plans

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

Benefit highlights	E VisitsPlus Silver 73	E VisitsPlus Silver 87	E VisitsPlus Silver 94
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$600/\$1,200	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,300/\$14,600	\$2,500/\$5,000	\$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	\$10	No charge
Specialty care office visit	\$60	\$30	\$5
Most X-rays	\$60	\$30	\$5
Most lab tests	\$60	\$30	\$5
MRI, CT, PET	35% after deductible	10% after deductible	5% after deductible
Outpatient surgery	\$600 after deductible	\$500 after deductible	\$80 after deductible
Mental health visit	\$15	\$10	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	\$10	\$10	\$5
Preferred brand	40% 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; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	\$10; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	No charge; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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, call us at 1-800-290-8900 (TTY 711), or contact your producer.

Find your rate



Apply on 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 or call us at **1-800-494-5314 (TTY 711)** to see if you may qualify.
- If you use tobacco. Go to buykp.org to see your rate.
- 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.



Offered through Kaiser Permanente



Offered through the health benefit exchange, Washington Healthplanfinder

Plan name	 	Provider Network	Service area counties
Bronze		Core	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Bronze HSA			
Bronze HSA X			
Kaiser Permanente Cascade Bronze			
VisitsPlus Bronze	 		
VisitsPlus Silver HD			
Silver HSA			
Kaiser Permanente Cascade Silver			
VisitsPlus Silver			
VisitsPlus Gold	 		
Kaiser Permanente Cascade Gold			
Basics Plus Catastrophic			

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 aren't covered. But for members 18 and younger, vision exams and glasses or contact lenses are covered at no cost.* Visit 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.

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 will not charge more than their approved fees and usually cost you less than out-of-network dentists.

You may 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 will 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 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 smartphone. You can

search based on preferences that matter to you, including dentist name, specialty, location, and language. You can even see endorsements from other Delta Dental patients for categories including 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 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 may 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 do not submit this information within the 60 days, you won't meet the minimum health and dental coverage that is required by Washington state and federal regulations.

All dental plans offered and underwritten by Delta Dental of Washington.

*Vision hardware must be prescribed and purchased at a Kaiser Permanente Eye Care location or participating network provider.

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 ²	Non- participating dentist	Delta Dental participating dentist ²	Non- participating dentist	Delta Dental participating dentist ²	Non- participating dentist	
	Maximum Benefit		No Annual Maximum		\$1,250 Annual Plan Maximum \$1,000 Annual TMJ ¹ Maximum \$5,000 Lifetime TMJ ¹ 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	\$350 per child per year \$700 per year for families with 2 or more children	Not applicable	Not applicable		\$350 per child per year \$700 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%	0%	0%	
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery	30%	30%	50%	50%	30%	30%	
Major Crowns, dentures, partials, and bridges. Implants and TMJ ¹ are for adults 19 and older	50%	50%	50%	50%	50%	50%	
Orthodontia ³ 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	Adult/Family Basic plan	Pediatric plan	
Individual only	\$52.21	This plan bills only for the first three children 18 and younger	
Individual + spouse	\$104.43	1 Individual (<19)	\$54.50
Individual + child(ren)	\$116.12	2 Individuals (<19)	\$109.00
Individual + family	\$184.65	3 Individuals (<19)	\$163.50

¹TMJ = temporomandibular joint ² Includes dental providers in the Delta Dental PPO Plus Premier™ network ³ Requires preauthorization

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.

Important disclosure information

Kaiser Foundation Health Plan of Washington | Kaiser Foundation Health Plan of Washington Options, Inc.

Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

Your health plan is designed to help you live your healthiest life. To achieve that, it's important that you understand your plan's benefits, coverage, and policies. Upon request, Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. (collectively referred to as "Kaiser Permanente" within this document) 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 list of participating primary care and specialty care providers, including network arrangements that restrict

access to providers within the plan network

- A list of all available disclosure items, in addition to the above, as required by law

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 ensure 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 toll-free at **1-800-525-0127**.

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/wa/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 brand-name 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 locations have pharmacies located within the facility. 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/wa 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/wa/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.

How we protect your personal information

Your health is our number one priority, and part of caring for you is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Specifically:

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.
- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted

or required by law.

- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

For information regarding our privacy practices, you can view our Notice of Privacy Practices at kp.org/wa or call Member Services at **1-888-901-4636**. If you are deaf or hard of hearing, please call the **TTY WA Relay** at **1-800-833-6388** or **711**.

Understanding your plan coverage

Treatment coverage

Your treatment and service coverage is determined by your specific health plan. If you ever have any concerns or questions regarding your coverage, contact Member Services for assistance.

