



# 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/facilities](https://kp.org/facilities).



## Your doctor, your choice

Choose your doctor based on what's important to you. Go to [kp.org/searchdoctors](https://kp.org/searchdoctors) 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/choosehealthy](https://kp.org/choosehealthy).

\*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 [buykp.org/apply](https://buykp.org/apply). • 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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## Copay plans – gold

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Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

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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
KP WA Gold 0/20 with Pediatric Dental (no deductible)	\$20	\$40	\$10
KP WA Silver 2500/35 with Pediatric Dental (\$2,500 deductible)	\$35	\$87 or 30% if you've met your deductible	\$25
KP WA Bronze 5000/50 with Pediatric Dental (\$5,000 deductible)	\$50	\$87 or 35% if you've met your deductible	\$49 or \$30 if you've met your deductible

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

## 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 the Northwest, 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 and first month's premium 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://www.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://www.wahealthplanfinder.org) for details.

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

# 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

	<b>KP</b> KP WA Silver 2500/35 with Pediatric Dental
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300
<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	\$35
Specialty care office visit	\$65
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$35
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	30% after deductible
Urgent care visit	\$50
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$25
Preferred brand	\$65
Non-preferred brand	50% after deductible
Specialty	50% after deductible
<b>Whole health</b>	
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.



Offered through Kaiser Foundation Health Plan of the Northwest



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 \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,150 for yourself and no more than \$16,300 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, primary care visits are covered at a \$35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinurance

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

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a \$50 copay for urgent care visits, whether or not you have met your deductible.

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

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [wahealthplanfinder.org](http://wahealthplanfinder.org).

	<b>KP</b> KP WA Bronze 6500/50 with Pediatric Dental	<b>KP</b> KP WA Bronze 6000/30% HSA with Pediatric Dental	<b>KP</b> KP WA Bronze 5000/50 with Pediatric Dental	<b>KP</b> KP WA Silver 3500/35 with Pediatric Dental
Plan type	Deductible	HSA-qualified	Deductible	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,000/\$12,000	\$5,000/\$10,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$6,900/\$13,800	\$8,150/\$16,300	\$8,150/\$16,300
<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	\$50	30% after deductible	\$50	\$35
Specialty care office visit	50% after deductible	30% after deductible	35% after deductible	\$65
Most X-rays	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Most lab tests	50% after deductible	30% after deductible	35% after deductible	30% after deductible
MRI, CT, PET	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Outpatient surgery	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Mental health visit	\$50	30% after deductible	\$50	\$35
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	30% after deductible	35% after deductible	30% after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	50% after deductible	30% after deductible	35% after deductible	30% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Urgent care visit	50% after deductible	30% after deductible	35% after deductible	\$50
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	50% after deductible	\$20* after deductible	\$30* after deductible	\$25*
Preferred brand	50% after deductible	\$50* after deductible	50% after deductible	\$65*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits 50% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits 30% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits 35% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†

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

†Discount programs and other services shown may be provided by groups other than Kaiser Foundation Health Plan of the Northwest, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

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

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

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [wahealthplanfinder.org](http://wahealthplanfinder.org).

	<b>KP</b> KP WA Silver 3000/20% HSA with Pediatric Dental	<b>KP</b> KP WA Silver 2500/35 with Pediatric Dental	<b>KP</b> KP WA Gold 1000/20 with Pediatric Dental	<b>KP</b> KP WA Gold 0/20 with Pediatric Dental
Plan type	HSA-qualified	Deductible	Deductible	Copayment
Features				
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$2,500/\$5,000	\$1,000/\$2,000	None/None
Annual out-of-pocket maximum (individual/family)	\$6,900/\$13,800	\$8,150/\$16,300	\$7,500/\$15,000	\$7,500/\$15,000
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	20% after deductible	\$35	\$20	\$20
Specialty care office visit	20% after deductible	\$65	\$40	\$40
Most X-rays	20% after deductible	30% after deductible	30%	\$40
Most lab tests	20% after deductible	30% after deductible	30%	\$40
MRI, CT, PET	20% after deductible	30% after deductible	30% after deductible	\$300
Outpatient surgery	20% after deductible	30% after deductible	30% after deductible	30%
Mental health visit	20% after deductible	\$35	\$20	\$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	30%
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	30% after deductible	30%
Emergency and urgent care				
Emergency Department visit	20% after deductible	30% after deductible	30% after deductible	\$350
Urgent care visit	20% after deductible	\$50	\$40	\$40
Prescription drugs (up to a 30-day supply)				
Generic	\$15* after deductible	\$25*	\$10*	\$10*
Preferred brand	\$55* after deductible	\$65*	\$30*	\$30*
Non-preferred brand	50% after deductible	50% after deductible	50%	50%
Specialty	50% after deductible	50% after deductible	50%	50%
Whole health				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits 20% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>

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

<sup>†</sup>Discount programs and other services shown may be provided by groups other than Kaiser Foundation Health Plan of the Northwest, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

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

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	<b>M</b> KP WA Bronze 6500/50	<b>M</b> KP WA Bronze 6000/30% HSA	<b>M</b> KP WA Bronze 5000/50	<b>M</b> KP WA Silver 3500/35
Plan type	Deductible	HSA-qualified	Deductible	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,000/\$12,000	\$5,000/\$10,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$6,900/\$13,800	\$8,150/\$16,300	\$8,150/\$16,300
<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	\$50	30% after deductible	\$50	\$35
Specialty care office visit	50% after deductible	30% after deductible	35% after deductible	\$65
Most X-rays	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Most lab tests	50% after deductible	30% after deductible	35% after deductible	30% after deductible
MRI, CT, PET	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Outpatient surgery	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Mental health visit	\$50	30% after deductible	\$50	\$35
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	30% after deductible	35% after deductible	30% after deductible
<b>Maternity</b>				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	50% after deductible	30% after deductible	35% after deductible	30% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	50% after deductible	30% after deductible	35% after deductible	30% after deductible
Urgent care visit	50% after deductible	30% after deductible	35% after deductible	\$50
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	50% after deductible	\$20* after deductible	\$30* after deductible	\$25*
Preferred brand	50% after deductible	\$50* after deductible	50% after deductible	\$65*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits 50% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits 30% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits 35% after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†

