

For Washington (Clark and Cowlitz counties) groups with 1–50 employees MEDICAL PLANS OVERVIEW

For coverage effective on or after January 1, 2022

WASHINGTON 2022

WHY CHOOSE KAISER PERMANENTE

Small businesses come with big growing pains. Finding a solid health plan shouldn't be one of them. Work smarter and healthier with affordable care and coverage from Kaiser Permanente.



Value

Your employees see doctors who are motivated by outcomes, not profits — so you get the most value for your health care dollars.

Our integrated care delivery model means built-in cost control. And stable rates help give you the freedom — and confidence — to grow your business.



Quality

Kaiser Foundation Health Plan of the Northwest commercial plans tied for the highest rating in Oregon and Washington, according to the 2020–2021 Health Insurance Plan ratings from the National Committee for Quality Assurance (NCQA).¹



Choice

Your employees have access to more than 1,250 Kaiser Permanente doctors across Oregon and Southwest Washington, plus a network of providers and specialists, including The Portland Clinic.²



Convenience

In addition to in-person care, telehealth options like email, phone visits, and video visits can help employees get care when and where they need it, saving them — and you — valuable time and money.

¹The NCQA's Health Insurance Plan Ratings are based on combined scores for health plans in HEDIS® (Healthcare Effectiveness Data and Information Set); CAHPS® (Consumer Assessment of Healthcare Providers and Systems); and NCQA Accreditation standards scores. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Accessed January 2021. healthinsuranceratings.ncqa.org

²Some specialty care services are accessed through referral and prior authorization. The Portland Clinic is not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.

Tools for employers: account.kp.org

With our online portal, account.kp.org, you have everything you need to take care of business in one place.

- View membership and eligibility, enroll or terminate subscribers, and update demographics.
- Order ID cards.
- View your bill and make payments.
- Download and save your group contracts online.

Tools for members: kp.org and the Kaiser Permanente app

Members have access to information and tools to better manage their health, so they can:

- View their digital ID card
- Access their health record
- Email their doctor
- Schedule routine and specialty appointments
- Fill and refill most prescriptions
- Check lab results
- Have phone or video visits

Give us a call or talk to your broker

We can answer your questions about medical coverage, eligibility, plan design, or renewal. Please contact us or your producer/broker if you would like a booklet with more details about our plans and options.

Toll free..... 1-800-813-2630

TTY 711

Language interpretation services.... 1-800-324-8010

Fax 1-877-237-5548



Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	Added Choice® point-of-service ¹	PPO Plus®*
Platinum	KP WA Platinum 0/20	KP WA Platinum 250/20 KP WA Platinum 500/20		KP WA Platinum 250/20 3T POS	KP WA Platinum 250/20 PPO Plus
Gold	KP WA Gold 0/30	KP WA Gold 1000/20 KP WA Gold 1500/35 KP WA Gold 2000/40		KP WA Gold 500/35 3T POS KP WA Gold 1000/20 3T POS	KP WA Gold 1000/35 PPO Plus
Silver		KP WA Silver 2500/45 KP WA Silver 3500/40 KP WA Silver 4500/45 KP WA Silver 5500/50	KP WA Silver 2800/25% HSA	KP WA Silver 2500/45 3T POS	KP WA Silver 2500/45 PPO Plus
Bronze		KP WA Bronze 7000/50 KP WA Bronze 8550/40	KP WA Bronze 6900/0% HSA		

*If you have employees who both live and work outside our service area, they may be eligible for a PPO Plus plan. Rates and approval subject to underwriting.

Buy-up option	<p>Any of the above medical plans can be paired with the following vision coverage buy-up option:</p> <p>Adult vision hardware and vision exam: \$200 hardware benefit allowance every 2-year period and primary care office visit cost share applies for exam.</p>
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PLAN NAME	TRADITIONAL PLANS	
	KP WA Platinum 0/20	KP WA Gold 0/30
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	\$7,500 per individual; \$15,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$30
Urgent care	\$40	\$60
Specialty care	\$30	\$50
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$30	\$50
Chiropractic services ²	\$30	\$50
Naturopathic services	\$20	\$30
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$50
OUTPATIENT THERAPIES⁴	\$30	\$50
OUTPATIENT SURGERY	\$100	40%
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$20	\$30
CT, MRI, AND PET SCANS	\$75	\$300
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
EMERGENCY DEPARTMENT VISIT	\$150	\$300
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$15 generic; \$40 preferred brand-name; \$60 non-preferred brand-name; 50% specialty

¹Limited to 12 visits per year.

²Limited to 10 visits per year.

