Kaiser Permanente for Individuals and Families

2026 Oregon Enrollment Guide

Health care that just works

Get started at **buykp.org**

1680999944

KAISER PERMANENTE®

Experience simpler, smarter health care

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

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

Go where you feel like your best self

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

Important open enrollment dates for 2026

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

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit **kp.org/specialenrollment** for a list of qualifying life events and instructions.

Want to talk? We're here to help.

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

Combined care and coverage is everything

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

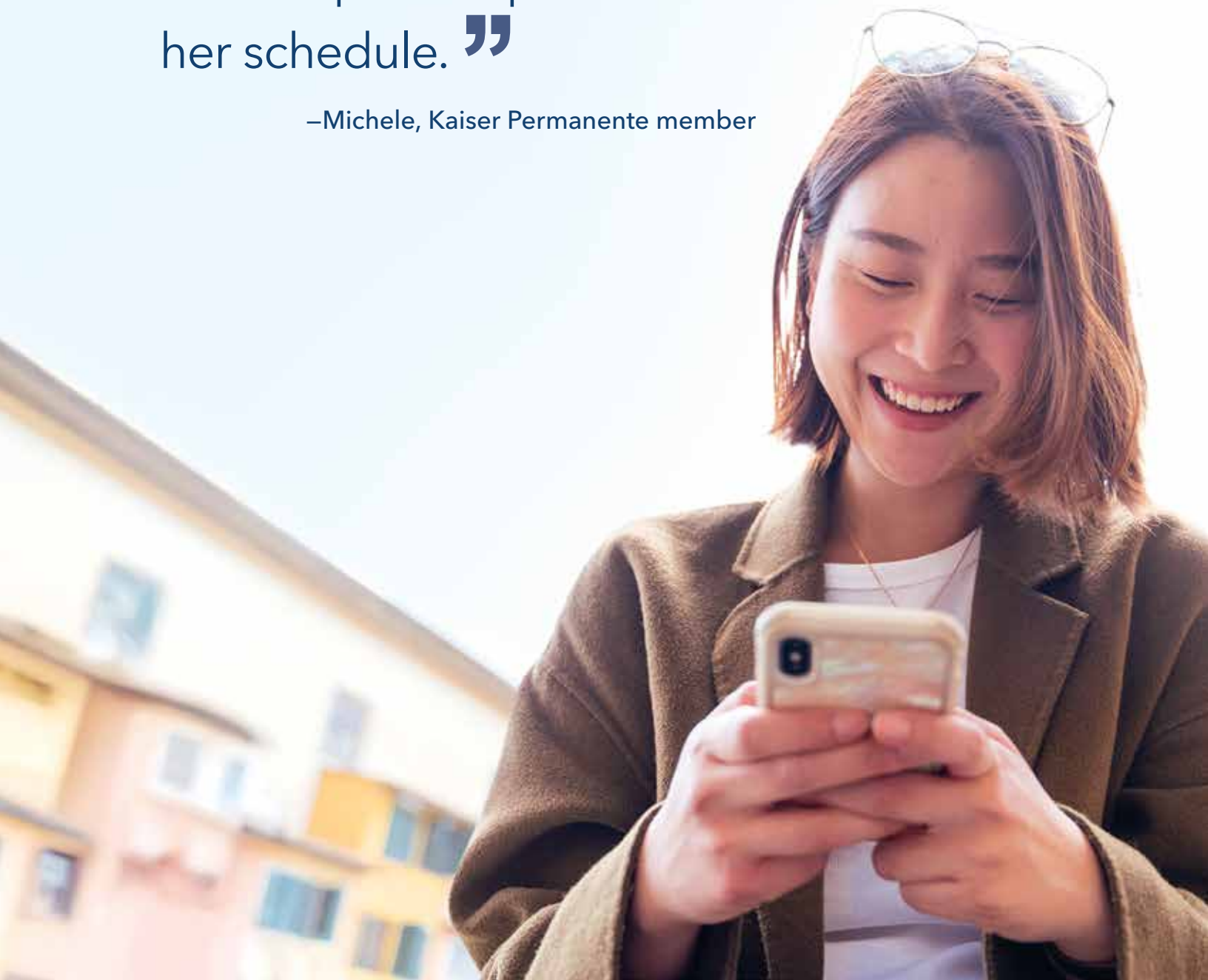
From preventive, primary, and virtual care to pharmacy, labs, and mental health support – we put it all together to make your health care work for you.

