

Kaiser Permanente for  
Individuals and Families

2016 Enrollment Guide  
Oregon








# together in good health

see how easy healthy can be



# Making good health easier

Experience the Kaiser Permanente difference

The experience ...	Without Kaiser Permanente	With Kaiser Permanente*
 <b>Choosing your doctor</b>	All you know is that your doctor accepts your insurance.	You can search our doctor profiles on kp.org and choose the one who's right for you. You can even change your doctor anytime.
 <b>Getting care in your language</b>	Some health plans have few multilingual doctors.	We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.
 <b>Choosing how you get care</b>	Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room.	For minor concerns, you can request a phone appointment or email your doctor's office with routine questions.
 <b>Calling for advice</b>	When your child has a late-night fever, there's often no medical advice available.	Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.
 <b>Making an appointment</b>	Calling and waiting to schedule an appointment can take forever.	You can schedule routine appointments from your computer or mobile device – anytime, anywhere.
 <b>Seeing your doctor</b>	Your doctor may need to flip through your files, hunting for details and looking for answers you've already given.	Your doctor has your medical history and prescriptions right at his or her fingertips through your electronic health record.
 <b>Remembering what your doctor said</b>	Take lots of notes during your visit or trust your memory later.	You can view your past visit summaries and most lab test results online, whenever you want.

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

# The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

## How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

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# Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



## Choose and change your doctor

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

To help you make the decision that's right for you, you can browse our online doctor profiles where you can find information related to education, credentials, and specialties, as well as our doctors' interest areas and if they are accepting new patients.

You can also change your doctor at any time, for any reason.



## Care under one roof

Save time and avoid driving all over town for care.

- You'll have many locations to choose from, and most of them offer multiple services under one roof.
- You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building.

### Locations near you

To find the location closest to your home, school, or office, visit [buykp.org/facilities](http://buykp.org/facilities) or turn to page 20 for a map of our locations.

### Getting care away from home

Travel freely knowing that we're committed to helping you take healthy trips away from home. At Kaiser Permanente, we're available to help you understand what your health plan covers and how to get care before, during, and after your trip. Learn more at [kp.org/travel](http://kp.org/travel).



## It's easy to stay connected

As a Kaiser Permanente member, **kp.org** is your online gateway to great health. When you register on **kp.org**, you can securely access many time-saving tools and beneficial resources to help you manage your health and keep you feeling great.

- View most lab results.
- Refill most prescriptions.
- Email your doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health.

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

For a guided tour of My Health Manager, visit [kp.org/myhealthmanagertour](http://kp.org/myhealthmanagertour).

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

# Good health begins with prevention

Kaiser Permanente gives you lots of healthy extras that can help you learn different ways to live healthier.



## Preventive care at no cost

No matter which Kaiser Foundation Health Plan of the Northwest plan you choose, there's no cost for preventive care services. These services can help you find health problems before they get serious, so you can treat them as soon as possible.

Here are some examples of preventive care services:

- Routine physical exams
- Well-child visits
- Well-woman visits
- Annual flu shots
- Routine lab tests
- Autism screenings
- Mammogram screenings
- Contraceptive care and counseling
- Breastfeeding support

For a complete list of our preventive care services, visit [kp.org/prevention](http://kp.org/prevention).



## A website full of healthy ideas

Get informed and inspired on our award-winning website, [kp.org](http://kp.org).

- Take charge of your health with articles, wellness topics, health calculators, and preferred rates on complementary health and fitness programs.
- Sign up for online wellness programs that can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more.
- Check out our music channels, podcasts, fitness videos, and recipes from world-class chefs.
- Visit [kp.org/livehealthy](http://kp.org/livehealthy) to explore more new and inspiring ways to live well and thrive.



## Alternative care options

We want to help you thrive – in mind, body, and spirit. To help you achieve total health, some of our medical plans include an alternative care benefit. Depending on your plan, chiropractic, naturopathic, massage therapy services, and acupuncture treatments may be covered if you have a referral. Visit [chpgroup.com](http://chpgroup.com) for a provider list, and call Member Services at **1-800-813-2000** for more specific information about what your plan covers.

Learn more about the doctors available in your area at [kp.org/searchdoctors](http://kp.org/searchdoctors).

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# Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



## Health care reform – what you should know

It's now the law that most U.S. residents must have health coverage. If you go without it, you may have to pay a tax penalty to the federal government.

When you do your taxes for 2015, you'll have to submit a form to show proof you had health coverage to avoid the penalty (or show proof that you aren't required to have coverage because you qualify for an exemption).

### Why choose Kaiser Permanente?

- All the plans you'll see in this enrollment guide meet the standards of the new health care law, and offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.



## Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical help at some point. To get better, you usually need care—like seeing a doctor, staying in a hospital, or taking medication.

