Better health care. Built around you.



KAISER PERMANENTE®

Get the care you deserve at
buykp.org

Health care is better when it all works together

With Kaiser Permanente, you get seamless care and coverage in one plan, so you can focus on your next adventure.

Explore how we support you with:

- **Integrated care teams that connect the dots**
- **Care that works around your schedule**
- **Tools for your mental and physical wellness**
- **Care that makes staying healthy simple**

Care for today. Confidence for tomorrow.

Discover care that moves with you at **kp.org/learnthebasics.**

Seamless care that keeps up with your life

Taking care of your health should be simple. Because your care team shares one connected system, support for your mind and body feels easy. See how Kaiser Permanente's coordinated care helps you confidently take the next step.

Important open enrollment dates for 2027

- The open enrollment period for 2027 coverage runs from **November 1, 2026,** through **January 15, 2027.**
- 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, 2027,** we must receive your application for health coverage no later than **December 31, 2026.**

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit **kp.org/specialenrollment** for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY **711**).



Integrated care teams that connect the dots

Your doctors, medical centers, and health plan all work together. With your team in sync and services often in one place, you get proactive care and holistic support for your mind and body. Managing your health is easy and convenient – and your care is personalized to fit your life.

The difference with Kaiser Permanente is that I was able to do everything so simply. It was so seamless and easy.

–Lauren S., Colorado member

Care that works around your schedule



Virtual care made personal

When you need care in the moment, connect by phone or video with someone who knows your health history.[1]



24/7 control with our app

Use the Kaiser Permanente app to securely message your care team, manage appointments, refill most prescriptions, view most lab results, and more.[2]



Mail-order pharmacy

Order prescription refills online, and we'll deliver them to you at no extra charge.[3] You can also pick them up in person with same-day service.



Support wherever you travel

You're covered worldwide if you need urgent or emergency care when you're away.

One of the highest-ranked medical groups in the state

Washington Permanente Medical Group has been one of the top-ranked medical groups in the state for quality of care **18 years in a row.**[4]

Holistic support for your physical and mental health

Tools to reach your health goals

Stay healthy with programs tailored to your lifestyle. Take advantage of healthy extras like wellness coaching, digital fitness resources, and gym memberships.[5]

Get help reaching your health goals

Take advantage of a fitness membership with One Pass Select Affinity from Optum.[6] Choose your plan and get unlimited access to a large nationwide network of gyms and boutique studios.

Kaiser Permanente members also have access to Optum's affinity musculoskeletal program – no signup required. Enjoy 20% off chiropractor, acupuncture, and therapeutic massage services at participating providers. Learn more at **kp.org/exercise**.

Resilient mind, balanced life

You don't need a referral to access therapy or other mental health support within Kaiser Permanente for depression, anxiety, stress, and addiction. Feel your best with the help of mindfulness apps and other self-care resources.[7]

Our members are:[8]

4x
more likely to be screened for depression

Nearly 2x
more likely to respond to treatment



World-class care makes getting and staying healthy simple

Most of our plans include preventive screenings, prenatal care, and nutrition counseling – at no extra cost. If you need specialty care, you'll have access to groundbreaking technology, trusted doctors, and proven treatments tailored to your needs.

Guiding you forward

- Your health history stays secure in your electronic health record.
- Your doctor seamlessly handles referrals and appointments.
- You and your care team can view your records anytime.
- Your care team reaches out when it's time for checkups and tests.

Top doctors

80+ doctors recognized in Seattle's Top Docs 2025 list in *Seattle Magazine* and *Seattle Met*.[9]

Recognized excellence in stroke and heart disease care

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized 40 of our medical centers for commitment to excellence in the treatment of stroke or heart disease.[10]



Named #1 for value in the nation

Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one – outranking top brands like Costco, Toyota, and Southwest Airlines.

You deserve care that puts your health first



Kaiser Permanente has really taken care of all of me. They've helped me through everything – from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

–Jessica H., Southern California member

Choosing your health plan

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

Deductible plans

These plans have lower monthly premiums, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible.

Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible. For example:

- **Kaiser Permanente VisitsPlus plans** offer many services that aren't subject to the deductible.
- **Kaiser Permanente Cascade Care plans** are standardized plans offered only on the state health benefit exchange, Washington Healthplanfinder. Compared to most plans, they cover more services without you needing to reach the deductible first.
- **Basics Plus Catastrophic HSA plans** have low monthly premiums and very high deductibles. These plans are only available through WashingtonHealthplanfinder to people under 30 or those who qualify for a hardship exemption.

For a full list of our plan offerings, visit **buykp.org**.

HSA-eligible plans

Combine affordable coverage with tax-advantaged savings[11]

A health savings account (HSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for out-of-pocket health care costs. To fund an HSA, you must be enrolled in an HSA-eligible health plan. Once you've purchased your health plan, you must create and fund a separate HSA with a financial institution in order to take advantage of the tax benefits of an HSA.

Starting in 2026, most bronze and catastrophic plans, along with some silver and gold plans, are HSA eligible.

Pairing an HSA with a bronze plan may be a good fit if:

- You have room in your budget to regularly set aside extra money for health care, beyond your monthly premiums.
- Saving on federal taxes is important to you.
- You don't receive marketplace financial assistance but want a lower monthly premium.
- You can manage higher costs if you need hospital care or other services subject to the deductible.

How can tax benefits help you?

- **When money goes in:** HSA contributions may reduce your federal taxable income.
- **While your money is in the account:** Interest can grow tax-free.
- **When money comes out:** HSA withdrawals for qualified health care expenses are generally tax-free.

You may get the greatest value from an HSA by contributing regularly and any money you do not spend rolls over from year to year and remains yours, even if you change plans or carriers.

Ready to get started?

Learn more at **healthy.kp.org/pages/hsa-overview**.

Example of your cost 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
VisitsPlus Gold ($1,000 deductible)	$10	$45	$10
VisitsPlus Silver X ($2,500 deductible)	$20	$60	$25
Bronze HSA ($5,500 deductible)	40% after deductible	40% after deductible	50% after deductible

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit **buykp.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

Benefit highlights	KP E VisitsPlus Gold
Plan type	**Deductible**
Annual medical deductible (individual/family)	$1,000/$2,000
Annual out-of-pocket maximum (individual/family)	$8,000/$16,000
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
Primary care office visit	$10
Specialty care office visit	$45
Most X-rays	$45
Most lab tests	$40
MRI, CT, PET	30% after deductible
Outpatient surgery	$450 after deductible
Mental health visit	$10
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	$45
Prescription drugs (up to a 30-day supply)	
Generic	$10
Preferred brand	$40
Non-preferred brand	40% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, 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 $1,000 for yourself or $2,000 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 $8,000 for yourself and no more than $16,000 for your family for your copays, coinsurance, and deductible in a calendar year.

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 $10 copay – even before you meet your deductible. With our VisitsPlus plans, primary care, specialty care, and urgent care visits are all covered before you reach the deductible.

Coinsurance

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

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a $45 copay for an urgent care visit, whether or not you've met your deductible.

Mail-order prescription refills

Fill new prescriptions at an in-network pharmacy or use our mail-order service. To continue to pay the same or lower copay or coinsurance for maintenance drugs, use our mail-order service for additional refills.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

