

# Care for all that is you



# Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



# Go where you feel like your best self

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

## Important open enrollment dates for 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- You can change or apply for coverage through Kaiser Foundation Health Plan of the Northwest, or we can help you apply through the Oregon Health Insurance Marketplace.
- For coverage that starts on **January 1, 2024**, we must receive your Application for health coverage no later than **December 15, 2023**.

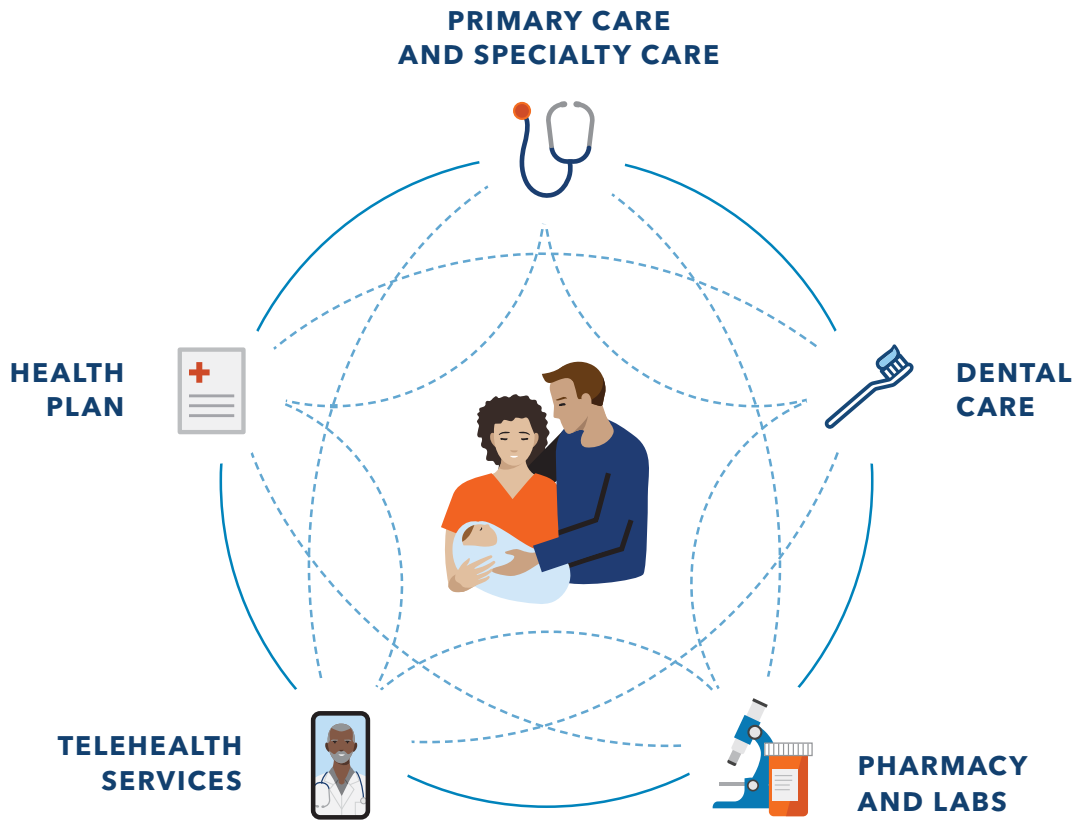
## Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit [kp.org/specialenrollment](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

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

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

It's predictable costs and less paperwork.

It's the care, when you need it.



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

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

# Care that's **personalized**

For the you who deserves to be understood

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



Explore care that fits your life.

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

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We guide you through every step of your care



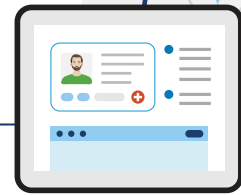
**Your Kaiser Permanente health history lives on your electronic health record.**



**Your doctor guides you through appointments and referrals.**



**Your health record is available to you and your care team 24/7.**



**Your care team lets you know when to schedule checkups and tests.**



# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://kp.org) or use our app to make a routine, same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.<sup>1</sup> No matter how you connect, you'll talk with a medical professional who can see your health history and pick up where you left off.