On top of that, health care helps keep you healthy. Preventive care—like mammograms and cholesterol tests—can help catch health problems early, when they're easier to treat.

Health coverage helps you pay for all this care and protects you financially—much like the coverage people get to protect their car or home.

Without coverage, high medical bills can wipe out savings and even lead to personal bankruptcy.

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# Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – **no later than January 31, 2016.**

## New!

Visit one of our Enrollment Welcome Centers at Washington Square Mall and Clackamas Town Center between October 2015 and January 2016, or year-round at the Kaiser Permanente building in Lloyd District. We'll help you find the right health plan.

## Enrolling during the 2016 open enrollment period

You may change or apply for 2016 coverage during the open enrollment period, which runs from **November 1, 2015, through January 31, 2016.** You can do so either through Oregon Health Insurance Marketplace or through Kaiser Permanente.

To start coverage on:	Your completed application and premium must be received by:
January 1, 2016	December 15, 2015
February 1, 2016	January 15, 2016
March 1, 2016	January 31, 2016

## Enrolling during a special enrollment period

Outside of open enrollment, you may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

If you know you are going to have a triggering event, you may be able to apply for new coverage ahead of time.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at **buykp.org/apply**, or you may call **1-800-494-5314** to request a copy.

## Simple steps to enroll



### 1. Choose a plan

You can cover your entire family under the same plan or separate plans.



### 2. Calculate your rate

Use the rate calculator on page 16 to find out what your monthly rate would be for the plan you choose.



### 3. See if you're eligible for federal financial assistance

If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 14 for more information.



### 4. Complete your application

Complete an online application at [buykp.org/apply](https://buykp.org/apply) or use a paper application.

If you think you may qualify for federal financial assistance, we can help you apply through the Oregon Health Insurance Marketplace. Call us at **1-800-494-5314**.



### 5. Select your payment method

Payment for your first month's coverage is required with your application. You can pay by check, money order, debit card, or credit card.



### 6. Sign the application

If your application is missing any signatures or other information, it may be canceled.



### 7. Submit the application with payment

- **Online:** For the fastest response, enroll online today at [buykp.org/apply](https://buykp.org/apply). Or if you're working with a producer, use the personalized link he or she has provided.
- **Fax:** **1-866-920-6473** (if paying by debit or credit card)
- **Mail:** Kaiser Permanente Individuals and Families Plans  
P.O. Box 23219  
San Diego, CA 92193-9921



# Understanding health plans

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 between the member and the health plan is different. Learn more below.

 <b>Copay plans</b>	 <b>Deductible plans</b>	 <b>HSA-qualified deductible plans</b>
<b>Gold</b>	<b>Gold, Silver, Bronze</b>	<b>Silver, Bronze</b>
<p>Copay plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.</p>	<p>With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less—just 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 meet your deductible.</p>	<p>HSA-qualified deductible plans are just like deductible plans, with one added benefit. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.</p> <p>You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.* And 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.</p>







\*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).

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## Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

### Monthly rate versus out-of-pocket costs

Metal name	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Gold		
Silver		
Bronze		

### An example of costs when you get care

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's a sample of what you would pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
<b>KP OR Gold 0/20</b> (No deductible)	\$20	30% coinsurance	\$10
<b>KP OR Silver 1500/30</b> (\$1,500 deductible)	\$30	\$85 or 30% coinsurance*	\$15
<b>KP OR Bronze 4500/50</b> (\$4,500 deductible)	\$84 or \$50*	\$85 or 40% coinsurance*	\$49 or \$25*

\*If you've met your deductible

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

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# Health plan benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

## Here's a quick look at how to use the chart

	<div> <div>KP</div> <div>M</div> </div> <div> <div>KP OR Silver</div> <div>1500/30</div> </div>
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700
<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	\$30
Specialty care office visit	\$50
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	\$30
<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 visit, first postpartum visit	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
Ambulance services	30% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15
Preferred brand	\$55
Non-preferred brand	50% after deductible
Specialty	50% after deductible



Offered through Kaiser Permanente



Offered through the Oregon Health Insurance Marketplace

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$1,500 for yourself or \$3,000 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 \$6,850 for yourself and no more than \$13,700 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 \$30 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.

### Coinsurance

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

### Copay

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

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**KP** Offered through Kaiser Permanente

**M** Offered through the Oregon Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [healthcare.gov](https://www.healthcare.gov).

