

Care for all that is you



Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

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.



Go where you feel like your best self

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

Important open enrollment dates for 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- 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, 2024**, we must receive your Application for health coverage no later than **December 15, 2023**.

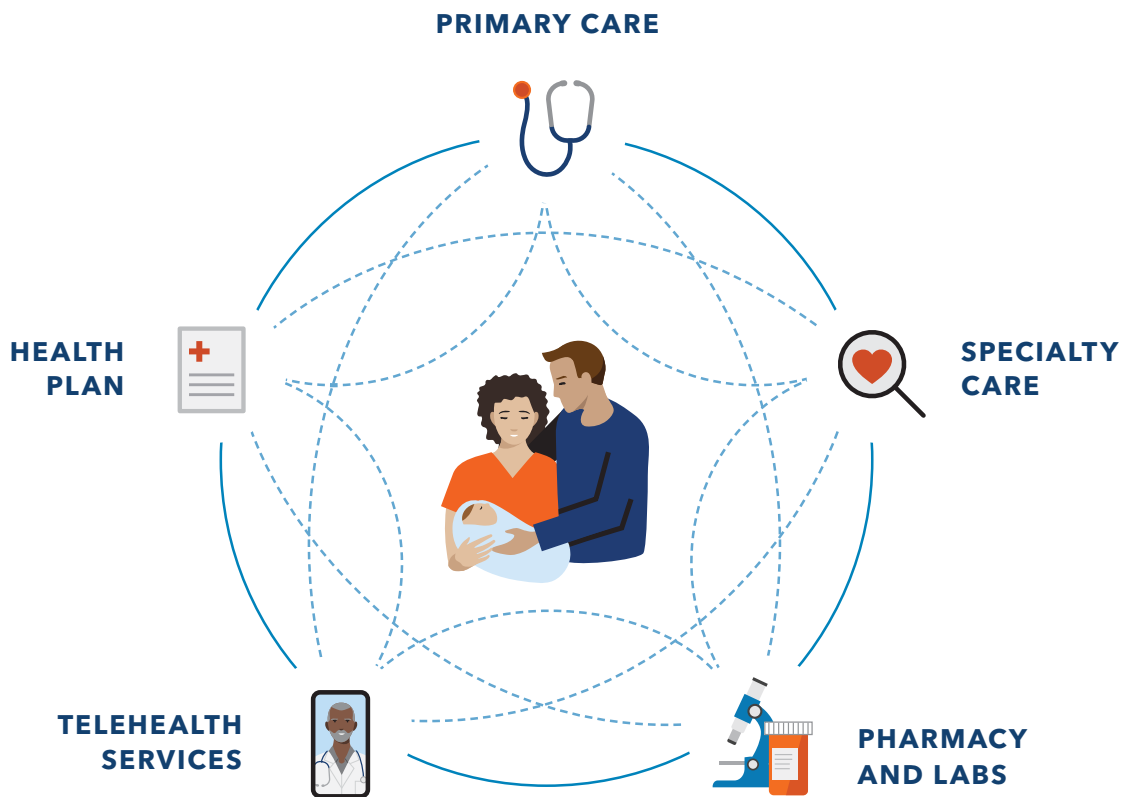
Enrolling during a special enrollment period

- 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)**.





Built to make your life easier

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the care, when you need it.



Find out how we can help you stay healthy and keep doing what you love.

kp.org/allthatisyouth

Care that's **personalized**

For the you who deserves to be understood

Kaiser Permanente doctors have one priority: your health. Your electronic health record connects your care team with your health history, so your doctor can plan the care for your needs. They learn your lifestyle, risks, and goals to understand what matters most to you and be your health advocate.



Explore care that fits your life.

kp.org/connectedtocare

We guide you through every step of your care



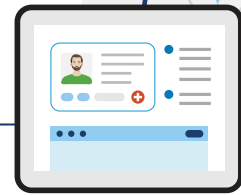
Your Kaiser Permanente health history lives on your electronic health record.



Your doctor guides 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 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 in person, or talk to a clinician 24/7 by phone or video.¹ No matter how you connect, you'll talk with a medical professional who can see your health history and pick up where you left off.