### Do more in one visit

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

### Your health at your fingertips

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



See how the Kaiser Permanente app puts you in control.  
[kp.org/mobile](https://kp.org/mobile)

**FAST COMPANY** | **THE WEBBY AWARDS**

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

### You're covered while traveling



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

# Care that's world class

For the you who expects the best

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



Learn how our doctors and specialists work for you.

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



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We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.<sup>2,3,4</sup>

Kaiser Permanente members are:



**33%**

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

**52%**

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

**20%**

**less likely to experience premature death due to cancer<sup>7</sup>**

# Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral. You also have access to self-care apps to help your overall mental wellness.<sup>8,9</sup>



## Calm

The number one app for sleep and meditation<sup>10</sup>



## Ginger

Text one-on-one with an emotional support coach anytime, anywhere<sup>11</sup>



## myStrength

Build a personalized plan to strengthen your emotional health



Find out more about mental health care.  
[kp.org/mentalhealth](https://kp.org/mentalhealth)

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## Resources for everyday wellness and dental care

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.<sup>12</sup>

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

For almost 50 years, we have been helping our members thrive with dental care and coverage that connects seamlessly to their health plan, in one easy-to-use package.

- 21 convenient locations throughout Oregon and SW Washington
- More than 160 dentists and specialists to choose from
- Virtual dental care that allows you to get dental care advice, with no copay<sup>13</sup>
- Ability to take care of minor medical needs, like vaccinations, at your dental visit<sup>14</sup>



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



# Care that's dependable

## For the you who wants a doctor you trust

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



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

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



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



– **Aimee**, new member

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There are many convenient ways to get care – including in-person care, e-visits, 24/7 virtual care, 24/7 nurse advice, and scheduled video and phone appointments with your Kaiser Permanente care team. Plus, members have access to:

- Same-day and next-day nonemergency and preventive health care at Care Essentials by Kaiser Permanente retail clinics.
- Self-referred alternative care, such as acupuncture and massage therapy, with providers in the CHP Group network.
- Affiliate providers for primary and specialty care, including The Portland Clinic.<sup>15</sup>
- Mail-order pharmacy service to fill and refill most prescriptions.



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

# 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, such as eyeglasses, adult dental, or chiropractic services.<sup>16</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 OR Gold 0/15 (no deductible)	\$15	\$50	\$10*
KP OR Silver 3000/40 (\$3,000 deductible)	\$40	\$60	\$25*
KP OR Bronze 5500/50 (\$5,500 deductible)	\$50	\$95 or \$70 if you've met your deductible	\$49* or \$30* if you've met your deductible

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

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

## 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://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 OR Gold 1750/20
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,750/\$3,500
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000
<b>Benefits</b>	
<b>Virtual care</b>	
Chat, Email, E-visit, Phone, and Video visit	No charge
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$20
Specialty care office visit	\$50
Most X-rays	\$50
Most lab tests	\$50
MRI, CT, PET	\$350 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$20
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care and postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	\$350 after deductible
Urgent care visit	\$40
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$10*
Preferred brand	\$40*
Non-preferred brand	50%
Specialty	50%
<b>Whole health</b>	
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .

**KP** Offered through Kaiser Foundation Health Plan of the Northwest

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

**Annual deductible**  
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$1,750 for yourself or \$3,500 for your family. Then you'd start paying copays or coinsurance.

**Annual out-of-pocket maximum**  
This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd over pay more than \$8,500 for yourself and no more than \$17,000 for your family for your copays, coinsurance, and deductible in a calendar year.

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

**Covered before you reach the deductible**  
With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$20 copay—even before you meet your deductible. With our Gold deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

**Coinsurance**  
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the 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 \$40 copay for urgent care visits, whether or not you have met your deductible.