That's why members stay with Kaiser Permanente nearly twice as long as other health plans.[1]

Discover how we can help you live your best life at **kp.org/learnthebasics**.

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

–Michele, Kaiser Permanente member



Timely, convenient in-person and virtual care

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

24/7 virtual care

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

Mail–order pharmacy

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

Care while traveling

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

Easier access to care in Lane County

Kaiser Permanente health plans include access to affiliated providers for primary and specialty care. Members can now visit any PeaceHealth locations for primary care, plus more than 700 affiliated specialty care partners throughout Lane County.[4]

Support for your body and mind

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

Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.[6]

- Wellness coaching
- Fitness programs
- Gym memberships

Wellness resources from Heraya Health

Enjoy discounted online tools, classes, programs, and activities that can help keep you happy and healthy. Plus, get access to complementary care, like chiropractic care, naturopathic medicine, acupuncture, and massage therapy. Learn more at herayahealth.com.

Our members are:

5x
more likely to be screened for depression[7]

Nearly 2x
more likely to respond to treatment[7]

Care that's world class

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

Honored for cardiac and stroke care[8]

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. Our Sunnyside and Westside Medical Centers specifically received the Stroke Gold Plus Quality Achievement Award, given to hospitals recognized for high-quality stroke care.

We guide you every step of the way

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

Your care team 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.

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

–Dr. Khushboo Mehta

Choosing your health plan

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

Copay plans

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

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

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses for adults, adult dental, or chiropractic services.[9] If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

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

Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP OR Gold 0 (no deductible)	$15	$50	$10*
KP OR Silver 3000 ($3,000 deductible)	$35	$60	$25*
KP OR Bronze 6000 ($6,000 deductible)	$50	$50 after deductible	$30*

You may qualify for federal or state financial assistance

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

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

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

*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**. 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 E KP OR Gold 1750
Plan type	**Deductible**
Annual medical deductible (individual/family)	$1,750/$3,500
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	$20
Specialty care office visit	$50
Most X-rays	$50
Most lab tests	$50
MRI, CT, PET	$350 after deductible
Outpatient surgery	30% after deductible
Mental health visit	$20
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	$350 after deductible
Urgent care visit	$40
Prescription drugs (up to a 30-day supply)	
Generic	$10*
Preferred brand	$50*
Non-preferred brand	50%
Specialty	50%
Whole health	
Healthy services	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $20 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

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KP Offered through Kaiser Foundation Health Plan of the Northwest

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

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach $1,750 for yourself or $3,500 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 $8,500 for yourself and no more than $17,000 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 $20 copay—even before you meet your deductible. With our Gold deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance

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

Copay

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

KP Offered through Kaiser Foundation Health Plan of the Northwest

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

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

Benefit highlights	KP E KP Oregon Standard Bronze Plan	KP E KP OR Bronze HSA 7100	KP E KP OR Bronze 6000
Plan type	**HSA-Qualified**	**HSA-Qualified**	**HSA-Qualified**
Annual medical deductible (individual/family)	$9,200/$18,400	$7,100/$14,200	$6,000/$12,000
Annual out-of-pocket maximum (individual/family)	$9,200/$18,400	$7,100/$14,200	$8,900/$17,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	First 3 visits $5[‡]; additional visits $50	No charge after deductible	$50
Specialty care office visit	$150	No charge after deductible	$125
Most X-rays	No charge after deductible	No charge after deductible	$50 after deductible
Most lab tests	No charge after deductible	No charge after deductible	$50 after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	35% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	35% after deductible
Mental health visit	First 3 visits $5[‡]; additional visits $50	No charge after deductible	$50
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	35% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge after deductible	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	No charge after deductible	No charge after deductible	35% after deductible
Urgent care visit	$100	No charge after deductible	35% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	$25*	No charge after deductible	$30*
Preferred brand	No charge after deductible	No charge after deductible	50% after deductible
Non-preferred brand	No charge after deductible	No charge after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	50% after deductible
Whole health			
Healthy services	$50 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5, up to 3 visits[‡],additional visits $50. Visit herayahealth.com/find-a-provider.	No charge after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. No charge after deductible per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $50 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

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[‡]First 3 visits can be combination of primary care, naturopathy, outpatient mental health, substance abuse care and virtual care.

