



# Healthy together

Care and coverage that fits your life

# Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.



## Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.



## Many services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at [kp.org/wa/locations](https://kp.org/wa/locations).



## Your doctor, your choice

Choose your doctor based on what's important to you. Go to [kp.org/wa/directory](https://kp.org/wa/directory) for details about education, specialties, languages spoken, and more. You can also change doctors at any time.



## More care options

How you get care is up to you. Choose a phone appointment or video visit,\* email your doctor's office with nonurgent questions, or come see us in person.†



## Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at [kp.org/wa/member-perks](https://kp.org/wa/member-perks).

\*When appropriate and available.

†These features are available when you get care at Kaiser Permanente facilities.

Have questions? Call us at 1-800-494-5314. • Go to [kp.org/wa/if](https://kp.org/wa/if). • Or contact your producer.

# Choosing your health plan

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

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## Deductible plans – gold, silver, bronze, and catastrophic

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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.

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## HSA-qualified deductible plans – silver and bronze

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

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses, adult dental care, or chiropractic services.\* 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.

\*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://www.irs.gov).

## 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
<b>Flex Gold</b> (\$1,150 deductible)	\$376 or \$15 if you've met your deductible	\$111 or 20% if you've met your deductible	\$10
<b>Flex Silver HD</b> (\$3,000 deductible)	\$376 or \$20 if you've met your deductible	\$111 or 30% if you've met your deductible	\$10
<b>Core Bronze HSA</b> (\$5,000 deductible)	\$376 or 20% if you've met your deductible	\$111 or 20% if you've met your deductible	\$6 or 20% if you've met your deductible

### Important open enrollment dates for 2020

- The open enrollment period for 2020 coverage runs from November 1, 2019, through December 15, 2019.
- You can change or apply for coverage through Kaiser Foundation Health Plan of Washington, or we can help you apply through Washington Healthplanfinder.
- For coverage that starts on January 1, 2020, we must receive your Application for Health Coverage no later than December 15, 2019.

### Enrolling during a special enrollment period

- Are you getting married, having a baby, 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.

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

	<div> <div>KP</div> <div>M</div> </div> <b>Flex Gold</b>
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$1,150/\$2,300
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	First 5 visits \$15;* additional visits \$15 after deductible
Specialty care office visit	First 5 visits \$40;* additional visits \$40 after deductible
Most X-rays	20% after deductible
Most lab tests	20% after deductible
MRI, CT, PET	20% after deductible
Outpatient surgery	20% after deductible
Mental health visit	First 5 visits \$15;* additional visits \$15 after deductible
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
<b>Maternity</b>	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	20% after deductible
Urgent care visit	First 5 visits \$15 primary;* additional visits \$15 primary after deductible
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$10
Preferred brand	\$35
Non-preferred brand	40% after deductible
Specialty	40% after deductible
<b>Whole health</b>	
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits; first 5 visits \$15;* additional visits \$15 after deductible

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Offered through Kaiser Permanente

Offered through the Marketplace, Washington Healthplanfinder

### 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 \$1,150 for yourself or \$2,300 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$6,500 for yourself and no more than \$13,000 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no charge

Most preventive care services – including routine physical exams and mammograms – are covered at no 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, the first 5 primary care visits are covered at a \$15 copay – even before you meet your deductible. With our Flex plans, you get a set number of office visits covered before you reach the deductible.

### Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 20% 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 just pay a \$15 copay for an urgent care visit if it's one of the first 5 visits of the year; otherwise, you pay \$15 after deductible.

\*Upfront visits not subject to deductible are combined for all visits. Each service does not have its own set of upfront visits.

**KP** Offered through Kaiser Permanente

**M** Offered through the Marketplace,  
Washington Healthplanfinder

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on Washington Healthplanfinder.

	<b>M</b> Core Basics Plus <sup>†</sup>	<b>KP</b> <b>M</b> Flex Bronze	<b>KP</b> <b>M</b> Core Bronze HSA	<b>KP</b> Core Silver HSA
Plan type	Deductible	Deductible	HSA-qualified	HSA-qualified
<b>Features</b>				
Annual medical deductible (individual/family)	\$8,150/\$16,300	\$5,500/\$11,000	\$5,000/\$10,000	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$7,150/\$14,300	\$6,750/\$13,500	\$5,750/\$11,500
<b>Benefits</b>				
<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 no charge;* additional visits no charge after deductible	First 3 visits \$40;* additional visits 20% after deductible	20% after deductible	10% after deductible
Specialty care office visit	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
Most X-rays	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
Most lab tests	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
MRI, CT, PET	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
Outpatient surgery	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
Mental health visit	First 3 visits no charge;* additional visits no charge after deductible	First 3 visits no charge;* additional visits 20% after deductible	20% after deductible	10% after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
<b>Maternity</b>				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	20% after deductible	20% after deductible	10% after deductible
Urgent care visit	First 3 visits no charge;* additional visits no charge after deductible	First 3 visits \$40;* additional visits 20% after deductible	20% after deductible	10% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	No charge after deductible	\$25	20% after deductible	10% after deductible
Preferred brand	No charge after deductible	40% after deductible	40% after deductible	30% after deductible
Non-preferred brand	No charge after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	No charge after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits; first 3 visits no charge;* additional visits no charge after deductible	10 in-network chiropractic visits and 12 acupuncture visits; first 3 visits \$40;* additional visits 20% after deductible	10 in-network chiropractic visits and 12 acupuncture visits; 20% after deductible	10 in-network chiropractic visits and 12 acupuncture visits; 10% after deductible

<sup>†</sup>Only applicants younger than 29, or applicants age 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.

\*Upfront visits not subject to deductible are combined for all visits. Each service does not have its own set of upfront visits.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-290-8900, or contact your producer. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

**KP** Offered through Kaiser Permanente

**M** Offered through the Marketplace,  
Washington Healthplanfinder

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	<b>M</b>	<b>KP</b>	<b>M</b>	<b>KP</b> <b>M</b>
	VisitsPlus Silver HD	Flex Silver HD	Flex Silver	Flex Gold
Plan type	Deductible	Deductible	Deductible	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$7,150/\$14,300	\$3,000/\$6,000	\$2,000/\$4,000	\$1,150/\$2,300
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300	\$7,900/\$15,800	\$7,900/\$15,800	\$6,500/\$13,000
<b>Benefits</b>				
<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	\$30	First 3 visits \$20;* additional visits \$20 after deductible	First 4 visits \$20;* additional visits \$20 after deductible	First 5 visits \$15;* additional visits \$15 after deductible
Specialty care office visit	\$55	First 3 visits \$45;* additional visits \$45 after deductible	First 4 visits \$45;* additional visits \$45 after deductible	First 5 visits \$40;* additional visits \$40 after deductible
Most X-rays	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
Most lab tests	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
Outpatient surgery	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
Mental health visit	\$30	First 3 visits \$20;* additional visits \$20 after deductible	First 4 visits \$20;* additional visits \$20 after deductible	First 5 visits \$15;* additional visits \$15 after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
<b>Maternity</b>				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	30% after deductible	30% after deductible	20% after deductible
Urgent care visit	\$30	First 3 visits \$20 primary;* additional visits \$20 primary after deductible	First 4 visits \$20 primary;* additional visits \$20 primary after deductible	First 5 visits \$15 primary;* additional visits \$15 primary after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$12	\$10	\$10	\$10
Preferred brand	\$55	40% after deductible	40% after deductible	\$35
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	40% after deductible
<b>Whole health</b>				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits; \$30	10 in-network chiropractic visits and 12 acupuncture visits; first 3 visits \$20;* additional visits \$20 after deductible	10 in-network chiropractic visits and 12 acupuncture visits; first 4 visits \$20;* additional visits \$20 after deductible	10 in-network chiropractic visits and 12 acupuncture visits; first 5 visits \$15;* additional visits \$15 after deductible

\*Upfront visits not subject to deductible are combined for all visits. Each service does not have its own set of upfront visits.

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**M** Offered through the Marketplace,  
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## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder.

	<b>M</b> VisitsPlus Silver 73 HD	<b>M</b> VisitsPlus Silver 87 HD	<b>M</b> VisitsPlus Silver 94 HD
Plan type	Deductible	Deductible	Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$6,250/\$12,500	\$1,900/\$3,800	\$775/\$1,550
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,150/\$4,300	\$850/\$1,700
<b>Benefits</b>			
<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	\$10	\$5
Specialty care office visit	\$45	\$20	\$10
Most X-rays	No charge after deductible	No charge after deductible	No charge after deductible
Most lab tests	No charge after deductible	No charge after deductible	No charge after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	No charge after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	No charge after deductible
Mental health visit	\$20	\$10	\$5
<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
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	No charge after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	No charge after deductible	No charge after deductible	No charge after deductible
Urgent care visit	\$20	\$10	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$12	\$10	\$7
Preferred brand	\$50	\$45	\$30
Non-preferred brand	50% after deductible	40% after deductible	40% after deductible
Specialty	50% after deductible	40% after deductible	40% after deductible
<b>Whole health</b>			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits; \$20	10 in-network chiropractic visits and 12 acupuncture visits; \$10	10 in-network chiropractic visits and 12 acupuncture visits; \$5

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## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder.

	<b>M</b> Flex Silver 73	<b>M</b> Flex Silver 87	<b>M</b> Flex Silver 94
Plan type	Deductible	Deductible	Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$1,900/\$3,800	\$600/\$1,200	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$2,700/\$5,400	\$2,700/\$5,400
<b>Benefits</b>			
<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 4 visits \$20;* additional visits \$20 after deductible	First 4 visits \$10;* additional visits \$10 after deductible	First 4 visits no charge;* additional visits no charge after deductible
Specialty care office visit	First 4 visits \$45;* additional visits \$45 after deductible	First 4 visits \$30;* additional visits \$30 after deductible	First 4 visits are \$5;* additional visits \$5 after deductible
Most X-rays	30% after deductible	10% after deductible	5% after deductible
Most lab tests	30% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	5% after deductible
Outpatient surgery	30% after deductible	10% after deductible	5% after deductible
Mental health visit	First 4 visits \$20;* additional visits \$20 after deductible	First 4 visits \$10;* additional visits \$10 after deductible	First 4 visits no charge;* additional visits no charge after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	5% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	5% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	10% after deductible	5% after deductible
Urgent care visit	First 4 visits \$20 primary;* additional visits \$20 primary after deductible	First 4 visits \$10 primary;* additional visits \$10 primary after deductible	First 4 visits no charge;* additional visits no charge primary after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$10	\$10	\$7
Preferred brand	40% after deductible	30% after deductible	10% after deductible
Non-preferred brand	50% after deductible	40% after deductible	40% after deductible
Specialty	50% after deductible	40% after deductible	40% after deductible
<b>Whole health</b>			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits; first 4 visits \$20;* additional visits \$20 after deductible	10 in-network chiropractic visits and 12 acupuncture visits; first 4 visits \$10;* additional visits \$10 after deductible	10 in-network chiropractic visits and 12 acupuncture visits; first 4 visits no charge;* additional visits no charge after deductible