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

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

Benefit highlights	<b>KP</b> <b>E</b> KP OR Bronze 9100/75	<b>KP</b> <b>E</b> KP Oregon Standard Bronze Plan	<b>KP</b> <b>E</b> KP OR Bronze 7100/0% HSA	<b>KP</b> <b>E</b> KP OR Bronze 5500/50
	Deductible	Deductible	HSA-Qualified	Deductible
Plan type				
Annual medical deductible (individual/family)	\$9,100/\$18,200	\$9,450/\$18,900	\$7,100/\$14,200	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,450/\$18,900	\$7,100/\$14,200	\$8,900/\$17,800
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$75	First 3 visits \$5 <sup>‡</sup> ; additional visits \$50	No charge after deductible	\$50
Specialty care office visit	No charge after deductible	\$150	No charge after deductible	\$85 after deductible
Most X-rays	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
Most lab tests	No charge after deductible	No charge after deductible	No charge after deductible	\$70 after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Mental health visit	\$75	First 3 visits \$5 <sup>‡</sup> ; additional visits \$50	No charge after deductible	\$50
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge after deductible	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	No charge after deductible	No charge after deductible	35% after deductible
Urgent care visit	No charge after deductible	\$100	No charge after deductible	35% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$30*	\$25*	No charge after deductible	\$30* after deductible
Preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Non-preferred brand	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	No charge after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$75 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$50 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$50. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	No charge after deductible per visit; acupuncture 12 visits and chiropractic 20 visits per year. No charge after deductible per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$50 per visit 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.

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms:

for the Oregon standard plan: *EOIDDEDSTD0124*; for traditional copay plans: *EOIDTRAD0124*; for HSA-qualified deductible plans: *EOIDHDHP0124*; for deductible plans:

*EOIDDED0124*. 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.

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Benefit highlights	<b>E</b> KP Oregon Standard Silver Plan	<b>KP</b> KP OR Silver 5000/50	<b>KP</b> KP OR Silver 4000/40 X	<b>E</b> KP OR Silver 4000/40
	Deductible	Deductible	Deductible	Deductible
Plan type				
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$9,300/\$18,600	\$8,850/\$17,700	\$8,850/\$17,700
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge <sup>†</sup>	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	First 3 visits \$5 <sup>‡</sup> ; additional visits \$40	First 3 visits \$5 <sup>‡</sup> ; additional visits \$50	\$40	\$40
Specialty care office visit	\$80	\$70 after deductible	\$70	\$70
Most X-rays	30% after deductible	\$60 after deductible	\$60	\$60
Most lab tests	30% after deductible	\$60 after deductible	\$60	\$60
MRI, CT, PET	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
Outpatient surgery	30% after deductible	35% after deductible	35% after deductible	35% after deductible
Mental health visit	First 3 visits \$5 <sup>‡</sup> ; additional visits \$40	First 3 visits \$5 <sup>‡</sup> ; additional visits \$50	\$40	\$40
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	30% after deductible	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	35% after deductible	35% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
Urgent care visit	\$70	\$70	\$65	\$60
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$25*	\$25*	\$25*
Preferred brand	\$60*	\$65*	\$65*	\$65*
Non-preferred brand	50%	50% after deductible	50% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$40. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	Acupuncture: \$25, up to 12 visits. Chiropractic: \$25, up to 20 visits. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$50. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a> .	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit 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.

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

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*EOIDDED0124*. 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.

