

# 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](https://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 the Northwest, 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**.

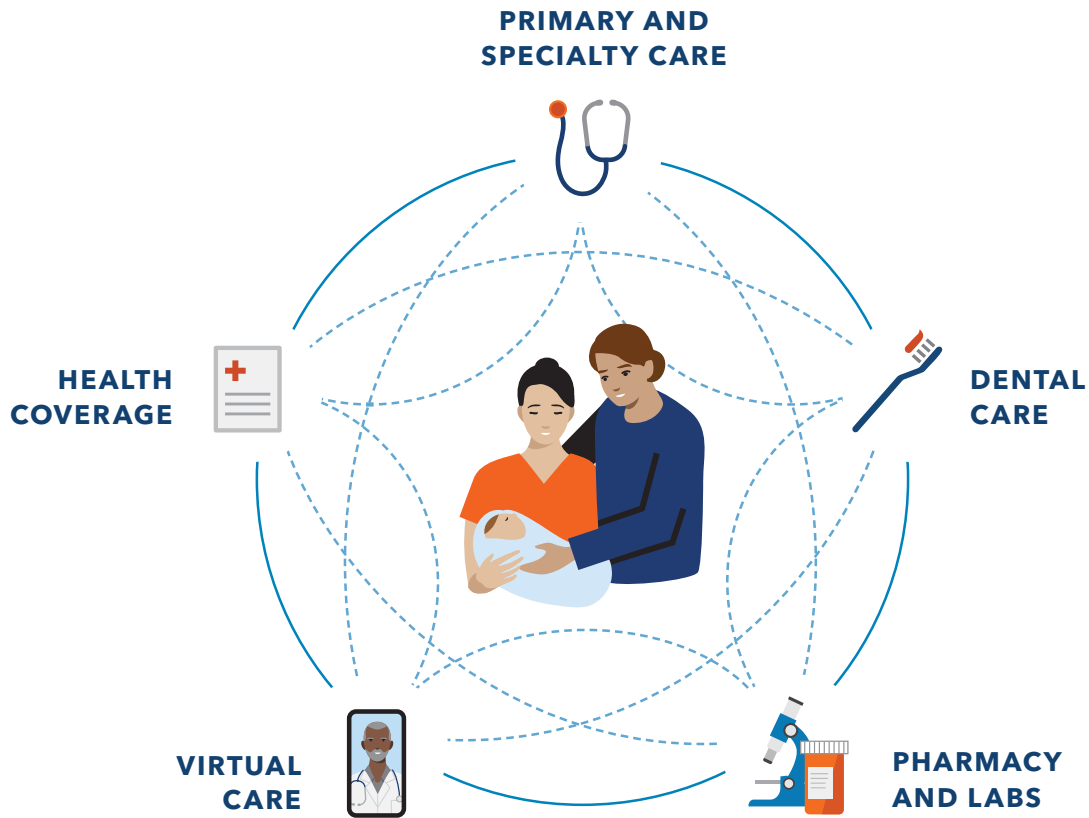
## Enrolling during a special enrollment period

- 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](https://kp.org/specialenrollment) for a list of qualifying life events and instructions.

### Want to talk? We're here to help.

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





## 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.<sup>1</sup>**

# 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](https://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.<sup>2,3,4,5,6</sup>



## Kaiser Permanente members are

33% more likely to **survive heart disease**<sup>5</sup>

52% more likely to **survive colorectal cancer**<sup>6</sup>

20% **less likely to die early** of cancer<sup>5</sup>

---

## Recognized excellence in stroke and heart disease care<sup>7</sup>

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.

**Sunnyside Medical Center and Westside Medical Center received the American Heart Association's Get With The Guidelines® Stroke Gold Plus Quality Achievement award**, given to hospitals recognized for high-quality stroke care.

# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://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.<sup>8</sup> 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.<sup>9</sup>

### 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.

### Get care now

Choose from convenient options, like 24/7 phone and video or an e-visit, and find the care you need, when and where you need it.<sup>10</sup> Visit [kp.org/getcare](https://kp.org/getcare).