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# Find your rate

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

## How is your rate determined?

### Your rate is based on:

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

### Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

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

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

The rates in the monthly rates chart apply to these counties. Please check that your county is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Our service area			
Benton	Kitsap	Skagit	Whatcom
Columbia	Kittitas	Snohomish	Whitman
Franklin	Lewis	Spokane	Yakima
Island	Mason	Thurston	
King	Pierce	Walla Walla	

## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### King County

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$148.85	\$185.86	\$182.38	\$211.31	\$248.69	\$196.03	\$237.97	\$272.80
15	162.08	202.38	198.59	230.09	270.80	213.46	259.12	297.05
16	167.14	208.70	204.79	237.27	279.25	220.12	267.21	306.32
17	172.20	215.01	210.98	244.46	287.70	226.78	275.29	315.59
18	177.65	221.82	217.66	252.19	296.80	233.96	284.00	325.57
19	183.09	228.62	224.33	259.92	305.90	241.13	292.71	335.56
20	188.74	235.66	231.25	267.94	315.33	248.57	301.74	345.90
21-24	194.57	242.95	238.40	276.22	325.08	256.25	311.07	356.60
25	195.35	243.93	239.35	277.33	326.39	257.28	312.31	358.02
26	199.24	248.78	244.12	282.85	332.89	262.40	318.53	365.16
27	203.91	254.62	249.84	289.48	340.69	268.55	326.00	373.71
28	211.50	264.09	259.14	300.25	353.37	278.55	338.13	387.62
29	217.73	271.86	266.77	309.09	363.77	286.75	348.08	399.03
30	220.84	275.75	270.58	313.51	368.97	290.85	353.06	404.74
31	225.51	281.58	276.31	320.14	376.77	297.00	360.53	413.30
32	230.18	287.41	282.03	326.77	384.58	303.15	367.99	421.85
33	233.10	291.06	285.60	330.91	389.45	306.99	372.66	427.20
34	236.21	294.95	289.42	335.33	394.65	311.09	377.64	432.91
35	237.77	296.89	291.33	337.54	397.25	313.14	380.12	435.76
36	239.33	298.83	293.23	339.75	399.85	315.19	382.61	438.61
37	240.88	300.78	295.14	341.96	402.46	317.24	385.10	441.47
38	242.44	302.72	297.05	344.17	405.06	319.29	387.59	444.32
39	245.55	306.61	300.86	348.59	410.26	323.39	392.57	450.03
40	248.67	310.49	304.68	353.01	415.46	327.49	397.54	455.73
41	253.34	316.33	310.40	359.64	423.26	333.64	405.01	464.29
42	257.81	321.91	315.88	365.99	430.74	339.54	412.16	472.49
43	264.04	329.69	323.51	374.83	441.14	347.74	422.12	483.90
44	271.82	339.41	333.05	385.88	454.14	357.99	434.56	498.17
45	280.97	350.82	344.25	398.86	469.42	370.03	449.18	514.93
46	291.86	364.43	357.60	414.33	487.63	384.38	466.60	534.90
47	304.12	379.74	372.62	431.73	508.11	400.52	486.20	557.36
48	318.13	397.23	389.78	451.62	531.51	418.97	508.60	583.04
49	331.94	414.48	406.71	471.23	554.59	437.17	530.68	608.35
50	347.51	433.91	425.78	493.33	580.60	457.67	555.57	636.88
51	362.88	453.11	444.62	515.15	606.28	477.91	580.14	665.05
52	379.81	474.24	465.36	539.18	634.57	500.21	607.20	696.08
53	396.93	495.62	486.34	563.49	663.17	522.76	634.58	727.46
54	415.42	518.71	508.98	589.73	694.06	547.10	664.13	761.33
55	433.90	541.79	531.63	615.97	724.94	571.45	693.68	795.21
56	453.94	566.81	556.19	644.43	758.42	597.84	725.72	831.94
57	474.18	592.08	580.98	673.15	792.23	624.49	758.07	869.03
58	495.78	619.05	607.44	703.81	828.32	652.93	792.60	908.61
59	506.48	632.41	620.56	719.01	846.20	667.03	809.71	928.22
60	528.08	659.38	647.02	749.67	882.28	695.47	844.24	967.80
61	546.75	682.70	669.91	776.18	913.49	720.07	874.10	1,002.04
62	559.01	698.00	684.92	793.59	933.97	736.22	893.70	1,024.50
63	574.38	717.20	703.76	815.41	959.65	756.46	918.27	1,052.67
64+	583.71	728.85	715.20	828.66	975.24	768.75	933.20	1,069.79

Rates are effective January 1, 2020, through December 31, 2020. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

\*Only applicants 29 and younger, or applicants 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.

## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### King County

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$148.85	\$185.86	\$182.38	\$211.31	\$248.69	\$196.03	\$237.97	\$272.80
15	162.08	202.38	198.59	230.09	270.80	213.46	259.12	297.05
16	167.14	208.70	204.79	237.27	279.25	220.12	267.21	306.32
17	172.20	215.01	210.98	244.46	287.70	226.78	275.29	315.59
18	177.65	221.82	217.66	252.19	296.80	233.96	284.00	325.57
19	183.09	228.62	224.33	259.92	305.90	241.13	292.71	335.56
20	188.74	235.66	231.25	267.94	315.33	248.57	301.74	345.90
21-24	233.49	291.54	286.08	331.47	390.10	307.50	373.28	427.92
25	234.42	292.71	287.22	332.79	391.66	308.73	374.77	429.63
26	239.09	298.54	292.95	339.42	399.46	314.88	382.24	438.19
27	244.70	305.54	299.81	347.38	408.83	322.26	391.20	448.46
28	253.80	316.91	310.97	360.30	424.04	334.26	405.76	465.14
29	261.27	326.24	320.12	370.91	436.52	344.10	417.70	478.84
30	265.01	330.90	324.70	376.21	442.77	349.02	423.67	485.68
31	270.61	337.90	331.57	384.17	452.13	356.40	432.63	495.95
32	276.22	344.90	338.43	392.12	461.49	363.78	441.59	506.22
33	279.72	349.27	342.72	397.10	467.34	368.39	447.19	512.64
34	283.46	353.93	347.30	402.40	473.58	373.31	453.16	519.49
35	285.32	356.27	349.59	405.05	476.70	375.77	456.15	522.91
36	287.19	358.60	351.88	407.70	479.83	378.23	459.14	526.34
37	289.06	360.93	354.17	410.36	482.95	380.69	462.12	529.76
38	290.93	363.26	356.46	413.01	486.07	383.15	465.11	533.18
39	294.66	367.93	361.03	418.31	492.31	388.07	471.08	540.03
40	298.40	372.59	365.61	423.61	498.55	392.99	477.05	546.88
41	304.00	379.59	372.48	431.57	507.91	400.37	486.01	557.15
42	309.37	386.30	379.06	439.19	516.89	407.44	494.60	566.99
43	316.85	395.63	388.21	449.80	529.37	417.28	506.54	580.68
44	326.18	407.29	399.65	463.06	544.97	429.58	521.47	597.80
45	337.16	420.99	413.10	478.64	563.31	444.04	539.02	617.91
46	350.23	437.32	429.12	497.20	585.15	461.26	559.92	641.87
47	364.94	455.68	447.14	518.08	609.73	480.63	583.44	668.83
48	381.76	476.67	467.74	541.95	637.82	502.77	610.31	699.64
49	398.33	497.37	488.05	565.48	665.51	524.60	636.82	730.02
50	417.01	520.70	510.94	592.00	696.72	549.20	666.68	764.26
51	435.46	543.73	533.54	618.18	727.54	573.50	696.17	798.06
52	455.77	569.09	558.43	647.02	761.48	600.25	728.65	835.29
53	476.32	594.75	583.60	676.19	795.81	627.31	761.49	872.95
54	498.50	622.45	610.78	707.68	832.87	656.52	796.96	913.60
55	520.68	650.14	637.96	739.17	869.93	685.73	832.42	954.25
56	544.73	680.17	667.43	773.31	910.11	717.41	870.87	998.33
57	569.01	710.49	697.18	807.78	950.68	749.39	909.69	1,042.83
58	594.93	742.85	728.93	844.58	993.98	783.52	951.12	1,090.33
59	607.77	758.89	744.67	862.81	1,015.44	800.43	971.65	1,113.87
60	633.69	791.25	776.42	899.60	1,058.74	834.57	1,013.09	1,161.36
61	656.11	819.24	803.89	931.42	1,096.19	864.09	1,048.92	1,202.44
62	670.82	837.61	821.91	952.30	1,120.76	883.46	1,072.44	1,229.40
63	689.26	860.64	844.51	978.49	1,151.58	907.75	1,101.93	1,263.21
64+	700.47	874.62	858.24	994.40	1,170.30	922.50	1,119.84	1,283.75

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Kitsap and Lewis counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	223.76	279.40	274.16	317.66	373.85	294.69	357.73	410.09
25	224.66	280.51	275.26	318.93	375.34	295.87	359.16	411.73
26	229.13	286.10	280.74	325.28	382.82	301.76	366.31	419.93
27	234.50	292.81	287.32	332.90	391.79	308.84	374.90	429.77
28	243.23	303.70	298.01	345.29	406.37	320.33	388.85	445.76
29	250.39	312.64	306.79	355.46	418.34	329.76	400.30	458.89
30	253.97	317.11	311.17	360.54	424.32	334.47	406.02	465.45
31	259.34	323.82	317.75	368.16	433.29	341.55	414.61	475.29
32	264.71	330.53	324.33	375.79	442.26	348.62	423.19	485.13
33	268.07	334.72	328.44	380.55	447.87	353.04	428.56	491.28
34	271.65	339.19	332.83	385.63	453.85	357.76	434.28	497.84
35	273.44	341.42	335.02	388.17	456.84	360.11	437.14	501.13
36	275.23	343.66	337.22	390.72	459.83	362.47	440.01	504.41
37	277.02	345.89	339.41	393.26	462.82	364.83	442.87	507.69
38	278.81	348.13	341.60	395.80	465.81	367.19	445.73	510.97
39	282.39	352.60	345.99	400.88	471.80	371.90	451.45	517.53
40	285.97	357.07	350.38	405.96	477.78	376.62	457.18	524.09
41	291.34	363.77	356.96	413.59	486.75	383.69	465.76	533.93
42	296.48	370.20	363.26	420.89	495.35	390.47	473.99	543.36
43	303.64	379.14	372.04	431.06	507.31	399.90	485.44	556.49
44	312.59	390.32	383.00	443.76	522.27	411.68	499.75	572.89
45	323.11	403.45	395.89	458.69	539.84	425.53	516.56	592.16
46	335.64	419.09	411.24	476.48	560.77	442.04	536.59	615.13
47	349.74	436.70	428.51	496.49	584.32	460.60	559.13	640.96
48	365.85	456.81	448.25	519.37	611.24	481.82	584.89	670.49
49	381.74	476.65	467.72	541.92	637.78	502.74	610.28	699.61
50	399.64	499.00	489.65	567.33	667.69	526.32	638.90	732.41
51	417.31	521.07	511.31	592.43	697.23	549.60	667.16	764.81
52	436.78	545.38	535.16	620.06	729.75	575.24	698.28	800.49
53	456.47	569.97	559.29	648.02	762.65	601.17	729.76	836.58
54	477.73	596.51	585.33	678.19	798.16	629.17	763.75	875.53
55	498.99	623.05	611.38	708.37	833.68	657.16	797.73	914.49
56	522.03	651.83	639.62	741.09	872.19	687.52	834.58	956.73
57	545.31	680.89	668.13	774.13	911.07	718.16	871.78	999.38
58	570.14	711.90	698.56	809.39	952.56	750.87	911.49	1,044.90
59	582.45	727.27	713.64	826.86	973.13	767.08	931.17	1,067.45
60	607.29	758.28	744.07	862.12	1,014.62	799.79	970.87	1,112.97
61	628.77	785.10	770.39	892.61	1,050.51	828.08	1,005.22	1,152.34
62	642.86	802.71	787.66	912.62	1,074.06	846.65	1,027.75	1,178.18
63	660.54	824.78	809.32	937.72	1,103.60	869.93	1,056.01	1,210.57
64+	671.28	838.19	822.48	952.97	1,121.54	884.07	1,073.18	1,230.26