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

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	<b>M</b> KP WA Silver 2500/35	<b>M</b> KP WA Gold 1000/20	<b>M</b> KP WA Gold 0/20	<b>M</b> KP WA Catastrophic 8150/0 <sup>†</sup>
Plan type	Deductible	Deductible	Copayment	Deductible
Features				
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,000/\$2,000	None/None	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$7,500/\$15,000	\$7,500/\$15,000	\$8,150/\$16,300
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	\$20	\$20	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	\$65	\$40	\$40	No charge after deductible
Most X-rays	30% after deductible	30%	\$40	No charge after deductible
Most lab tests	30% after deductible	30%	\$40	No charge after deductible
MRI, CT, PET	30% after deductible	30% after deductible	\$300	No charge after deductible
Outpatient surgery	30% after deductible	30% after deductible	30%	No charge after deductible
Mental health visit	\$35	\$20	\$20	No charge after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30%	No charge after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30%	No charge after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	\$350	No charge after deductible
Urgent care visit	\$50	\$40	\$40	No charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$20*	\$10*	\$10*	No charge after deductible
Preferred brand	\$65*	\$30*	\$30*	No charge after deductible
Non-preferred brand	50% after deductible	50%	50%	No charge after deductible
Specialty	50% after deductible	50%	50%	No charge after deductible
Whole health				
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$65 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>‡</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>‡</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$40 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>‡</sup>	10 in-network chiropractic visits and 12 acupuncture visits no charge after deductible per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>‡</sup>

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

<sup>†</sup>Discount programs and other services shown may be provided by groups other than Kaiser Foundation Health Plan of the Northwest, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

<sup>‡</sup>Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Washington Healthplanfinder demonstrating hardship or lack of affordable coverage, may purchase a KP WA Catastrophic 8150/0 plan.

\*\*The KP WA Catastrophic 8150/0 plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary health care.

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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> KP WA Silver 2500/35 73% CSR	<b>M</b> KP WA Silver 2500/35 87% CSR	<b>M</b> KP WA Silver 2500/35 94% CSR
Plan type	Deductible	Deductible	Copayment
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,350/\$4,700	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$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	\$35	\$20	\$5
Specialty care office visit	\$60	\$30	\$10
Most X-rays	30% after deductible	30% after deductible	10%
Most lab tests	30% after deductible	30% after deductible	10%
MRI, CT, PET	30% after deductible	30% after deductible	10%
Outpatient surgery	30% after deductible	30% after deductible	10%
Mental health visit	\$35	\$20	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10%
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	30% after deductible	10%
Urgent care visit	\$50	\$35	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
<b>Whole health</b>			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>	10 in-network chiropractic visits and 12 acupuncture visits \$10 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details. <sup>†</sup>

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

<sup>†</sup>Discount programs and other services shown may be provided by groups other than Kaiser Foundation Health Plan of the Northwest, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

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

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for traditional copay plans: *EWIDTRADDNTOVVX0120* & *EWIDTRADOVVX0120*; for HSA-qualified deductible plans: *EWIDHDHPDNT0120* & *EWIDHDHP0120*; for deductible plans: *EWIDDEDDNTOVVX0120* & *EWIDDEDOVVX0120*; for the catastrophic plan: *EWIDCATOVVX0120*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000, or contact your producer. For services subject to the deductible, you will 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.

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

## Cost Share Reduction (CSR) Plans

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

	<b>M</b> KP WA Silver 3500/35 73% CSR	<b>M</b> KP WA Silver 3500/35 87% CSR	<b>M</b> KP WA Silver 3500/35 94% CSR
Plan type	Deductible	Deductible	Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,750/\$5,500	\$500/\$1,000	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,700/\$5,400	\$2,000/\$4,000
<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	\$35	\$20	\$5
Specialty care office visit	\$60	\$30	\$10
Most X-rays	30% after deductible	30% after deductible	10% after deductible
Most lab tests	30% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	10% after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$35	\$20	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$50	\$45	\$25
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$25*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
<b>Whole health</b>			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits \$60 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits \$30 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†	10 in-network chiropractic visits and 12 acupuncture visits \$10 per visit. See <a href="http://chpgroup.com">chpgroup.com</a> for details.†

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

†Discount programs and other services shown may be provided by groups other than Kaiser Foundation Health Plan of the Northwest, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

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

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for traditional copay plans: *EWIDTRADDNTOVVX0120* & *EWIDTRADOVVX0120*; for HSA-qualified deductible plans: *EWIDHDHPDNT0120* & *EWIDHDHP0120*; for deductible plans: *EWIDDEDDNTOVVX0120* & *EWIDDEDOVVX0120*; for the catastrophic plan: *EWIDCATOVVX0120*. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-813-2000, or contact your producer. For services subject to the deductible, you will 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.

# Find your rate

Use the monthly rates chart on the following pages or apply on **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 and ZIP code
- Your age on your plan start date (effective date)
- If you add an optional dental plan for family members 19 and older
- If you qualify for federal financial assistance. Visit **buykp.org/apply** or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you use tobacco

### Interested in a family plan?

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

Family members include:

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

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

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

#### Our service area

**Clark County**  
All ZIP codes

**Cowlitz County**  
All ZIP codes

## 2020 Monthly rates Clark County

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

Tobacco Non-User Rates											
Age on 2020 effective date	<b>KP</b> KP WA Bronze 6500/50 with Pediatric Dental	<b>KP</b> KP WA Bronze 6000/30% HSA with Pediatric Dental	<b>KP</b> KP WA Bronze 5000/50 with Pediatric Dental	<b>KP</b> KP WA Silver 3500/35 with Pediatric Dental	<b>KP</b> KP WA Silver 3000/20% HSA with Pediatric Dental	<b>KP</b> KP WA Silver 2500/35 with Pediatric Dental	<b>KP</b> KP WA Gold 1000/20 with Pediatric Dental	<b>KP</b> KP WA Gold 0/20 with Pediatric Dental	<b>M</b> KP WA Catastrophic 8150/0	<b>M</b> KP WA Silver 2500/35 73% CSR KP WA Silver 2500/35 87% CSR KP WA Silver 2500/35 94% CSR	<b>M</b> KP WA Silver 3500/35 73% CSR KP WA Silver 3500/35 87% CSR KP WA Silver 3500/35 94% CSR
0-14	\$204.38	\$195.87	\$213.86	\$253.59	\$233.55	\$264.17	\$297.74	\$318.06	\$199.87	\$300.15	\$288.13
15	222.54	213.28	232.87	276.13	254.31	287.65	324.20	346.34	217.64	326.83	313.74
16	229.49	219.94	240.14	284.75	262.24	296.63	334.32	357.15	224.43	337.03	323.53
17	236.44	226.60	247.41	293.37	270.18	305.61	344.44	367.96	231.22	347.23	333.33
18	243.92	233.76	255.24	302.65	278.73	315.28	355.34	379.60	238.54	358.22	343.87
19	251.40	240.93	263.07	311.93	287.28	324.95	366.24	391.24	245.86	369.20	354.42
20	259.15	248.36	271.17	321.55	296.13	334.96	377.52	403.30	253.43	380.58	365.34
21-24	267.16	256.04	279.56	331.49	305.29	345.32	389.20	415.77	261.27	392.35	376.64
25	268.23	257.06	280.68	332.82	306.51	346.70	390.76	417.43	262.32	393.92	378.15
26	273.57	262.18	286.27	339.45	312.62	353.61	398.54	425.75	267.54	401.77	385.68
27	279.98	268.33	292.98	347.40	319.94	361.90	407.88	435.73	273.81	411.18	394.72
28	290.40	278.32	303.88	360.33	331.85	375.36	423.06	451.94	284.00	426.48	409.41
29	298.95	286.51	312.83	370.94	341.62	386.41	435.51	465.25	292.36	439.04	421.46
30	303.23	290.61	317.30	376.24	346.50	391.94	441.74	471.90	296.54	445.32	427.49
31	309.64	296.75	324.01	384.20	353.83	400.23	451.08	481.88	302.81	454.73	436.53
32	316.05	302.90	330.72	392.15	361.16	408.51	460.42	491.86	309.08	464.15	445.57
33	320.06	306.74	334.91	397.13	365.74	413.69	466.26	498.09	313.00	470.04	451.21
34	324.33	310.83	339.39	402.43	370.62	419.22	472.49	504.74	317.18	476.31	457.24
35	326.47	312.88	341.62	405.08	373.06	421.98	475.60	508.07	319.27	479.45	460.25
36	328.61	314.93	343.86	407.73	375.51	424.74	478.72	511.40	321.36	482.59	463.27
37	330.74	316.98	346.10	410.38	377.95	427.51	481.83	514.72	323.45	485.73	466.28
38	332.88	319.03	348.33	413.04	380.39	430.27	484.94	518.05	325.54	488.87	469.29
39	337.16	323.12	352.80	418.34	385.28	435.79	491.17	524.70	329.72	495.15	475.32
40	341.43	327.22	357.28	423.64	390.16	441.32	497.40	531.35	333.90	501.42	481.35
41	347.84	333.36	363.99	431.60	397.49	449.61	506.74	541.33	340.17	510.84	490.39
42	353.99	339.25	370.42	439.22	404.51	457.55	515.69	550.90	346.18	519.86	499.05
43	362.54	347.45	379.36	449.83	414.28	468.60	528.14	564.20	354.54	532.42	511.10
44	373.22	357.69	390.55	463.09	426.49	482.41	543.71	580.83	364.99	548.11	526.17
45	385.78	369.72	403.68	478.67	440.84	498.64	562.00	600.37	377.27	566.55	543.87
46	400.74	384.06	419.34	497.24	457.94	517.98	583.80	623.66	391.91	588.53	564.96
47	417.57	400.19	436.95	518.12	477.17	539.74	608.32	649.85	408.37	613.24	588.69
48	436.81	418.63	457.08	541.99	499.15	564.60	636.34	679.78	427.18	641.49	615.81
49	455.77	436.80	476.93	565.52	520.82	589.12	663.98	709.30	445.73	669.35	642.55
50	477.15	457.29	499.29	592.04	545.25	616.74	695.11	742.57	466.63	700.74	672.68
51	498.25	477.51	521.38	618.23	569.37	644.02	725.86	775.41	487.27	731.73	702.43
52	521.50	499.79	545.70	647.07	595.93	674.06	759.72	811.58	510.00	765.87	735.20
53	545.01	522.32	570.30	676.24	622.79	704.45	793.97	848.17	532.99	800.39	768.35
54	570.39	546.65	596.86	707.73	651.79	737.26	830.94	887.67	557.81	837.67	804.13
55	595.77	570.97	623.42	739.22	680.80	770.06	867.92	927.17	582.63	874.94	839.91
56	623.28	597.34	652.21	773.37	712.24	805.63	908.00	969.99	609.54	915.35	878.70
57	651.07	623.97	681.29	807.84	743.99	841.54	948.48	1,013.23	636.71	956.16	917.87
58	680.72	652.39	712.32	844.64	777.88	879.88	991.68	1,059.38	665.72	999.71	959.68
59	695.42	666.47	727.69	862.87	794.67	898.87	1,013.09	1,082.25	680.09	1,021.29	980.39
60	725.07	694.89	758.73	899.66	828.56	937.20	1,056.29	1,128.40	709.09	1,064.84	1,022.20
61	750.72	719.47	785.56	931.49	857.86	970.35	1,093.65	1,168.31	734.17	1,102.50	1,058.36
62	767.55	735.60	803.18	952.37	877.10	992.10	1,118.17	1,194.51	750.63	1,127.22	1,082.09
63	788.66	755.83	825.26	978.56	901.22	1,019.38	1,148.92	1,227.35	771.27	1,158.22	1,111.84
64+	801.48	768.12	838.68	994.47	915.87	1,035.96	1,167.60	1,247.31	783.81	1,177.05	1,129.92

Rates are effective January 1, 2020, through December 31, 2020.



