

# Find your healthy place

With care for all that is you



# Go where you feel like your best self

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

## Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- 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, 2023, we must receive your Application for health coverage no later than December 15, 2022.

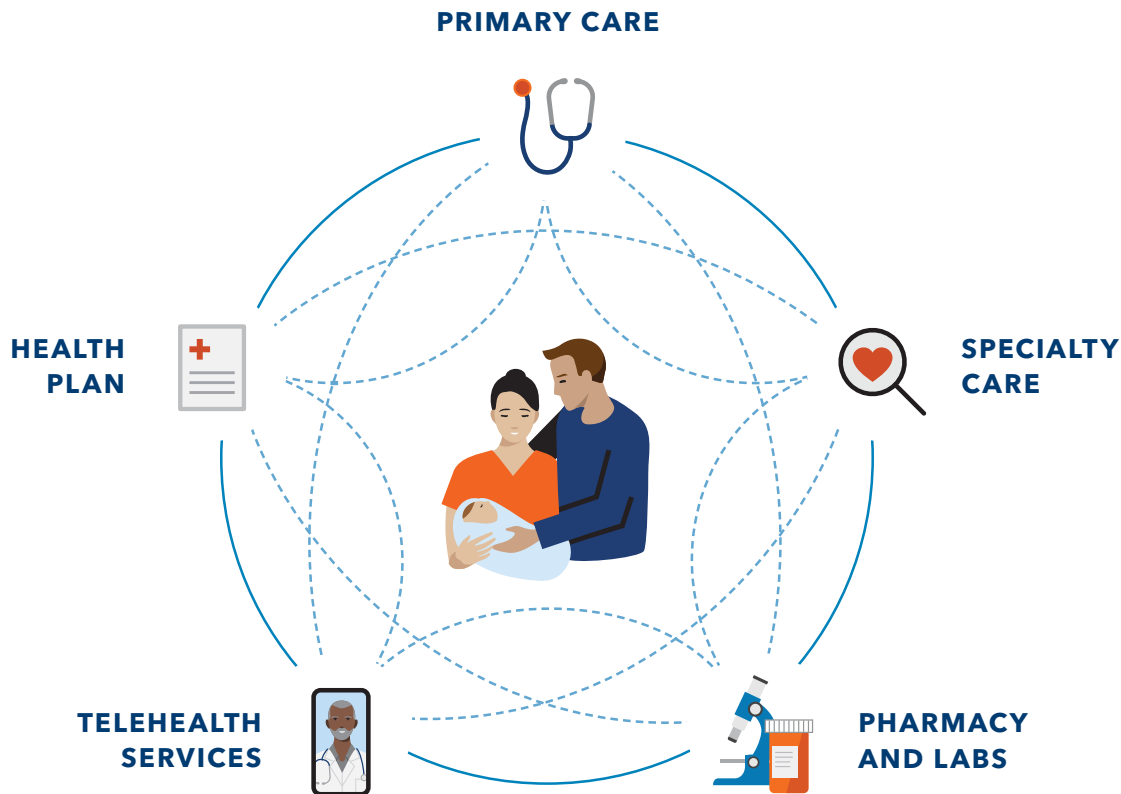
## Enrolling during a special enrollment period

- 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**).





## Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace).

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

# Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

## Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer<sup>1</sup>

## Get care with the help of your electronic health record



**Share your health history** and any concerns with your personal doctor.



**Your doctor coordinates your care**, so you don't have to worry about where to go or who to call next.



**Future care teams** have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



**With your health records in hand**, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.



# Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.<sup>2</sup>



Visit us in person  
at a location near you.



Talk to a health care professional  
by phone or video.<sup>2</sup>



## 24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.<sup>2</sup>
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- For urgent care needs via video or phone, no appointment necessary.<sup>11</sup>

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.<sup>3</sup>



## Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.<sup>4</sup>

- Have most delivered directly to your front door.
- Order them for same-day pickup.
- Most members get a 3-month supply of medication for the price of 2, and shipping is free.<sup>12</sup>



## Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.<sup>6</sup>

## Care away from home

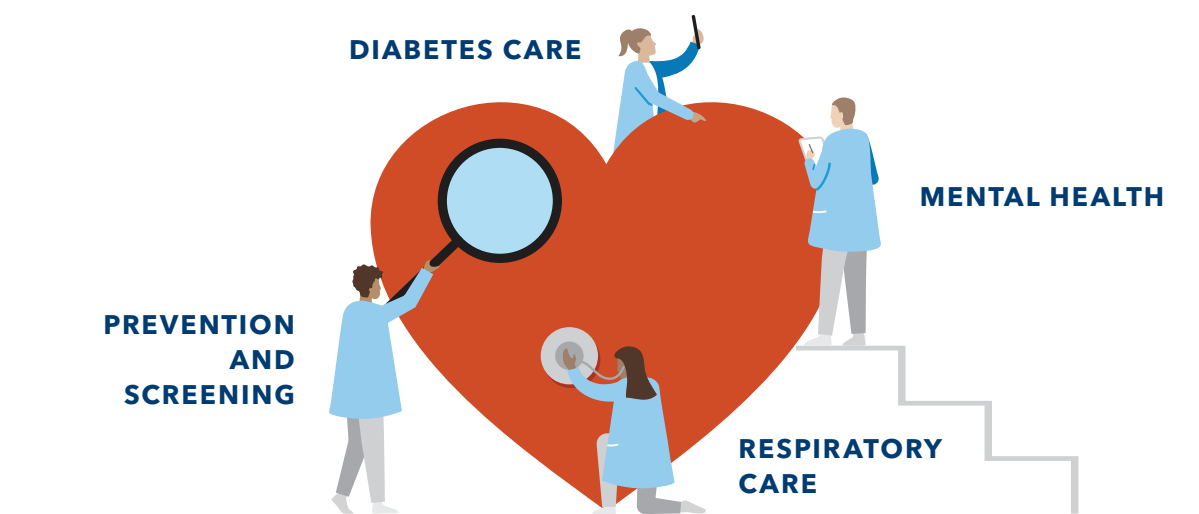
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



# Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.<sup>7</sup>



## Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

### A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit [kp.org/specialtycare](https://kp.org/specialtycare).

### Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

# A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



## Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



## Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



## Connect to care online

After you enroll, create an account at [kp.org](https://kp.org) and download the Kaiser Permanente app.<sup>6</sup> Then manage your health on your schedule – whenever, wherever.

## Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at [kp.org/learnthebasics](https://kp.org/learnthebasics).



# Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.<sup>8</sup> Many of these resources are available at no additional cost.