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## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Kitsap and Lewis counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	268.51	335.28	328.99	381.19	448.62	353.63	429.27	492.10
25	269.59	336.62	330.31	382.71	450.41	355.04	430.99	494.07
26	274.96	343.32	336.89	390.33	459.38	362.12	439.58	503.91
27	281.40	351.37	344.78	399.48	470.15	370.60	449.88	515.72
28	291.87	364.44	357.61	414.35	487.65	384.40	466.62	534.92
29	300.47	375.17	368.14	426.55	502.00	395.71	480.36	550.66
30	304.76	380.54	373.41	432.65	509.18	401.37	487.23	558.54
31	311.21	388.58	381.30	441.79	519.95	409.86	497.53	570.35
32	317.65	396.63	389.20	450.94	530.71	418.34	507.83	582.16
33	321.68	401.66	394.13	456.66	537.44	423.65	514.27	589.54
34	325.97	407.02	399.40	462.76	544.62	429.31	521.14	597.41
35	328.12	409.71	402.03	465.81	548.21	432.14	524.57	601.35
36	330.27	412.39	404.66	468.86	551.80	434.96	528.01	605.29
37	332.42	415.07	407.29	471.91	555.39	437.79	531.44	609.22
38	334.57	417.75	409.92	474.96	558.98	440.62	534.87	613.16
39	338.86	423.12	415.19	481.06	566.15	446.28	541.74	621.03
40	343.16	428.48	420.45	487.16	573.33	451.94	548.61	628.91
41	349.60	436.53	428.35	496.30	584.10	460.43	558.91	640.72
42	355.78	444.24	435.92	505.07	594.42	468.56	568.79	652.04
43	364.37	454.97	446.44	517.27	608.77	479.88	582.52	667.78
44	375.11	468.38	459.60	532.52	626.72	494.02	599.69	687.47
45	387.73	484.14	475.07	550.43	647.80	510.64	619.87	710.60
46	402.77	502.91	493.49	571.78	672.93	530.44	643.91	738.16
47	419.69	524.04	514.22	595.79	701.19	552.72	670.95	769.16
48	439.02	548.18	537.90	623.24	733.49	578.18	701.86	804.59
49	458.08	571.98	561.26	650.30	765.34	603.29	732.34	839.53
50	479.56	598.80	587.58	680.80	801.23	631.58	766.68	878.90
51	500.78	625.29	613.57	710.91	836.67	659.52	800.59	917.77
52	524.14	654.46	642.19	744.08	875.70	690.29	837.94	960.59
53	547.77	683.96	671.14	777.62	915.18	721.40	875.72	1,003.89
54	573.28	715.81	702.40	813.83	957.80	755.00	916.50	1,050.64
55	598.78	747.66	733.65	850.05	1,000.42	788.59	957.28	1,097.39
56	626.44	782.20	767.54	889.31	1,046.62	825.02	1,001.49	1,148.08
57	654.37	817.07	801.75	928.95	1,093.28	861.80	1,046.14	1,199.26
58	684.17	854.28	838.27	971.26	1,143.08	901.05	1,093.79	1,253.88
59	698.94	872.72	856.37	992.23	1,167.75	920.50	1,117.40	1,280.95
60	728.74	909.94	892.89	1,034.54	1,217.55	959.75	1,165.05	1,335.57
61	754.52	942.12	924.47	1,071.13	1,260.61	993.70	1,206.26	1,382.81
62	771.44	963.25	945.20	1,095.15	1,288.88	1,015.98	1,233.30	1,413.81
63	792.65	989.73	971.19	1,125.26	1,324.32	1,043.92	1,267.22	1,452.69
64+	805.53	1005.83	986.97	1,143.56	1,345.85	1,060.89	1,287.81	1,476.30

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Spokane County

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$162.10	\$202.40	\$198.61	\$230.12	\$270.82	\$213.48	\$259.15	\$297.08
15	176.51	220.39	216.26	250.57	294.90	232.46	282.18	323.48
16	182.02	227.27	223.01	258.39	304.10	239.71	290.99	333.58
17	187.52	234.15	229.76	266.21	313.31	246.97	299.80	343.68
18	193.46	241.56	237.03	274.64	323.22	254.78	309.28	354.55
19	199.39	248.97	244.30	283.06	333.13	262.60	318.77	365.42
20	205.54	256.64	251.83	291.78	343.40	270.69	328.59	376.68
21-24	211.89	264.58	259.62	300.81	354.02	279.06	338.75	388.33
25	212.74	265.63	260.66	302.01	355.43	280.18	340.11	389.89
26	216.98	270.93	265.85	308.02	362.51	285.76	346.88	397.65
27	222.06	277.28	272.08	315.24	371.01	292.45	355.01	406.97
28	230.33	287.59	282.20	326.98	384.82	303.34	368.22	422.12
29	237.11	296.06	290.51	336.60	396.15	312.27	379.06	434.55
30	240.50	300.29	294.67	341.41	401.81	316.73	384.48	440.76
31	245.58	306.64	300.90	348.63	410.31	323.43	392.61	450.08
32	250.67	312.99	307.13	355.85	418.80	330.13	400.74	459.40
33	253.85	316.96	311.02	360.37	424.11	334.31	405.83	465.22
34	257.24	321.20	315.18	365.18	429.78	338.78	411.25	471.44
35	258.93	323.31	317.25	367.58	432.61	341.01	413.96	474.54
36	260.63	325.43	319.33	369.99	435.44	343.24	416.67	477.65
37	262.32	327.55	321.41	372.40	438.27	345.48	419.38	480.76
38	264.02	329.66	323.48	374.80	441.11	347.71	422.09	483.86
39	267.41	333.90	327.64	379.62	446.77	352.17	427.51	490.08
40	270.80	338.13	331.79	384.43	452.43	356.64	432.93	496.29
41	275.88	344.48	338.02	391.65	460.93	363.34	441.06	505.61
42	280.76	350.56	343.99	398.57	469.07	369.75	448.85	514.54
43	287.54	359.03	352.30	408.19	480.40	378.68	459.69	526.97
44	296.01	369.61	362.69	420.23	494.56	389.85	473.24	542.50
45	305.97	382.05	374.89	434.36	511.20	402.96	489.16	560.75
46	317.84	396.86	389.43	451.21	531.03	418.59	508.13	582.50
47	331.19	413.53	405.78	470.16	553.33	436.17	529.47	606.97
48	346.44	432.58	424.48	491.82	578.82	456.26	553.86	634.93
49	361.49	451.37	442.91	513.17	603.95	476.08	577.91	662.50
50	378.44	472.53	463.68	537.24	632.28	498.40	605.01	693.56
51	395.18	493.43	484.19	561.00	660.24	520.45	631.77	724.24
52	413.61	516.45	506.77	587.17	691.04	544.73	661.25	758.03
53	432.26	539.74	529.62	613.64	722.20	569.28	691.06	792.20
54	452.39	564.87	554.28	642.22	755.83	595.79	723.24	829.09
55	472.52	590.00	578.95	670.80	789.46	622.30	755.42	865.98
56	494.34	617.26	605.69	701.78	825.92	651.05	790.31	905.98
57	516.38	644.77	632.69	733.06	862.74	680.07	825.54	946.37
58	539.90	674.14	661.51	766.45	902.04	711.05	863.14	989.47
59	551.55	688.69	675.79	783.00	921.51	726.39	881.77	1,010.83
60	575.07	718.06	704.60	816.39	960.80	757.37	919.37	1,053.94
61	595.42	743.46	729.53	845.26	994.79	784.16	951.90	1,091.22
62	608.77	760.13	745.88	864.21	1,017.09	801.74	973.24	1,115.68
63	625.50	781.03	766.39	887.98	1,045.06	823.79	1,000.00	1,146.36
64+	635.67	793.73	778.85	902.42	1,062.05	837.18	1,016.25	1,164.99

Rates are effective January 1, 2020, through December 31, 2020. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

\*Only applicants 29 and younger, or applicants 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.

## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Spokane County

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$162.10	\$202.40	\$198.61	\$230.12	\$270.82	\$213.48	\$259.15	\$297.08
15	176.51	220.39	216.26	250.57	294.90	232.46	282.18	323.48
16	182.02	227.27	223.01	258.39	304.10	239.71	290.99	333.58
17	187.52	234.15	229.76	266.21	313.31	246.97	299.80	343.68
18	193.46	241.56	237.03	274.64	323.22	254.78	309.28	354.55
19	199.39	248.97	244.30	283.06	333.13	262.60	318.77	365.42
20	205.54	256.64	251.83	291.78	343.40	270.69	328.59	376.68
21-24	254.27	317.49	311.54	360.97	424.82	334.87	406.50	466.00
25	255.29	318.76	312.79	362.41	426.52	336.21	408.13	467.86
26	260.37	325.11	319.02	369.63	435.02	342.91	416.26	477.18
27	266.48	332.73	326.50	378.29	445.21	350.95	426.02	488.37
28	276.39	345.11	338.65	392.37	461.78	364.01	441.87	506.54
29	284.53	355.27	348.62	403.92	475.37	374.72	454.88	521.45
30	288.60	360.35	353.60	409.70	482.17	380.08	461.38	528.91
31	294.70	367.97	361.08	418.36	492.37	388.12	471.14	540.09
32	300.80	375.59	368.55	427.02	502.56	396.15	480.89	551.28
33	304.62	380.35	373.23	432.44	508.94	401.18	486.99	558.27
34	308.68	385.43	378.21	438.21	515.73	406.53	493.49	565.72
35	310.72	387.97	380.70	441.10	519.13	409.21	496.75	569.45
36	312.75	390.51	383.20	443.99	522.53	411.89	500.00	573.18
37	314.79	393.05	385.69	446.88	525.93	414.57	503.25	576.91
38	316.82	395.59	388.18	449.76	529.33	417.25	506.50	580.64
39	320.89	400.67	393.17	455.54	536.12	422.61	513.01	588.09
40	324.96	405.75	398.15	461.32	542.92	427.97	519.51	595.55
41	331.06	413.37	405.63	469.98	553.12	436.00	529.27	606.73
42	336.91	420.68	412.79	478.28	562.89	443.71	538.62	617.45
43	345.04	430.84	422.76	489.83	576.48	454.42	551.62	632.36
44	355.22	443.54	435.22	504.27	593.47	467.82	567.89	651.00
45	367.17	458.46	449.87	521.24	613.44	483.56	586.99	672.91
46	381.41	476.24	467.31	541.45	637.23	502.31	609.75	699.00
47	397.42	496.24	486.94	564.19	664.00	523.41	635.36	728.36
48	415.73	519.10	509.37	590.18	694.58	547.52	664.63	761.91
49	433.78	541.64	531.49	615.81	724.74	571.29	693.49	795.00
50	454.13	567.04	556.41	644.69	758.73	598.08	726.01	832.28
51	474.21	592.12	581.03	673.20	792.29	624.54	758.13	869.09
52	496.34	619.74	608.13	704.61	829.25	653.67	793.49	909.63
53	518.71	647.68	635.54	736.37	866.63	683.14	829.27	950.64
54	542.87	677.84	665.14	770.66	906.99	714.95	867.88	994.91
55	567.02	708.01	694.74	804.96	947.35	746.76	906.50	1,039.18
56	593.21	740.71	726.83	842.14	991.11	781.26	948.37	1,087.18
57	619.66	773.73	759.23	879.68	1,035.29	816.08	990.65	1,135.64
58	647.88	808.97	793.81	919.74	1,082.44	853.25	1,035.77	1,187.37
59	661.87	826.43	810.94	939.60	1,105.81	871.67	1,058.13	1,213.00
60	690.09	861.67	845.52	979.66	1,152.96	908.84	1,103.25	1,264.73
61	714.50	892.15	875.43	1,014.32	1,193.75	940.99	1,142.27	1,309.46
62	730.52	912.15	895.06	1,037.06	1,220.51	962.09	1,167.88	1,338.82
63	750.61	937.23	919.67	1,065.57	1,254.07	988.54	1,200.00	1,375.63
64+	762.81	952.47	934.62	1,082.90	1,274.46	1,004.61	1,219.50	1,398.00