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

Benefit highlights	E Kaiser Permanente Cascade Bronze	KP E VisitsPlus Bronze HSA	KP Bronze	KP E Bronze HSA
Plan type	HSA-qualified	HSA-qualified	Deductible	HSA-qualified
Annual medical deductible (individual/family)	$7,000/$14,000	$6,500/$13,000	$6,500/$13,000	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$11,800/$23,600	$11,000/$22,000	$9,800/$19,600	$8,550/$17,100
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge after deductible
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	First 2 visits $1; additional visits $45*	$50	$50	40% after deductible
Specialty care office visit	$100	$90	$100 after deductible	40% after deductible
Most X-rays	40% after deductible	$90	40% after deductible	40% after deductible
Most lab tests	40% after deductible	$85	40% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	40% after deductible	$950 after deductible	40% after deductible	40% after deductible
Mental health visit	First 2 visits $1; additional visits $45	$50	$50	40% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	$100	$90	$100 after deductible	40% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	$32	$30	40% after deductible	50% after deductible
Preferred brand	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Non-preferred brand	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Whole health				
Healthy services	First 2 visits $1, additional visits $45*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit **kp.org/healthyliving**.	$50 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit **kp.org/healthyliving**.	$50 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit **kp.org/healthyliving**.	40% after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit **kp.org/healthyliving**.

*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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**, call us at **1-800-290-8900** (TTY **711**), or contact your producer.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

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Benefit highlights	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	E Kaiser Permanente Cascade Silver
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	$4,500/$9,000	$3,600/$7,200	$3,000/$6,000	$2,800/$5,600
Annual out-of-pocket maximum (individual/family)	$10,250/$20,500	$8,000/$16,000	$10,000/$20,000	$11,200/$22,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge after deductible	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	$35	20% after deductible	$30	First 2 visits $1; additional visits $20*
Specialty care office visit	$85	20% after deductible	$85	$65
Most X-rays	$75	20% after deductible	$65	$65
Most lab tests	$60	20% after deductible	$60	$40
MRI, CT, PET	30% after deductible	20% after deductible	30% after deductible	30% after deductible
Outpatient surgery	$800 after deductible	20% after deductible	$700 after deductible	$800 after deductible
Mental health visit	$35	20% after deductible	$30	First 2 visits $1; additional visits $20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30% after deductible	$800 per day after deductible up to 5 days**
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30% after deductible	$800 per day after deductible up to 5 days**
Emergency and urgent care				
Emergency Department visit	30% after deductible	20% after deductible	30% after deductible	$800 after deductible
Urgent care visit	$85	20% after deductible	$85	$65
Prescription drugs (up to a 30-day supply)				
Generic	$30	20% after deductible	$25	$25
Preferred brand	30% after deductible	40% after deductible	40% after deductible	$75
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	$250 after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	$250 after deductible
Whole health				
Healthy services	$35 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	20% after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$30 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	First 2 visits $1, additional visits $20*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.

*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.
**After 5 days, there is no charge for covered services related to the admission.

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Benefit highlights	KP VisitsPlus Silver X	E Kaiser Permanente Cascade Vital Gold	KP E Gold HSA
Plan type	**Deductible**	**Deductible**	**HSA-qualified**
Annual medical deductible (individual/family)	$2,500/$5,000	$2,200/$4,400	$2,100 (Self only)/$4,200 (Individual in Family)/ $4,200 (Family)†
Annual out-of-pocket maximum (individual/family)	$9,500/$19,000	$11,000/$22,000	$7,000/$14,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	$20	$15	$20 after deductible
Specialty care office visit	$70	$40	$40 after deductible
Most X-rays	$60	$30	20% after deductible
Most lab tests	$60	$30	20% after deductible
MRI, CT, PET	35% after deductible	$300 after deductible	20% after deductible
Outpatient surgery	$600 after deductible	$425 after deductible	20% after deductible
Mental health visit	$20	$15	$20 after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	$650 per day after deductible up to 5 days**	20% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	$650 per day after deductible up to 5 days**	20% after deductible
Emergency and urgent care			
Emergency Department visit	35% after deductible	$800 after deductible	20% after deductible
Urgent care visit	$70	$35	$45 after deductible
Prescription drugs (up to a 30-day supply)			
Generic	$25	$10	$20 after deductible
Preferred brand	40% after deductible	$75	20% after deductible
Non-preferred brand	50% after deductible	20% after deductible	50% after deductible
Specialty	50% after deductible	20% after deductible	50% after deductible
Whole health			
Healthy services	$20 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$20 per visit after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.