---

**Sunnyside Medical Center is ranked a Best Regional Hospital** and high performing in 12 specialty areas, including lung and colon cancer surgery, heart bypass surgery, and stroke care for 2024 by U.S. News & World Report.<sup>11</sup>

# 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.<sup>12</sup>

You can get timely, convenient service with:



More primary care appointments



24/7 virtual care



Quick lab results



A large clinician network



See how to get care that meets you where you are at  
[kp.org/connectedtocare](https://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 door<sup>13</sup>
- Same-day or next-day home delivery available for an additional fee<sup>13</sup>



#### Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities

## Affiliated providers

Kaiser Permanente health plans include access to affiliated providers for primary and specialty care.



# 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 classes<sup>14</sup>
- Medication
- Self-care resources
- Mental wellness apps<sup>15</sup>

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](https://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.<sup>16</sup>

- Acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs<sup>16</sup>
- Wellness coaching<sup>16</sup>



Enjoy special deals

on fitness programs, gym memberships, and online resources.

## CHP Active and Healthy

Enjoy discounted online tools, classes, programs, and activities that can help keep you happy and healthy. Visit [chpactiveandhealthy.com](https://chpactiveandhealthy.com).

# Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

## Copay plans – gold

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

## Deductible plans – gold, silver, and bronze

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

## HSA-qualified high deductible health plans – silver and bronze

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses, adult dental care, or chiropractic services.<sup>17</sup> If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP WA Gold 0 with Pediatric Dental (no deductible)	\$15	\$50	\$10*
KP WA Silver 4500 with Pediatric Dental (\$4,500 deductible)	\$40	\$60 after deductible	\$25*
KP WA Bronze 6000 with Pediatric Dental (\$6,000 deductible)	\$50	40% after deductible	\$32*

## 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/apply](https://buykp.org/apply) for details.



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

The cost estimates above are from [kp.org/treatmentestimates](https://kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

# 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	KP KP WA Silver 750 with Pediatric Dental	KP Offered through Kaiser Foundation Health Plan of the Northwest
Plan type	Deductible	
Annual medical deductible (individual/family)	\$750/\$1,500	
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	
<b>Benefits</b>		
<b>Virtual care</b>		
Chat, Email, E-visit, Phone and Video visit	No charge	
<b>Preventive care</b>		
Routine physical exam, mammograms, etc.	No charge	
<b>Outpatient services (per visit or procedure)</b>		
Primary care office visit	\$35	
Specialty care office visit	\$60	
Most X-rays	\$100	
Most lab tests	\$50	
MRI, CT, PET	\$750	
Outpatient surgery	\$750 after deductible	
Mental health visit	\$35	
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	
<b>Maternity</b>		
Routine prenatal care and postpartum visits	No charge	
Delivery and inpatient well-baby care	40% after deductible	
<b>Emergency and urgent care</b>		
Emergency Department visit	\$750	
Urgent care visit	\$60	
<b>Prescription drugs (up to a 30-day supply)</b>		
Generic	\$25*	
Preferred brand	\$100*	
Non-preferred brand	50% after deductible	
Specialty	50% after deductible	
<b>Whole health</b>		
Healthy services	\$60 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$35 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	

### 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 \$750 for yourself or \$1,500 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 \$9,200 for yourself and no more than \$18,400 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no additional charge

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

### Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan primary care visits are covered at a \$35 copay – even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 40% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$60 copay for urgent care visits, whether or not you have met your deductible.