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Mason, Pierce, and Thurston counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$169.09	\$211.14	\$207.18	\$240.05	\$282.51	\$222.69	\$270.33	\$309.90
15	184.12	229.90	225.60	261.39	307.62	242.49	294.36	337.44
16	189.87	237.08	232.64	269.54	317.23	250.06	303.55	347.98
17	195.62	244.26	239.68	277.70	326.83	257.63	312.74	358.51
18	201.81	251.98	247.26	286.49	337.17	265.78	322.63	369.85
19	208.00	259.71	254.84	295.27	347.51	273.93	332.52	381.19
20	214.41	267.72	262.70	304.37	358.22	282.37	342.77	392.94
21-24	221.04	275.99	270.82	313.79	369.30	291.10	353.37	405.09
25	221.92	277.10	271.91	315.04	370.77	292.27	354.79	406.71
26	226.34	282.62	277.32	321.32	378.16	298.09	361.85	414.82
27	231.65	289.24	283.82	328.85	387.02	305.08	370.33	424.54
28	240.27	300.01	294.38	341.09	401.43	316.43	384.12	440.34
29	247.34	308.84	303.05	351.13	413.24	325.75	395.42	453.30
30	250.88	313.25	307.38	356.15	419.15	330.40	401.08	459.78
31	256.18	319.88	313.88	363.68	428.01	337.39	409.56	469.50
32	261.49	326.50	320.38	371.21	436.88	344.38	418.04	479.23
33	264.80	330.64	324.45	375.92	442.42	348.74	423.34	485.30
34	268.34	335.06	328.78	380.94	448.33	353.40	428.99	491.78
35	270.11	337.27	330.95	383.45	451.28	355.73	431.82	495.02
36	271.88	339.47	333.11	385.96	454.23	358.06	434.65	498.27
37	273.64	341.68	335.28	388.47	457.19	360.39	437.48	501.51
38	275.41	343.89	337.45	390.98	460.14	362.72	440.30	504.75
39	278.95	348.31	341.78	396.00	466.05	367.37	445.96	511.23
40	282.49	352.72	346.11	401.02	471.96	372.03	451.61	517.71
41	287.79	359.35	352.61	408.55	480.82	379.02	460.09	527.43
42	292.87	365.69	358.84	415.77	489.32	385.71	468.22	536.75
43	299.95	374.53	367.51	425.81	501.14	395.03	479.53	549.71
44	308.79	385.56	378.34	438.36	515.91	406.67	493.66	565.92
45	319.18	398.54	391.07	453.11	533.26	420.35	510.27	584.96
46	331.56	413.99	406.23	470.68	553.94	436.66	530.06	607.64
47	345.48	431.38	423.30	490.45	577.21	455.00	552.32	633.16
48	361.40	451.25	442.80	513.04	603.80	475.96	577.76	662.33
49	377.09	470.85	462.02	535.32	630.02	496.62	602.85	691.09
50	394.77	492.93	483.69	560.43	659.56	519.91	631.12	723.50
51	412.23	514.73	505.08	585.21	688.74	542.91	659.04	755.50
52	431.46	538.74	528.65	612.51	720.87	568.24	689.78	790.74
53	450.92	563.03	552.48	640.13	753.36	593.85	720.88	826.39
54	471.91	589.25	578.21	669.94	788.45	621.51	754.45	864.88
55	492.91	615.47	603.93	699.75	823.53	649.16	788.02	903.36
56	515.68	643.90	631.83	732.07	861.57	679.15	824.42	945.08
57	538.67	672.60	660.00	764.70	899.98	709.42	861.17	987.21
58	563.20	703.24	690.06	799.53	940.97	741.73	900.39	1,032.18
59	575.36	718.41	704.95	816.79	961.28	757.74	919.83	1,054.46
60	599.89	749.05	735.01	851.62	1,002.27	790.06	959.05	1,099.43
61	621.11	775.55	761.01	881.74	1,037.72	818.00	992.98	1,138.31
62	635.04	792.93	778.07	901.51	1,060.99	836.34	1,015.24	1,163.83
63	652.50	814.74	799.47	926.30	1,090.16	859.34	1,043.16	1,195.84
64+	663.11	827.97	812.46	941.36	1,107.89	873.30	1,060.11	1,215.27

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## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Mason, Pierce, and Thurston counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$169.09	\$211.14	\$207.18	\$240.05	\$282.51	\$222.69	\$270.33	\$309.90
15	184.12	229.90	225.60	261.39	307.62	242.49	294.36	337.44
16	189.87	237.08	232.64	269.54	317.23	250.06	303.55	347.98
17	195.62	244.26	239.68	277.70	326.83	257.63	312.74	358.51
18	201.81	251.98	247.26	286.49	337.17	265.78	322.63	369.85
19	208.00	259.71	254.84	295.27	347.51	273.93	332.52	381.19
20	214.41	267.72	262.70	304.37	358.22	282.37	342.77	392.94
21-24	265.24	331.19	324.99	376.55	443.16	349.32	424.05	486.11
25	266.31	332.52	326.29	378.05	444.93	350.72	425.74	488.06
26	271.61	339.14	332.79	385.58	453.79	357.71	434.22	497.78
27	277.98	347.09	340.59	394.62	464.43	366.09	444.40	509.45
28	288.32	360.01	353.26	409.31	481.71	379.72	460.94	528.40
29	296.81	370.61	363.66	421.35	495.89	390.89	474.51	543.96
30	301.05	375.91	368.86	427.38	502.98	396.48	481.29	551.74
31	307.42	383.85	376.66	436.42	513.62	404.87	491.47	563.40
32	313.78	391.80	384.46	445.45	524.25	413.25	501.65	575.07
33	317.76	396.77	389.33	451.10	530.90	418.49	508.01	582.36
34	322.01	402.07	394.53	457.13	537.99	424.08	514.79	590.14
35	324.13	404.72	397.13	460.14	541.54	426.87	518.19	594.03
36	326.25	407.37	399.73	463.15	545.08	429.67	521.58	597.92
37	328.37	410.02	402.33	466.16	548.63	432.46	524.97	601.81
38	330.49	412.67	404.93	469.18	552.17	435.26	528.36	605.70
39	334.74	417.97	410.13	475.20	559.26	440.85	535.15	613.47
40	338.98	423.27	415.33	481.23	566.35	446.44	541.93	621.25
41	345.35	431.21	423.13	490.26	576.99	454.82	552.11	632.92
42	351.45	438.83	430.61	498.92	587.18	462.86	561.86	644.10
43	359.94	449.43	441.01	510.97	601.36	474.03	575.43	659.66
44	370.55	462.68	454.01	526.03	619.09	488.01	592.39	679.10
45	383.01	478.24	469.28	543.73	639.92	504.43	612.32	701.95
46	397.87	496.79	487.48	564.82	664.73	523.99	636.07	729.17
47	414.58	517.66	507.96	588.54	692.65	545.99	662.79	759.79
48	433.67	541.50	531.35	615.65	724.56	571.15	693.32	794.79
49	452.51	565.02	554.43	642.39	756.02	595.95	723.43	829.31
50	473.73	591.51	580.43	672.51	791.48	623.89	757.35	868.20
51	494.68	617.68	606.10	702.26	826.49	651.49	790.85	906.60
52	517.76	646.49	634.38	735.02	865.04	681.88	827.74	948.89
53	541.10	675.64	662.97	768.15	904.04	712.62	865.06	991.67
54	566.30	707.10	693.85	803.92	946.14	745.81	905.34	1,037.85
55	591.49	738.56	724.72	839.70	988.24	778.99	945.63	1,084.03
56	618.81	772.68	758.20	878.48	1,033.88	814.97	989.30	1,134.10
57	646.40	807.12	791.99	917.64	1,079.97	851.30	1,033.40	1,184.66
58	675.84	843.88	828.07	959.44	1,129.16	890.08	1,080.47	1,238.62
59	690.43	862.10	845.94	980.15	1,153.53	909.29	1,103.80	1,265.35
60	719.87	898.86	882.02	1,021.94	1,202.72	948.07	1,150.86	1,319.31
61	745.34	930.66	913.21	1,058.09	1,245.27	981.60	1,191.57	1,365.98
62	762.05	951.52	933.69	1,081.82	1,273.19	1,003.61	1,218.29	1,396.60
63	783.00	977.68	959.36	1,111.56	1,308.20	1,031.21	1,251.79	1,435.00
64+	795.72	993.57	974.96	1,129.64	1,329.47	1,047.96	1,272.14	1,458.33