## Acupuncture, massage therapy, chiropractic care

Get discounts on alternative care from providers belonging to The CHP Group network. Visit [chpgroup.com](http://chpgroup.com) to learn more and select your provider.



## 24/7 Emotional support

The Ginger app provides 24/7 on-demand emotional support coaching via text at no additional cost and without a referral. Visit [kp.org/mentalhealth](http://kp.org/mentalhealth) to learn more.<sup>13</sup>



## Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more. Learn more at [kp.org/healthylifestyles](http://kp.org/healthylifestyles).



## Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone. Learn more at [kp.org/wellnesscoach](http://kp.org/wellnesscoach).

## Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.



# Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.<sup>2</sup>

117.8M

## VIRTUAL CONNECTIONS

between members and their care teams in 2021<sup>9</sup>



12.6M

## MEMBERS

covered for care needs in mind and body



23,656

## DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

## PRESCRIPTION DELIVERIES

to members' homes in 2021

773

## HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

## AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



## Your choice of doctors and locations

Visit [kp.org/doctors](https://kp.org/doctors) to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

# 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>10</sup> If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# 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 0/20 with Pediatric Dental (no deductible)	\$20	\$50	\$15*
KP WA Silver 4500/50 with Pediatric Dental (\$4,500 deductible)	\$50	\$60 after deductible	\$25*
KP WA Bronze 6000/50 with Pediatric Dental (\$6,000 deductible)	\$50	40% after deductible	\$32*

\* 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://www.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.

## Do you qualify for financial help?

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



# Understanding the plans: benefit highlights

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

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

Benefit highlights		KP KP WA Silver 750/30 with Pediatric Dental
Plan type	Deductible	
Annual medical deductible (individual/family)	\$750/\$1,500	
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$30	
Specialty care office visit	\$60	
Most X-rays	\$100	
Most lab tests	\$50	
MRI, CT, PET	\$750	
Outpatient surgery	\$750	
Mental health visit	\$30	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	
Maternity		
Routine prenatal care and, postpartum visits	No charge	
Delivery and inpatient well-baby care	40% after deductible	
Emergency and urgent care		
Emergency Department visit	\$750	
Urgent care visit	\$60	
Prescription drugs (up to a 30-day supply)		
Generic	\$20*	
Preferred brand	\$100*	
Non-preferred brand	50% after deductible	
Specialty	50% after deductible	
Whole health		
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	

Offered through Kaiser Foundation Health Plan of the Northwest

**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 \$8,900 for yourself and no more than \$17,800 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 \$30 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

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

### 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 \$8,900 for yourself and no more than \$17,800 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 \$30 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.

Benefit highlights	KP KP WA Bronze 8900/75 with Pediatric Dental	KP KP WA Bronze 6900/0% HSA with Pediatric Dental	KP KP WA Bronze 6000/50 with Pediatric Dental	KP KP WA Silver 4500/50 with Pediatric Dental
Plan type	Deductible	HSA-Qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$8,900/\$17,800	\$6,900/\$13,800	\$6,000/\$12,000	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$6,900/\$13,800	\$8,550/\$17,100	\$8,550/\$17,100
<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	\$50
Specialty care office visit	No charge after deductible	No charge after deductible	\$100 after deductible	\$70 after deductible
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 after deductible
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	\$75	No charge after deductible	\$50	\$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	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	10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. \$75 for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. 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> .	10 in-network chiropractic visits and 12 acupuncture visits \$100 after deductible per visit. \$50 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$70 per visit. \$50 copay 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: *EWIDDEDSTD0123*; for traditional copay plans: *EWIDTRADDNT0VX0123* & *EWIDTRAD0VX0123*; for HSA-qualified deductible plans: *EWIDHDPDNT0123* & *EWIDHDP0123*; for deductible plans: *EWIDDEDNT0VX0123* & *EWIDDED0VX0123*. 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	KP KP WA Silver 3000/35% HSA with Pediatric Dental	KP KP WA Silver 750/30 with Pediatric Dental	KP KP WA Gold 2000/20 with Pediatric Dental	KP KP WA Gold 0/20 with Pediatric Dental
Plan type	HSA-Qualified	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$750/\$1,500	\$2,000/\$4,000	None/None
Annual out-of-pocket maximum (individual/family)	\$6,900/\$13,800	\$8,900/\$17,800	\$8,000/\$16,000	\$8,000/\$16,000
<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	\$30	\$20	\$20
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	30% after deductible	30%
Mental health visit	35% after deductible	\$30	\$20	\$20
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	\$20*	\$15*	\$15*
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	10 in-network chiropractic visits and 12 acupuncture visits 35% after deductible per visit. 35% after deductible for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