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

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

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Benefit highlights	E KP Oregon Standard Silver Plan	KP KP OR Silver 5500	KP KP OR Silver 4000 X	E KP OR Silver 4000
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	$6,100/$12,200	$5,500/$11,000	$4,000/$8,000	$4,000/$8,000
Annual out-of-pocket maximum (individual/family)	$9,200/$18,400	$9,800/$19,600	$8,600/$17,200	$8,600/$17,200
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	No charge‡	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	First 3 visits $5‡; additional visits $40	First 3 visits $5‡; additional visits $40	$40	$40
Specialty care office visit	$100	$65	$70	$70
Most X-rays	30% after deductible	$60 after deductible	$60 after deductible	$60 after deductible
Most lab tests	30% after deductible	$60	$60	$60
MRI, CT, PET	30% after deductible	$400 after deductible	$350 after deductible	$350 after deductible
Outpatient surgery	30% after deductible	35% after deductible	35% after deductible	35% after deductible
Mental health visit	First 3 visits $5‡; additional visits $40	First 3 visits $5‡; additional visits $40	$40	$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
Maternity				
Routine prenatal care and postpartum visits	30% after deductible	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	$400 after deductible	$350 after deductible	$350 after deductible
Urgent care visit	$70	$70	$65	$60
Prescription drugs (up to a 30-day supply)				
Generic	$15*	$30*	$25*	$25*
Preferred brand	$60*	$75*	$75*	$75*
Non-preferred brand	50%	50% after deductible	50% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	50% after deductible
Whole health				
Healthy services	$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5, up to 3 visits‡, additional visits $40. Visit herayahealth.com/find-a-provider.	Acupuncture: $25, up to 12 visits. Chiropractic: $25, up to 20 visits. Naturopathic: $5, up to 3 visits‡, additional visits $40. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $40 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $40 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

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‡First 3 visits can be combination of primary care, naturopathy, outpatient mental health, substance abuse care and virtual care.

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Benefit highlights	KP OR Silver HSA 3600	KP OR Silver 3000 X	KP OR Silver 3000	KP OR Gold HSA 2100
	KP	KP	E	KP
Plan type	**HSA-Qualified**	**Deductible**	**Deductible**	**HSA-Qualified**
Annual medical deductible (individual/family)	$3,600/$7,200	$3,000/$6,000	$3,000/$6,000	$2,100 (Self only)/$4,200 (Individual in Family)/$4,200 (Family)†
Annual out-of-pocket maximum (individual/family)	$7,900/$15,800	$8,600/$17,200	$8,600/$17,200	$6,200/$12,400
Benefits				
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	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible‡
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	First 3 visits $5 after deductible‡; additional visits 35% after deductible	$35	$35	First 3 visits $5 after deductible‡; additional visits 20% after deductible
Specialty care office visit	35% after deductible	$65	$65	20% after deductible
Most X-rays	35% after deductible	$60	$60	20% after deductible
Most lab tests	35% after deductible	$60	$60	20% after deductible
MRI, CT, PET	35% after deductible	$350 after deductible	$350 after deductible	20% after deductible
Outpatient surgery	35% after deductible	35% after deductible	35% after deductible	20% after deductible
Mental health visit	First 3 visits $5 after deductible‡; additional visits 35% after deductible	$35	$35	First 3 visits $5 after deductible‡; additional visits 20% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	35% after deductible	20% after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	35% after deductible	20% after deductible
Emergency and urgent care				
Emergency Department visit	35% after deductible	$350 after deductible	$350 after deductible	20% after deductible
Urgent care visit	35% after deductible	$65	$60	20% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	$20* after deductible	$25*	$25*	$20* after deductible
Preferred brand	$65* after deductible	$65*	$65*	20% after deductible
Non-preferred brand	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
Whole health				
Healthy services	Acupuncture: $25 after deductible, up to 12 visits. Chiropractic: $25 after deductible, up to 20 visits. Naturopathic: $5 after deductible, up to 3 visits‡, additional visits 35% after deductible. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $35 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $35 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	Acupuncture: $25 after deductible, up to 12 visits. Chiropractic: $25 after deductible, up to 20 visits. Naturopathic: $5 after deductible, up to 3 visits‡, additional visits 20% after deductible. Visit herayahealth.com/find-a-provider.