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Benton, Franklin, Kittitas, and Yakima counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	223.76	279.40	274.16	317.66	373.85	294.69	357.73	410.09
25	224.66	280.51	275.26	318.93	375.34	295.87	359.16	411.73
26	229.13	286.10	280.74	325.28	382.82	301.76	366.31	419.93
27	234.50	292.81	287.32	332.90	391.79	308.84	374.90	429.77
28	243.23	303.70	298.01	345.29	406.37	320.33	388.85	445.76
29	250.39	312.64	306.79	355.46	418.34	329.76	400.30	458.89
30	253.97	317.11	311.17	360.54	424.32	334.47	406.02	465.45
31	259.34	323.82	317.75	368.16	433.29	341.55	414.61	475.29
32	264.71	330.53	324.33	375.79	442.26	348.62	423.19	485.13
33	268.07	334.72	328.44	380.55	447.87	353.04	428.56	491.28
34	271.65	339.19	332.83	385.63	453.85	357.76	434.28	497.84
35	273.44	341.42	335.02	388.17	456.84	360.11	437.14	501.13
36	275.23	343.66	337.22	390.72	459.83	362.47	440.01	504.41
37	277.02	345.89	339.41	393.26	462.82	364.83	442.87	507.69
38	278.81	348.13	341.60	395.80	465.81	367.19	445.73	510.97
39	282.39	352.60	345.99	400.88	471.80	371.90	451.45	517.53
40	285.97	357.07	350.38	405.96	477.78	376.62	457.18	524.09
41	291.34	363.77	356.96	413.59	486.75	383.69	465.76	533.93
42	296.48	370.20	363.26	420.89	495.35	390.47	473.99	543.36
43	303.64	379.14	372.04	431.06	507.31	399.90	485.44	556.49
44	312.59	390.32	383.00	443.76	522.27	411.68	499.75	572.89
45	323.11	403.45	395.89	458.69	539.84	425.53	516.56	592.16
46	335.64	419.09	411.24	476.48	560.77	442.04	536.59	615.13
47	349.74	436.70	428.51	496.49	584.32	460.60	559.13	640.96
48	365.85	456.81	448.25	519.37	611.24	481.82	584.89	670.49
49	381.74	476.65	467.72	541.92	637.78	502.74	610.28	699.61
50	399.64	499.00	489.65	567.33	667.69	526.32	638.90	732.41
51	417.31	521.07	511.31	592.43	697.23	549.60	667.16	764.81
52	436.78	545.38	535.16	620.06	729.75	575.24	698.28	800.49
53	456.47	569.97	559.29	648.02	762.65	601.17	729.76	836.58
54	477.73	596.51	585.33	678.19	798.16	629.17	763.75	875.53
55	498.99	623.05	611.38	708.37	833.68	657.16	797.73	914.49
56	522.03	651.83	639.62	741.09	872.19	687.52	834.58	956.73
57	545.31	680.89	668.13	774.13	911.07	718.16	871.78	999.38
58	570.14	711.90	698.56	809.39	952.56	750.87	911.49	1,044.90
59	582.45	727.27	713.64	826.86	973.13	767.08	931.17	1,067.45
60	607.29	758.28	744.07	862.12	1,014.62	799.79	970.87	1,112.97
61	628.77	785.10	770.39	892.61	1,050.51	828.08	1,005.22	1,152.34
62	642.86	802.71	787.66	912.62	1,074.06	846.65	1,027.75	1,178.18
63	660.54	824.78	809.32	937.72	1,103.60	869.93	1,056.01	1,210.57
64+	671.28	838.19	822.48	952.97	1,121.54	884.07	1,073.18	1,230.26

Rates are effective January 1, 2020, through December 31, 2020. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

\*Only applicants 29 and younger, or applicants 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.

## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Benton, Franklin, Kittitas, and Yakima counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	268.51	335.28	328.99	381.19	448.62	353.63	429.27	492.10
25	269.59	336.62	330.31	382.71	450.41	355.04	430.99	494.07
26	274.96	343.32	336.89	390.33	459.38	362.12	439.58	503.91
27	281.40	351.37	344.78	399.48	470.15	370.60	449.88	515.72
28	291.87	364.44	357.61	414.35	487.65	384.40	466.62	534.92
29	300.47	375.17	368.14	426.55	502.00	395.71	480.36	550.66
30	304.76	380.54	373.41	432.65	509.18	401.37	487.23	558.54
31	311.21	388.58	381.30	441.79	519.95	409.86	497.53	570.35
32	317.65	396.63	389.20	450.94	530.71	418.34	507.83	582.16
33	321.68	401.66	394.13	456.66	537.44	423.65	514.27	589.54
34	325.97	407.02	399.40	462.76	544.62	429.31	521.14	597.41
35	328.12	409.71	402.03	465.81	548.21	432.14	524.57	601.35
36	330.27	412.39	404.66	468.86	551.80	434.96	528.01	605.29
37	332.42	415.07	407.29	471.91	555.39	437.79	531.44	609.22
38	334.57	417.75	409.92	474.96	558.98	440.62	534.87	613.16
39	338.86	423.12	415.19	481.06	566.15	446.28	541.74	621.03
40	343.16	428.48	420.45	487.16	573.33	451.94	548.61	628.91
41	349.60	436.53	428.35	496.30	584.10	460.43	558.91	640.72
42	355.78	444.24	435.92	505.07	594.42	468.56	568.79	652.04
43	364.37	454.97	446.44	517.27	608.77	479.88	582.52	667.78
44	375.11	468.38	459.60	532.52	626.72	494.02	599.69	687.47
45	387.73	484.14	475.07	550.43	647.80	510.64	619.87	710.60
46	402.77	502.91	493.49	571.78	672.93	530.44	643.91	738.16
47	419.69	524.04	514.22	595.79	701.19	552.72	670.95	769.16
48	439.02	548.18	537.90	623.24	733.49	578.18	701.86	804.59
49	458.08	571.98	561.26	650.30	765.34	603.29	732.34	839.53
50	479.56	598.80	587.58	680.80	801.23	631.58	766.68	878.90
51	500.78	625.29	613.57	710.91	836.67	659.52	800.59	917.77
52	524.14	654.46	642.19	744.08	875.70	690.29	837.94	960.59
53	547.77	683.96	671.14	777.62	915.18	721.40	875.72	1,003.89
54	573.28	715.81	702.40	813.83	957.80	755.00	916.50	1,050.64
55	598.78	747.66	733.65	850.05	1,000.42	788.59	957.28	1,097.39
56	626.44	782.20	767.54	889.31	1,046.62	825.02	1,001.49	1,148.08
57	654.37	817.07	801.75	928.95	1,093.28	861.80	1,046.14	1,199.26
58	684.17	854.28	838.27	971.26	1,143.08	901.05	1,093.79	1,253.88
59	698.94	872.72	856.37	992.23	1,167.75	920.50	1,117.40	1,280.95
60	728.74	909.94	892.89	1,034.54	1,217.55	959.75	1,165.05	1,335.57
61	754.52	942.12	924.47	1,071.13	1,260.61	993.70	1,206.26	1,382.81
62	771.44	963.25	945.20	1,095.15	1,288.88	1,015.98	1,233.30	1,413.81
63	792.65	989.73	971.19	1,125.26	1,324.32	1,043.92	1,267.22	1,452.69
64+	805.53	1005.83	986.97	1,143.56	1,345.85	1,060.89	1,287.81	1,476.30

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Island, Skagit, Snohomish, and Whatcom counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	223.76	279.40	274.16	317.66	373.85	294.69	357.73	410.09
25	224.66	280.51	275.26	318.93	375.34	295.87	359.16	411.73
26	229.13	286.10	280.74	325.28	382.82	301.76	366.31	419.93
27	234.50	292.81	287.32	332.90	391.79	308.84	374.90	429.77
28	243.23	303.70	298.01	345.29	406.37	320.33	388.85	445.76
29	250.39	312.64	306.79	355.46	418.34	329.76	400.30	458.89
30	253.97	317.11	311.17	360.54	424.32	334.47	406.02	465.45
31	259.34	323.82	317.75	368.16	433.29	341.55	414.61	475.29
32	264.71	330.53	324.33	375.79	442.26	348.62	423.19	485.13
33	268.07	334.72	328.44	380.55	447.87	353.04	428.56	491.28
34	271.65	339.19	332.83	385.63	453.85	357.76	434.28	497.84
35	273.44	341.42	335.02	388.17	456.84	360.11	437.14	501.13
36	275.23	343.66	337.22	390.72	459.83	362.47	440.01	504.41
37	277.02	345.89	339.41	393.26	462.82	364.83	442.87	507.69
38	278.81	348.13	341.60	395.80	465.81	367.19	445.73	510.97
39	282.39	352.60	345.99	400.88	471.80	371.90	451.45	517.53
40	285.97	357.07	350.38	405.96	477.78	376.62	457.18	524.09
41	291.34	363.77	356.96	413.59	486.75	383.69	465.76	533.93
42	296.48	370.20	363.26	420.89	495.35	390.47	473.99	543.36
43	303.64	379.14	372.04	431.06	507.31	399.90	485.44	556.49
44	312.59	390.32	383.00	443.76	522.27	411.68	499.75	572.89
45	323.11	403.45	395.89	458.69	539.84	425.53	516.56	592.16
46	335.64	419.09	411.24	476.48	560.77	442.04	536.59	615.13
47	349.74	436.70	428.51	496.49	584.32	460.60	559.13	640.96
48	365.85	456.81	448.25	519.37	611.24	481.82	584.89	670.49
49	381.74	476.65	467.72	541.92	637.78	502.74	610.28	699.61
50	399.64	499.00	489.65	567.33	667.69	526.32	638.90	732.41
51	417.31	521.07	511.31	592.43	697.23	549.60	667.16	764.81
52	436.78	545.38	535.16	620.06	729.75	575.24	698.28	800.49
53	456.47	569.97	559.29	648.02	762.65	601.17	729.76	836.58
54	477.73	596.51	585.33	678.19	798.16	629.17	763.75	875.53
55	498.99	623.05	611.38	708.37	833.68	657.16	797.73	914.49
56	522.03	651.83	639.62	741.09	872.19	687.52	834.58	956.73
57	545.31	680.89	668.13	774.13	911.07	718.16	871.78	999.38
58	570.14	711.90	698.56	809.39	952.56	750.87	911.49	1,044.90
59	582.45	727.27	713.64	826.86	973.13	767.08	931.17	1,067.45
60	607.29	758.28	744.07	862.12	1,014.62	799.79	970.87	1,112.97
61	628.77	785.10	770.39	892.61	1,050.51	828.08	1,005.22	1,152.34
62	642.86	802.71	787.66	912.62	1,074.06	846.65	1,027.75	1,178.18
63	660.54	824.78	809.32	937.72	1,103.60	869.93	1,056.01	1,210.57
64+	671.28	838.19	822.48	952.97	1,121.54	884.07	1,073.18	1,230.26