³Referred chiropractic/acupuncture based upon medical criteria.

⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.]

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



PLAN NAME	DEDUCTIBLE PLANS		
	KP WA Platinum 250/20	KP WA Platinum 500/20	KP WA Gold 1000/20
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$1,000 per individual; \$2,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$4,000 per individual; \$8,000 per family	\$7,500 per individual; \$15,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$20	\$20	\$20
Urgent care	\$40	\$40	\$50
Specialty care	\$30	\$30	\$40
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$30	\$30	\$40
Chiropractic services ²	\$30	\$30	\$40
Naturopathic services	\$20	\$20	\$20
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$30	\$40
OUTPATIENT THERAPIES⁴	\$30	\$30	\$40
OUTPATIENT SURGERY	15%*	20%*	25%*
LAB	\$20	\$20	\$20
X-RAY/DIAGNOSTIC TEST	\$20	\$20	\$20
CT, MRI, AND PET SCANS	15%*	20%*	\$300
INPATIENT HOSPITAL CARE	15%*	20%*	25%*
EMERGENCY DEPARTMENT VISIT	15%*	20%*	25%*
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$5 generic; \$15 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

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PLAN NAME	DEDUCTIBLE PLANS	
	KP WA Gold 1500/35	KP WA Gold 2000/40
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,500 per individual; \$3,000 per family	\$2,000 per individual; \$4,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,500 per individual; \$15,000 per family	\$8,000 per individual; \$16,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$35	\$40
Urgent care	\$55	\$60
Specialty care	\$45	\$50
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$45	\$50
Chiropractic services ²	\$45	\$50
Naturopathic services	\$35	\$40
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$45	\$50
OUTPATIENT THERAPIES⁴	\$45	\$50
OUTPATIENT SURGERY	25%*	25%*
LAB	\$35	\$40
X-RAY/DIAGNOSTIC TEST	\$35	\$40
CT, MRI, AND PET SCANS	\$300	\$300
INPATIENT HOSPITAL CARE	25%*	25%*
EMERGENCY DEPARTMENT VISIT	25%*	25%*
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$60 non-preferred brand-name; 50% specialty	\$15 generic; \$45 preferred brand-name; 50% non-preferred brand-name; 50% specialty

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 10 visits per year.

³Referred chiropractic/acupuncture based upon medical criteria.

⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	DEDUCTIBLE PLANS	
	KP WA Silver 2500/45	KP WA Silver 3500/40
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,550 per individual; \$17,100 per family	\$8,550 per individual; \$17,100 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$45	\$40
Urgent care	\$65	\$70
Specialty care	\$55	\$55
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$55	\$55
Chiropractic services ²	\$55	\$55
Naturopathic services	\$45	\$40
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$55
OUTPATIENT THERAPIES⁴	\$55	\$55
OUTPATIENT SURGERY	30%*	35%*
LAB	\$45	\$40
X-RAY/DIAGNOSTIC TEST	\$45	\$40
CT, MRI, AND PET SCANS	30%*	35%*
INPATIENT HOSPITAL CARE	30%*	35%*
EMERGENCY DEPARTMENT VISIT	30%*	35%*
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$50 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 35% non-preferred brand-name; 50%* specialty

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.

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PLAN NAME	DEDUCTIBLE PLANS	
	KP WA Silver 4500/45	KP WA Silver 5500/50
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$4,500 per individual; \$9,000 per family	\$5,500 per individual; \$11,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,550 per individual; \$17,100 per family	\$8,550 per individual; \$17,100 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$45	\$50
Urgent care	\$75	35%*
Specialty care	\$65	\$70
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$65	\$70
Chiropractic services ²	\$65	\$70
Naturopathic services	\$45	\$50
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$65	\$70
OUTPATIENT THERAPIES⁴	\$65	\$70
OUTPATIENT SURGERY	35%*	35%*
LAB	\$45	35%*
X-RAY/DIAGNOSTIC TEST	\$45	35%*
CT, MRI, AND PET SCANS	35%*	35%*
INPATIENT HOSPITAL CARE	35%*	35%*
EMERGENCY DEPARTMENT VISIT	35%*	35%*
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$50 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 50%* non-preferred brand-name; 50%* specialty

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 10 visits per year.

³Referred chiropractic/acupuncture based upon medical criteria.

⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	DEDUCTIBLE PLANS	
	KP WA Bronze 7000/50	KP WA Bronze 8550/40
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$7,000 per individual; \$14,000 per family	\$8,550 per individual; \$17,100 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,550 per individual; \$17,100 per family	\$8,550 per individual; \$17,100 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$50	\$40 for first 3 visits; then \$0*
Urgent care	35%*	\$0*
Specialty care	\$60*	\$0*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$60*	\$0*
Chiropractic services ²	\$60*	\$0*
Naturopathic services	\$50	\$0*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$60*	\$0*
OUTPATIENT THERAPIES⁴	\$60*	\$0*
OUTPATIENT SURGERY	35%*	\$0*
LAB	35%*	\$0*
X-RAY/DIAGNOSTIC TEST	35%*	\$0*
CT, MRI, AND PET SCANS	35%*	\$0*
INPATIENT HOSPITAL CARE	35%*	\$0*
EMERGENCY DEPARTMENT VISIT	35%*	\$0*
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; after \$1,000 Rx deductible: \$60 ⁵ preferred brand-name; 50% ⁵ non-preferred brand-name; 50% ⁵ specialty	\$30 generic; \$0* preferred brand-name; \$0* non-preferred brand-name; \$0* specialty

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies. ⁵Subject to prescription drug deductible.

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PLAN NAME	HIGH DEDUCTIBLE HEALTH PLANS	
	KP WA Silver 2800/25% HSA	KP WA Bronze 6900/0% HSA
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$2,800 per individual; \$5,600 per family	\$6,900 per individual; \$13,800 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,400 per individual; \$10,800 per family	\$6,900 per individual; \$13,800 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	0%
Primary care	25%*	0%*
Urgent care	25%*	0%*
Specialty care	25%*	0%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	25%*	0%*
Chiropractic services ²	25%*	0%*
Naturopathic services	25%*	0%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	25%*	0%*
OUTPATIENT THERAPIES⁴	25%*	0%*
OUTPATIENT SURGERY	25%*	0%*
LAB	25%*	0%*
X-RAY/DIAGNOSTIC TEST	25%*	0%*
CT, MRI, AND PET SCANS	25%*	0%*
INPATIENT HOSPITAL CARE	25%*	0%*
EMERGENCY DEPARTMENT VISIT	25%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$40* preferred brand-name; 30%* non-preferred brand-name; 50%* specialty	0%* generic; 0%* preferred brand-name; 0%* non-preferred brand-name; 0%* specialty

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 10 visits per year.

³Referred chiropractic/acupuncture based upon medical criteria.

⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	ADDED CHOICE® POINT-OF-SERVICE PLANS		
	KP WA Platinum 250/20 3T POS		
Network	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$4,000 per individual; \$8,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$30	35%*
Urgent care	\$40	\$60	35%*
Specialty care	\$30	\$40	35%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$30	\$40	35%*
Chiropractic services ²	\$30	\$40	35%*
Naturopathic services	\$20	\$30	35%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	\$40	35%*
OUTPATIENT THERAPIES⁴	\$30	\$40	35%*
OUTPATIENT SURGERY	15%*	25%*	35%*
LAB	\$20	\$30	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$30	35%*
CT, MRI, AND PET SCANS	15%*	25%*	35%*
INPATIENT HOSPITAL CARE	15%*	25%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*		
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.

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PLAN NAME	ADDED CHOICE® POINT-OF-SERVICE PLANS		
	KP WA Gold 500/35 3T POS		
Network	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$500 per individual; \$1,000 per family	\$1,500 per individual; \$3,000 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$7,000 per individual; \$14,000 per family	\$9,000 per individual; \$18,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$60	50%*
Urgent care	\$60	\$80	50%*
Specialty care	\$55	\$80	50%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$55	\$80	50%*
Chiropractic services ²	\$55	\$80	50%*
Naturopathic services	\$35	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$80	50%*
OUTPATIENT THERAPIES⁴	\$55	\$80	50%*
OUTPATIENT SURGERY	30%*	50%*	50%*
LAB	\$35	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$35	40%*	50%*
CT, MRI, AND PET SCANS	30%*	50%*	50%*
INPATIENT HOSPITAL CARE	30%*	50%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	ADDED CHOICE® POINT-OF-SERVICE PLANS		
	KP WA Gold 1000/20 3T POS		
Network	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$6,000 per individual; \$12,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,000 per individual; \$12,000 per family	\$8,000 per individual; \$16,000 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$20	\$40	50%*
Urgent care	\$50	\$100	50%*
Specialty care	\$40	\$60	50%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$40	\$60	50%*
Chiropractic services ²	\$40	\$60	50%*
Naturopathic services	\$20	\$40	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$40	\$60	50%*
OUTPATIENT THERAPIES⁴	\$40	\$60	50%*
OUTPATIENT SURGERY	25%*	40%*	50%*
LAB	\$20	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	40%*	50%*
CT, MRI, AND PET SCANS	\$300	40%*	50%*
INPATIENT HOSPITAL CARE	25%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*		
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% non-preferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% non-preferred brand-name; 50% specialty	Not covered

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.