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Benefit highlights	<b>KP</b> KP OR Silver 3000/40 X	<b>E</b> KP OR Silver 3000/40	<b>KP</b> KP OR Silver 3200/35% HSA	<b>KP</b> KP OR Silver 750/35 X	<b>E</b> KP OR Silver 750/35
	Deductible	Deductible	HSA-Qualified	Deductible	Deductible
<b>Plan type</b>					
<b>Annual medical deductible (individual/family)</b>	\$3,000/\$6,000	\$3,000/\$6,000	\$3,200/\$6,400	\$750/\$1,500	\$750/\$1,500
<b>Annual out-of-pocket maximum (individual/family)</b>	\$8,850/\$17,700	\$8,850/\$17,700	\$6,900/\$13,800	\$9,300/\$18,600	\$9,300/\$18,600
<b>Benefits</b>					
<b>Virtual care</b>					
<b>Chat, Email, E-visit, Phone and Video visit</b>	No charge	No charge	Email: No charge. Chat, E-visit, Phone and Video visit: No charge after deductible †	No charge	No charge
<b>Preventive care</b>					
<b>Routine physical exam, mammograms, etc.</b>	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
<b>Primary care office visit</b>	\$40	\$40	First 3 visits \$5 after deductible <sup>‡</sup> ; additional visits 35% after deductible	\$35	\$35
<b>Specialty care office visit</b>	\$65	\$65	35% after deductible	\$60	\$60
<b>Most X-rays</b>	\$60	\$60	35% after deductible	\$100	\$100
<b>Most lab tests</b>	\$60	\$60	35% after deductible	\$50	\$50
<b>MRI, CT, PET</b>	\$350 after deductible	\$350 after deductible	35% after deductible	\$750	\$750
<b>Outpatient surgery</b>	35% after deductible	35% after deductible	35% after deductible	\$750 after deductible	\$750 after deductible
<b>Mental health visit</b>	\$40	\$40	First 3 visits \$5 after deductible <sup>‡</sup> ; additional visits 35% after deductible	\$35	\$35
<b>Inpatient hospital care</b>					
<b>Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care</b>	35% after deductible	35% after deductible	35% after deductible	40% after deductible	40% after deductible
<b>Maternity</b>					
<b>Routine prenatal care and postpartum visits</b>	No charge	No charge	No charge	No charge	No charge
<b>Delivery and inpatient well-baby care</b>	35% after deductible	35% after deductible	35% after deductible	40% after deductible	40% after deductible
<b>Emergency and urgent care</b>					
<b>Emergency Department visit</b>	\$350 after deductible	\$350 after deductible	35% after deductible	\$750	\$750
<b>Urgent care visit</b>	\$65	\$60	35% after deductible	\$65	\$60
<b>Prescription drugs (up to a 30-day supply)</b>					
<b>Generic</b>	\$25*	\$25*	\$15* after deductible	\$25*	\$25*
<b>Preferred brand</b>	\$65*	\$65*	\$55* after deductible	\$100*	\$100*
<b>Non-preferred brand</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Specialty</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>					
<b>Healthy services</b>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	Acupuncture: \$25 after deductible, up to 12 visits. Chiropractic: \$25 after deductible, up to 20 visits. Naturopathic: \$5 after deductible, up to 3 visits <sup>‡</sup> ; additional visits 35% after deductible. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit 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.

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms:

for the Oregon standard plan: *EOIDDEDSTD0124*; for traditional copay plans: *EOIDTRAD0124*; for HSA-qualified deductible plans: *EOIDHDHP0124*; for deductible plans:

*EOIDDED0124*. 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.

**KP** Offered through Kaiser Foundation Health Plan of the Northwest

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

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

Benefit highlights	<b>KP</b> <b>E</b> KP OR Gold 1750/20	<b>KP</b> <b>E</b> KP Oregon Standard Gold Plan	<b>KP</b> <b>E</b> KP OR Gold 0/15
	Deductible	Deductible	Copayment
<b>Plan type</b>			
Annual medical deductible (individual/family)	\$1,750/\$3,500	\$1,800/\$3,600	None/None
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,550/\$15,100	\$8,200/\$16,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$20	First 3 visits \$5 <sup>†</sup> ; additional visits \$20	\$15
Specialty care office visit	\$50	\$40	\$50
Most X-rays	\$50	20% after deductible	\$50
Most lab tests	\$50	20% after deductible	\$50
MRI, CT, PET	\$350 after deductible	20% after deductible	\$350
Outpatient surgery	30% after deductible	20% after deductible	\$200
Mental health visit	\$20	First 3 visits \$5 <sup>†</sup> ; additional visits \$20	\$15
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	20% after deductible	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	20% after deductible	\$350
Urgent care visit	\$40	\$60	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$10*	\$10*	\$10*
Preferred brand	\$40*	\$30*	\$40*
Non-preferred brand	50%	50%	50%
Specialty	50%	50% up to \$500	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$20 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$20. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$15 per visit 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.

<sup>†</sup> First 3 visits can be combination of primary care, naturopathy, outpatient mental health, substance abuse care and virtual care.

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This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms:

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*EOIDDED0124*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.