Do more in one visit

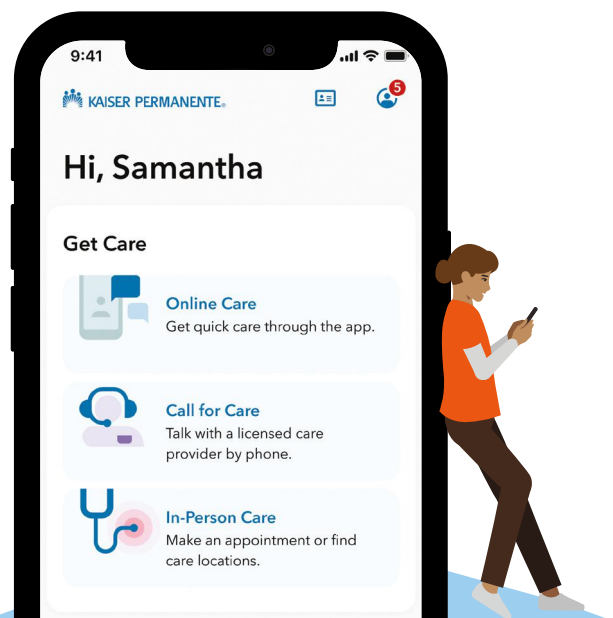
Many of our Kaiser Permanente facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

Your health at your fingertips

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



See how the Kaiser Permanente app puts you in control.
kp.org/mobile



Save time when you connect to care virtually. Telehealth is covered at no cost with most plans.²

You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for emergency care anywhere in the world – even at non-Kaiser Permanente facilities.

Care that's world class

For the you who expects the best

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



Learn how our doctors and specialists work for you.

kp.org/specialtycare



We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.^{3,4,5}

Kaiser Permanente members are:



33%

more likely to survive heart disease⁶

52%

more likely to survive colorectal cancer⁷

20%

less likely to experience premature death due to cancer⁸

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. You also have access to self-care apps to help your overall mental wellness.^{9,10}



Calm

The number one app for sleep and meditation¹¹



Ginger

Text one-on-one with an emotional support coach anytime, anywhere¹²



myStrength

Build a personalized plan to strengthen your emotional health



Find out more about mental health care.

kp.org/mentalhealth

Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.¹³

- Acupuncture, massage therapy, and chiropractic care
- Reduced rates on gym memberships
- Healthy lifestyle programs
- Wellness coaching
- Online fitness with the ClassPass app

You can get up to 25% off participating provider standard fees for acupuncture, chiropractic care, and massage therapy when you make an appointment through the ChooseHealthy™ specialty providers discount program. Complementary care services may also be covered by your plan benefits when you use providers in your plan network.

Care that's dependable

For the you who wants a doctor you trust

Your health is a lifelong journey, and we want you to have a doctor to go the distance. We hire doctors and staff who often speak more than one language and deliver care that's sensitive to your culture, ethnicity, and lifestyle. And you can choose or change your doctor anytime.



From finding the right doctor to transitioning care, we'll help you with every step.

kp.org/newmember



Dr. Weniger was relatable, kind, and thorough. By the end of my visit, I knew I made the right choice in Kaiser Permanente.



– Aimee, new member

Prescription delivery

Fill prescriptions online or with the Kaiser Permanente Washington mobile app.¹⁴

- Have most delivered directly to your front door.
- Get same-day or next-day delivery for an additional fee.¹⁵
- Order them for same-day pickup.

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.

Kaiser Permanente Virtual Plus™ plans

On these plans, your monthly premium is lower and you'll start most care with a virtual care visit. Choose from 24/7 online chat, video or advice line, e-visits, scheduled video visits and phone appointments, and email for nonurgent issues – all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

Copay or coinsurance plans

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

Deductible plans – gold, silver, bronze, and Basics Plus

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

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible 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.¹⁶ 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
Flex Gold (\$1,150 deductible)	\$20 for the first 5 visits, additional visits \$20 after deductible (or \$219 if deductible still applies)	\$98 or 30% if you've met your deductible	\$10
Virtual Plus Silver 73 (\$2,500 deductible)	Virtual and first in-person visit no charge	\$98 or 30% if you've met your deductible	\$25*
Bronze HSA (\$6,050 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

* After the first fill, maintenance drugs are required to be filled through KFHPWA mail order.

Do you qualify for financial help?