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



Benefit highlights	<div> <div>KP</div> <div>KP</div> <div>KP</div> <div>KP</div> </div>			
	KP WA Bronze 9100 with Pediatric Dental	KP WA Bronze HSA 7100 with Pediatric Dental	KP WA Bronze 6000 with Pediatric Dental	KP WA Silver 4500 with Pediatric Dental
Plan type	Deductible		HSA-Qualified	
Annual medical deductible (individual/family)	\$9,100/\$18,200	\$7,100/\$14,200	\$6,000/\$12,000	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$7,100/\$14,200	\$8,550/\$17,100	\$8,850/\$17,700
<b>Benefits</b>				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: 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 (per visit or procedure)				
Primary care office visit	\$75	No charge after deductible	\$50	\$40
Specialty care office visit	No charge after deductible	No charge after deductible	\$100 after deductible	\$65
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	\$60 after deductible
Most lab tests	No charge after deductible	No charge after deductible	40% after deductible	\$60
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	\$350 after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Mental health visit	No charge	No charge after deductible	\$50	\$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	\$350 after deductible
Urgent care visit	No charge after deductible	No charge after deductible	\$100	\$70
Prescription drugs (up to a 30-day supply)				
Generic	\$30*	No charge after deductible	\$32*	\$25*
Preferred brand	No charge after deductible	No charge after deductible	40% after deductible	\$65*
Non-preferred brand	No charge after deductible	No charge after deductible	40% after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	40% after deductible	50% after deductible
Whole health				
Healthy services	No charge after deductible; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$75 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	No charge after deductible; 10 in-network chiropractic visits and 12 acupuncture visits per year. No charge after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$100 after deductible per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$50 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$65 after deductible per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$40 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTO125*; for traditional copay plans: *EWIDTRADDNTOVVX0125* & *EWIDTRADOVX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDDNTOVVX0125* & *EWIDDEDOVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

Benefit highlights	<div>KP</div> KP WA Silver HSA 3300 with Pediatric Dental	<div>KP</div> KP WA Silver 750 with Pediatric Dental	<div>KP</div> KP WA Gold 1750 with Pediatric Dental	<div>KP</div> KP WA Gold 0 with Pediatric Dental
Plan type	HSA-Qualified	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$3,300/\$6,600	\$750/\$1,500	\$1,750/\$3,500	None/None
Annual out-of-pocket maximum (individual/family)	\$6,900/\$13,800	\$9,200/\$18,400	\$8,500/\$17,000	\$8,200/\$16,400
<b>Benefits</b>				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	35% after deductible	\$35	\$20	\$15
Specialty care office visit	35% after deductible	\$60	\$50	\$50
Most X-rays	35% after deductible	\$100	\$50	\$50
Most lab tests	35% after deductible	\$50	\$50	\$50
MRI, CT, PET	35% after deductible	\$750	\$350 after deductible	\$350
Outpatient surgery	35% after deductible	\$750 after deductible	30% after deductible	\$250
Mental health visit	35% after deductible	\$35	\$20	\$15
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	40% after deductible	30% after deductible	30%
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	40% after deductible	30% after deductible	30%
Emergency and urgent care				
Emergency Department visit	35% after deductible	\$750	\$350 after deductible	\$350
Urgent care visit	35% after deductible	\$60	\$40	\$40
Prescription drugs (up to a 30-day supply)				
Generic	\$15* after deductible	\$25*	\$10*	\$10*
Preferred brand	\$55* after deductible	\$100*	\$40*	\$40*
Non-preferred brand	50% after deductible	50% after deductible	50%	50%
Specialty	50% after deductible	50% after deductible	50%	50%
Whole health				
Healthy services	35% after deductible; 10 in-network chiropractic visits and 12 acupuncture visits per year. 35% after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$60 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$35 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$20 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$15 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTD0125*; for traditional copay plans: *EWIDTRADDNT0VX0125* & *EWIDTRADOVX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDNT0VX0125* & *EWIDDEDOVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