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

‡First 3 visits can be combination of primary care, naturopathy, outpatient mental health, substance abuse care and virtual care.

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

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Benefit highlights	KP KP OR Silver 1000	KP E KP OR Gold 1750	KP E KP Oregon Standard Gold Plan	KP E KP OR Gold 0
Plan type	**Deductible**	**Deductible**	**Deductible**	**Copayment**
Annual medical deductible (individual/family)	$1,000/$2,000	$1,750/$3,500	$1,800/$3,600	None/None
Annual out-of-pocket maximum (individual/family)	$9,700/$19,400	$8,500/$17,000	$8,150/$16,300	$8,200/$16,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge‡	No charge	Same as in-person services	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	First 3 visits $5‡; additional visits $35	$20	First 3 visits $5‡; additional visits $20	$15
Specialty care office visit	$65	$50	$40	$50
Most X-rays	$100	$50	20% after deductible	$50
Most lab tests	$50	$50	20% after deductible	$50
MRI, CT, PET	$750	$350 after deductible	20% after deductible	$350
Outpatient surgery	$750 after deductible	30% after deductible	20% after deductible	$350
Mental health visit	First 3 visits $5‡; additional visits $35	$20	First 3 visits $5‡; additional visits $20	$15
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	20% after deductible	30%
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	20% after deductible	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	20% after deductible	30%
Emergency and urgent care				
Emergency Department visit	$750 after deductible	$350 after deductible	20% after deductible	$350
Urgent care visit	$65	$40	$60	$40
Prescription drugs (up to a 30-day supply)				
Generic	$25*	$10*	$10*	$10*
Preferred brand	$100*	$50*	$30*	$40*
Non-preferred brand	50% after deductible	50%	50%	50%
Specialty	50% after deductible	50%	50% up to $500	50%
Whole health				
Healthy services	Acupuncture: $25, up to 12 visits. Chiropractic: $25, up to 20 visits. Naturopathic: $5, up to 3 visits‡, additional visits $35. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $20 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$20 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5, up to 3 visits‡, additional visits $20. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $15 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

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

Cost Share Reduction (CSR) plans

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

Benefit highlights	E KP Oregon Standard Silver Plan 73% CSR	E KP Oregon Standard Silver Plan 87% CSR	E KP Oregon Standard Silver Plan 94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$5,000/$10,000	$1,175/$2,350	$150/$300
Annual out-of-pocket maximum (individual/family)	$8,050/$16,100	$3,350/$6,700	$1,175/$2,350
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	Same as in-person services	Same as in-person services
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	First 3 visits $5‡; additional visits $40	First 3 visits $5‡; additional visits $15	First 3 visits $5‡; additional visits $10
Specialty care office visit	$90	$40	$25
Most X-rays	30% after deductible	10% after deductible	10% after deductible
Most lab tests	30% after deductible	10% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10% after deductible	10% after deductible
Mental health visit	First 3 visits $5‡; additional visits $40	First 3 visits $5‡; additional visits $15	First 3 visits $5‡; additional visits $10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	10% after deductible
Maternity			
Routine prenatal care and postpartum visits	30% after deductible	10% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	10% after deductible	10% after deductible
Urgent care visit	$70	$40	$30
Prescription drugs (up to a 30-day supply)			
Generic	$15*	$10*	$5*
Preferred brand	$60*	$25*	$10*
Non-preferred brand	50%	50%	25%
Specialty	50%	50%	25%
Whole health			
Healthy services	$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5, up to 3 visits‡, additional visits $40. Visit herayahealth.com/find-a-provider.	$15 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5, up to 3 visits‡, additional visits $15. Visit herayahealth.com/find-a-provider.	$10 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: $5,up to 3 visits‡, additional visits $10. Visit herayahealth.com/find-a-provider.

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.
‡First 3 visits can be combination of primary care, naturopathy, outpatient mental health, substance abuse care and virtual care.