## 2020 Monthly rates Cowlitz County

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

Tobacco Non-User Rates											
Age on 2020 effective date	<b>KP</b> KP WA Bronze 6500/50 with Pediatric Dental	<b>KP</b> KP WA Bronze 6000/30% HSA with Pediatric Dental	<b>KP</b> KP WA Bronze 5000/50 with Pediatric Dental	<b>KP</b> KP WA Silver 3500/35 with Pediatric Dental	<b>KP</b> KP WA Silver 3000/20% HSA with Pediatric Dental	<b>KP</b> KP WA Silver 2500/35 with Pediatric Dental	<b>KP</b> KP WA Gold 1000/20 with Pediatric Dental	<b>KP</b> KP WA Gold 0/20 with Pediatric Dental	<b>M</b> KP WA Catastrophic 8150/0	<b>M</b> KP WA Silver 2500/35 73% CSR KP WA Silver 2500/35 87% CSR KP WA Silver 2500/35 94% CSR	<b>M</b> KP WA Silver 3500/35 73% CSR KP WA Silver 3500/35 87% CSR KP WA Silver 3500/35 94% CSR
0-14	\$214.60	\$205.66	\$224.56	\$266.27	\$245.22	\$277.38	\$312.62	\$333.97	\$209.87	\$315.16	\$302.54
15	233.67	223.95	244.52	289.94	267.02	302.03	340.41	363.65	228.52	343.17	329.43
16	240.96	230.94	252.15	298.99	275.36	311.46	351.04	375.00	235.65	353.88	339.71
17	248.26	237.93	259.78	308.04	283.69	320.89	361.66	386.35	242.79	364.59	349.99
18	256.11	245.45	268.00	317.78	292.67	331.04	373.11	398.58	250.47	376.13	361.07
19	263.97	252.98	276.22	327.53	301.64	341.19	384.55	410.80	258.15	387.66	372.14
20	272.10	260.78	284.73	337.62	310.94	351.71	396.40	423.46	266.10	399.61	383.61
21-24	280.52	268.84	293.54	348.06	320.55	362.59	408.66	436.56	274.33	411.97	395.47
25	281.64	269.92	294.71	349.46	321.84	364.04	410.29	438.30	275.43	413.62	397.05
26	287.25	275.29	300.58	356.42	328.25	371.29	418.47	447.04	280.92	421.85	404.96
27	293.98	281.75	307.63	364.77	335.94	379.99	428.28	457.51	287.50	431.74	414.45
28	304.92	292.23	319.08	378.35	348.44	394.13	444.21	474.54	298.20	447.81	429.88
29	313.90	300.83	328.47	389.48	358.70	405.73	457.29	488.51	306.98	460.99	442.53
30	318.39	305.14	333.17	395.05	363.83	411.54	463.83	495.49	311.37	467.58	448.86
31	325.12	311.59	340.21	403.41	371.52	420.24	473.64	505.97	317.95	477.47	458.35
32	331.85	318.04	347.26	411.76	379.22	428.94	483.44	516.45	324.54	487.36	467.84
33	336.06	322.07	351.66	416.98	384.02	434.38	489.57	523.00	328.65	493.54	473.78
34	340.55	326.37	356.36	422.55	389.15	440.18	496.11	529.98	333.04	500.13	480.10
35	342.79	328.52	358.70	425.33	391.72	443.08	499.38	533.47	335.24	503.42	483.27
36	345.04	330.68	361.05	428.12	394.28	445.98	502.65	536.97	337.43	506.72	486.43
37	347.28	332.83	363.40	430.90	396.85	448.88	505.92	540.46	339.62	510.02	489.59
38	349.53	334.98	365.75	433.69	399.41	451.78	509.19	543.95	341.82	513.31	492.76
39	354.01	339.28	370.44	439.26	404.54	457.58	515.73	550.94	346.21	519.90	499.09
40	358.50	343.58	375.14	444.83	409.67	463.38	522.27	557.92	350.60	526.49	505.41
41	365.23	350.03	382.19	453.18	417.36	472.09	532.08	568.40	357.18	536.38	514.90
42	371.69	356.22	388.94	461.19	424.73	480.43	541.47	578.44	363.49	545.86	524.00
43	380.66	364.82	398.33	472.32	434.99	492.03	554.55	592.41	372.27	559.04	536.66
44	391.88	375.57	410.07	486.25	447.81	506.53	570.90	609.87	383.24	575.52	552.47
45	405.07	388.21	423.87	502.61	462.88	523.57	590.11	630.39	396.14	594.88	571.06
46	420.78	403.26	440.31	522.10	480.83	543.88	612.99	654.84	411.50	617.95	593.21
47	438.45	420.20	458.80	544.02	501.03	566.72	638.74	682.34	428.78	643.91	618.12
48	458.65	439.56	479.93	569.09	524.11	592.83	668.16	713.77	448.54	673.57	646.60
49	478.56	458.64	500.78	593.80	546.87	618.57	697.17	744.77	468.01	702.82	674.68
50	501.01	480.15	524.26	621.64	572.51	647.58	729.87	779.69	489.96	735.77	706.31
51	523.17	501.39	547.45	649.14	597.83	676.22	762.15	814.18	511.63	768.32	737.56
52	547.57	524.78	572.99	679.42	625.72	707.77	797.70	852.16	535.50	804.16	771.96
53	572.26	548.44	598.82	710.05	653.93	739.68	833.67	890.58	559.64	840.41	806.76
54	598.91	573.98	626.70	743.12	684.38	774.12	872.49	932.05	585.70	879.55	844.33
55	625.56	599.52	654.59	776.18	714.84	808.57	911.31	973.53	611.76	918.69	881.90
56	654.45	627.21	684.82	812.03	747.85	845.91	953.40	1,018.49	640.02	961.12	922.64
57	683.62	655.17	715.35	848.23	781.19	883.62	995.90	1,063.89	668.55	1,003.96	963.77
58	714.76	685.01	747.93	886.87	816.77	923.87	1,041.27	1,112.35	699.00	1,049.69	1,007.66
59	730.19	699.80	764.08	906.01	834.40	943.81	1,063.74	1,136.36	714.09	1,072.35	1,029.41
60	761.33	729.64	796.66	944.65	869.98	984.06	1,109.10	1,184.82	744.54	1,118.08	1,073.31
61	788.26	755.45	824.84	978.06	900.76	1,018.87	1,148.33	1,226.73	770.88	1,157.63	1,111.28
62	805.93	772.38	843.33	999.99	920.95	1,041.71	1,174.08	1,254.23	788.16	1,183.58	1,136.19
63	828.09	793.62	866.52	1,027.49	946.28	1,070.35	1,206.36	1,288.72	809.83	1,216.13	1,167.43
64+	841.55	806.52	880.61	1,044.18	961.65	1,087.76	1,225.98	1,309.68	822.99	1,235.90	1,186.41

Rates are effective January 1, 2020, through December 31, 2020.