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**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	E	E	E
	KP WA Bronze 8900/75	KP WA Bronze 6900/0% HSA	KP Cascade Bronze	KP Cascade Silver
Plan type	Deductible	HSA-Qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$8,900/\$17,800	\$6,900/\$13,800	\$6,000/\$12,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$6,900/\$13,800	\$8,550/\$17,100	\$8,500/\$17,000
Benefits				
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	\$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	\$75	No charge after deductible	\$50	\$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	40% after deductible	30% after deductible
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	10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. \$75 for naturopathic services, no visit limit. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. 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> .	10 in-network chiropractic visits and 12 acupuncture visits \$100 after deductible per visit. Visit <a href="https://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. 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: *EWIDDEDST0123*; for traditional copay plans: *EWIDTRADDNT0VX0123* & *EWIDTRADOVX0123*; for HSA-qualified deductible plans: *EWIDHDHPDNT0123* & *EWIDHDHP0123*; for deductible plans: *EWIDDEDNT0VX0123* & *EWIDDED0VX0123*. 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	<div> <div>E</div> <div>E</div> <div>E</div> <div>E</div> </div>			
	KP WA Silver 750/30	KP WA Gold 2000/20	KP Cascade Gold	KP WA Gold 0/20
Plan type	Deductible	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$750/\$1,500	\$2,000/\$4,000	\$600/\$1,200	None/None
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$8,000/\$16,000	\$5,900/\$11,800	\$8,000/\$16,000
<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	\$30	\$20	\$15	\$20
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	30% after deductible	\$425 after deductible	30%
Mental health visit	\$30	\$20	\$15	\$20
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	20% after deductible	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	\$20*	\$15*	\$10*	\$15*
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	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$50 per visit. \$20 copay 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: [EWIDDEDST0123](#); for traditional copay plans: [EWIDTRADDNT0VWX0123](#) & [EWIDTRAD0VWX0123](#); for HSA-qualified deductible plans: [EWIDHDHPDNT0123](#) & [EWIDHDHP0123](#); for deductible plans: [EWIDDEDDNT0VWX0123](#) & [EWIDDEDOVWX0123](#). 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 Cascade Silver	<b>E</b> KP Cascade Silver	<b>E</b> KP Cascade Silver
Plan type	Deductible	Deductible	Copayment
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	\$2,400/\$4,800	\$1,200/\$2,400
<b>Benefits</b>			
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 (per visit or procedure)			
Primary care office visit	\$30	\$10	\$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	\$30	\$10	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days**	\$425 per day after deductible up to 5 days**	\$100 per day up to 5 days**
Maternity			
Routine prenatal care visit, first postpartum visit	30% after deductible	20% after deductible	15%
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days**	\$425 per day after deductible up to 5 days**	\$100 per day up to 5 days**
Emergency and urgent care			
Emergency Department visit	\$800 after deductible	\$425 after deductible	\$150
Urgent care visit	\$65	\$30	\$15
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$12*	\$5*
Preferred brand	\$75*	\$35*	\$12*
Non-preferred brand	\$250* after deductible	\$160*	\$35*
Specialty	\$250 after deductible	\$160	\$35
Whole health			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$15 per visit. 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: *EWIDDEDST0123*; for traditional copay plans: *EWIDTRADDNT0VX0123* & *EWIDTRADOVX0123*; for HSA-qualified deductible plans: *EWIDHDHPDNT0123* & *EWIDHDHP0123*; for deductible plans: *EWIDDEDNT0VX0123* & *EWIDDED0VX0123*. 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 WA Silver 750/30 73% CSR	<b>E</b> KP WA Silver 750/30 87% CSR	<b>E</b> KP WA Silver 750/30 94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$750/\$1,500	\$200/\$400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$2,500/\$5,000	\$850/\$1,700
<b>Benefits</b>			
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 (per visit or procedure)			
Primary care office visit	\$30	\$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	\$400	\$150
Mental health visit	\$30	\$10	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% 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	40% after deductible	30% after deductible	10%
Emergency and urgent care			
Emergency Department visit	\$750	\$400	\$150
Urgent care visit	\$60	\$35	\$25
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$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%
Whole health			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. \$30 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. \$10 copay for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	10 in-network chiropractic visits and 12 acupuncture visits \$10 per visit. \$5 copay 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: *EWIDDEDSTD0123*; for traditional copay plans: *EWIDTRADDNTOWVX0123* & *EWIDTRADOVVX0123*; for HSA-qualified deductible plans: *EWIDHDHPDNT0123* & *EWIDHDHP0123*; for deductible plans: *EWIDDEDDNTOWVX0123* & *EWIDDEDOVVX0123*. 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

Use the monthly rates chart on the following pages or apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

## 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/apply](https://buykp.org/apply) 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 his or her age on the start date.

Family members include:

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

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

The rates in the monthly rates chart apply to these counties. 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

## 2023 Monthly rates

### Clark County

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder. Rates for CSR plans will vary and are found on Washington Healthplanfinder.

Tobacco Non-User Rates											
Age on 2023 effective date	KP KP WA Bronze 8900/75 with Pediatric Dental	KP KP WA Bronze 6900/0% HSA with Pediatric Dental	KP KP WA Bronze 6000/50 with Pediatric Dental	E KP Cascade Bronze	KP KP WA Silver 4500/50 with Pediatric Dental	KP KP WA Silver 3000/35% HSA with Pediatric Dental	E KP Cascade Silver	KP KP WA Silver 750/30 with Pediatric Dental	KP KP WA Gold 2000/20 with Pediatric Dental	E KP Cascade Gold	KP KP WA Gold 0/20 with Pediatric Dental
0-14	\$210.60	\$218.80	\$217.35	\$214.73	\$238.95	\$249.15	\$313.84	\$283.15	\$292.12	\$335.56	\$316.06
15	229.32	238.25	236.67	233.81	260.19	271.29	341.74	308.32	318.08	365.39	344.15
16	236.47	245.68	244.06	241.11	268.31	279.76	352.40	317.94	328.01	376.79	354.90
17	243.63	253.12	251.45	248.41	276.43	288.23	363.07	327.57	337.94	388.20	365.64
18	251.34	261.13	259.40	256.27	285.18	297.35	374.56	337.93	348.63	400.48	377.21
19	259.05	269.14	267.36	264.13	293.92	306.46	386.05	348.29	359.32	412.76	388.77
20	267.03	277.43	275.60	272.27	302.98	315.91	397.94	359.03	370.39	425.48	400.76
21-24	275.29	286.01	284.12	280.69	312.35	325.68	410.25	370.13	381.85	438.64	413.15
25	276.39	287.15	285.26	281.81	313.60	326.98	411.89	371.61	383.38	440.39	414.80
26	281.90	292.87	290.94	287.43	319.85	333.50	420.10	379.01	391.01	449.17	423.07
27	288.50	299.74	297.76	294.16	327.34	341.31	429.94	387.90	400.18	459.69	432.98
28	299.24	310.89	308.84	305.11	339.52	354.01	445.94	402.33	415.07	476.80	449.09
29	308.05	320.05	317.93	314.09	349.52	364.44	459.07	414.18	427.29	490.84	462.31
30	312.45	324.62	322.48	318.58	354.52	369.65	465.63	420.10	433.40	497.86	468.93
31	319.06	331.49	329.30	325.32	362.01	377.46	475.48	428.98	442.56	508.38	478.84
32	325.67	338.35	336.11	332.06	369.51	385.28	485.33	437.86	451.73	518.91	488.76
33	329.80	342.64	340.38	336.27	374.20	390.16	491.48	443.42	457.46	525.49	494.95
34	334.20	347.22	344.92	340.76	379.19	395.38	498.04	449.34	463.57	532.51	501.56
35	336.40	349.50	347.19	343.00	381.69	397.98	501.33	452.30	466.62	536.02	504.87
36	338.61	351.79	349.47	345.25	384.19	400.59	504.61	455.26	469.68	539.53	508.17
37	340.81	354.08	351.74	347.49	386.69	403.19	507.89	458.22	472.73	543.04	511.48
38	343.01	356.37	354.01	349.74	389.19	405.80	511.17	461.18	475.79	546.55	514.78
39	347.42	360.94	358.56	354.23	394.19	411.01	517.74	467.10	481.89	553.56	521.40
40	351.82	365.52	363.11	358.72	399.18	416.22	524.30	473.03	488.00	560.58	528.01
41	358.43	372.39	369.92	365.46	406.68	424.04	534.15	481.91	497.17	571.11	537.92
42	364.76	378.96	376.46	371.91	413.86	431.53	543.58	490.42	505.95	581.20	547.42
43	373.57	388.12	385.55	380.90	423.86	441.95	556.71	502.27	518.17	595.23	560.64
44	384.58	399.56	396.92	392.12	436.35	454.97	573.12	517.07	533.44	612.78	577.17
45	397.52	413.00	410.27	405.32	451.03	470.28	592.40	534.47	551.39	633.40	596.59
46	412.94	429.02	426.18	421.04	468.53	488.52	615.38	555.20	572.78	657.96	619.73
47	430.28	447.03	444.08	438.72	488.20	509.04	641.22	578.51	596.83	685.59	645.75
48	450.10	467.63	464.54	458.93	510.69	532.49	670.76	605.16	624.32	717.18	675.50
49	469.64	487.93	484.71	478.86	532.87	555.61	699.89	631.44	651.44	748.32	704.83
50	491.67	510.81	507.44	501.31	557.86	581.66	732.71	661.05	681.98	783.41	737.89
51	513.42	533.41	529.88	523.49	582.53	607.39	765.12	690.29	712.15	818.06	770.52
52	537.37	558.29	554.60	547.91	609.71	635.73	800.81	722.49	745.37	856.23	806.47
53	561.59	583.46	579.60	572.61	637.19	664.39	836.91	755.07	778.97	894.83	842.83
54	587.74	610.63	606.60	599.27	666.87	695.33	875.88	790.23	815.25	936.50	882.08
55	613.90	637.80	633.59	625.94	696.54	726.27	914.86	825.39	851.53	978.17	921.32
56	642.25	667.26	662.85	654.85	728.71	759.81	957.11	863.51	890.86	1,023.35	963.88
57	670.88	697.01	692.40	684.04	761.20	793.68	999.78	902.01	930.57	1,068.97	1,006.85
58	701.44	728.75	723.94	715.20	795.87	829.83	1,045.32	943.09	972.95	1,117.65	1,052.71
59	716.58	744.48	739.56	730.64	813.05	847.75	1,067.88	963.45	993.96	1,141.78	1,075.43
60	747.14	776.23	771.10	761.79	847.72	883.90	1,113.42	1,004.53	1,036.34	1,190.47	1,121.29
61	773.56	803.69	798.38	788.74	877.70	915.16	1,152.80	1,040.07	1,073.00	1,232.58	1,160.95
62	790.91	821.71	816.28	806.42	897.38	935.68	1,178.65	1,063.38	1,097.06	1,260.21	1,186.98
63	812.66	844.30	838.72	828.60	922.06	961.41	1,211.06	1,092.62	1,127.22	1,294.87	1,219.62
64+	825.87	858.03	852.36	842.07	937.05	977.04	1,230.75	1,110.39	1,145.55	1,315.92	1,239.45