You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

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

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

Benefit highlights	  Flex Gold
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,150/\$2,300
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 5 visits \$20 [‡] ; additional visits \$20 after deductible
Specialty care office visit	First 5 visits \$45 [‡] ; additional visits \$45 after deductible
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	First 5 visits \$20 [‡] ; additional visits \$20 after deductible
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	First 5 visits \$45 [‡] ; additional visits \$45 after deductible
Prescription drugs (up to a 30-day supply)	
Generic	\$10
Preferred brand	\$40
Non-preferred brand	40% after deductible
Specialty	40% after deductible
Whole health	
Healthy services	First 5 visits \$20 [‡] ; additional visits \$20 after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Annual deductible
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$1,150 for yourself or \$2,300 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 \$7,900 for yourself and no more than \$15,800 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, the first 5 primary care visits are covered at a \$20 copay – even before you meet your deductible. With our Flex plans, you get a set number of office visits 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 just pay a \$45 copay for an urgent care visit if it's one of the first 5 visits of the year; otherwise, you pay \$45 after 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.

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.

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

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Benefit highlights	KP E	KP	E	KP	E
	Virtual Plus Bronze	Bronze	Bronze HSA	Bronze HSA X	Kaiser Permanente Cascade Bronze
Plan type	Deductible	Deductible	HSA-qualified	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$9,450/\$18,900	\$7,500/\$15,000	\$6,050/\$12,100	\$6,050/\$12,100	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$8,750/\$17,500	\$7,250/\$14,500	\$7,250/\$14,500	\$9,200/\$18,400
Benefits					
Virtual care					
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge after deductible	No charge after deductible	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge for in person or virtual	No charge	No charge	No charge	No charge
Outpatient services					
Primary care office visit	Virtual and first in-person visit no charge; in person with referral \$50; in person without referral no charge after deductible [‡]	40% after deductible	40% after deductible	40% after deductible	First 2 visits \$1; additional visits \$50
Specialty care office visit	Virtual visit no charge; in person with referral \$110; in person without referral no charge after deductible	40% after deductible	40% after deductible	40% after deductible	\$100 after deductible
Most X-rays	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Most lab tests	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental health visit	Virtual and first in-person visit no charge; in person with referral \$50; in person without referral no charge after deductible [‡]	40% after deductible	40% after deductible	40% after deductible	First 2 visits \$1; additional visits \$50
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge 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	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Emergency and urgent care					
Emergency Department visit	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$110	40% after deductible	40% after deductible	40% after deductible	\$100
Prescription drugs (up to a 30-day supply)					
Generic	\$35*	40% after deductible	40% after deductible	40% after deductible	\$32
Preferred brand	No charge after deductible*	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	No charge after deductible*	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Specialty	No charge after deductible*	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Whole health					
Healthy services	First visit no charge, additional visits \$50 [‡] ; 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 .	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 .

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

* After the first fill, maintenance drugs are required to be filled through KFHPWA mail order.

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KP Offered through Kaiser Permanente

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Benefit highlights	KP	E	E	KP	KP	KP
	Flex Bronze	Virtual Plus Silver	Virtual Plus Silver X	Flex Silver HD	Silver HSA	
Plan type	Deductible	Deductible	Deductible	Deductible	HSA-qualified	
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,200/\$6,400	
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$9,175/\$18,350	\$9,175/\$18,350	\$9,450/\$18,900	\$6,900/\$13,800	
Benefits						
Virtual care						
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge	No charge	No charge after deductible
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge for in person or virtual	No charge for in person or virtual	No charge	No charge	No charge
Outpatient services						
Primary care office visit	First 3 visits \$40 [‡] ; additional visits 20% after deductible	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	First 3 visits \$30 [‡] ; additional visits \$30 after deductible		20% after deductible
Specialty care office visit	20% after deductible	Virtual visit no charge; in person with referral \$50; in person without referral 30% after deductible	Virtual visit no charge; in person with referral \$50; in person without referral 30% after deductible	First 3 visits \$60 [‡] ; additional visits \$60 after deductible		20% after deductible
Most X-rays	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Most lab tests	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
MRI, CT, PET	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Outpatient surgery	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Mental health visit	First 3 visits no charge [‡] ; additional visits 20% after deductible	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	First 3 visits \$30 [‡] ; additional visits \$30 after deductible		20% after deductible
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% 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	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Emergency and urgent care						
Emergency Department visit	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Urgent care visit	20% after deductible	\$50	\$55	First 3 visits \$60 [‡] ; additional visits \$60 after deductible		20% after deductible
Prescription drugs (up to a 30-day supply)						
Generic	\$25	\$25*	\$25*	\$15		20% after deductible
Preferred brand	40% after deductible	50% after deductible*	50% after deductible*	40% after deductible		40% after deductible
Non-preferred brand	50% after deductible	50% after deductible*	50% after deductible*	50% after deductible		50% after deductible
Specialty	50% after deductible	50% after deductible*	50% after deductible*	50% after deductible		50% after deductible
Whole health						
Healthy services	First 3 visits \$40 [‡] ; additional visits 20% after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First visit no charge, additional visits \$20 [‡] ; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First visit no charge, additional visits \$20 [‡] ; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 3 visits \$30 [‡] ; additional visits \$30 after deductible; 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 visits can be any combination of primary care and other qualified services.