**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 [wahealthplanfinder.org](https://wahealthplanfinder.org).

Benefit highlights	E			
	KP WA Bronze 9100	KP WA Bronze HSA 7100	KP Cascade Bronze	KP Cascade Silver
Plan type	Deductible	HSA-Qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$9,100/\$18,200	\$7,100/\$14,200	\$6,000/\$12,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$7,100/\$14,200	\$9,200/\$18,400	\$9,200/\$18,400
<b>Benefits</b>				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: 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 (per visit or procedure)				
Primary care office visit	\$75	No charge after deductible	First 2 visits \$1; additional visits \$50	First 2 visits \$1; additional visits \$30
Specialty care office visit	No charge after deductible	No charge after deductible	\$100 after deductible	\$65
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	\$65
Most lab tests	No charge after deductible	No charge after deductible	40% after deductible	\$40
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	\$800 after deductible
Mental health visit	No charge	No charge after deductible	First 2 visits \$1; additional visits \$50	First 2 visits \$1; additional visits \$30
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	\$800 per day after deductible up to 5 days**
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	\$800 per day after deductible up to 5 days**
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	\$800 after deductible
Urgent care visit	No charge after deductible	No charge after deductible	\$100	\$65
Prescription drugs (up to a 30-day supply)				
Generic	\$30*	No charge after deductible	\$32*	\$25*
Preferred brand	No charge after deductible	No charge after deductible	40% after deductible	\$75*
Non-preferred brand	No charge after deductible	No charge after deductible	40% after deductible	\$250* after deductible
Specialty	No charge after deductible	No charge after deductible	40% after deductible	\$250 after deductible
Whole health				
Healthy services	No charge after deductible; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$75 for naturopathic services, no visit limit. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	No charge after deductible; 10 in-network chiropractic visits and 12 acupuncture visits per year. No charge after deductible for naturopathic services, no visit limit. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$100 after deductible per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$65 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

\*\* 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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTD0125*; for traditional copay plans: *EWIDTRADDNTOWVX0125* & *EWIDTRADOVVX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDNTOVVX0125* & *EWIDDEDOVVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

**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 [wahealthplanfinder.org](http://wahealthplanfinder.org).

Benefit highlights	<b>E</b> KP WA Silver 750	<b>E</b> KP WA Gold 1750	<b>E</b> KP Cascade Gold	<b>E</b> KP WA Gold 0
Plan type	Deductible	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$750/\$1,500	\$1,750/\$3,500	\$600/\$1,200	None/None
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$8,500/\$17,000	\$7,000/\$14,000	\$8,200/\$16,400
<b>Benefits</b>				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	\$20	\$15	\$15
Specialty care office visit	\$60	\$50	\$40	\$50
Most X-rays	\$100	\$50	\$30	\$50
Most lab tests	\$50	\$50	\$20	\$50
MRI, CT, PET	\$750	\$350 after deductible	\$300 after deductible	\$350
Outpatient surgery	\$750 after deductible	30% after deductible	\$425 after deductible	\$250
Mental health visit	\$35	\$20	\$15	\$15
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	\$525 per day up to 5 days**	30%
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	\$525 per day up to 5 days**	30%
Emergency and urgent care				
Emergency Department visit	\$750	\$350 after deductible	\$450 after deductible	\$350
Urgent care visit	\$60	\$40	\$35	\$40
Prescription drugs (up to a 30-day supply)				
Generic	\$25*	\$10*	\$10*	\$10*
Preferred brand	\$100*	\$40*	\$60*	\$40*
Non-preferred brand	50% after deductible	50%	\$100*	50%
Specialty	50% after deductible	50%	\$100	50%
Whole health				
Healthy services	\$60 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$35 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$20 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$40 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$15 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

\*\* 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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTDO125*; for traditional copay plans: *EWIDTRADDNTOVVX0125* & *EWIDTRADOVX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDNTOVVX0125* & *EWIDDEDOVVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (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 [wahealthplanfinder.org](http://wahealthplanfinder.org).

Benefit highlights	<b>E</b> KP Cascade Silver	<b>E</b> KP Cascade Silver	<b>E</b> KP Cascade Silver
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,500/\$5,000	\$1,900/\$3,800
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	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
<b>Inpatient hospital care</b>			
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**
<b>Maternity</b>			
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**
<b>Emergency and urgent care</b>			
Emergency Department visit	\$800 after deductible	\$425 after deductible	\$150
Urgent care visit	\$65	\$30	\$15
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$24*	\$12*	\$5*
Preferred brand	\$75*	\$35*	\$12*
Non-preferred brand	\$250* after deductible	\$160*	\$35*
Specialty	\$250 after deductible	\$160	\$35
<b>Whole health</b>			
Healthy services	\$65 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$30 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$15 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

\*\* 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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTD0125*; for traditional copay plans: *EWIDTRADDNT0VX0125* & *EWIDTRAD0VX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDDNT0VX0125* & *EWIDDEDOVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (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 [wahealthplanfinder.org](http://wahealthplanfinder.org).