2023 Monthly rates

Cowlitz County

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder. Rates for CSR plans will vary and are found on Washington Healthplanfinder.

Tobacco Non-User Rates											
Age on 2023 effective date	KP KP WA Bronze 8900/75 with Pediatric Dental	KP KP WA Bronze 6900/0% HSA with Pediatric Dental	KP KP WA Bronze 6000/50 with Pediatric Dental	E KP Cascade Bronze	KP KP WA Silver 4500/50 with Pediatric Dental	KP KP WA Silver 3000/35% HSA with Pediatric Dental	E KP Cascade Silver	KP KP WA Silver 750/30 with Pediatric Dental	KP KP WA Gold 2000/20 with Pediatric Dental	E KP Cascade Gold	KP KP WA Gold 0/20 with Pediatric Dental
0-14	\$221.13	\$229.74	\$228.22	\$225.46	\$250.90	\$261.60	\$329.53	\$297.31	\$306.72	\$352.34	\$331.86
15	240.78	250.16	248.51	245.51	273.20	284.86	358.83	323.73	333.99	383.66	361.36
16	248.30	257.97	256.26	253.17	281.72	293.75	370.02	333.84	344.41	395.63	372.64
17	255.81	265.77	264.02	260.83	290.25	302.64	381.22	343.94	354.83	407.61	383.92
18	263.91	274.18	272.37	269.08	299.43	312.21	393.29	354.83	366.06	420.50	396.07
19	272.00	282.59	280.72	277.34	308.62	321.79	405.35	365.71	377.29	433.40	408.21
20	280.38	291.30	289.38	285.88	318.13	331.71	417.84	376.98	388.91	446.75	420.79
21-24	289.05	300.31	298.33	294.72	327.97	341.96	430.76	388.64	400.94	460.57	433.81
25	290.21	301.51	299.52	295.90	329.28	343.33	432.49	390.19	402.55	462.41	435.54
26	295.99	307.52	305.49	301.80	335.84	350.17	441.10	397.96	410.57	471.63	444.22
27	302.93	314.73	312.65	308.87	343.71	358.38	451.44	407.29	420.19	482.68	454.63
28	314.20	326.44	324.28	320.37	356.50	371.71	468.24	422.45	435.82	500.64	471.55
29	323.45	336.05	333.83	329.80	367.00	382.66	482.02	434.88	448.65	515.38	485.43
30	328.08	340.85	338.60	334.51	372.24	388.13	488.92	441.10	455.07	522.75	492.37
31	335.01	348.06	345.76	341.59	380.11	396.34	499.25	450.43	464.69	533.80	502.78
32	341.95	355.27	352.92	348.66	387.99	404.54	509.59	459.76	474.31	544.86	513.19
33	346.29	359.77	357.39	353.08	392.91	409.67	516.05	465.59	480.33	551.77	519.70
34	350.91	364.58	362.17	357.80	398.15	415.14	522.95	471.80	486.74	559.13	526.64
35	353.22	366.98	364.55	360.15	400.78	417.88	526.39	474.91	489.95	562.82	530.11
36	355.54	369.38	366.94	362.51	403.40	420.62	529.84	478.02	493.16	566.50	533.58
37	357.85	371.78	369.33	364.87	406.02	423.35	533.28	481.13	496.37	570.19	537.05
38	360.16	374.19	371.71	367.23	408.65	426.09	536.73	484.24	499.57	573.87	540.52
39	364.79	378.99	376.49	371.94	413.89	431.56	543.62	490.46	505.99	581.24	547.47
40	369.41	383.80	381.26	376.66	419.14	437.03	550.51	496.68	512.40	588.61	554.41
41	376.35	391.00	388.42	383.73	427.01	445.24	560.85	506.00	522.03	599.66	564.82
42	383.00	397.91	395.28	390.51	434.56	453.10	570.76	514.94	531.25	610.26	574.79
43	392.25	407.52	404.83	399.94	445.05	464.05	584.54	527.38	544.08	625.00	588.68
44	403.81	419.53	416.76	411.73	458.17	477.72	601.78	542.93	560.12	643.42	606.03
45	417.39	433.65	430.78	425.58	473.59	493.80	622.02	561.19	578.96	665.07	626.42
46	433.58	450.47	447.49	442.09	491.95	512.95	646.14	582.95	601.41	690.86	650.71
47	451.79	469.39	466.28	460.65	512.61	534.49	673.28	607.44	626.67	719.87	678.04
48	472.60	491.01	487.76	481.87	536.23	559.11	704.30	635.42	655.54	753.04	709.28
49	493.13	512.33	508.94	502.80	559.51	583.39	734.88	663.01	684.01	785.74	740.08
50	516.25	536.35	532.81	526.38	585.75	610.75	769.34	694.10	716.08	822.58	774.78
51	539.09	560.08	556.38	549.66	611.66	637.76	803.37	724.81	747.76	858.97	809.05
52	564.23	586.21	582.33	575.30	640.19	667.51	840.85	758.62	782.64	899.04	846.79
53	589.67	612.63	608.59	601.24	669.05	697.61	878.76	792.82	817.92	939.57	884.97
54	617.13	641.16	636.93	629.24	700.21	730.09	919.68	829.74	856.01	983.32	926.18
55	644.59	669.69	665.27	657.24	731.37	762.58	960.60	866.66	894.10	1,027.08	967.39
56	674.36	700.62	695.99	687.59	765.15	797.80	1,004.97	906.69	935.40	1,074.51	1,012.07
57	704.43	731.86	727.02	718.24	799.26	833.37	1,049.77	947.11	977.10	1,122.41	1,057.19
58	736.51	765.19	760.13	750.96	835.66	871.32	1,097.58	990.25	1,021.60	1,173.54	1,105.34
59	752.41	781.71	776.54	767.17	853.70	890.13	1,121.27	1,011.62	1,043.65	1,198.87	1,129.20
60	784.49	815.04	809.66	799.88	890.10	928.09	1,169.09	1,054.76	1,088.16	1,249.99	1,177.35
61	812.24	843.87	838.30	828.18	921.59	960.92	1,210.44	1,092.07	1,126.65	1,294.21	1,219.00
62	830.45	862.79	857.09	846.74	942.25	982.46	1,237.58	1,116.55	1,151.91	1,323.22	1,246.33
63	853.29	886.52	880.66	870.03	968.16	1,009.48	1,271.61	1,147.25	1,183.58	1,359.61	1,280.60
64+	867.15	900.93	894.98	884.16	983.90	1,025.88	1,292.28	1,165.91	1,202.82	1,381.71	1,301.42