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

## Cost Share Reduction (CSR) plans

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

Benefit highlights	<b>E</b> KP Oregon Standard Silver Plan 73% CSR	<b>E</b> KP Oregon Standard Silver Plan 87% CSR	<b>E</b> KP Oregon Standard Silver Plan 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$1,325/\$2,650	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$7,550/\$15,100	\$3,150/\$6,300	\$1,075/\$2,150
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First 3 visits \$5 <sup>‡</sup> ; additional visits \$40	First 3 visits \$5 <sup>‡</sup> ; additional visits \$15	First 3 visits \$5 <sup>‡</sup> ; additional visits \$10
Specialty care office visit	\$80	\$30	\$20
Most X-rays	30% after deductible	10% after deductible	10% after deductible
Most lab tests	30% after deductible	10% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10% after deductible	10% after deductible
Mental health visit	First 3 visits \$5 <sup>‡</sup> ; additional visits \$40	First 3 visits \$5 <sup>‡</sup> ; additional visits \$15	First 3 visits \$5 <sup>‡</sup> ; additional visits \$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care and postpartum visits	30% after deductible	10% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	10% after deductible	10% after deductible
Urgent care visit	\$70	\$40	\$30
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$5*
Preferred brand	\$60*	\$25*	\$10*
Non-preferred brand	50%	50%	25%
Specialty	50%	50%	25%
<b>Whole health</b>			
Healthy services	\$40 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$40. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$15 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$15. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$10 per visit; acupuncture 12 visits and chiropractic 20 visits per year. Naturopathic: \$5, up to 3 visits <sup>‡</sup> , additional visits \$10. 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.

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms:

for the Oregon standard plan: *EOIDDEDST0124*; for traditional copay plans: *EOIDTRAD0124*; for HSA-qualified deductible plans: *EOIDHDP0124*; for deductible plans:

*EOIDDED0124*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

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

## Cost Share Reduction (CSR) plans

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

Benefit highlights	<b>E</b> KP OR Silver 4000/40 73% CSR	<b>E</b> KP OR Silver 4000/40 87% CSR	<b>E</b> KP OR Silver 4000/40 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$3,200/\$6,400	\$650/\$1,300	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,550/\$15,100	\$2,800/\$5,600	\$2,000/\$4,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$25	\$5
Specialty care office visit	\$65	\$35	\$10
Most X-rays	\$40	\$25	\$5
Most lab tests	\$40	\$25	\$5
MRI, CT, PET	\$350 after deductible	\$250 after deductible	\$100 after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$35	\$25	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	\$250 after deductible	\$100 after deductible
Urgent care visit	\$50	\$45	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$10*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$25 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit 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.

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This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For specific plan information, see the following forms:

for the Oregon standard plan: [EOIDDEDSTD0124](#); for traditional copay plans: [EOIDTRAD0124](#); for HSA-qualified deductible plans: [EOIDHDHP0124](#); for deductible plans:

[EOIDDED0124](#). Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*,

please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000 (TTY 711), or contact your producer.

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

## Cost Share Reduction (CSR) plans

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

Benefit highlights	<b>E</b> KP OR Silver 3000/40 73% CSR	<b>E</b> KP OR Silver 3000/40 87% CSR	<b>E</b> KP OR Silver 3000/40 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$350/\$700	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$3,000/\$6,000	\$2,300/\$4,600
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$20	\$5
Specialty care office visit	\$65	\$30	\$10
Most X-rays	\$60	\$20	\$5
Most lab tests	\$60	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$250 after deductible	\$100
Outpatient surgery	35% after deductible	30% after deductible	10%
Mental health visit	\$40	\$20	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350 after deductible	\$250 after deductible	\$100
Urgent care visit	\$60	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$15*	\$5*
Preferred brand	\$60*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$40 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$20 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit 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, Oregon Health Insurance Marketplace

## Cost Share Reduction (CSR) plans

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

Benefit highlights	<b>E</b> KP OR Silver 750/35 73% CSR	<b>E</b> KP OR Silver 750/35 87% CSR	<b>E</b> KP OR Silver 750/35 94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$750/\$1,500	\$200/\$400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,550/\$15,100	\$3,000/\$6,000	\$1,500/\$3,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$10	\$5
Specialty care office visit	\$60	\$30	\$10
Most X-rays	\$100	\$40	\$15
Most lab tests	\$50	\$20	\$5
MRI, CT, PET	\$750	\$400	\$150
Outpatient surgery	\$750 after deductible	\$400 after deductible	\$150
Mental health visit	\$35	\$10	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	10%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$750	\$400	\$150
Urgent care visit	\$60	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$10*	\$5*
Preferred brand	\$100*	\$60*	\$15*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$35 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$10 per visit for naturopathic services, no visit limit. Visit <a href="http://chpgroup.com/find-a-provider">chpgroup.com/find-a-provider</a>	\$25 per visit; acupuncture 12 visits and chiropractic 20 visits per year. \$5 per visit 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.