**After 5 days, there is no charge for covered services related to the admission

†If you are the only applicant applying for this plan, then you must meet the individual deductible. However, when two or more applicants are applying as a family, the combined expenses count toward fulfilling the family deductible.

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Benefit highlights	E Kaiser Permanente Cascade Complete Gold	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Basics Plus Catastrophic HSA††
Plan type	**Deductible**	**Deductible**	**Deductible**	**HSA-qualified**
Annual medical deductible (individual/family)	$1,700/$3,400	$1,000/$2,000	$500/$1,000	$12,000/$24,000
Annual out-of-pocket maximum (individual/family)	$7,000/$14,000	$8,000/$16,000	$7,800/$15,600	$12,000/$24,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge after deductible
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	$15	$10	$10	First 3 visits no charge†; additional visits no charge after deductible
Specialty care office visit	$40	$45	$45	No charge after deductible
Most X-rays	$30	$45	$40	No charge after deductible
Most lab tests	$30	$40	$40	No charge after deductible
MRI, CT, PET	$300 after deductible	30% after deductible	30% after deductible	No charge after deductible
Outpatient surgery	$425 after deductible	$450 after deductible	$425 after deductible	No charge after deductible
Mental health visit	$15	$10	$10	First 3 visits no charge†; additional visits no charge after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	$525 per day up to 5 days**	30% after deductible	30% after deductible	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	$525 per day up to 5 days**	30% after deductible	30% after deductible	No charge after deductible
Emergency and urgent care				
Emergency Department visit	$450 after deductible	30% after deductible	30% after deductible	No charge after deductible
Urgent care visit	$35	$45	$45	No charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	$10	$10	$10	No charge after deductible
Preferred brand	$60	$40	$40	No charge after deductible
Non-preferred brand	$100	40% after deductible	40% after deductible	No charge after deductible
Specialty	$100	50% after deductible	50% after deductible	No charge after deductible
Whole health				
Healthy services	$15 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$10 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	First 3 visits no charge†, additional visits no charge after deductible. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.

**After 5 days, there is no charge for covered services related to the admission.

†First visits can be any combination of primary care and other qualified services.

††Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Basics Plus Catastrophic HSA plan.

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This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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**, call us at **1-800-290-8900** (TTY **711**), or contact your producer.

E Offered through the health benefit exchange, Washington Healthplanfinder

Cost Share Reduction (CSR) Plans

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

Benefit highlights	E Kaiser Permanente Cascade Silver	E Kaiser Permanente Cascade Silver	E Kaiser Permanente Cascade Silver
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$2,600/$5,200	$550/$1,100	None/None
Annual out-of-pocket maximum (individual/family)	$9,600/$19,200	$4,000/$8,000	$4,000/$8,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	First 2 visits $1; additional visits $20*	First 2 visits $1; additional visits $5*	$1
Specialty care office visit	$65	$20	$15
Most X-rays	$65	$30	$20
Most lab tests	$40	$20	$15
MRI, CT, PET	30% after deductible	20% after deductible	15%
Outpatient surgery	$800 after deductible	$445 after deductible	$165
Mental health visit	First 2 visits $1; additional visits $20	First 2 visits $1; additional visits $5	$1
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	$800 per day after deductible up to 5 days**	$425 per day after deductible up to 5 days**	$100 per day up to 5 days**
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	$800 per day after deductible up to 5 days**	$425 per day after deductible up to 5 days**	$100 per day up to 5 days**
Emergency and urgent care			
Emergency Department visit	$800 after deductible	$425 after deductible	$225
Urgent care visit	$65	$30	$15
Prescription drugs (up to a 30-day supply)			
Generic	$20	$10	$5
Preferred brand	$75	$35	$15
Non-preferred brand	$250 after deductible	$160	$35
Specialty	$250 after deductible	$160	$35
Whole health			
Healthy services	First 2 visits $1, additional visits $20*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	First 2 visits $1, additional visits $5*. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.	$1 per visit. 10 chiropractic visits per year; no visit limit for acupuncture. For more healthy offerings visit kp.org/healthyliving.