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## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Island, Skagit, Snohomish, and Whatcom counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	268.51	335.28	328.99	381.19	448.62	353.63	429.27	492.10
25	269.59	336.62	330.31	382.71	450.41	355.04	430.99	494.07
26	274.96	343.32	336.89	390.33	459.38	362.12	439.58	503.91
27	281.40	351.37	344.78	399.48	470.15	370.60	449.88	515.72
28	291.87	364.44	357.61	414.35	487.65	384.40	466.62	534.92
29	300.47	375.17	368.14	426.55	502.00	395.71	480.36	550.66
30	304.76	380.54	373.41	432.65	509.18	401.37	487.23	558.54
31	311.21	388.58	381.30	441.79	519.95	409.86	497.53	570.35
32	317.65	396.63	389.20	450.94	530.71	418.34	507.83	582.16
33	321.68	401.66	394.13	456.66	537.44	423.65	514.27	589.54
34	325.97	407.02	399.40	462.76	544.62	429.31	521.14	597.41
35	328.12	409.71	402.03	465.81	548.21	432.14	524.57	601.35
36	330.27	412.39	404.66	468.86	551.80	434.96	528.01	605.29
37	332.42	415.07	407.29	471.91	555.39	437.79	531.44	609.22
38	334.57	417.75	409.92	474.96	558.98	440.62	534.87	613.16
39	338.86	423.12	415.19	481.06	566.15	446.28	541.74	621.03
40	343.16	428.48	420.45	487.16	573.33	451.94	548.61	628.91
41	349.60	436.53	428.35	496.30	584.10	460.43	558.91	640.72
42	355.78	444.24	435.92	505.07	594.42	468.56	568.79	652.04
43	364.37	454.97	446.44	517.27	608.77	479.88	582.52	667.78
44	375.11	468.38	459.60	532.52	626.72	494.02	599.69	687.47
45	387.73	484.14	475.07	550.43	647.80	510.64	619.87	710.60
46	402.77	502.91	493.49	571.78	672.93	530.44	643.91	738.16
47	419.69	524.04	514.22	595.79	701.19	552.72	670.95	769.16
48	439.02	548.18	537.90	623.24	733.49	578.18	701.86	804.59
49	458.08	571.98	561.26	650.30	765.34	603.29	732.34	839.53
50	479.56	598.80	587.58	680.80	801.23	631.58	766.68	878.90
51	500.78	625.29	613.57	710.91	836.67	659.52	800.59	917.77
52	524.14	654.46	642.19	744.08	875.70	690.29	837.94	960.59
53	547.77	683.96	671.14	777.62	915.18	721.40	875.72	1,003.89
54	573.28	715.81	702.40	813.83	957.80	755.00	916.50	1,050.64
55	598.78	747.66	733.65	850.05	1,000.42	788.59	957.28	1,097.39
56	626.44	782.20	767.54	889.31	1,046.62	825.02	1,001.49	1,148.08
57	654.37	817.07	801.75	928.95	1,093.28	861.80	1,046.14	1,199.26
58	684.17	854.28	838.27	971.26	1,143.08	901.05	1,093.79	1,253.88
59	698.94	872.72	856.37	992.23	1,167.75	920.50	1,117.40	1,280.95
60	728.74	909.94	892.89	1,034.54	1,217.55	959.75	1,165.05	1,335.57
61	754.52	942.12	924.47	1,071.13	1,260.61	993.70	1,206.26	1,382.81
62	771.44	963.25	945.20	1,095.15	1,288.88	1,015.98	1,233.30	1,413.81
63	792.65	989.73	971.19	1,125.26	1,324.32	1,043.92	1,267.22	1,452.69
64+	805.53	1,005.83	986.97	1,143.56	1,345.85	1,060.89	1,287.81	1,476.30

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## 2020 Monthly rates

### Tobacco Non-User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Columbia, Walla Walla, and Whitman counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	223.76	279.40	274.16	317.66	373.85	294.69	357.73	410.09
25	224.66	280.51	275.26	318.93	375.34	295.87	359.16	411.73
26	229.13	286.10	280.74	325.28	382.82	301.76	366.31	419.93
27	234.50	292.81	287.32	332.90	391.79	308.84	374.90	429.77
28	243.23	303.70	298.01	345.29	406.37	320.33	388.85	445.76
29	250.39	312.64	306.79	355.46	418.34	329.76	400.30	458.89
30	253.97	317.11	311.17	360.54	424.32	334.47	406.02	465.45
31	259.34	323.82	317.75	368.16	433.29	341.55	414.61	475.29
32	264.71	330.53	324.33	375.79	442.26	348.62	423.19	485.13
33	268.07	334.72	328.44	380.55	447.87	353.04	428.56	491.28
34	271.65	339.19	332.83	385.63	453.85	357.76	434.28	497.84
35	273.44	341.42	335.02	388.17	456.84	360.11	437.14	501.13
36	275.23	343.66	337.22	390.72	459.83	362.47	440.01	504.41
37	277.02	345.89	339.41	393.26	462.82	364.83	442.87	507.69
38	278.81	348.13	341.60	395.80	465.81	367.19	445.73	510.97
39	282.39	352.60	345.99	400.88	471.80	371.90	451.45	517.53
40	285.97	357.07	350.38	405.96	477.78	376.62	457.18	524.09
41	291.34	363.77	356.96	413.59	486.75	383.69	465.76	533.93
42	296.48	370.20	363.26	420.89	495.35	390.47	473.99	543.36
43	303.64	379.14	372.04	431.06	507.31	399.90	485.44	556.49
44	312.59	390.32	383.00	443.76	522.27	411.68	499.75	572.89
45	323.11	403.45	395.89	458.69	539.84	425.53	516.56	592.16
46	335.64	419.09	411.24	476.48	560.77	442.04	536.59	615.13
47	349.74	436.70	428.51	496.49	584.32	460.60	559.13	640.96
48	365.85	456.81	448.25	519.37	611.24	481.82	584.89	670.49
49	381.74	476.65	467.72	541.92	637.78	502.74	610.28	699.61
50	399.64	499.00	489.65	567.33	667.69	526.32	638.90	732.41
51	417.31	521.07	511.31	592.43	697.23	549.60	667.16	764.81
52	436.78	545.38	535.16	620.06	729.75	575.24	698.28	800.49
53	456.47	569.97	559.29	648.02	762.65	601.17	729.76	836.58
54	477.73	596.51	585.33	678.19	798.16	629.17	763.75	875.53
55	498.99	623.05	611.38	708.37	833.68	657.16	797.73	914.49
56	522.03	651.83	639.62	741.09	872.19	687.52	834.58	956.73
57	545.31	680.89	668.13	774.13	911.07	718.16	871.78	999.38
58	570.14	711.90	698.56	809.39	952.56	750.87	911.49	1,044.90
59	582.45	727.27	713.64	826.86	973.13	767.08	931.17	1,067.45
60	607.29	758.28	744.07	862.12	1,014.62	799.79	970.87	1,112.97
61	628.77	785.10	770.39	892.61	1,050.51	828.08	1,005.22	1,152.34
62	642.86	802.71	787.66	912.62	1,074.06	846.65	1,027.75	1,178.18
63	660.54	824.78	809.32	937.72	1,103.60	869.93	1,056.01	1,210.57
64+	671.28	838.19	822.48	952.97	1,121.54	884.07	1,073.18	1,230.26

Rates are effective January 1, 2020, through December 31, 2020. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

\*Only applicants 29 and younger, or applicants 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.



## 2020 Monthly rates

### Tobacco User Rates

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Washington Healthplanfinder.

#### Columbia, Walla Walla, and Whitman counties

Age on 2020 effective date	Core Basics Plus*	Flex Bronze	Core Bronze HSA	Core Silver HSA	VisitsPlus Silver HD VisitsPlus Silver 73 HD VisitsPlus Silver 87 HD VisitsPlus Silver 94 HD	Flex Silver HD	Flex Silver Flex Silver 73 Flex Silver 87 Flex Silver 94	Flex Gold
0-14	\$171.18	\$213.74	\$209.73	\$243.01	\$285.99	\$225.44	\$273.66	\$313.72
15	186.39	232.74	228.38	264.61	311.42	245.48	297.99	341.60
16	192.21	240.00	235.50	272.87	321.14	253.14	307.29	352.26
17	198.03	247.27	242.63	281.12	330.86	260.80	316.59	362.93
18	204.29	255.09	250.31	290.02	341.32	269.05	326.61	374.41
19	210.56	262.91	257.98	298.91	351.79	277.30	336.62	385.89
20	217.05	271.01	265.94	308.13	362.63	285.85	347.00	397.78
21-24	268.51	335.28	328.99	381.19	448.62	353.63	429.27	492.10
25	269.59	336.62	330.31	382.71	450.41	355.04	430.99	494.07
26	274.96	343.32	336.89	390.33	459.38	362.12	439.58	503.91
27	281.40	351.37	344.78	399.48	470.15	370.60	449.88	515.72
28	291.87	364.44	357.61	414.35	487.65	384.40	466.62	534.92
29	300.47	375.17	368.14	426.55	502.00	395.71	480.36	550.66
30	304.76	380.54	373.41	432.65	509.18	401.37	487.23	558.54
31	311.21	388.58	381.30	441.79	519.95	409.86	497.53	570.35
32	317.65	396.63	389.20	450.94	530.71	418.34	507.83	582.16
33	321.68	401.66	394.13	456.66	537.44	423.65	514.27	589.54
34	325.97	407.02	399.40	462.76	544.62	429.31	521.14	597.41
35	328.12	409.71	402.03	465.81	548.21	432.14	524.57	601.35
36	330.27	412.39	404.66	468.86	551.80	434.96	528.01	605.29
37	332.42	415.07	407.29	471.91	555.39	437.79	531.44	609.22
38	334.57	417.75	409.92	474.96	558.98	440.62	534.87	613.16
39	338.86	423.12	415.19	481.06	566.15	446.28	541.74	621.03
40	343.16	428.48	420.45	487.16	573.33	451.94	548.61	628.91
41	349.60	436.53	428.35	496.30	584.10	460.43	558.91	640.72
42	355.78	444.24	435.92	505.07	594.42	468.56	568.79	652.04
43	364.37	454.97	446.44	517.27	608.77	479.88	582.52	667.78
44	375.11	468.38	459.60	532.52	626.72	494.02	599.69	687.47
45	387.73	484.14	475.07	550.43	647.80	510.64	619.87	710.60
46	402.77	502.91	493.49	571.78	672.93	530.44	643.91	738.16
47	419.69	524.04	514.22	595.79	701.19	552.72	670.95	769.16
48	439.02	548.18	537.90	623.24	733.49	578.18	701.86	804.59
49	458.08	571.98	561.26	650.30	765.34	603.29	732.34	839.53
50	479.56	598.80	587.58	680.80	801.23	631.58	766.68	878.90
51	500.78	625.29	613.57	710.91	836.67	659.52	800.59	917.77
52	524.14	654.46	642.19	744.08	875.70	690.29	837.94	960.59
53	547.77	683.96	671.14	777.62	915.18	721.40	875.72	1,003.89
54	573.28	715.81	702.40	813.83	957.80	755.00	916.50	1,050.64
55	598.78	747.66	733.65	850.05	1,000.42	788.59	957.28	1,097.39
56	626.44	782.20	767.54	889.31	1,046.62	825.02	1,001.49	1,148.08
57	654.37	817.07	801.75	928.95	1,093.28	861.80	1,046.14	1,199.26
58	684.17	854.28	838.27	971.26	1,143.08	901.05	1,093.79	1,253.88
59	698.94	872.72	856.37	992.23	1,167.75	920.50	1,117.40	1,280.95
60	728.74	909.94	892.89	1,034.54	1,217.55	959.75	1,165.05	1,335.57
61	754.52	942.12	924.47	1,071.13	1,260.61	993.70	1,206.26	1,382.81
62	771.44	963.25	945.20	1,095.15	1,288.88	1,015.98	1,233.30	1,413.81
63	792.65	989.73	971.19	1,125.26	1,324.32	1,043.92	1,267.22	1,452.69
64+	805.53	1,005.83	986.97	1,143.56	1,345.85	1,060.89	1,287.81	1,476.30

Rates are effective January 1, 2020, through December 31, 2020. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

\*Only applicants 29 and younger, or applicants 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente Catastrophic Core Basics Plus plan.