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*EOIDDED0124*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*,

please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at **1-800-813-2000 (TTY 711)**, or contact your producer.

# Find your rate



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

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add a dental plan for members of your family
- If you qualify for federal financial assistance. Visit [buykp.org/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.

Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

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

# 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

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

### Convenience

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

### Quality

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

## 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 6:30 a.m. to 6 p.m., Monday through Friday, and 7:30 a.m. to 4 p.m. on Saturday. Members can also speak with an advice nurse 24 hours a day 7-days a week (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.

Adult vision exams are included in our Gold plans (except Oregon Standard), KP OR Silver 750/35 X, KP OR Silver 750/35, KP OR 3000/40 X, and the KP OR Silver 3000/40 plan. CSR plans for plans listed above have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.‡ 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 Plans

Features	KP OR Dental 100		KP OR Dental 80H		KP OR Dental 80L	
	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)
<b>Benefit maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	No maximum
<b>Out-of-pocket maximum (individual/family)</b>	\$400/\$800	Does not apply	\$400/\$800	Does not apply	\$400/\$800	Does not apply
<b>Deductible (individual/family)</b>	\$50/\$150	\$50/\$150	\$0	\$0	\$100/\$300	\$100/\$300
<b>Benefits (subject to deductible unless otherwise noted)</b>						
<b>Preventive and diagnostic services</b>	0% (not subject to deductible)		20% coinsurance (not subject to deductible)		20% coinsurance (not subject to deductible)	
<b>Basic restorative services</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Oral surgery, endodontics, and periodontics</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Major restorative services</b>	50% coinsurance		75% coinsurance		50% coinsurance	

Monthly rates			
Age on 2024 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<19	\$34.80	\$22.48	\$26.62
19-29	38.62	26.39	34.35
30-34	40.83	27.90	36.31
35-39	42.61	29.12	37.90
40-44	47.08	32.17	41.87
45-49	52.34	35.76	46.55
50-54	56.22	38.42	50.00
55-59	60.97	41.67	54.23
60+	62.74	42.88	55.80

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

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

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*. For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0124*, *EOIDDEDFAMILYDNT0124-Evidence of Coverage*; *BOIDFAMILYDNT0124*, *BOIDDEDFAMILYDNT0124-Benefit Summaries*; *FSOIDFAMILYDNT0124-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 age 18

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

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

## Talk to a new member specialist

Call our dedicated New Member Welcome Desk at **1-888-491-1124** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., and talk with a specialist who can help you get the most out of your benefits quickly and

easily. They can assist you with selecting a provider, transferring medical records and prescriptions, setting appointments, and more.

## Our locations

We provide quality care to more than 600,000 members in Oregon and Southwest Washington. Our service area extends from Eugene, Oregon, to Longview, Washington, and includes medical offices, Vision Essentials by Kaiser Permanente optical 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