*First 2 visits can be any combination of primary care, acupuncture, and chiropractic services.
**After 5 days, there is no charge for covered services related to the admission.

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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, call us at **1-800-290-8900** (TTY **711**), or contact your producer.

Find your rate

Apply on **buykp.org** to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit **buykp.org** or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- 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 their age on the start date.

Family members include:

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

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

Please check that your county is listed below. If it isn't, call us at **1-800-494-5314** (TTY **711**) for information on other rate areas.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Plan name	KP	E	Provider Network	Service area counties
Kaiser Permanente Cascade Bronze		E	Core	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
VisitsPlus Bronze HSA	KP	E		
Bronze	KP			
Bronze HSA	KP	E		
VisitsPlus Silver 4500	KP			
Silver HSA	KP			
VisitsPlus Silver HD	KP			
Kaiser Permanente Cascade Silver		E		
VisitsPlus Silver X	KP			
Kaiser Permanente Cascade Vital Gold		E		
Gold HSA	KP	E		
Kaiser Permanente Cascade Complete Gold		E		
VisitsPlus Gold	KP	E		
VisitsPlus Gold LD	KP			
Basics Plus Catastrophic HSA		E		

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 19 and older 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** for Kaiser Permanente Eye Care locations in Washington. Or check our directory for contracted network providers at **kp.org/wa/directory**.

Adding dental coverage

Oral health is an important part of your overall well-being. When you choose an off-exchange Kaiser Permanente medical plan, you can also add dental coverage – for yourself, your children, or your entire family.

Visit a participating Delta Dental network dentist

To get the most from your benefits, we encourage you to see a participating dentist. These dentists contract with Delta Dental to provide services at discounted fees and file all claims for you. Dentists who are part of Delta Dental's networks won't charge more than their approved fees and usually cost you less than out-of-network dentists.

You can choose any licensed dentist to provide services under this plan. However, if you go to an out-of-network dentist, Delta Dental does not control the fees charged by dentists who are not in their networks. For services provided by these dentists, Delta Dental will pay either the dentist's actual charges or Delta Dental's maximum allowable fee for Non-Participating Dentists, whichever is less. The member is responsible for any remaining balance. Members may be responsible for submitting their claims.

Finding a Delta Dental network dentist

Visit **deltadentalwa.com** and use the Find a Dentist tool. Remember to choose the Delta Dental PPO Plus Premier™ network.
The online directory is easy to use anytime, at home or on your mobile device. You can search based on things like dentist name, specialty, location, and language. You can even see endorsements from other Delta Dental patients for categories like extended office hours, friendly staff, kid-friendly, and if they help ease anxiety.

For more information or to find a participating provider, visit deltadentalwa.com or call Delta Dental of Washington at **1-800-554-1907**.

Choosing your plan

You can choose from 2 kinds of dental plans.

Adult/Family Basic plan

The optional Adult/Family Basic plan includes dental coverage for everyone covered on the medical plan.

- This dental plan is available for adults or families who buy their medical plan directly from Kaiser Permanente.
- Adults or families who purchase their medical coverage through Washington Healthplanfinder can also purchase a dental plan on the exchange.

Pediatric plan

The Pediatric plan offers dental coverage for those 18 and younger. The state of Washington requires you to have pediatric dental coverage as part of your medical plan.

- This dental plan is available if you buy your medical plan directly from Kaiser Permanente.
- If you sign up for a pediatric dental plan with another company, complete an Attestation of Pediatric Dental Coverage form and send it to us along with proof of dental coverage within 60 days of the start date of your medical plan.
- If you don't submit this information within the 60 days, you won't meet the minimum health and dental coverage required by Washington state and federal regulations.

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.