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

Benefit highlights	<b>E</b> KP WA Silver 750 73% CSR	<b>E</b> KP WA Silver 750 87% CSR	<b>E</b> KP WA Silver 750 94% CSR
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$750/\$1,500	\$200/\$400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,100/\$14,200	\$3,000/\$6,000	\$1,500/\$3,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$10	\$5
Specialty care office visit	\$60	\$30	\$10
Most X-rays	\$100	\$40	\$15
Most lab tests	\$50	\$20	\$5
MRI, CT, PET	\$750	\$400	\$150
Outpatient surgery	\$750 after deductible	\$400 after deductible	\$150
Mental health visit	\$35	\$10	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	10%
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$750	\$400	\$150
Urgent care visit	\$60	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$10*	\$5*
Preferred brand	\$100*	\$60*	\$15*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	\$60 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$35 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$30 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$10 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$10 per visit; 10 in-network chiropractic visits and 12 acupuncture visits per year. \$5 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms: for the cascade care plan: *EWIDDEDSTDO125*; for traditional copay plans: *EWIDTRADDNTOVVX0125* & *EWIDTRADOVX0125*; for HSA-qualified deductible plans: *EWIDHDHPDNT0125* & *EWIDHDHP0125*; for deductible plans: *EWIDDEDDNTOVVX0125* & *EWIDDEDOVVX0125*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at **1-800-813-2000** (TTY 711), or contact your producer.

# Find your rate



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

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you add an optional dental plan for family members 19 and older
- If you qualify for federal financial assistance. Visit [buykp.org](https://buykp.org) or call us at **1-800-494-5314** (TTY 711) to see if you may qualify.
- If you use tobacco

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.

Our service area	
Clark County	Cowlitz County
All ZIP codes	All ZIP codes

## 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.

# The Kaiser Permanente dental difference

For 50 years, Kaiser Permanente Northwest has been helping our members thrive with healthy smiles and dental care that connects seamlessly to their medical plans. Your oral health – the health of your teeth and gums – affects your overall health, medical costs, and quality of life. That’s why prevention is at the core of our philosophy and why our medical and dental teams work together to help protect the total health of our members.

Taking care of your dental health can help decrease the risk of serious medical issues, such as:

- Heart disease
- Diabetes
- Arthritis
- Certain types of cancers
- Pregnancy and birth complications
- And more

Shared health records mean our dentists see when members are due for medical screenings and can even help schedule their appointments right away, which can lead to early detection if there is a problem. Plus, members with both Kaiser Permanente medical and dental plans can save a trip by taking care of minor medical needs, like flu shots or vaccinations, during their dental appointment.\*

## **Choice**

Our Oregon and Southwest Washington dental group has more than 160 general and pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists, who all work together for your care.

## **Convenience**

We have 21 dental offices in the Portland metro area, Southwest Washington, Longview, Salem, and Eugene, so there’s sure to be one near you. You can also save time by getting answers or advice for nonurgent dental questions virtually, by phone or email.

## **Quality**

Our dental professionals exceed national standards. Since 1990, we’ve received accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). Right now, we’re the only dental practice in the Pacific Northwest with AAAHC accreditation.†

Visit [kp.org/dental](https://kp.org/dental) to learn more.

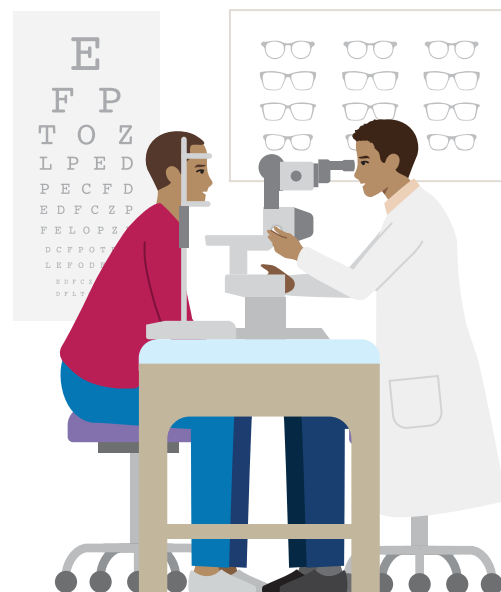


# Vision Essentials

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

Adult vision exams are included in our Gold plans (except Washington Cascade), KP WA Silver 750 with Pediatric Dental, and the KP WA Silver 750 plan. CSR plans for plans listed above have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.<sup>‡</sup>

For more information, including our 8 optical locations, visit [kp2020.org](https://kp2020.org).