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 Oregon standard plan: *EOIDDEDSTD0126*; for traditional copay plans: *EOIDTRAD0126*; for HSA-qualified deductible plans: *EOIDHDHP0126*; for deductible plans: *EOIDDED0126*. 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**, call us at **1-800-813-2000** (TTY **711**), or contact your producer.

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

Cost Share Reduction (CSR) plans

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

Benefit highlights	E KP OR Silver 4000 73% CSR	E KP OR Silver 4000 87% CSR	E KP OR Silver 4000 94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,200/$6,400	$800/$1,600	$100/$200
Annual out-of-pocket maximum (individual/family)	$7,700/$15,400	$3,000/$6,000	$2,000/$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	$35	$25	$5
Specialty care office visit	$65	$35	$10
Most X-rays	$40	$25	$5
Most lab tests	$40	$25	$5
MRI, CT, PET	$350 after deductible	$250 after deductible	$100
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	$35	$25	$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	$350 after deductible	$250 after deductible	$100
Urgent care visit	$50	$50	$25
Prescription drugs (up to a 30-day supply)			
Generic	$20*	$10*	$5*
Preferred brand	$65*	$45*	$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
Whole health			
Healthy services	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $35 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $25 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $5 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

*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 Oregon standard plan: *EOIDDEDSTD0126*; for traditional copay plans: *EOIDTRAD0126*; for HSA-qualified deductible plans: *EOIDHDHP0126*; for deductible plans: *EOIDDED0126*. 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**, call us at **1-800-813-2000** (TTY **711**), or contact your producer.

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

Cost Share Reduction (CSR) plans

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

Benefit highlights	E KP OR Silver 3000 73% CSR	E KP OR Silver 3000 87% CSR	E KP OR Silver 3000 94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,000/$6,000	$350/$700	None/None
Annual out-of-pocket maximum (individual/family)	$7,000/$14,000	$3,300/$6,600	$2,300/$4,600
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	$35	$20	$5
Specialty care office visit	$65	$35	$10
Most X-rays	$60	$20	$5
Most lab tests	$60	$20	$5
MRI, CT, PET	$350 after deductible	$250 after deductible	$100
Outpatient surgery	35% after deductible	30% after deductible	10%
Mental health visit	$35	$20	$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10%
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	$350 after deductible	$250 after deductible	$100
Urgent care visit	$60	$35	$25
Prescription drugs (up to a 30-day supply)			
Generic	$25*	$15*	$5*
Preferred brand	$60*	$45*	$10*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
Whole health			
Healthy services	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $35 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $20 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.	$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. $5 per visit for naturopathic services, no visit limit. Visit herayahealth.com/find-a-provider.

*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 Oregon standard plan: *EOIDDEDSTD0126*; for traditional copay plans: *EOIDTRAD0126*; for HSA-qualified deductible plans: *EOIDHDHP0126*; for deductible plans: *EOIDDED0126*. 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**, call us at **1-800-813-2000** (TTY **711**), or contact your producer.

Find your rate

Apply on **buykp.org** to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

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

Interested in a family plan?

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

Family members include:

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

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

Please check that your ZIP code 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	
Benton County	97321, 97330–31, 97333, 97339, 97361, 97370
Clackamas County	All ZIP codes
Columbia County	All ZIP codes
Hood River County	97014
Lane County	97401–5, 97408–9, 97419, 97424, 97426, 97431, 97437–8, 97440, 97446, 97448, 97451–2, 97454–6, 97461, 97475, 97477–8, 97487, 97489
Linn County	97321–22, 97333, 97335, 97346, 97348, 97352, 97355, 97358, 97360, 97374, 97377, 97383, 97389
Marion County	All ZIP codes
Multnomah County	All ZIP codes
Polk County	All ZIP codes
Washington County	All ZIP codes
Yamhill County	All ZIP codes

The Kaiser Permanente dental difference

For more than 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 general 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 overall well-being 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

Shared health records mean our dentists see when members are due for medical screenings and can even help schedule their appointments right away. This can lead to early detection if there's 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.[10]

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 20 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 for quality and patient-centered care. Since 1990, we've received accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). Kaiser Permanente is the only dental practice in the Pacific Northwest with AAAHC accreditation.[11]

Visit **kp.org/dental** to learn more.