## 2023 Monthly rates

### Clark County

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder. Rates for CSR plans will vary and are found on Washington Healthplanfinder.

Tobacco User Rates											
Age on 2023 effective date	KP KP WA Bronze 8900/75 with Pediatric Dental	KP KP WA Bronze 6900/0% HSA with Pediatric Dental	KP KP WA Bronze 6000/50 with Pediatric Dental	E KP Cascade Bronze	KP KP WA Silver 4500/50 with Pediatric Dental	KP KP WA Silver 3000/35% HSA with Pediatric Dental	E KP Cascade Silver	KP KP WA Silver 750/30 with Pediatric Dental	KP KP WA Gold 2000/20 with Pediatric Dental	E KP Cascade Gold	KP KP WA Gold 0/20 with Pediatric Dental
0-14	\$210.60	\$218.80	\$217.35	\$214.73	\$238.95	\$249.15	\$313.84	\$283.15	\$292.12	\$335.56	\$316.06
15	229.32	238.25	236.67	233.81	260.19	271.29	341.74	308.32	318.08	365.39	344.15
16	236.47	245.68	244.06	241.11	268.31	279.76	352.40	317.94	328.01	376.79	354.90
17	243.63	253.12	251.45	248.41	276.43	288.23	363.07	327.57	337.94	388.20	365.64
18	251.34	261.13	259.40	256.27	285.18	297.35	374.56	337.93	348.63	400.48	377.21
19	259.05	269.14	267.36	264.13	293.92	306.46	386.05	348.29	359.32	412.76	388.77
20	267.03	277.43	275.60	272.27	302.98	315.91	397.94	359.03	370.39	425.48	400.76
21-24	330.35	343.21	340.94	336.83	374.82	390.82	492.30	444.16	458.22	526.37	495.78
25	331.67	344.58	342.31	338.18	376.32	392.38	494.27	445.93	460.05	528.47	497.76
26	338.28	351.45	349.13	344.91	383.82	400.20	504.12	454.82	469.22	539.00	507.68
27	346.20	359.69	357.31	353.00	392.81	409.58	515.93	465.48	480.21	551.63	519.58
28	359.09	373.07	370.61	366.13	407.43	424.82	535.13	482.80	498.09	572.16	538.91
29	369.66	384.05	381.52	376.91	419.42	437.32	550.88	497.01	512.75	589.01	554.78
30	374.94	389.55	386.97	382.30	425.42	443.58	558.76	504.12	520.08	597.43	562.71
31	382.87	397.78	395.15	390.38	434.42	452.96	570.58	514.78	531.08	610.06	574.61
32	390.80	406.02	403.34	398.47	443.41	462.34	582.39	525.44	542.07	622.69	586.51
33	395.76	411.17	408.45	403.52	449.03	468.20	589.78	532.10	548.95	630.59	593.94
34	401.04	416.66	413.91	408.91	455.03	474.45	597.65	539.21	556.28	639.01	601.88
35	403.69	419.41	416.63	411.60	458.03	477.58	601.59	542.76	559.94	643.22	605.84
36	406.33	422.15	419.36	414.30	461.03	480.70	605.53	546.31	563.61	647.43	609.81
37	408.97	424.90	422.09	416.99	464.03	483.83	609.47	549.87	567.28	651.64	613.78
38	411.61	427.64	424.82	419.69	467.03	486.96	613.41	553.42	570.94	655.85	617.74
39	416.90	433.13	430.27	425.08	473.02	493.21	621.28	560.52	578.27	664.28	625.67
40	422.18	438.62	435.73	430.47	479.02	499.46	629.16	567.63	585.61	672.70	633.61
41	430.11	446.86	443.91	438.55	488.02	508.84	640.97	578.29	596.60	685.33	645.51
42	437.71	454.76	451.75	446.30	496.64	517.83	652.30	588.51	607.14	697.44	656.91
43	448.28	465.74	462.66	457.08	508.63	530.34	668.05	602.72	621.80	714.28	672.77
44	461.50	479.47	476.30	470.55	523.62	545.97	687.74	620.49	640.13	735.34	692.60
45	477.02	495.60	492.32	486.38	541.24	564.34	710.88	641.36	661.67	760.08	715.91
46	495.52	514.82	511.42	505.24	562.23	586.22	738.45	666.23	687.33	789.55	743.67
47	516.33	536.44	532.90	526.46	585.84	610.85	769.46	694.22	716.20	822.71	774.90
48	540.12	561.15	557.44	550.71	612.83	638.98	804.91	726.20	749.19	860.61	810.60
49	563.57	585.52	581.65	574.63	639.44	666.73	839.86	757.73	781.72	897.98	845.80
50	590.00	612.98	608.93	601.57	669.43	698.00	879.25	793.26	818.38	940.09	885.46
51	616.10	640.09	635.86	628.18	699.04	728.87	918.14	828.35	854.58	981.68	924.63
52	644.84	669.95	665.52	657.49	731.65	762.87	960.97	866.99	894.45	1,027.47	967.76
53	673.91	700.15	695.53	687.13	764.63	797.26	1,004.29	906.08	934.77	1,073.79	1,011.39
54	705.29	732.76	727.92	719.13	800.24	834.39	1,051.06	948.27	978.30	1,123.80	1,058.49
55	736.68	765.36	760.31	751.13	835.85	871.52	1,097.83	990.47	1,021.83	1,173.80	1,105.59
56	770.70	800.71	795.42	785.82	874.46	911.77	1,148.54	1,036.22	1,069.03	1,228.02	1,156.65
57	805.06	836.41	830.88	820.85	913.44	952.42	1,199.74	1,082.41	1,116.68	1,282.76	1,208.22
58	841.73	874.50	868.73	858.24	955.04	995.80	1,254.38	1,131.71	1,167.54	1,341.19	1,263.25
59	859.90	893.38	887.48	876.76	975.66	1,017.29	1,281.46	1,156.14	1,192.75	1,370.14	1,290.52
60	896.56	931.48	925.32	914.15	1,017.26	1,060.67	1,336.10	1,205.44	1,243.61	1,428.56	1,345.55
61	928.28	964.43	958.05	946.49	1,053.24	1,098.19	1,383.36	1,248.08	1,287.60	1,479.09	1,393.14
62	949.09	986.05	979.53	967.71	1,076.86	1,122.81	1,414.38	1,276.06	1,316.47	1,512.26	1,424.38
63	975.19	1,013.16	1,006.47	994.32	1,106.47	1,153.69	1,453.27	1,311.15	1,352.67	1,553.84	1,463.54
64+	991.04	1,029.63	1,022.82	1,010.48	1,124.46	1,172.45	1,476.90	1,332.47	1,374.66	1,579.10	1,487.34