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	ADDED CHOICE® POINT-OF-SERVICE PLANS		
PLAN NAME	KP WA Silver 2500/45 3T POS		
Network	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$2,500 per individual; \$5,000 per family	\$4,500 per individual; \$9,000 per family	\$6,500 per individual; \$13,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,550 per individual; \$17,100 per family	\$8,550 per individual; \$17,100 per family	\$13,000 per individual; \$26,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$65	\$80	50%*
Specialty care	\$55	\$70	50%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$55	\$70	50%*
Chiropractic services ²	\$55	\$70	50%*
Naturopathic services	\$45	\$60	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	\$70	50%*
OUTPATIENT THERAPIES⁴	\$55	\$70	50%*
OUTPATIENT SURGERY	30%*	40%*	50%*
LAB	\$45	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	40%*	50%*
CT, MRI, AND PET SCANS	30%*	40%*	50%*
INPATIENT HOSPITAL CARE	30%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$40 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$40 generic; \$60 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	Not covered

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



If you have employees who both live and work outside our service area, they may be eligible for a PPO Plus plan. Rates and approval subject to underwriting.

	PPO PLUS® PLANS (OUT-OF-AREA MEMBERS ONLY)	
PLAN NAME	KP WA Platinum 250/20 PPO Plus	
Network	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$250 per individual; \$500 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	35%*
Primary care	\$20	35%*
Urgent care	\$40	35%*
Specialty care	\$30	35%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$30	35%*
Chiropractic services ²	\$30	35%*
Naturopathic services	\$20	35%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$30	35%*
OUTPATIENT THERAPIES⁴	\$30	35%*
OUTPATIENT SURGERY	15%*	35%*
LAB	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$20	35%*
CT, MRI, AND PET SCANS	15%*	35%*
INPATIENT HOSPITAL CARE	15%*	35%*
EMERGENCY DEPARTMENT VISIT	15%*	
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$50 non-preferred brand-name; 50% specialty

*Subject to annual medical deductible. ¹Limited to 12 visits per year. ²Limited to 10 visits per year. ³Referred chiropractic/acupuncture based upon medical criteria. ⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



PLAN NAME	PPO PLUS® PLANS (OUT-OF-AREA MEMBERS ONLY)			
	KP WA Gold 1000/35 PPO Plus		KP WA Silver 2500/45 PPO Plus	
	PPO Provider Network	Nonparticipating Providers	PPO Provider Network	Nonparticipating Providers
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,000 per individual; \$2,000 per family	\$3,000 per individual; \$6,000 per family	\$2,500 per individual; \$5,000 per family	\$7,500 per individual; \$15,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,000 per individual; \$12,000 per family	\$10,000 per individual; \$20,000 per family	\$8,550 per individual; \$17,100 per family	\$12,000 per individual; \$24,000 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	45%*	\$0	50%*
Primary care	\$35	45%*	\$45	50%*
Urgent care	\$65	45%*	\$65	50%*
Specialty care	\$55	45%*	\$55	50%*
ALTERNATIVE CARE SELF-REFERRED Acupuncture services ¹	\$55	45%*	\$55	50%*
Chiropractic services ²	\$55	45%*	\$55	50%*
Naturopathic services	\$35	45%*	\$45	50%*
PHYSICIAN-REFERRED ALTERNATIVE CARE³	\$55	45%*	\$55	50%*
OUTPATIENT THERAPIES⁴	\$55	45%*	\$55	50%*
OUTPATIENT SURGERY	35%*	45%*	40%*	50%*
LAB	\$35	45%*	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$35	45%*	\$45	50%*
CT, MRI, AND PET SCANS	35%*	45%*	40%*	50%*
INPATIENT HOSPITAL CARE	35%*	45%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	35%*		40%*	
OUTPATIENT PRESCRIPTION DRUGS	\$15 generic; \$30 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; \$50 non-preferred brand-name; 50% specialty	\$30 generic; \$50 preferred brand-name; 50% non-preferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 50% non-preferred brand-name; 50%* specialty

*Subject to annual medical deductible.

¹Limited to 12 visits per year.

²Limited to 10 visits per year.

³Referred chiropractic/acupuncture based upon medical criteria.