Vision Essentials by Kaiser Permanente

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

Adult vision exams are included in our Gold plans (except Oregon Standard), KP OR Silver 1000, KP OR Silver 3000 X, and the KP OR Silver 3000 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.[12]

For more information, including our 8 optical locations, visit **kp2020.org**.

Dental Plans

	KP OR Family Dental - $1000/$50 Ded		KP OR Family Dental - $1000		KP OR Family Dental - $100 Ded	
	Child (18 or younger)	**Adult** (19 or older)	**Child** (18 or younger)	**Adult** (19 or older)	**Child** (18 or younger)	**Adult** (19 or older)
Features						
Benefit maximum	Does not apply	$1,000	Does not apply	$1,000	Does not apply	No maximum
Deductible (individual/family)	$50/$150	$50/$150	$0	$0	$100/$300	$100/$300
Out-of-pocket maximum(individual/family)	$450/$900	Does not apply	$450/$900	Does not apply	$450/$900	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)		20% coinsurance (not subject to deductible)	
Basic restorative services	20% coinsurance		75% coinsurance		50% coinsurance	
Oral surgery, endodontics, and periodontics	20% coinsurance		75% coinsurance		50% coinsurance	
Major restorative services	50% coinsurance		75% coinsurance		50% coinsurance	

Monthly rates

Age on 2026 effective date	KP OR Family Dental - $1000/$50 Ded	KP OR Family Dental - $1000	KP OR Family Dental - $100 Ded
<19	$42.31	$26.79	$31.87
19–29	39.41	26.86	35.03
30–34	42.77	29.15	38.01
35–39	45.01	30.67	40.00
40–44	49.21	33.54	43.74
45–49	53.98	36.79	47.98
50–54	57.98	39.51	51.53
55–59	63.34	43.16	56.29
60+	67.48	45.99	59.97

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

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

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*. For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0126, EOIDDEDFAMILYDNT0126–Evidence of Coverage; BOIDFAMILYDNT0126, BOIDDEDFAMILYDNT0126–Benefit Summaries; FSOIDFAMILYDNT0126—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**, select your region, and click on "Choose your doctor." Next, choose a physician, physician's assistant, or nurse practitioner as your primary care participating provider in any of these areas:

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

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

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

Talk to a new member specialist

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

Our locations

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

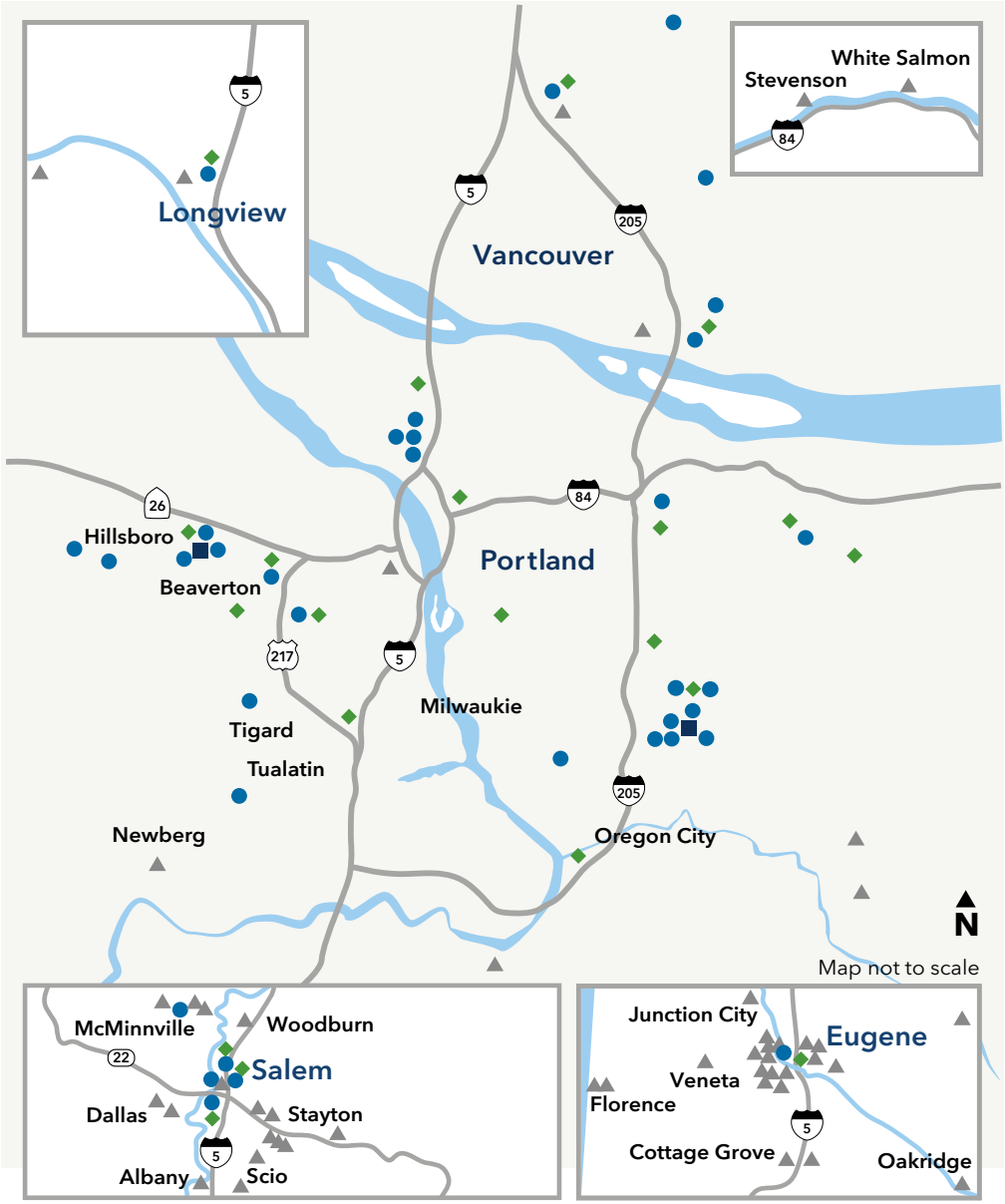
For more information on our medical facilities, visit **kp.org/facilities**.

Dental care

With 20 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**.

WHERE TO FIND CARE

Oregon and Southwest Washington



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

Facility information current as of August 2025.[13]

Go to **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 and have a camera-equipped computer or mobile device. Applicable cost shares will apply for services or items ordered during an e-visit.

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Complete care helps you live a healthier, more fulfilled life

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

Ready for health care that works for you?
Visit **buykp.org** 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, 2024; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006–2018," *JAMA Network Open*, February 24, 2022. **2.** When appropriate and available. **3.** Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. **4.** Some specialty care services are accessed through referral and prior authorization. Go to **kp.org/doctors** to verify network participation. **5.** Some classes may require a fee. **6.** The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **7.** Kaiser Permanente 2024 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **8.** American Heart Association/American Stroke Association, July 22, 2025. **9.** For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov. **10.** Medical services are available at select dental locations. You must be a Kaiser Permanente medical member to get medical care. **11.** Source: https://www.aaahc.org/find-accredited-organizations/?program=ambulatory-accreditation-with-dental-home&state. **12.** 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. **13.** 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, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides 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., Suite 100
Portland, OR 97232-2099
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**.

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/onlineservices/cc/pub/complaintinformation.aspx**.

This notice is available at https://healthy.kaiserpermanente.org/oregon-washington/language-assistance/nondiscrimination-notice

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Help in Your Language

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

አማርኛ (Amharic) ትኩረት፦ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-813-2000** ይደውሉ (TTY: **711**)።

العربية(Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電**1-800-813-2000**（TTY：**711**）。

فارسی(Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با**1-800-813-2000** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-813-2000** an (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-813-2000**までお電話ください（TTY: **711**）。

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសមស្រប ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-800-813-2000** (TTY: **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-813-2000**로 전화해 주세요(TTY: **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-813-2000** irratti bilbilaa (TTY:- **711**)

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-800-813-2000** (TTY:- **711**).

Română (Romanian) ATENȚIE: Dacă vorbiți română, vă sunt disponibile gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-813-2000** (TTY: **711**).

Notes

Notes

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.

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