## 2020 Monthly rates Clark County – tobacco

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

Tobacco User Rates											
Age on 2020 effective date	KP KP WA Bronze 6500/50 with Pediatric Dental	KP KP WA Bronze 6000/30% HSA with Pediatric Dental	KP KP WA Bronze 5000/50 with Pediatric Dental	KP KP WA Silver 3500/35 with Pediatric Dental	KP KP WA Silver 3000/20% HSA with Pediatric Dental	KP KP WA Silver 2500/35 with Pediatric Dental	KP KP WA Gold 1000/20 with Pediatric Dental	KP KP WA Gold 0/20 with Pediatric Dental	M KP WA Catastrophic 8150/0	M KP WA Silver 2500/35 73% CSR KP WA Silver 2500/35 87% CSR KP WA Silver 2500/35 94% CSR	M KP WA Silver 3500/35 73% CSR KP WA Silver 3500/35 87% CSR KP WA Silver 3500/35 94% CSR
0-14	\$204.38	\$195.87	\$213.86	\$253.59	\$233.55	\$264.17	\$297.74	\$318.06	\$199.87	\$300.15	\$288.13
15	222.54	213.28	232.87	276.13	254.31	287.65	324.20	346.34	217.64	326.83	313.74
16	229.49	219.94	240.14	284.75	262.24	296.63	334.32	357.15	224.43	337.03	323.53
17	236.44	226.60	247.41	293.37	270.18	305.61	344.44	367.96	231.22	347.23	333.33
18	243.92	233.76	255.24	302.65	278.73	315.28	355.34	379.60	238.54	358.22	343.87
19	251.40	240.93	263.07	311.93	287.28	324.95	366.24	391.24	245.86	369.20	354.42
20	259.15	248.36	271.17	321.55	296.13	334.96	377.52	403.30	253.43	380.58	365.34
21-24	320.59	307.25	335.47	397.79	366.35	414.38	467.04	498.92	313.52	470.82	451.97
25	321.87	308.48	336.81	399.38	367.81	416.04	468.91	500.92	314.78	472.70	453.78
26	328.29	314.62	343.52	407.33	375.14	424.33	478.25	510.90	321.05	482.12	462.82
27	335.98	322.00	351.57	416.88	383.93	434.27	489.46	522.87	328.57	493.42	473.66
28	348.48	333.98	364.66	432.40	398.22	450.44	507.67	542.33	340.80	511.78	491.29
29	358.74	343.81	375.39	445.12	409.94	463.70	522.62	558.30	350.83	526.85	505.75
30	363.87	348.73	380.76	451.49	415.80	470.33	530.09	566.28	355.85	534.38	512.98
31	371.57	356.10	388.81	461.04	424.60	480.27	541.30	578.25	363.37	545.68	523.83
32	379.26	363.47	396.86	470.58	433.39	490.22	552.51	590.23	370.90	556.98	534.68
33	384.07	368.08	401.90	476.55	438.88	496.43	559.51	597.71	375.60	564.04	541.46
34	389.20	373.00	407.26	482.91	444.75	503.06	566.99	605.69	380.62	571.58	548.69
35	391.76	375.46	409.95	486.10	447.68	506.38	570.72	609.69	383.13	575.34	552.30
36	394.33	377.92	412.63	489.28	450.61	509.69	574.46	613.68	385.63	579.11	555.92
37	396.89	380.37	415.31	492.46	453.54	513.01	578.20	617.67	388.14	582.88	559.54
38	399.46	382.83	418.00	495.64	456.47	516.32	581.93	621.66	390.65	586.64	563.15
39	404.59	387.75	423.37	502.01	462.33	522.95	589.40	629.64	395.67	594.17	570.38
40	409.72	392.66	428.73	508.37	468.19	529.58	596.88	637.62	400.68	601.71	577.62
41	417.41	400.04	436.78	517.92	476.99	539.53	608.09	649.60	408.21	613.01	588.46
42	424.78	407.10	444.50	527.07	485.41	549.06	618.83	661.07	415.42	623.84	598.86
43	435.04	416.94	455.24	539.80	497.13	562.32	633.77	677.04	425.45	638.90	613.32
44	447.87	429.23	468.65	555.71	511.79	578.89	652.45	697.00	437.99	657.74	631.40
45	462.93	443.67	484.42	574.41	529.01	598.37	674.41	720.45	452.73	679.86	652.64
46	480.89	460.87	503.21	596.68	549.52	621.58	700.56	748.39	470.29	706.23	677.95
47	501.09	480.23	524.34	621.74	572.60	647.68	729.98	779.82	490.04	735.89	706.43
48	524.17	502.35	548.50	650.38	598.98	677.52	763.61	815.74	512.61	769.79	738.97
49	546.93	524.17	572.32	678.63	624.99	706.94	796.77	851.16	534.87	803.22	771.06
50	572.58	548.74	599.15	710.45	654.30	740.09	834.13	891.08	559.95	840.88	807.21
51	597.90	573.02	625.66	741.87	683.24	772.83	871.03	930.49	584.72	878.08	842.92
52	625.80	599.75	654.84	776.48	715.11	808.88	911.66	973.90	612.00	919.04	882.24
53	654.01	626.79	684.36	811.49	747.35	845.34	952.76	1,017.80	639.59	960.47	922.01
54	684.46	655.97	716.23	849.28	782.15	884.71	997.13	1,065.20	669.37	1,005.20	964.95
55	714.92	685.16	748.10	887.07	816.96	924.08	1,041.50	1,112.60	699.16	1,049.93	1,007.89
56	747.94	716.81	782.66	928.04	854.69	966.76	1,089.60	1,163.99	731.45	1,098.42	1,054.44
57	781.28	748.76	817.55	969.41	892.79	1,009.85	1,138.18	1,215.88	764.06	1,147.39	1,101.45
58	816.87	782.87	854.78	1,013.56	933.45	1,055.85	1,190.02	1,271.26	798.86	1,199.65	1,151.61
59	834.50	799.77	873.23	1,035.44	953.60	1,078.64	1,215.71	1,298.70	816.10	1,225.54	1,176.47
60	870.09	833.87	910.47	1,079.60	994.27	1,124.64	1,267.55	1,354.08	850.90	1,277.81	1,226.64
61	900.86	863.37	942.68	1,117.78	1,029.44	1,164.42	1,312.38	1,401.98	881.00	1,323.00	1,270.03
62	921.06	882.72	963.81	1,142.84	1,052.52	1,190.53	1,341.81	1,433.41	900.75	1,352.67	1,298.50
63	946.39	907.00	990.31	1,174.27	1,081.46	1,223.26	1,378.70	1,472.82	925.52	1,389.86	1,334.21
64+	961.77	921.74	1,006.41	1,193.36	1,099.04	1,243.14	1,401.12	1,496.76	940.56	1,412.46	1,355.90