* After the first fill, maintenance drugs are required to be filled through KHPWA mail order.

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Benefit highlights	E	E	KP E	E	E
	Kaiser Permanente Cascade Silver	Flex Silver	Flex Gold	Kaiser Permanente Cascade Gold	Basics Plus Catastrophic ^{††}
Plan type	Deductible	Deductible	Deductible	Deductible	Catastrophic
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$2,020/ \$4,040	\$1,150/\$2,300	\$600/\$1,200	\$9,450/\$18,900
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$7,900/\$15,800	\$6,100/\$12,200	\$9,450/\$18,900
Benefits					
Virtual care					
Chat, Email, E-visit, Phone, and Video visit	No charge	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	No charge
Outpatient services					
Primary care office visit	First 2 visits \$1; additional visits \$30	First 3 visits \$40 [‡] ; additional visits \$40 after deductible	First 5 visits \$20 [‡] ; additional visits \$20 after deductible	\$15	First 3 visits no charge [‡] ; additional visits no charge after deductible
Specialty care office visit	\$65	First 3 visits \$85 [‡] ; additional visits \$85 after deductible	First 5 visits \$45 [‡] ; additional visits \$45 after deductible	\$40	No charge after deductible
Most X-rays	\$65	35% after deductible	30% after deductible	\$30	No charge after deductible
Most lab tests	\$40	35% after deductible	30% after deductible	\$20	No charge after deductible
MRI, CT, PET	30% after deductible	35% after deductible	30% after deductible	\$300 after deductible	No charge after deductible
Outpatient surgery	\$800 after deductible	35% after deductible	30% after deductible	\$425 after deductible	No charge after deductible
Mental health visit	First 2 visits \$1; additional visits \$30	First 3 visits \$40 [‡] ; additional visits \$40 after deductible	First 5 visits \$20 [‡] ; additional visits \$20 after deductible	\$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	\$800 per day after deductible up to 5 days ^{**}	35% after deductible	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	No charge	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days ^{**}	35% after deductible	30% after deductible	\$525 per day up to 5 days ^{**}	No charge after deductible
Emergency and urgent care					
Emergency Department visit	\$800 after deductible	35% after deductible	30% after deductible	\$450 after deductible	No charge after deductible
Urgent care visit	\$65	First 3 visits \$85 [‡] ; additional visits \$85 after deductible	First 5 visits \$45 [‡] ; additional visits \$45 after deductible	\$35	No charge after deductible
Prescription drugs (up to a 30-day supply)					
Generic	\$25	\$10	\$10	\$10	No charge after deductible
Preferred brand	\$75	40% after deductible	\$40	\$60	No charge after deductible
Non-preferred brand	\$250 after deductible	50% after deductible	40% after deductible	\$100	No charge after deductible
Specialty	\$250 after deductible	50% after deductible	40% after deductible	\$100	No charge after deductible
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 3 visits \$40 [‡] ; additional visits \$40 after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 5 visits \$20 [‡] ; additional visits \$20 after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	\$15 per visits; 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 .

^{††} 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.

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

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

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Cost Share Reduction (CSR) Plans

E Offered through the health benefit exchange, Washington Healthplanfinder

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

Benefit highlights	E	E	E
	Virtual Plus Silver 73	Virtual Plus Silver 87	Virtual Plus Silver 94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$2,600/\$5,200	\$1,000/\$2,000
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 for in person or virtual	No charge for in person or virtual	No charge for in person or virtual
Outpatient services			
Primary care office visit	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$10; in person without referral 20% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$5; in person without referral 5% after deductible [‡]
Specialty care office visit	Virtual visit no charge; in person with referral \$45; in person without referral 30% after deductible	Virtual visit no charge; in person with referral \$20; in person without referral 20% after deductible	Virtual visit no charge; in person with referral \$10; in person without referral 5% after deductible
Most X-rays	30% after deductible	20% after deductible	5% after deductible
Most lab tests	30% after deductible	20% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	20% after deductible	5% after deductible
Outpatient surgery	30% after deductible	20% after deductible	5% after deductible
Mental health visit	Virtual and first in-person visit no charge; in person with referral \$20; in person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$10; in person without referral 20% after deductible [‡]	Virtual and first in-person visit no charge; in person with referral \$5; in person without referral 5% after deductible [‡]
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	5% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	20% after deductible	5% after deductible
Urgent care visit	\$45	\$20	\$10
Prescription drugs (up to a 30-day supply)			
Generic	\$25*	\$15*	\$7*
Preferred brand	50% after deductible*	50% after deductible*	50% after deductible*
Non-preferred brand	50% after deductible*	50% after deductible*	50% after deductible*
Specialty	50% after deductible*	50% after deductible*	50% after deductible*
Whole health			
Healthy services	First visit no charge, additional visits \$20 [‡] ; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First visit no charge, additional visits \$10 [‡] ; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First visit no charge, additional visits \$5 [‡] ; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .

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

* After the first fill, maintenance drugs are required to be filled through KFHPWA mail order.

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.

Cost Share Reduction (CSR) Plans

E Offered through the health benefit exchange, Washington Healthplanfinder

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

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)	\$7,550/\$15,100	\$2,500/\$5,000	\$1,200/\$2,400
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.

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.

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. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

E Offered through the health benefit exchange, Washington Healthplanfinder

Benefit highlights	E	E	E
	Flex Silver 73	Flex Silver 87	Flex Silver 94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$1,650/\$3,300	\$600/\$1,200	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$8,075/\$16,150	\$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 4 visits \$25 [‡] ; additional visits \$25 after deductible	First 4 visits \$10 [‡] ; additional visits \$10 after deductible	First 4 visits no charge [‡] ; additional visits no charge after deductible
Specialty care office visit	First 4 visits \$50 [‡] ; additional visits \$50 after deductible	First 4 visits \$40 [‡] ; additional visits \$40 after deductible	First 4 visits \$5 [‡] ; additional visits \$5 after deductible
Most X-rays	30% after deductible	10% after deductible	5% after deductible
Most lab tests	30% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	5% after deductible
Outpatient surgery	30% after deductible	10% after deductible	5% after deductible
Mental health visit	First 4 visits \$25 [‡] ; additional visits \$25 after deductible	First 4 visits \$10 [‡] ; additional visits \$10 after deductible	First 4 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	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	30% after deductible	10% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	10% after deductible	5% after deductible
Urgent care visit	First 4 visits \$50 [‡] ; additional visits \$50 after deductible	First 4 visits \$40 [‡] ; additional visits \$40 after deductible	First 4 visits \$5 [‡] ; additional visits \$5 after deductible
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	First 4 visits \$25 [‡] ; additional visits \$25 after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 4 visits \$10 [‡] ; additional visits \$10 after deductible; 10 chiropractic visits and 12 acupuncture visits per year. For more healthy offerings visit kp.org/healthyliving .	First 4 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 .

[‡] First visits can be any combination of primary care and other qualified 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, call us at 1-800-290-8900 (TTY 711), or contact your producer.

Find your rate



Apply on buykp.org/apply 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/apply or call us at **1-800-494-5314 (TTY 711)** to see if you may qualify.
- If you use tobacco. Go to buykp.org/apply 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 his or her age on the start date.

Family members include:

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

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

What plans are available in your county?

Below is a list of our service area counties and plan availability. 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.

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

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%
Orthodontia³ 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	\$50.66	This plan bills only for the first three children 18 and younger	
Individual + spouse	\$101.34	1 Individual (<19)	\$52.88
Individual + child(ren)	\$112.68	2 Individuals (<19)	\$105.76
Individual + family	\$179.18	3 Individuals (<19)	\$158.64

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, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.¹⁷

Want to learn more?



Visit kp.org/allthatisyou to shop plans and get help with your health care questions.

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. 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. **2.** High deductible health plans may require a copay or coinsurance for phone appointments and video visits. **3.** Kaiser Permanente 2022 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 2022 and is used with the permission of NCQA. Quality Compass 2022 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. **4.** 2021 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report). **5.** NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: 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). **6.** See note 8. **7.** 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. **8.** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. **9.** 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. Some classes vary by location and may require fees. **10.** Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. **11.** Calm is the #1 app for sleep, meditation, and relaxation, with over 100 million downloads and over 1.5M+ 5-star reviews. Learn more at calm.com/blog/about. **12.** Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. **13.** Some of these services may not be 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. **14.** Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. **15.** 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. Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. **16.** 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). **17.** Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, 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, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance 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/onlineservices/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): ໄປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.

Notes

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In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington, 1300 SW 27th Street, Renton, WA 98057.