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Summary of dental benefits

	Adult/Family Basic plan				Pediatric plan	
	Amount of Maximum Allowable Fee Kaiser Permanente Member pays					
	Pediatric (18 and younger)		Adult (19 and 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
Maximum Benefit	No Annual Maximum		$1,250 Annual Plan Maximum $1,000 Annual TMJ† Maximum $5,000 Lifetime TMJ† Maximum		No Annual Maximum	
Annual deductible Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	$85 per child per year		$50 per adult per year		$85 per child per year	
Out-of-pocket maximum	$450 per child per year $900 per year for families with 2 or more children	Not applicable	Not applicable		$450 per child per year $900 per year for families with 2 or more children	Not applicable
Diagnostic and preventive Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	0%	0%	0%	0%	0%	0%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery	30%	30%	50%	50%	30%	30%
Major Crowns, dentures, partials, and bridges. Implants and TMJ† are for adults 19 and older	50%	50%	50%	50%	50%	50%
Orthodontia‡ Coinsurance Lifetime maximum	Medically necessary 50% Unlimited		Not covered		Medically necessary 50% Unlimited	

Pediatric Benefits: Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum.

Rates††	Adult/Family Basic plan	Pediatric plan	
Individual only	$59.24	This plan bills only for the first three children 18 and younger	
Individual + spouse	$118.50	1 Individual (<19)	$64.30
Individual + child(ren)	$131.75	2 Individuals (<19)	$128.60
Individual + family	$209.53	3 Individuals (<19)	$192.90

**Includes dental providers in the Delta Dental PPO Plus Premier™ network. †TMJ = temporomandibular joint. ‡Requires preauthorization.
††The dental premium includes administrative fees and/or commissions.

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.

KAISER PERMANENTE®

Kaiser Permanente – Washington Region

Important Resources and Legal Disclosures

You can receive printed copies of documents described below, and get your questions answered, by calling Member Services at **1-888-901-4636** (WA TTY Relay **1-800-833-6388** or **711**).

Member resource guide

Find the member guide at **kp.org/wa/resourceguide**. The member guide offers information on a wide range of topics:

- Your provider network and network restrictions
- Primary and specialty care access, including behavioral health and hospital services
- Supportive care services, including complex case management
- Getting care after hours
- Urgent and emergency care
- Care and coverage when traveling outside our service area
- Prescriptions
- Referral and preauthorization requirements
- Benefit and coverage decisions based on coverage and appropriateness of care, without incentives that create barriers to care and service
- How coverage of new medical technology is evaluated
- Coverage and benefit decisions and how to submit an appeal
- How to file a claim for covered services
- How to file a complaint about care or service
- Member rights and responsibilities
- Laws related to women's health, including contraception and mastectomy

How to find …

Provider and facility directory. Get information "about doctors and other health care providers such as physical therapists, midwives, and alternative care providers who are covered by your plan at **kp.org/wa/directory**. Provider information includes name, address, phone number, professional qualifications, specialty, medical school attended, residency completion, and board certification status. For some plans, there are links to see additional providers available to you.

Coverage documents. View your Summary of Benefits and Coverage document and Evidence of Coverage by signing in to your secure online member account at **kp.org**. These documents contain detailed information about benefits and services covered under your health plan, your plan's exclusions, and the amount of your copayments and other cost shares for office visits, prescriptions, and other services. For Medicare members, go to **kp.org/medicare** and click on "Rates & Benefits."

Preventive care schedules. Recommended health screenings and immunizations for children and adults are available at **kp.org/wa/wellcare**.

Drug formulary. Many Kaiser Permanente plans include coverage for prescription drugs. A formulary is a list of covered medications. Find information about your plan's formulary, including updates, information on drug restrictions (for example, prior authorization, step therapy, quantity limits), generic substitution, and requesting formulary exceptions at **kp.org/formulary**.

Information on our quality program. To help guide the improvement activities we think will help us reach the highest possible quality goals, we develop an annual work plan for the organization and monitor our progress and performance throughout the year. For more details on quality, go to **kp.org/quality**.