Rates are effective January 1, 2020, through December 31, 2020.

## 2020 Monthly rates Cowlitz County – tobacco

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

Tobacco User Rates											
Age on 2020 effective date	KP KP WA Bronze 6500/50 with Pediatric Dental	KP KP WA Bronze 6000/30% HSA with Pediatric Dental	KP KP WA Bronze 5000/50 with Pediatric Dental	KP KP WA Silver 3500/35 with Pediatric Dental	KP KP WA Silver 3000/20% HSA with Pediatric Dental	KP KP WA Silver 2500/35 with Pediatric Dental	KP KP WA Gold 1000/20 with Pediatric Dental	KP KP WA Gold 0/20 with Pediatric Dental	M KP WA Catastrophic 8150/0	M KP WA Silver 2500/35 73% CSR KP WA Silver 2500/35 87% CSR KP WA Silver 2500/35 94% CSR	M KP WA Silver 3500/35 73% CSR KP WA Silver 3500/35 87% CSR KP WA Silver 3500/35 94% CSR
0-14	\$214.60	\$205.66	\$224.56	\$266.27	\$245.22	\$277.38	\$312.62	\$333.97	\$209.87	\$315.16	\$302.54
15	233.67	223.95	244.52	289.94	267.02	302.03	340.41	363.65	228.52	343.17	329.43
16	240.96	230.94	252.15	298.99	275.36	311.46	351.04	375.00	235.65	353.88	339.71
17	248.26	237.93	259.78	308.04	283.69	320.89	361.66	386.35	242.79	364.59	349.99
18	256.11	245.45	268.00	317.78	292.67	331.04	373.11	398.58	250.47	376.13	361.07
19	263.97	252.98	276.22	327.53	301.64	341.19	384.55	410.80	258.15	387.66	372.14
20	272.10	260.78	284.73	337.62	310.94	351.71	396.40	423.46	266.10	399.61	383.61
21-24	336.62	322.61	352.25	417.68	384.67	435.10	490.39	523.87	329.20	494.36	474.57
25	337.97	323.90	353.65	419.35	386.20	436.84	492.35	525.97	330.52	496.34	476.46
26	344.70	330.35	360.70	427.70	393.90	445.55	502.16	536.44	337.10	506.23	485.96
27	352.78	338.10	369.15	437.73	403.13	455.99	513.93	549.02	345.00	518.09	497.35
28	365.91	350.68	382.89	454.02	418.13	472.96	533.06	569.45	357.84	537.37	515.85
29	376.68	361.00	394.16	467.38	430.44	486.88	548.75	586.21	368.38	553.19	531.04
30	382.07	366.16	399.80	474.06	436.60	493.84	556.59	594.59	373.64	561.10	538.63
31	390.14	373.91	408.25	484.09	445.83	504.28	568.36	607.17	381.54	572.96	550.02
32	398.22	381.65	416.71	494.11	455.06	514.73	580.13	619.74	389.44	584.83	561.41
33	403.27	386.49	421.99	500.38	460.83	521.25	587.49	627.60	394.38	592.24	568.53
34	408.66	391.65	427.63	507.06	466.98	528.22	595.34	635.98	399.65	600.15	576.12
35	411.35	394.23	430.44	510.40	470.06	531.70	599.26	640.17	402.28	604.11	579.92
36	414.04	396.81	433.26	513.74	473.14	535.18	603.18	644.36	404.92	608.06	583.72
37	416.74	399.39	436.08	517.08	476.22	538.66	607.11	648.55	407.55	612.02	587.51
38	419.43	401.97	438.90	520.43	479.29	542.14	611.03	652.74	410.18	615.97	591.31
39	424.82	407.13	444.53	527.11	485.45	549.10	618.87	661.12	415.45	623.88	598.90
40	430.20	412.30	450.17	533.79	491.60	556.06	626.72	669.51	420.72	631.79	606.50
41	438.28	420.04	458.62	543.82	500.83	566.50	638.49	682.08	428.62	643.66	617.89
42	446.02	427.46	466.73	553.42	509.68	576.51	649.77	694.13	436.19	655.03	628.80
43	456.80	437.78	478.00	566.79	521.99	590.44	665.46	710.89	446.72	670.85	643.99
44	470.26	450.69	492.09	583.50	537.38	607.84	685.08	731.85	459.89	690.62	662.97
45	486.08	465.85	508.64	603.13	555.46	628.29	708.13	756.47	475.37	713.86	685.27
46	504.93	483.92	528.37	626.52	577.00	652.65	735.59	785.81	493.80	741.54	711.85
47	526.14	504.24	550.56	652.83	601.23	680.07	766.48	818.81	514.54	772.69	741.75
48	550.38	527.47	575.92	682.90	628.93	711.39	801.79	856.53	538.24	808.28	775.92
49	574.28	550.37	600.93	712.56	656.24	742.29	836.61	893.72	561.62	843.38	809.61
50	601.21	576.18	629.11	745.97	687.01	777.09	875.84	935.63	587.95	882.93	847.58
51	627.80	601.67	656.94	778.97	717.40	811.47	914.58	977.02	613.96	921.98	885.07
52	657.09	629.74	687.58	815.31	750.87	849.32	957.25	1,022.59	642.60	964.99	926.35
53	686.71	658.13	718.58	852.06	784.72	887.61	1,000.40	1,068.70	671.57	1,008.50	968.12
54	718.69	688.77	752.04	891.74	821.26	928.95	1,046.99	1,118.46	702.84	1,055.46	1,013.20
55	750.67	719.42	785.51	931.42	857.80	970.28	1,093.57	1,168.23	734.12	1,102.43	1,058.28
56	785.34	752.65	821.79	974.44	897.42	1,015.10	1,144.08	1,222.19	768.02	1,153.34	1,107.16
57	820.35	786.20	858.42	1,017.88	937.43	1,060.35	1,195.09	1,276.67	802.26	1,204.76	1,156.52
58	857.71	822.01	897.52	1,064.24	980.13	1,108.64	1,249.52	1,334.82	838.80	1,259.63	1,209.20
59	876.23	839.75	916.90	1,087.21	1,001.28	1,132.57	1,276.49	1,363.63	856.91	1,286.82	1,235.30
60	913.59	875.56	955.99	1,133.58	1,043.98	1,180.87	1,330.92	1,421.78	893.45	1,341.70	1,287.97
61	945.91	906.54	989.81	1,173.67	1,080.91	1,222.64	1,378.00	1,472.08	925.05	1,389.15	1,333.53
62	967.11	926.86	1,012.00	1,199.99	1,105.14	1,250.05	1,408.90	1,505.08	945.79	1,420.30	1,363.43
63	993.71	952.35	1,039.83	1,232.98	1,135.53	1,284.42	1,447.64	1,546.46	971.80	1,459.35	1,400.92
64+	1,009.86	967.83	1,056.74	1,253.03	1,154.00	1,305.30	1,471.17	1,571.61	987.60	1,483.08	1,423.70