\* Medical services are available at select dental locations. You must be a Kaiser Permanente medical member to get medical care.

† Source: [https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc\\_site&webcode=find\\_orgs](https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs)

‡ Vision hardware must be prescribed and purchased at a Kaiser Permanente Optical Center, and there is no additional charge when selected from a list of standard frames.

# Dental benefit highlights and rates

<div>KP</div> Offered through Kaiser Foundation Health Plan of the Northwest	<div>KP</div> KP WA Adult Dental - \$1000/\$50 Ded	<div>KP</div> KP WA Adult Dental - \$2000/\$100 Ded	<div>KP</div> KP WA Pediatric Dental Benefits 1 <sup>†</sup>	<div>KP</div> KP WA Pediatric Dental Benefits 2 <sup>**</sup>
	Adults (19 or older)	Adults (19 or older)	Children (18 or younger)	Children (18 or younger)
Features				
Benefit maximum	\$1,000	\$2,000	No maximum	No maximum
Deductible (individual/family)	\$50/\$150	\$100/\$300	None	Subject to medical deductible
Out-of-pocket maximum (individual/family)	Does not apply	Does not apply	Subject to medical out-of-pocket max	Subject to medical out-of-pocket max
Benefits (subject to deductible unless otherwise noted)				
Preventive and diagnostic services	No charge (not subject to deductible)	20% coinsurance (not subject to deductible)	0% (not subject to deductible)	0% (not subject to deductible)
Basic restorative services	20%	50%	50%	50%
Oral surgery, endodontics, and periodontics	50%	50%	50%	50%
Major restorative services	50%	50%	50%	50%
<div>E</div> Offered through the health benefit exchange, Washington Healthplanfinder	<div>E</div> KP WA Family Dental - \$1000/\$50 Ded		<div>E</div> KP WA Family Dental - \$2000/\$100 Ded	
	Children (18 or younger)	Adults (19 or older)	Children (18 or younger)	Adults (19 or older)
	Features			
Benefit maximum	Does not apply	\$1,000	Does not apply	\$2,000
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$100/\$300	\$100/\$300
Out-of-pocket maximum (individual/family)	\$425/\$850	Does not apply	\$425/\$850	Does not apply
Benefits (subject to deductible unless otherwise noted)				
Preventive and diagnostic services	0% (not subject to deductible)		20% coinsurance (not subject to deductible)	
Basic restorative services	20% coinsurance		50% coinsurance	
Oral surgery, endodontics, and periodontics	50% coinsurance		50% coinsurance	
Major restorative services	50% coinsurance		50% coinsurance	
Monthly rates				
	<div>KP</div>	<div>KP</div>	<div>E</div>	<div>E</div>
Age on 2025 effective date	KP WA Adult Dental - \$1000/\$50 Ded	KP WA Adult Dental - \$2000/\$100 Ded	KP WA Family Dental - \$1000/\$50 Ded	KP WA Family Dental - \$2000/\$100 Ded
0-18	-	-	\$41.61	\$33.39
19-29	\$27.35	\$26.10	41.97	40.12
30-34	28.34	27.05	41.97	40.12
35-39	29.81	28.46	41.97	40.12
40-44	32.81	31.31	41.97	40.12
45-49	36.42	34.76	41.97	40.12
50-54	39.20	37.42	41.97	40.12
55-59	42.49	40.55	41.97	40.12
60+	43.78	41.78	41.97	40.12