For a particular treatment or service to be covered, it must be:

- Provided or arranged by a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. health care provider (depending on your plan), except for emergency care and urgent care outside of the Kaiser Permanente service area. Kaiser Foundation Health Plan of Washington Options, Inc. members may self-refer to most care from any licensed health care provider in

the United States at a lower benefit level.

- Covered by the Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. plan in which you are enrolled. To ask about coverage for a specific treatment or service, contact Member Services.

Utilization reviews

At Kaiser Permanente, we provide or authorize your medical care based on what is appropriate and necessary for the condition being treated or diagnosed. We do not use financial incentives to encourage our providers to withhold care from members. Our doctors are free to make their own decisions. However, some treatments and services require a utilization review (or coverage review) by the plan.

A utilization review determines whether a treatment or service is covered under the terms of your coverage agreement. It does not determine whether a provider may render services or whether you may choose to purchase a medical service on your own. Utilization reviews may occur at different times relative to the services you receive. It may occur before you receive the services, at the same time you receive services, or after you receive services.

During a utilization review, we will:

- Evaluate whether a specific health care service, procedure, or setting is necessary, appropriate, effective, and efficient for the condition in question; or
- Monitor the use of a specific health care service, procedure, or setting.

Some treatments and services are subject to utilization reviews based on criteria developed by Kaiser Permanente

or another organization. In some cases, a service for which we have conducted a utilization review may not be deemed medically necessary, as defined in the plan's clinical review criteria.

If you believe you need a specific type of care, talk to your health care provider. He or she will discuss it with you and recommend the most appropriate care. For more information about utilization reviews, or for a written explanation of our criteria for a specific service, contact Member Services.

A preservice review (for preauthorization) is a specific type of utilization review that occurs prior to your receiving services. Some care requires a referral from your personal physician but does not require preauthorization. However, certain services do require preservice review to be covered. In addition, the service must be covered by your health plan for you to receive the coverage benefit.

Usually, your provider will arrange for preservice review when necessary. If a treatment or service is not authorized, you'll receive a written explanation of the reason for the denial, your right to appeal the decision, and the appeal process.

Kaiser Permanente will not deny coverage retroactively for preauthorized services that have already been provided to the member. Exceptions are if there has been an intentional misrepresentation of a material fact by the patient, member, or provider of services; if coverage was obtained based on inaccurate, false, or misleading information on the enrollment application; or if premiums have not been paid.

Grievances and appeals processes

If you ever have a concern, request, complaint, or compliment, we encourage you to let us know. Kaiser Permanente offers grievance, coverage decision (including exceptions), and appeals processes. Generally, grievances are complaints regarding the quality of care you receive, or the quality of service we provide, including problems getting appointments and disrespectful or rude staff behavior.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs or a request for a drug at a lower out-of-pocket cost.

An appeal is a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and timeframe for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Reviews that are clinically urgent will take no longer than 72 hours.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See kp.org/wa/appeals for more detail.

Complete care to help you live a fuller, healthier life

With Kaiser Permanente, our trusted care teams coordinate and personalize your care – so you can spend more time doing what you love.

Have questions about your plan options?



Visit 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, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network*, February 24, 2022. 2. Kaiser Permanente 2023 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 2023 and is used with the permission of NCQA. Quality Compass 2023 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. 3. 2022 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report). 4. NCQA's Private Health Insurance Plan Ratings 2023-2024, National Committee for Quality Assurance, 2023: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). 5. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022. 6. Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. 7. American Heart Association and American Stroke Association, July 11, 2024. 8. Washington Health Alliance 2024 Community Checkup report. 9. 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. 10. Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. 11. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 12. As recognized by *Seattle Magazine* and *Seattle Met*. 13. Kaiser Permanente National Market Research, November 2023. 14. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. 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. 15. Some classes may require a fee. 16. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. 17. 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. 18. 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).

Notice of Nondiscrimination

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**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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>**

Multi-language Interpreter Services

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

Español (Spanish): ATENCIÓN: Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese) : 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

ភាសាខ្មែរ (Khmer): សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

日本語 (Japanese): 注意事項：無料の日本語での言語サポートをご利用いただけます。
1-888-901-4636 (TTY 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡፡
ወደ **1-888-901-4636 (TTY 711)** ይደውሉ፡፡

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।
1-888-901-4636 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636 (TTY 711)**

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636 (TTY 711)**.

ພາສາລາວ (Lao): ໄປອຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.

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



Notes

[illegible]

In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by
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