# Learn about vision and dental coverage

## Covered eye care

All our medical plans cover adult vision exams at a copay, coinsurance, or deductible payment depending on your plan. Glasses and contact lenses for adults aren't covered. But for members 18 and younger, vision exams and glasses or contact lenses are covered at no cost.\* Visit [kp.org/wa/eyecare](https://kp.org/wa/eyecare) for Kaiser Permanente Eye Care locations in Washington. Or check our directory at [kp.org/wa/directory](https://kp.org/wa/directory).

## Adding dental coverage

Oral health is an important part of your overall well-being. When you choose a Kaiser Permanente medical plan, you can also add dental coverage – for yourself, your children, or your entire family. Our dental plans give you the freedom to see any dentist, but you'll usually pay less when you see a Delta Dental participating dentist.

## Choosing your dentist

You can choose a dentist from 2 networks: Delta Dental PPO or Delta Dental Premier. To find a participating dentist in your area, visit [deltadentalwa.com](https://deltadentalwa.com). Delta Dental dentists offer services at discounted rates and file all claim paperwork for you. You'll need to pay a copay, coinsurance, or deductible payment, depending on your plan, as well as any amounts above your plan maximum.

If you choose a non-participating (out-of-network) dentist, you'll need to have the dentist complete your claim forms and make sure the claims are submitted to Delta Dental. Claim payments to non-participating dentists are based on the actual charges or on Delta Dental's maximum allowable fees for non-participating dentists, whichever are less. After Delta Dental pays, you'll need to pay any amount left over.

For more information or to find a participating provider, visit [deltadentalwa.com](https://deltadentalwa.com) or call Delta Dental at **1-800-554-1907**.

## Choosing your plan

You can choose from 2 kinds of dental plans. Keep in mind that pediatric dental coverage is legally required for anyone 18 or younger. You can buy it separately or with a family dental plan.

### Adult/family plan

The optional adult/family plan includes dental coverage for everyone covered on the medical plan.

- This plan is available for adults or families who buy their medical plan directly from Kaiser Permanente.
- Adults or families who buy their medical plan through Washington Healthplanfinder can also buy their family dental plan there.

### Pediatric-only plan

The pediatric-only plan offers dental coverage for those 18 and younger only.

- This plan is available if you buy your medical plan directly from Kaiser Permanente.
- If you buy your medical plan through Washington Healthplanfinder, you'll also need to buy pediatric dental coverage for those 18 and younger through Washington Healthplanfinder.

All dental plans offered and underwritten by Delta Dental of Washington.

\*Vision hardware must be prescribed and purchased at a Kaiser Permanente Eye Care location or participating network provider.

**Have questions?** Call us at **1-800-494-5314**. • Go to [kp.org/wa/if](https://kp.org/wa/if). • Or contact your producer.

# Summary of benefits

	Adult/family plan				Pediatric-only plan	
	Pediatric (18 and younger)		Adult (19 or older)		Only for those 18 and younger	
	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non-participating dentist
<b>Annual maximum</b>	Unlimited		\$1,250 \$1,000 annual TMJ maximum \$5,000 lifetime TMJ maximum		Unlimited	
<b>Annual deductible</b> Waived on diagnostic and preventive benefits	\$85 / child		\$50 / adult		\$85 / child	
<b>Out-of-pocket maximum</b>	\$350 / child \$700 / family†	Not applicable	Not applicable		\$350 / child \$700 / family†	Not applicable
<b>Diagnostic and preventive</b> Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%	100%	100%
<b>Restorative</b> Restorations (includes posterior composites*), endodontics, periodontics, oral surgery**	30%	30%	50%	50%	30%	30%
<b>Major</b> Crowns,** dentures, partials, bridges, implants, and TMJ treatment for adults 19 or older	50%	50%	50%	50%	50%	50%
<b>Orthodontia**</b> (medically necessary) Coinsurance Lifetime maximum	50% Unlimited		Not covered		50% Unlimited	

Rates	Adult/family plan	Pediatric-only plan
<b>Individual only</b>	\$49.56	This plan bills only for the first three 18 and younger
<b>Individual + spouse</b>	\$99.15	<b>1 Individual (&lt;19)</b> \$47.38
<b>Individual + child(ren)</b>	\$110.23	<b>2 Individuals (&lt;19)</b> \$94.76
<b>Individual + family</b>	\$175.29	<b>3 Individuals (&lt;19)</b> \$142.14

TMJ = temporomandibular joint

\*Includes dental providers in the Delta Dental PPO<sup>SM</sup> and Delta Dental Premier® networks

†For families with two or more children

‡Covered for members 18 and younger

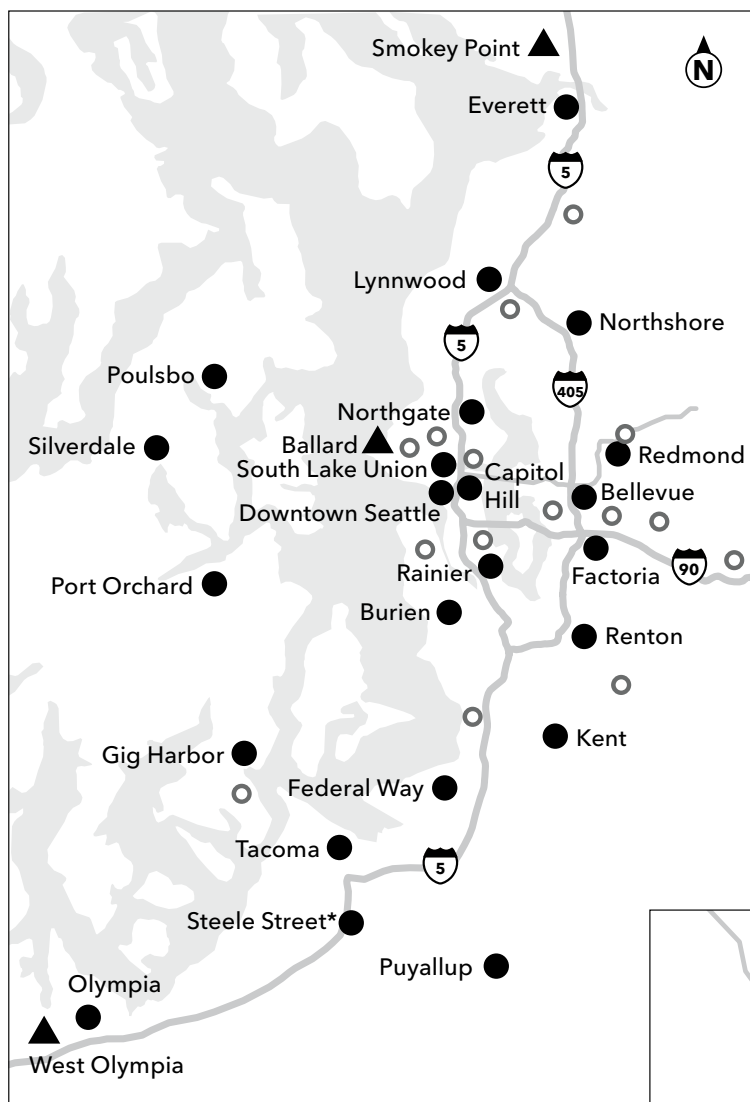
\*\*Requires preauthorization

This is a brief summary of benefits and is not a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington. All dental plans offered and underwritten by Delta Dental of Washington.

**Have questions?** Call us at **1-800-358-8815**. • Go to **kp.org/wa/if**. • Or contact your producer.

# Find a facility near you

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 and on the following page, or visit [kp.org/wa/provider-directory](https://kp.org/wa/provider-directory) to find the location nearest you.



## WESTERN WASHINGTON

- Kaiser Permanente Medical Facility
- ▲ Kaiser Permanente Medical Facility scheduled to open in 2019-2020
- CareClinic by Kaiser Permanente at Bartell Drugs

### Kaiser Permanente Medical Facility Locations

Bellevue (2)	Poulsbo
Bothell	Puyallup
Burien	Redmond
Everett	Renton
Federal Way	Seattle (5)
Gig Harbor	Silverdale
Kent	Spokane (6)
Lynnwood	Spokane Valley
Olympia	Tacoma (2)
Port Orchard	

### CareClinic by Kaiser Permanente at Bartell Drugs

Alderwood	Rainier Avenue
Ballard	Redmond
Bellevue Village	Sammamish
Crossroads	Silver Lake
Des Moines	Snoqualmie
Fairwood	University Village
Gig Harbor	West Seattle
Greenwood	



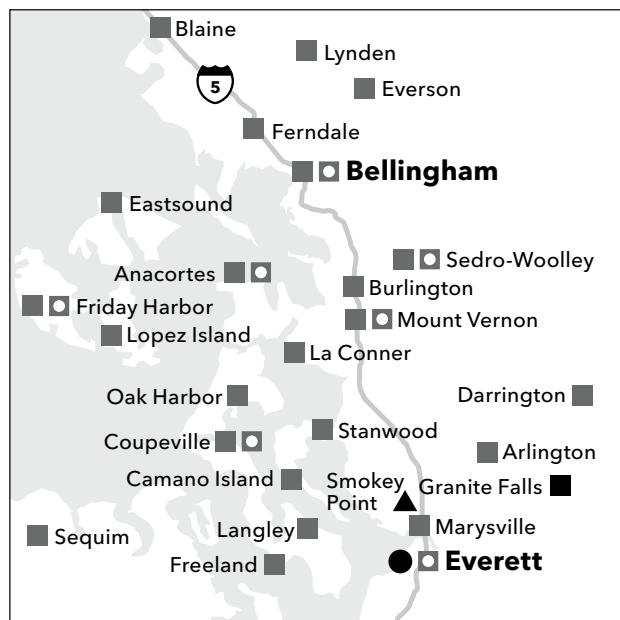
## SPOKANE AREA

\*Formerly named Tacoma South

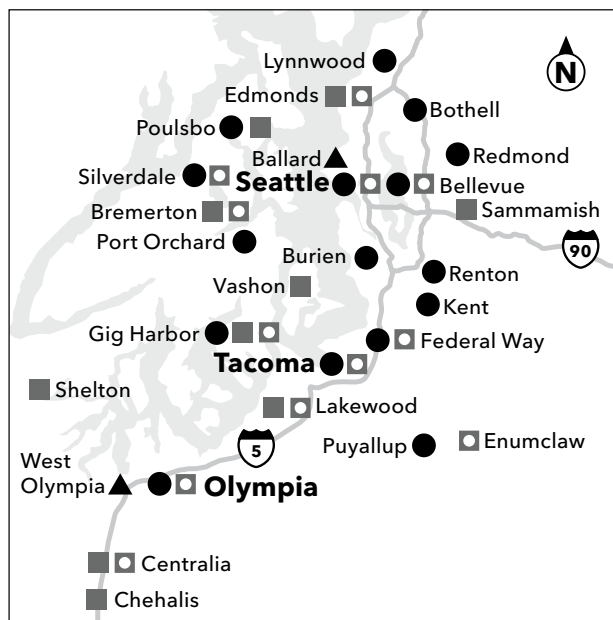
Have questions? Call us at 1-800-358-8815. • Go to [kp.org/wa/if](https://kp.org/wa/if). • Or contact your producer.