All family dental and pediatric dental plans fulfill the pediatric dental coverage requirement for children 18 and younger. Preventive and diagnostic services do not count towards the deductible. <sup>†</sup> These benefits are included with all non-HSA medical plans purchased directly from Kaiser Permanente. <sup>\*\*</sup> These benefits are included with all HSA medical plans purchased directly from Kaiser Permanente. The KP WA Bronze HSA 7100 plan has no additional out-of-pocket charges. This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*. For specific plan information about dental plans, see the following forms: *EWIDDEDFAMILYDNT0125* and *EWIDDEADULTDNT0125-Evidence of Coverage*; *BWIDDEDFAMILYDNT800125*, *BWIDDEADULTDNT800125* and *BWIDDEADULTDNT1000125-Benefit Summaries*; *FSWIDFAMILYDNT1000125*, *FSWIDFAMILYDNT800125*, *FSWIDADULTDNT1000125* and *FSWIDADULTDNT800125-Face Sheet*.

# Find a facility near you

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

## Locate a medical provider

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

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

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

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

## Talk to a new member specialist

Call our dedicated New Member Welcome Desk at **1-888-491-1124** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., and talk with a specialist who can help you get the most out of your benefits quickly and easily. They can assist you with selecting a provider, transferring medical records and prescriptions, setting appointments, and more.