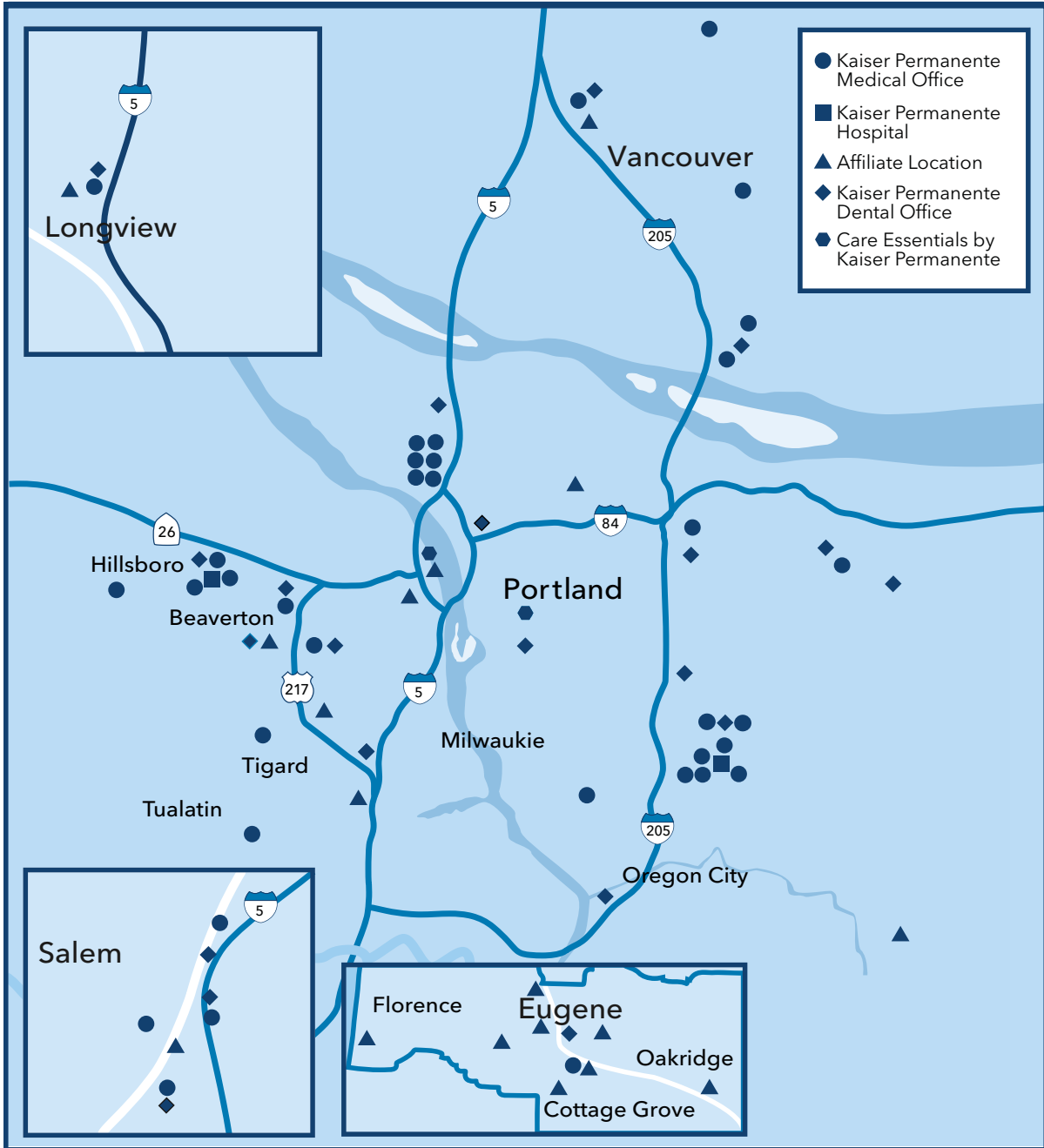
With 21 dental offices to choose from, it's easy to find a location that's convenient for you. For more information about our dental plans and the wide range of services available, please visit [kp.org/dental/nw](https://kp.org/dental/nw).



# Northwest locations



Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit [kp.org/facilities](https://kp.org/facilities) to find the one nearest you.



# Complete care to help you live a fuller, healthier life

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

## Want to learn more?



Visit [kp.org/allthatisyou](https://kp.org/allthatisyou) to shop plans and get help with your health care questions.

Call **1-800-494-5314** (TTY **711**) to talk to an enrollment specialist.

Current members with questions can call Member Services at **1-800-813-2000** (TTY **711**).



**1.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **2.** Kaiser Permanente 2022 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2022 and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **3.** 2021 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report). **4.** NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). **5.** See note 7. **6.** Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. **7.** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. **8.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. Some classes vary by location and may require fees. **9.** Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. **10.** Calm is the number 1 app for sleep, meditation, and relaxation, with over 100 million downloads and 1.5 million+ 5-star reviews. Learn more at [calm.com/blog/about](https://calm.com/blog/about). **11.** Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. **12.** Some of these services may not be covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **13.** When receiving care from Kaiser Permanente dental providers. **14.** Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care. **15.** Not available as an in-network provider to members on Medicaid plans, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region. **16.** For a complete list of services you can use your HSA to pay for, see *Publication 502, Medical and Dental Expenses*, at [irs.gov](https://irs.gov). **17.** Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

## **Nondiscrimination Notice**

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

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

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

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

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

### **For Washington Members**

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/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) ማህታወሻ:** 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 ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

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

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

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

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

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

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

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

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

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

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

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





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.