## Core network provider locations

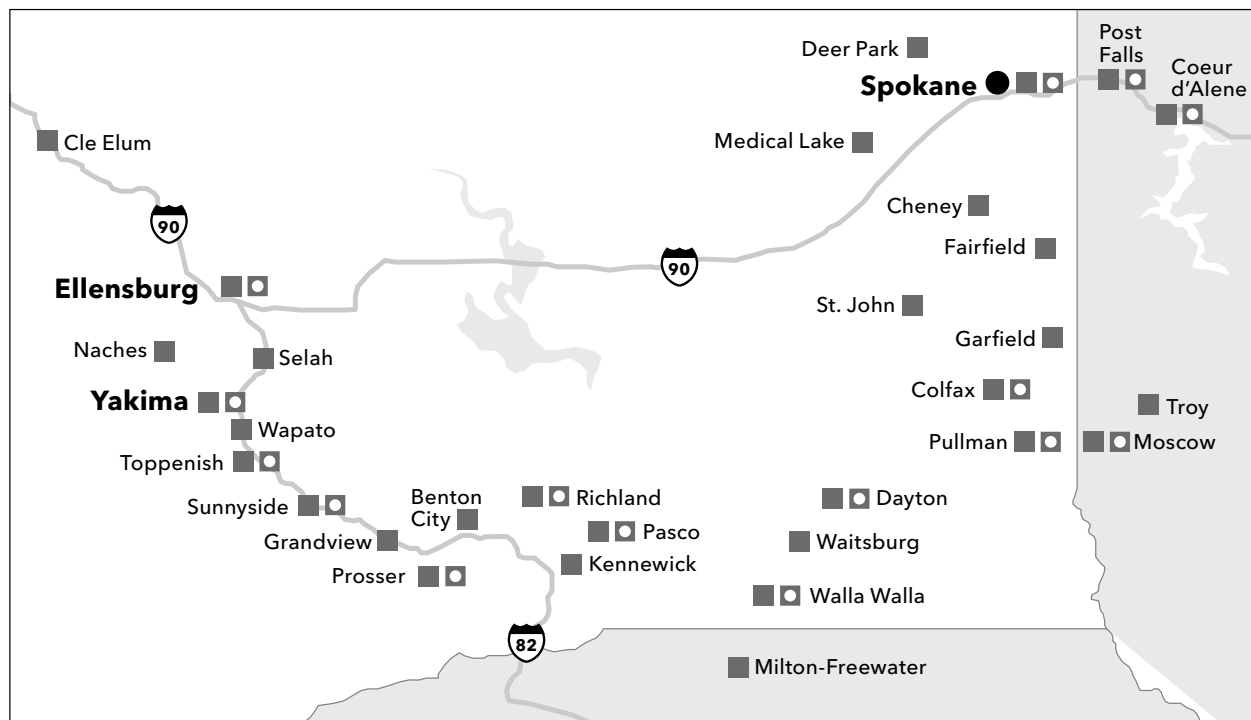
### WESTERN WASHINGTON (NORTH)



### WESTERN WASHINGTON (PUGET SOUND)



### CENTRAL & EASTERN WASHINGTON



- Kaiser Permanente Medical Facilities
- ▲ Kaiser Permanente Medical Facility scheduled to open in 2019-2020
- Affiliate Medical Offices
- Affiliate Hospitals

Please check [kp.org/wa/provider-directory](https://kp.org/wa/provider-directory) for the most up-to-date listing of all network providers or call Member Services.

Have questions? Call us at 1-800-494-5314. • Go to [kp.org/wa/if](https://kp.org/wa/if). • Or contact your producer.



# Important disclosure information

Kaiser Foundation Health Plan of Washington | Kaiser Foundation Health Plan of Washington Options, Inc.

## Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

Your health plan is designed to help you live your healthiest life. To achieve that, it's important that you understand your plan's benefits, coverage, and policies. Upon request, Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. (collectively referred to as "Kaiser Permanente" within this document) will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits, and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A list of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A list of all available disclosure items, in addition to the above, as required by law

## Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's Evidence of Coverage.

### Your right to safe and effective pharmacy services

State and federal laws establish standards to ensure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health toll-free at 1-800-525-0127.

### Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?

Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a

brand-name drug instead of the generic equivalent (if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins – including most prescription vitamins – are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at [kp.org/wa/formulary](http://kp.org/wa/formulary).

**When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?**

Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

**What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?**

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.

- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

**How much do I have to pay to get a prescription filled?**

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

**Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?**

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. Most Kaiser Permanente medical locations have pharmacies located within the facility. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies, covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at [kp.org/wa](http://kp.org/wa) lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente's business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for

your emergency prescription drug fill. Refer to your Evidence of Coverage for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at [kp.org/wa/formulary](http://kp.org/wa/formulary). Members can request an emergency fill by calling 1-855-505-8107.

Call Member Services to find out which pharmacies are in your area, or if you anticipate needing to fill a prescription when you are traveling.

### **How many days' supply of most medications can I get without paying another copay or other repeating charge?**

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a 3-month supply of a maintenance drug, you will be charged 3 pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

### **What other pharmacy services does my health plan cover?**

A mail-order prescription refill service is available. Contact Member Services for your plan's specific mail-order pharmacy benefits. At Kaiser Foundation Health Plan of Washington, the Pharmacy Department is involved in the development of clinical road maps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

## **How we protect your personal information**

Your health is our number one priority, and part of caring for you is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Specifically:

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the

organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.

- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted or required by law.
- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

For information regarding our privacy practices, you can view our *Notice of Privacy Practices* at [kp.org/wa](http://kp.org/wa) or call Member Services at 1-888-901-4636. If you are deaf or hard of hearing, please call the TTY WA Relay at 1-800-833-6388 or 711.

## **Understanding your plan coverage**

### **Treatment coverage**

Your treatment and service coverage is determined by your specific health plan. If you ever have any concerns or questions regarding your coverage, contact Member Services for assistance.

For a particular treatment or service to be covered, it must be:

- Provided or arranged by a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. health care provider (depending on your plan), except for emergency care and urgent care outside of the Kaiser Permanente service area. Kaiser Foundation Health Plan of Washington Options, Inc. members may self-refer to care from any licensed health care provider in the United States at a lower benefit level.
- Covered by the Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of

Washington Options, Inc. plan in which you are enrolled. To ask about coverage for a specific treatment or service, contact Member Services.

### Utilization reviews

At Kaiser Permanente, we provide or authorize your medical care based on what is appropriate and necessary for the condition being treated or diagnosed. We do not use financial incentives to encourage our providers to withhold care from members. Our doctors are free to make their own decisions. However, some treatments and services require a utilization review (or coverage review) by the plan.

A utilization review determines whether a treatment or service is covered under the terms of your coverage agreement. It does not determine whether a provider may render services or whether you may choose to purchase a medical service on your own. Utilization reviews may occur at different times relative to the services you receive. It may occur before you receive the services, at the same time you receive services, or after you receive services.

During a utilization review, we will:

- Evaluate whether a specific health care service, procedure, or setting is necessary, appropriate, effective, and efficient for the condition in question; or
- Monitor the use of a specific health care service, procedure, or setting.

Some treatments and services are subject to utilization reviews based on criteria developed by Kaiser Permanente or another organization. In some cases, a service for which we have conducted a utilization review may not be deemed medically necessary, as defined in the plan's clinical review criteria.

If you believe you need a specific type of care, talk to your health care provider. He or she will discuss it with you and recommend the most appropriate care. For more information about utilization reviews, or for a written explanation of our criteria for a specific service, contact Member Services.

A preservice review (or preauthorization) is a specific type of utilization review that occurs prior to your receiving services. Some care requires a referral from your personal physician but does not require preauthorization. However, certain services do require preservice review to be covered.

In addition, the service must be covered by your health plan for you to receive the coverage benefit.

Usually, your provider will arrange for preservice review when necessary. If a treatment or service is not authorized, you'll receive a written explanation of the reason for the denial, your right to appeal the decision, and the appeal process.

Kaiser Permanente will not deny coverage retroactively for preauthorized services that have already been provided to the member. Exceptions are if there has been an intentional misrepresentation of a material fact by the patient, member, or provider of services; if coverage was obtained based on inaccurate, false, or misleading information on the enrollment application; or if premiums have not been paid.

## Grievances and appeals processes

If you ever have a concern, request, complaint, or compliment, we encourage you to let us know. Kaiser Permanente offers grievance, coverage decision (including exceptions), and appeals processes. Generally, grievances are complaints regarding the quality of care you receive, or the quality of service we provide, including problems getting appointments and disrespectful or rude staff behavior.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs or a request for a drug at a lower out-of-pocket cost.

An appeal is a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and timeframe for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Reviews that are clinically urgent will take no longer than 72 hours.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See [kp.org/wa/appeals](https://www.kp.org/wa/appeals) for more detail.

# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### Kaiser Permanente

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](http://kp.org/wa/feedback)

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  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.



## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 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 1-888-901-4636 (TTY: 1-800-833-6388 / 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 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): ប្រយ័ត្ន:** បើសិនអ្នកនិយាយ, សេដ្ឋន្តិយជក យេមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 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。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)፡፡

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

# Helpful websites and phone numbers

Have questions about enrolling or getting started with Kaiser Permanente? Want to learn more about our services? Use this information to explore the resources available to members, or to get answers to any questions you have.

## Kaiser Permanente

Discover Kaiser Permanente..... [kp.org/wa](https://kp.org/wa)

## Enrollment resources

Apply online ..... [buykp.org/apply](https://buykp.org/apply)

Get started if you're a new member..... [kp.org/wa/newmember](https://kp.org/wa/newmember)

Enroll during a special enrollment period ..... [kp.org/specialenrollment](https://kp.org/specialenrollment)

## Member resources

Manage your care ..... [kp.org/wa](https://kp.org/wa)

Choose your doctor or find a location near you..... [kp.org/wa/directory](https://kp.org/wa/directory)

Create your online account ..... [kp.org/wa/register](https://kp.org/wa/register)

Get a copy of your *Evidence of Coverage*..... [kp.org/plandocuments](https://kp.org/plandocuments)

## Additional resources

Find resources for healthier living ..... [kp.org/wa/member-perks](https://kp.org/wa/member-perks)

Learn about vision care ..... [kp.org/wa/eyecare](https://kp.org/wa/eyecare)

Check out community events..... [kp.org/wa/community-events](https://kp.org/wa/community-events)

Check out classes ..... [kp.org/wa/classes](https://kp.org/wa/classes)

## Get in touch with us by phone

Get general information about Kaiser Permanente..... **1-800-494-5314**

Learn about our resources in your area ..... **1-800-290-8900**




# The right choice for a healthier you

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

## Want to learn more?

Visit [kp.org/wa](https://kp.org/wa) or call us at **1-800-494-5314** (TTY 711).

### Stay connected to good health

-  [facebook.com/kaiserpermanentewashington](https://facebook.com/kaiserpermanentewashington)
-  [youtube.com/kaiserpermanenteorg](https://youtube.com/kaiserpermanenteorg)
-  [@kp washington](https://twitter.com/kp washington), [@kp thrive](https://twitter.com/kp thrive), [@aboutkp](https://twitter.com/aboutkp), [@kp totalhealth](https://twitter.com/kp totalhealth)



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