Rates are effective January 1, 2020, through December 31, 2020.

# Dental and vision coverage

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

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## Quality dental care

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

### Choice

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

### Convenience

We have 21 dental offices in the Portland metro area, southwest Washington, Longview, Salem, and Eugene, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

### Quality

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

## How to make appointments

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

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

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## Vision Essentials

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

The WA Gold 0/20, WA Gold 0/20 with Pediatric Dental, WA Gold 1000/20, WA Gold 1000/20 with Pediatric Dental, WA Silver 2500/35, WA Silver 2500/35 with Pediatric Dental, WA Silver 2500/35 73% CSR, WA Silver 2500/35 87% CSR, and WA Silver 2500/35 94% CSR plans have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.‡ For more information, including our 10 optical locations, visit [kp2020.org](https://kp2020.org).

\*Medical services aren't available at all dental locations. You must be a Kaiser Permanente medical member to get medical care.

†Source: [https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc\\_site&webcode=find\\_orgs](https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs)

‡Vision hardware must be prescribed and purchased at a Kaiser Permanente Optical Center, and is no additional charge.

## Dental benefit highlights and rates

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

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

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

	<b>M</b> KP WA Pediatric Dental 100	<b>KP</b> KPIF WA Pediatric Dental Benefits 1*	<b>KP</b> KPIF WA Pediatric Dental Benefits 2†
	Children (18 and younger)	Children (18 and younger)	Children (18 and younger)
<b>Features</b>			
Benefit maximum	No maximum	No maximum	No maximum
Deductible (individual/family)	\$50/\$150	None	Subject to medical deductible
Out-of-pocket maximum (individual/family)	\$350/\$700	Subject to medical out-of-pocket max	Subject to medical out-of-pocket max
<b>Benefits</b> (subject to deductible unless otherwise noted)			
Preventive and diagnostic services	No charge	No charge	No charge
Basic restorative services	20% coinsurance	50%	50%
Oral surgery, endodontics, and periodontics	50% coinsurance	50%	50%
Major restorative services	50% coinsurance	50%	50%

Monthly rates			
Age on 2020 effective date	KP WA Dental 100	KP WA Dental 80	KP WA Pediatric Dental 100
0-18	-	-	\$28.17
19-29	\$29.41	\$27.40	-
30-34	31.15	29.02	-
35-39	32.52	30.30	-
40-44	35.97	33.51	-
45-49	40.03	37.29	-
50-54	42.87	39.94	-
55-59	46.59	43.40	-
60+	47.90	44.63	-

Preventive and diagnostic services do not count towards the deductible.

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

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

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*.

For specific plan information about dental plans, see the following forms: *EWIDDEDADULTDNT0120* and *EWIDDEDPEDDNT0120-Evidence of Coverage*; *BWIDDEDADULTDNT800120*, *BWIDDEDADULTDNT1000120*, and *BWIDDEDPEDDNT1000120-Benefit Summaries*; *FSWIDADULTDNT1000120*, *FSWIDADULTDNT800120* and *FSWIDPEDDNT1000120-Face Sheet*.



# Find a facility near you

Having a wide selection of health care providers in convenient locations is important. That's why we have medical facilities and dental offices in 5 areas: southwest Washington, Salem, Longview, Eugene-Springfield, and the Portland metropolitan area.

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## Locate a medical provider

Just visit [kp.org/newmember](https://kp.org/newmember), select your region, and click on "Choose a personal physician" under "Getting Started." Next, choose a physician, physician's assistant, or nurse practitioner as your primary care participating provider in these departments:

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

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

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

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## Talk to a new member specialist

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

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## Our locations

It's easy to find a location near you. Our service area is made up of 36 medical offices, 6 urgent care clinics, and 2 hospitals. You can access Care Essentials by Kaiser Permanente, convenient care clinics for nonemergency and preventive health services, located in Portland. We also have a network of affiliated providers, including The Portland Clinic.