## Our locations

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

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

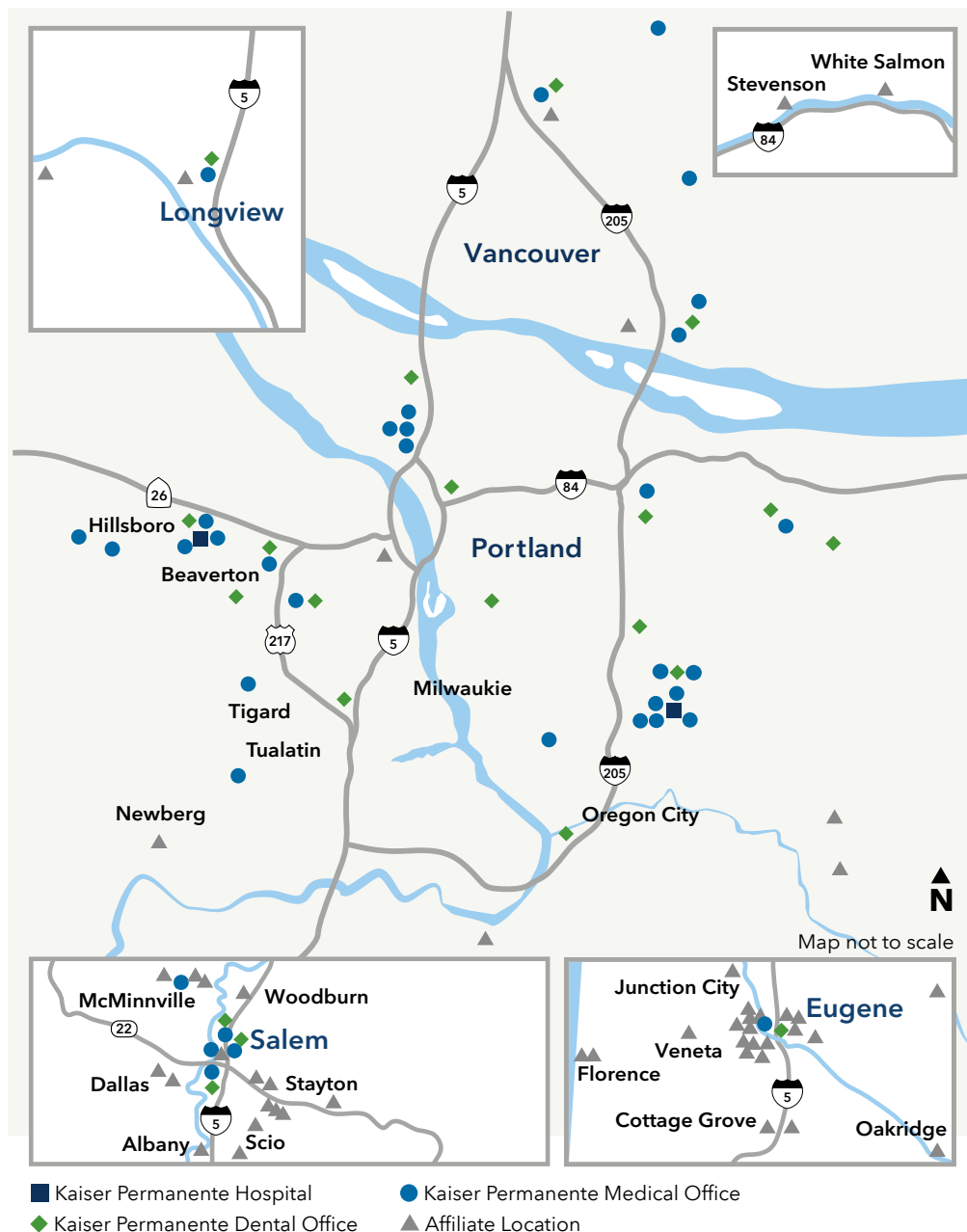
## Dental care

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

## WHERE TO FIND CARE

# Oregon and Southwest Washington

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



### Get care now

Choose from convenient options, like 24/7 phone and video or an e-visit, and find the care you need, when and where you need it.\*

[kp.org/getcare](https://kp.org/getcare)



Facility information current as of May 2024.<sup>21</sup>

Go to [kp.org/locations](https://kp.org/locations) to see all our current locations and to find the facility closest to you. Or call Member Services at 1-800-813-2000 (TTY 711).

\*When appropriate and available. These features are available when you get care at Kaiser Permanente facilities. For high deductible health plan members, e-visits, phone visits, and video appointments are subject to your plan's annual deductible. 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. To have a video visit, members must be registered on [kp.org](https://kp.org) and have a camera-equipped computer or mobile device. Applicable cost shares will apply for services or items ordered during an e-visit.





# 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](https://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 **1-800-813-2000** (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. 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. 9. Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. 10. When appropriate and available. These features are available when you get care at Kaiser Permanente facilities. For high deductible health plan members, e-visits, phone visits, and video appointments are subject to your plan's annual deductible. 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. To have a video visit, members must be registered on [kp.org](https://kp.org) and have a camera-equipped computer or mobile device. Applicable cost shares will apply for services or items ordered during an e-visit. 11. "U.S. News Best Hospitals 2024-2025," [health.usnews.com/best-hospitals/area/or/kaiser-permanente-sunnyside-medical-center-6920045](https://health.usnews.com/best-hospitals/area/or/kaiser-permanente-sunnyside-medical-center-6920045). Information valid as of July 2024. For most recent rankings, visit [health.usnews.com](https://health.usnews.com). 12. Kaiser Permanente National Market Research, November 2023. 13. 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. 14. Some classes may require a fee. 15. 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. 16. 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. 17. 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://irs.gov). 18. Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care. 19. Source: [https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc\\_site&webcode=find\\_orgs](https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs). 20. Vision hardware must be prescribed and purchased at a Kaiser Permanente Optical Center, and there is no additional charge when selected from a list of standard frames. 21. Maps and facilities are subject to change.

## **Nondiscrimination Notice**

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

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### **For Washington Members**

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

## Help in Your Language

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000 (TTY: 711)**.

**አማርኛ (Amharic) ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000 (TTY: 711)**.

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000 (TTY: 711)**.

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-813-2000 (TTY: 711)**。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000 (TTY: 711)** تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000 (TTY: 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000 (TTY: 711)**.

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000 (TTY: 711)** まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ **1-800-813-2000 (TTY: 711)**។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000 (TTY: 711)** 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊານ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

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

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

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

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

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

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

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

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

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

## Notes

[illegible]

## Notes

[illegible]



## Notes

This image shows a full page of a document template designed for handwriting practice. It consists of approximately 20 horizontal rows. Each row is defined by two parallel blue dashed lines, creating a series of uniform gaps for letter height. The lines are evenly spaced across the entire page, providing a guide for consistent letter formation. There is no text or other markings on the page.

## 2025 Washington Enrollment Guide Clark and Cowlitz counties

In Oregon and Southwest Washington (Clark and Cowlitz counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.