## 2023 Monthly rates

### Cowlitz County

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder. Rates for CSR plans will vary and are found on Washington Healthplanfinder.

Tobacco User Rates											
Age on 2023 effective date	KP KP WA Bronze 8900/75 with Pediatric Dental	KP KP WA Bronze 6900/0% HSA with Pediatric Dental	KP KP WA Bronze 6000/50 with Pediatric Dental	E KP Cascade Bronze	KP KP WA Silver 4500/50 with Pediatric Dental	KP KP WA Silver 3000/35% HSA with Pediatric Dental	E KP Cascade Silver	KP KP WA Silver 750/30 with Pediatric Dental	KP KP WA Gold 2000/20 with Pediatric Dental	E KP Cascade Gold	KP KP WA Gold 0/20 with Pediatric Dental
0-14	\$221.13	\$229.74	\$228.22	\$225.46	\$250.90	\$261.60	\$329.53	\$297.31	\$306.72	\$352.34	\$331.86
15	240.78	250.16	248.51	245.51	273.20	284.86	358.83	323.73	333.99	383.66	361.36
16	248.30	257.97	256.26	253.17	281.72	293.75	370.02	333.84	344.41	395.63	372.64
17	255.81	265.77	264.02	260.83	290.25	302.64	381.22	343.94	354.83	407.61	383.92
18	263.91	274.18	272.37	269.08	299.43	312.21	393.29	354.83	366.06	420.50	396.07
19	272.00	282.59	280.72	277.34	308.62	321.79	405.35	365.71	377.29	433.40	408.21
20	280.38	291.30	289.38	285.88	318.13	331.71	417.84	376.98	388.91	446.75	420.79
21-24	346.87	360.37	357.99	353.67	393.56	410.36	516.92	466.36	481.13	552.69	520.57
25	348.25	361.81	359.42	355.08	395.14	412.00	518.98	468.23	483.06	554.90	522.65
26	355.19	369.02	366.58	362.16	403.01	420.21	529.32	477.56	492.68	565.95	533.06
27	363.51	377.67	375.17	370.65	412.45	430.05	541.73	488.75	504.23	579.22	545.56
28	377.04	391.73	389.14	384.44	427.80	446.06	561.89	506.94	522.99	600.77	565.86
29	388.14	403.26	400.59	395.76	440.39	459.19	578.43	521.86	538.39	618.46	582.52
30	393.69	409.02	406.32	401.41	446.69	465.75	586.70	529.32	546.08	627.30	590.85
31	402.02	417.67	414.91	409.90	456.14	475.60	599.10	540.52	557.63	640.56	603.34
32	410.34	426.32	423.50	418.39	465.58	485.45	611.51	551.71	569.18	653.83	615.83
33	415.54	431.73	428.87	423.70	471.49	491.61	619.26	558.70	576.39	662.12	623.64
34	421.09	437.49	434.60	429.35	477.78	498.17	627.53	566.17	584.09	670.96	631.97
35	423.87	440.38	437.47	432.18	480.93	501.46	631.67	569.90	587.94	675.38	636.14
36	426.64	443.26	440.33	435.01	484.08	504.74	635.81	573.63	591.79	679.80	640.30
37	429.42	446.14	443.19	437.84	487.23	508.02	639.94	577.36	595.64	684.23	644.46
38	432.19	449.02	446.06	440.67	490.38	511.30	644.08	581.09	599.49	688.65	648.63
39	437.74	454.79	451.78	446.33	496.67	517.87	652.35	588.55	607.19	697.49	656.96
40	443.29	460.56	457.51	451.99	502.97	524.44	660.62	596.01	614.89	706.33	665.29
41	451.62	469.21	466.10	460.48	512.42	534.28	673.02	607.21	626.43	719.60	677.78
42	459.60	477.49	474.34	468.61	521.47	543.72	684.91	617.93	637.50	732.31	689.75
43	470.70	489.03	485.79	479.93	534.06	556.85	701.45	632.86	652.89	750.00	706.41
44	484.57	503.44	500.11	494.08	549.80	573.27	722.13	651.51	672.14	772.10	727.23
45	500.87	520.38	516.94	510.70	568.30	592.56	746.43	673.43	694.75	798.08	751.70
46	520.30	540.56	536.99	530.50	590.34	615.54	775.37	699.55	721.70	829.03	780.85
47	542.15	563.26	559.54	552.79	615.14	641.39	807.94	728.93	752.01	863.85	813.65
48	567.12	589.21	585.32	578.25	643.47	670.93	845.16	762.50	786.65	903.64	851.13
49	591.75	614.80	610.73	603.36	671.42	700.07	881.86	795.62	820.81	942.88	888.09
50	619.50	643.63	639.37	631.65	702.90	732.90	923.21	832.93	859.30	987.10	929.74
51	646.90	672.09	667.65	659.59	733.99	765.32	964.05	869.77	897.31	1,030.76	970.86
52	677.08	703.45	698.80	690.36	768.23	801.02	1,009.02	910.34	939.17	1,078.84	1,016.15
53	707.61	735.16	730.30	721.49	802.86	837.13	1,054.51	951.38	981.51	1,127.48	1,061.96
54	740.56	769.40	764.31	755.08	840.25	876.11	1,103.61	995.69	1,027.21	1,179.99	1,111.41
55	773.51	803.63	798.32	788.68	877.64	915.10	1,152.72	1,039.99	1,072.92	1,232.49	1,160.87
56	809.24	840.75	835.19	825.11	918.18	957.36	1,205.96	1,088.03	1,122.48	1,289.42	1,214.49
57	845.31	878.23	872.42	861.89	959.11	1,000.04	1,259.72	1,136.53	1,172.52	1,346.90	1,268.63
58	883.81	918.23	912.16	901.15	1,002.79	1,045.59	1,317.10	1,188.29	1,225.92	1,408.24	1,326.41
59	902.89	938.05	931.85	920.60	1,024.44	1,068.16	1,345.53	1,213.94	1,252.38	1,438.64	1,355.04
60	941.39	978.05	971.59	959.86	1,068.12	1,113.71	1,402.91	1,265.71	1,305.79	1,499.99	1,412.82
61	974.69	1,012.65	1,005.96	993.81	1,105.91	1,153.10	1,452.53	1,310.48	1,351.98	1,553.05	1,462.80
62	996.54	1,035.35	1,028.51	1,016.09	1,130.70	1,178.96	1,485.10	1,339.86	1,382.29	1,587.87	1,495.59
63	1,023.95	1,063.82	1,056.79	1,044.03	1,161.79	1,211.37	1,525.93	1,376.71	1,420.30	1,631.53	1,536.72
64+	1,040.60	1,081.11	1,073.97	1,061.01	1,180.68	1,231.07	1,550.75	1,399.08	1,443.39	1,658.06	1,561.71