Ratings on hospital care and safety. Your network includes hospitals across Washington and beyond for some plans. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance. See results for participating hospitals across the country at leapfroggroup.org/compare-hospitals.

Important Disclosure Information

We appreciate the trust you have placed in us by selecting a health plan offered through Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

State and federal agencies regulate health plan carriers. This document contains or references other sources of information that we are required to provide to you upon your enrollment into a health plan or upon your request. If you have any questions about this information, please call Member Services toll-free at **1-888-901-4636**.

Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, Kaiser Permanente 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 listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

Pharmacy benefit information

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 assure 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 at **360-236-4700** or email **HSQACSC@doh.wa.gov**.

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/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 brandname 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 facilities have pharmacies located within them. 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** 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/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.

Health information practices

RCW 48.43.510 (1c)

Your health plan protects the confidentiality of members' health care information. Kaiser Foundation Health Plan of Washington designates a privacy and information security officer who work within the National Compliance and Ethics Office to provide strategic direction, leadership, and oversight to ensure solid privacy and information security programs, operational policies, and execution of the organization's privacy and information security standards.

Kaiser Permanente has established policies regarding employee responsibility for safeguarding health care information, oversight and accountability for confidentiality and security, access controls for member information and systems, using and disclosing member information securely, and responding to member requests to exercise individual rights.

HIPAA Notice of Privacy Practices

Note: Our HIPAA Notice of Privacy Practices has changed. The following section contains a revision.

- Health Information Exchange

You can download our latest HIPAA Notice of Privacy Practices by visiting **http://healthy.kaiserpermanente.org/privacy-practices**.

For questions or to request a printed copy, call Member Services.

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Take the next step toward a better care experience

Ready to make life simpler with smarter coverage? Discover how easy it can be to get care designed around you.

Find the plan that fits your needs

Let's explore your health plan options at **buykp.org**.

Talk to an enrollment specialist

We're here to help. Call **1-800-494-5314** (TTY **711**) to talk to an enrollment specialist.

Current members with questions can call Member Services at **1-800-290-8900** (TTY **711**).

1. When appropriate and available. **2.** These features apply to care you get at Kaiser Permanente facilities. **3.** Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. **4.** Washington Health Alliance 2008–2025 Community Checkup reports, wacommunitycheckup.org. The 2017–2025 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C., and now named Washington Permanente Medical Group, P.C. **5.** The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **6.** See note 5. **7.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. The apps and services may be discontinued at any time. **8.** Kaiser Permanente 2025 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2025 and is used with the permission of NCQA. Quality Compass 2025 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **9.** "Top Docs: 2025," *Seattle Magazine,* October 8, 2025; "Top Doctors 2025," *Seattle Met* magazine, accessed August 19, 2026. **10.** American Heart Association/American Stroke Association, August 11, 2026. **11.** This information is for general educational purposes and is not tax advice. HSA eligibility, health plan benefits, account availability, fees, qualified expenses, contribution limits, and state tax treatment may vary. Catastrophic plans have separate enrollment eligibility requirements.



Nondiscrimination Notice

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Services at **1-888-901-4636** (TTY **711**).

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 (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

The notice of nondiscrimination is available at https://healthy.kaiserpermanente.org/washington/language-assistance/nondiscrimination-notice

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**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx**

Help in your language

English: ATTENTION: If you speak a language other than English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-901-4636** (TTY **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-901-4636** (TTY **711**)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-901-4636** (TTY **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-901-4636**로 전화해 주세요(TTY **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-901-4636** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-888-901-4636** (TTY **711**).

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសមស្រប ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-888-901-4636** (TTY **711**)។

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-888-901-4636**までお電話ください(TTY **711**)。

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-901-4636** ይደውሉ (TTY **711**)።

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-888-901-4636** irratti bilbilaa (TTY **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-888-901-4636** (TTY **711**).

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-901-4636** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-901-4636** an (TTY **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການ ບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-888-901-4636** (TTY **711**).

International Symbol for ASL (American Sign Language):



Notes



In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057.

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