In the Eugene-Springfield area, in addition to the Eugene Medical Office and Valley River Dental Office, we have expanded our network to partner with 4 affiliate medical offices, 4 hospitals, 12 urgent care clinics, 6 pharmacies, and many specialists to offer more options for care where you need it.

For more information on our medical facilities, visit [kp.org/facilities](https://kp.org/facilities).

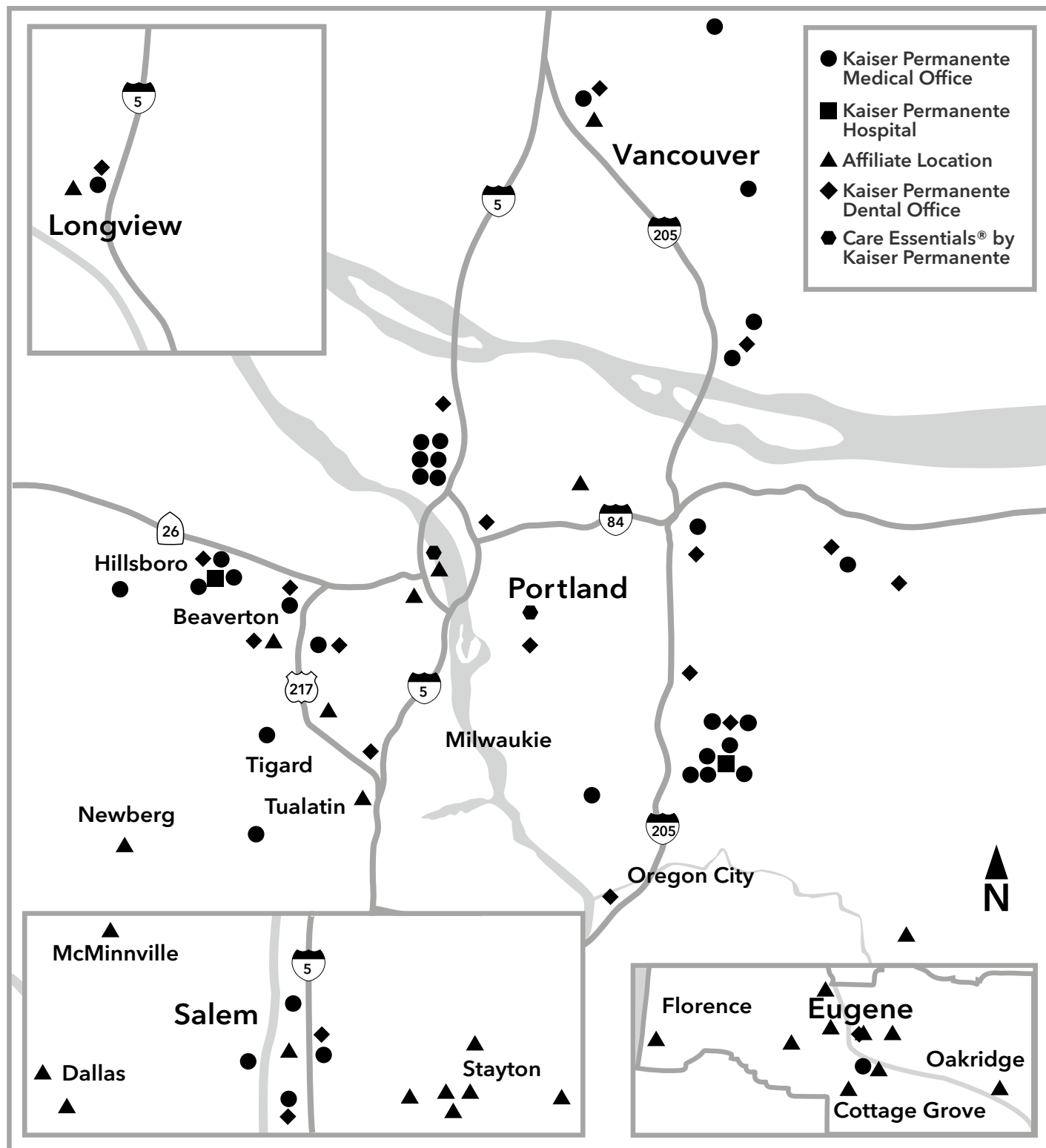
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## Dental care

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

## Northwest locations

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



Maps not to scale

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

## NONDISCRIMINATION NOTICE

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

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Member Relations, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232, telephone number: 1-800-813-2000.

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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

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

**አማርኛ (Amharic) ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**)፡

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (TTY: **711**)፡

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-813-2000** (TTY: **711**)፡

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-813-2000** (TTY: **711**).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

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

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

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-813-2000** (TTY: **711**).

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

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

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

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

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

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

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

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

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

# 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/thrive](https://kp.org/thrive)

## Enrollment resources

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

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

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

## Member resources

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

Find a location near you..... [kp.org/facilities](https://kp.org/facilities)

Choose your doctor ..... [kp.org/searchdoctors](https://kp.org/searchdoctors)

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

Get an idea of what your care will cost ..... [kp.org/treatmentestimates](https://kp.org/treatmentestimates)

Get an estimate of what you'll pay for your care..... [kp.org/costestimates](https://kp.org/costestimates)

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

## Additional resources

Find resources for healthier living ..... [kp.org/healthyliving](https://kp.org/healthyliving)

Learn about vision care ..... [kp2020.org](https://kp2020.org)

Learn about dental care..... [kp.org/dental/nw](https://kp.org/dental/nw)

## Get in touch with us by phone

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

New Member Welcome Desk ..... 1-800-813-2000



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

### Stay connected to good health



[facebook.com/kpthrive](https://facebook.com/kpthrive)



[youtube.com/kaiserpermanenteorg](https://youtube.com/kaiserpermanenteorg)



@kpnorthwest, @kpthrive, @aboutkp, @kptotalhealth



**KAISER PERMANENTE®**

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Portland, OR 97232