# Dental and vision coverage

With our Kaiser Permanente for Individuals and Families dental plans and vision coverage, you can get the benefits you need and the high quality of care you've come to expect. There is no waiting period – you'll be eligible to start receiving covered services the minute your coverage takes effect.

## Quality dental care

Combining dental coverage with our medical coverage is a great way to experience Kaiser Permanente's uniquely coordinated approach to care. Save a trip – and often a copay – by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.\* Plus, your dentist can view your electronic health record to see if you're due for a screening, lab test, or follow-up appointment. Our dental and medical teams work together to help support your total health, giving you another reason to smile.

### Choice

You'll have your first appointment with a dentist and dental hygienist at the location that works best for you. After that, you can choose to keep them as your providers, or request to be transferred. You can change your dentist or dental hygienist at any time.

### 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. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

### 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.†

### How to make appointments

Our dental offices are open Monday through Friday, with Saturday hours for hygienist services and emergencies at most locations. To schedule a visit, call our Appointment Center at **1-800-813-2000 (TTY 711)** from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays).

For more information, visit [kp.org/dental/nw](https://kp.org/dental/nw).

## 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.

The WA Gold 0/20, WA Gold 0/20 with Pediatric Dental, WA Gold 2000/20, WA Gold 2000/20 with Pediatric Dental, WA Silver 750/30, WA Silver 750/30 with Pediatric and CSR plans for the 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.‡ For more information, including our 10 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

These plans are only available from Kaiser Permanente outside of Washington Healthplanfinder.

	KP KP WA Dental 100 Adult (19 or older)	KP KP WA Dental 80 Adult (19 or older)
<b>Features</b>		
Benefit maximum	\$1,000	No maximum
Deductible (individual/family)	\$50/\$150	\$100/\$300
<b>Benefits (subject to deductible unless otherwise noted)</b>		
Preventive and diagnostic services	No charge (not subject to deductible)	20% coinsurance (not subject to deductible)
Basic restorative services	20%	50%
Oral surgery, endodontics, and periodontics	50%	50%
Major restorative services	50%	50%

These plans fulfill the pediatric dental coverage requirement for children 18 and younger.

	E KP WA Pediatric Dental 100* Children (18 and younger)	KP KPIF WA Pediatric Dental Benefits 1† Children (18 and younger)	KP KPIF WA Pediatric Dental Benefits 2** Children (18 and younger)
<b>Features</b>			
Benefit maximum	No maximum	No maximum	No maximum
Deductible (individual/family)	\$50/\$150	None	Subject to medical deductible
Out-of-pocket maximum (individual/family)	\$375/\$750	Subject to medical out-of-pocket max	Subject to medical out-of-pocket max
<b>Benefits (subject to deductible unless otherwise noted)</b>			
Preventive and diagnostic services	0% (not subject to deductible)	0% (not subject to deductible)	0% (not subject to deductible)
Basic restorative services	20%	50%	50%
Oral surgery, endodontics, and periodontics	50%	50%	50%
Major restorative services	50%	50%	50%

Monthly rates			
Age on 2023 effective date	KP WA Dental 100	KP WA Dental 80	KP WA Pediatric Dental 100
0-18	-	-	\$30.88
19-29	\$32.73	\$30.54	-
30-34	34.38	32.09	-
35-39	35.99	33.59	-
40-44	39.77	37.12	-
45-49	44.28	41.32	-
50-54	47.54	44.36	-
55-59	51.58	48.13	-
60+	53.08	49.53	-

Preventive and diagnostic services do not count towards the deductible.

\* On the KP WA Pediatric Dental 100 plan, periodontics are 20% coinsurance.

† These benefits are included with all non-HSA medical plans purchased directly from Kaiser Permanente.