⁴Rehabilitative and habilitative therapies have limits of 25 visits each per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	2022 SMALL GROUP SENIOR ADVANTAGE
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,000 per individual
BENEFITS	Member pays
OFFICE VISITS — PREVENTIVE CARE	\$0
OFFICE VISITS — PRIMARY CARE	\$20
OFFICE VISITS — URGENT CARE	\$25
OFFICE VISITS — SPECIALTY CARE	\$20
OUTPATIENT THERAPIES	\$20
LAB	\$0
X-RAY/DIAGNOSTIC TEST	\$0
CT, MRI, AND PET SCANS	\$0
OUTPATIENT SURGERY	\$50
INPATIENT HOSPITAL CARE	\$200 per admission
EMERGENCY CARE	\$50
SELF-REFERRED ALTERNATIVE CARE	\$20 copay covers self-referred chiropractic, naturopathic, and acupuncture visits. \$25 copay for massage therapy up to 12 visits per calendar year, \$1,000 benefit max per calendar year for all services combined.
OUTPATIENT PRESCRIPTION DRUGS*	\$20 generic; \$40 preferred brand-name and specialty; \$3 generic/\$7 preferred brand-name after TrOOP (\$7,050)

Senior Advantage plans cannot be modified. Kaiser Permanente is a plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. Benefits, premiums and/or copays/coinsurance may change on January 1 of each year and at other times in accord with your group’s contract with us. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

*The Part D prescription drug gap begins when total drug costs (Kaiser Permanente share plus your copay or coinsurance) for the year to date total \$4,430.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



Pediatric dental (benefits embedded in all medical plans)

All embedded pediatric dental plans are Dental Choice (PPO) plans.

PREVENTIVE AND DIAGNOSTIC SERVICES (ORAL EXAM, X-RAYS, TEETH CLEANING, FLUORIDE TREATMENTS)	\$0
BASIC RESTORATIVE SERVICES (ROUTINE FILLINGS, BASIC CROWNS, SIMPLE EXTRACTIONS)	50%
MAJOR RESTORATIVE SERVICES (GOLD OR PORCELAIN CROWNS, INLAYS, BRIDGE ABUTMENTS, PONTICS)	50%

Plan highlights

Out-of-pocket maximum: All benefits displayed accumulate to the out-of-pocket maximum.

Pediatric benefits: All plans include pediatric vision exams at \$0 and pediatric vision hardware at no charge for 1 pair frames with lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or a 12-month supply of disposable contact lenses per year); no charge for low vision aid or medically necessary contact lenses (does not apply to non-contracted provider networks).

HSA plans: Pediatric dental services are subject to the medical deductible, up to the maximum out of pocket, on HSA-qualified plans.

Alternative care (self-referred)

Visit chpgroup.com for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.

Members on our PPO Plus plans can access these benefits through PPO and other nonparticipating providers and facilities.



INTEGRATED EYE HEALTH

We treat eye health as a component of total health, not in isolation. When you choose the vision option, you're choosing the option that is more convenient and connected, which can help uncover major health issues and lead to better health outcomes.



DENTAL COVERAGE

Investing in dental health helps keep your employees happy, healthy, and productive. Our Traditional dental plans allow you to choose from a wide range of options including deductibles or office visit copays. If you would like more flexibility, the Dental Choice PPO plans are designed for choice — providing comprehensive coverage, while allowing members to see any dentist.



Explanation of Added Choice benefits

Select provider services, in most cases, are provided by select providers and select facilities. *The Evidence of Coverage (EOC)* provides a complete definition of select providers and select facilities and explains when select provider services are provided by other providers and facilities.

PPO provider services are provided by PPO providers and facilities. Refer to the *EOC* for a complete definition of PPO providers and facilities.

Nonparticipating provider services are provided by nonparticipating providers and facilities. Refer to the *EOC* for a complete definition of nonparticipating providers and facilities.

Deductible and out-of-pocket maximum amounts cross-accumulate between select providers and PPO providers. There is a separate deductible and out-of-pocket maximum amount for nonparticipating providers, which does not accumulate across any other provider networks.

Explanation of PPO Plus benefits

PPO Plus provides you with the opportunity to give your employees who live and work outside the service area the freedom to choose any doctor or hospital they want, anywhere in the country. Members can choose care from First Choice Health, First Health Network, Kaiser Permanente providers, and nonparticipating providers.

Visit kp.org/ppoplus/nw for more information.

Bundled plan options when you purchase coverage outside the health insurance exchange

You can offer 2 or 3 medical plans in a bundle, with the limitation that there can only be 1 Added Choice plan per bundle. Once you select your plan offerings, employees choose the plan that best meets their needs.