\*\* These benefits are included with all HSA medical plans purchased directly from Kaiser Permanente. The KP WA Bronze \$6,900/0% HSA 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: *EWIDDEDADULTDNT0123* and *EWIDDEDPEDDNT0123-Evidence of Coverage*; *BWIDDEDADULTDNT800123*, *BWIDDEDADULTDNT1000123*, and *BWIDDEDPEDDNT1000123-Benefit Summaries*; *FSWIDADULTDNT1000123*, *FSWIDADULTDNT800123* and *FSWIDPEDDNT1000123-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, hospitals, and Care Essentials clinics. 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).

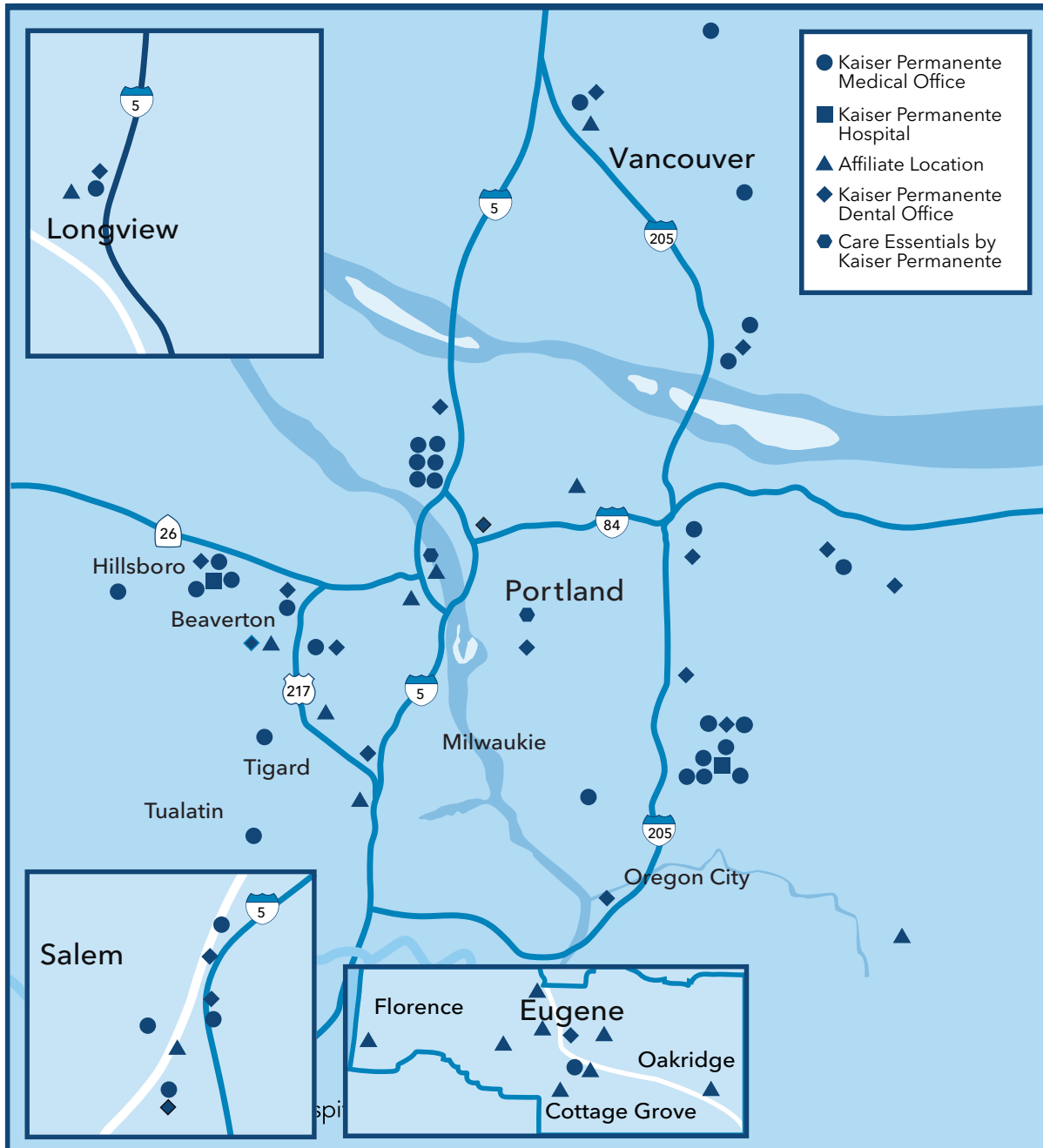
## Dental care

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).



# Northwest locations

Visit [kp.org/facilities](https://kp.org/facilities) to see all our current locations and find the one closest to you.



Maps not to scale

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. 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. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. 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 prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 7. Kaiser Permanente 2021 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 2021 and is used with the permission of NCQA. Quality Compass 2021 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. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov). 11. An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. Routine services like prevention, exams, checkups, and services for ongoing medical conditions aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Please refer to your *Evidence of Coverage* or other coverage documents for details. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. 12. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 13. The Ginger coaching services described 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. These services may be discontinued at any time without notice. The coaching services are not available to any members under 18 years old.

## **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 2020, 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) ໂປດຊາບ:** 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

# Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

## Want to learn more?

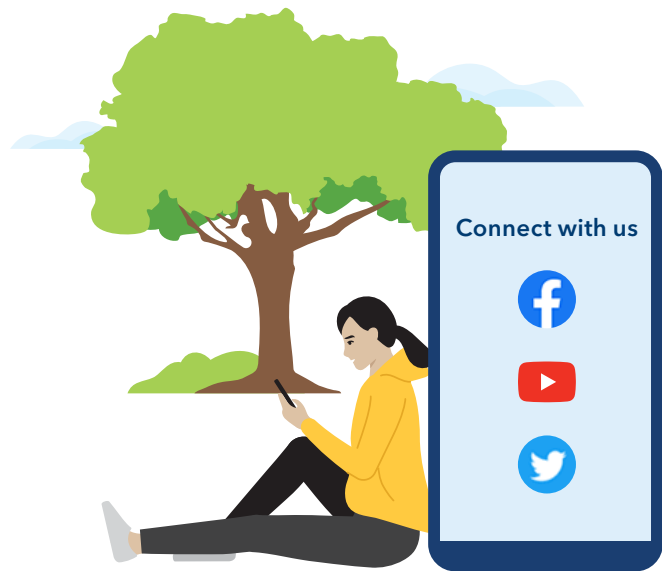
Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY **711**).

Visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace) to see how we can make your care experience better, no matter what stage of life you're in.

**Current members with questions** can call our Member Service Contact Center.

- **1-800-813-2000**
- **711** (TTY)



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.