	<b>KP</b> <b>M</b> KP OR Catastrophic 6850/0 <sup>†</sup>	<b>KP</b> <b>M</b> KP OR Bronze 6000/50	<b>KP</b> <b>M</b> KP OR Standard Bronze Plan	<b>KP</b> <b>M</b> KP OR Bronze 4500/50	<b>KP</b> <b>M</b> KP OR Silver 3000/30	<b>KP</b> KP OR Silver 2750/20% HSA
Plan type	Deductible	Deductible	HSA-qualified	Deductible	Deductible	HSA-qualified
<b>Features</b>						
Annual medical deductible (individual/family)	\$6,850/\$13,700	\$6,000/\$12,000	\$5,000/\$10,000	\$4,500/\$9,000	\$3,000/\$6,000	\$2,750/\$5,500
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,350/\$12,700	\$6,850/\$13,700	\$6,850/\$13,700	\$5,000/\$10,000
<b>Benefits</b>						
<b>Preventive care</b>						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>						
Primary care office visit	First 3 office visits no charge <sup>‡</sup> Additional visits no charge after deductible	First 3 office visits at \$50 Additional visits 50% after deductible	\$60 after deductible	First 3 office visits at \$50 Additional visits 40% after deductible	\$30	20% after deductible
Specialty care office visit	No charge after deductible	50% after deductible	\$100 after deductible	40% after deductible	\$50	20% after deductible
Most X-rays	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
Most lab tests	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
Outpatient surgery	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
Mental health visit	No charge after deductible	50% after deductible	\$60 after deductible	40% after deductible	\$30	20% after deductible
<b>Inpatient hospital care</b>						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
<b>Maternity</b>						
Routine prenatal care visit, first postpartum visit	No charge after deductible	No charge	50% after deductible	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
<b>Emergency and urgent care</b>						
Emergency Department visit	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
Urgent care visit	No charge after deductible	50% after deductible	\$120 after deductible	40% after deductible	\$50	20% after deductible
Ambulance services	No charge after deductible	50% after deductible	50% after deductible	40% after deductible	30% after deductible	20% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>						
Generic	No charge after deductible	50% after deductible	\$20* after deductible	\$25* after deductible	\$15*	\$15* after deductible
Preferred brand	No charge after deductible	50% after deductible	\$80* after deductible	50% after deductible	\$55*	\$55* after deductible
Non-preferred brand	No charge after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	No charge after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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

<sup>†</sup>Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from the Oregon Health Exchange demonstrating hardship or lack of affordable coverage, may purchase a KP OR Catastrophic 6850/0 plan.

<sup>‡</sup>The KP OR Catastrophic 6850/0 plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary care.

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. For specific plan information about the plans referred to in this brochure, see the following forms: for HSA-qualified deductible plans: BOIDHDHP0116, EOIDHDHP0116; for deductible plans: BOIDDED0116, EOIDDED0116; for traditional copay plans: BOIDTRAD0116, EOIDTRAD0116; for the catastrophic plan: BOIDCAT0116, EOIDCAT0116. 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 call us at **1-800-634-4579** 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. You'll find more disclosures online at [kp.org/disclosures](https://kp.org/disclosures).

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

	<b>KP</b> <b>M</b> KP OR Standard Silver Plan	<b>KP</b> <b>M</b> KP OR Silver 1500/30	<b>KP</b> <b>M</b> KP OR Standard Gold Plan	<b>KP</b> <b>M</b> KP OR Gold 1000/20	<b>KP</b> <b>M</b> KP OR Gold 0/20
Plan type	Deductible	Deductible	Deductible	Deductible	Copay
<b>Features</b>					
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,500/\$3,000	1,250/\$2,500	\$1,000/\$2,000	None/None
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,850/\$13,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	\$35	\$30	\$20	\$20	\$20
Specialty care office visit	\$70	\$50	\$40	\$40	\$40
Most X-rays	30% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
Most lab tests	30% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
MRI, CT, PET	30% after deductible	30% after deductible	10% after deductible	20% after deductible	\$250
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
Mental health visit	\$35	\$30	\$20	\$20	\$20
<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	20% after deductible	\$500 per day (up to \$2,000)
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	30% after deductible	No charge	10% after deductible	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible	20% after deductible	\$500 per day (up to \$2,000)
<b>Emergency and urgent care</b>					
Emergency Department visit	30% after deductible	30% after deductible	10% after deductible	20% after deductible	\$250
Urgent care visit	\$90	\$50	\$60	\$40	\$40
Ambulance services	30% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	\$15*	\$15*	\$10*	\$10*	\$10
Preferred brand	\$50*	\$55*	\$30*	\$30	\$30
Non-preferred brand	50%	50% after deductible	50%	50%	50%
Specialty	50%	50% after deductible	50%	50%	50%

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

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## Dental and vision care

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

### Quality dental care

Good dental care is essential to good health. That's why we hire top-notch dentists and hygienists, and why every member gets a personalized prevention and treatment plan. Most importantly, it's why we cover preventive care that many other plans don't.

#### 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 17 dental offices in the Portland metro area, southwest Washington, Longview, and Salem, 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. For over 22 years, we've received the highest level of 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 from 6:30 a.m. to 6 p.m. Monday through Friday, and 7:30 a.m. to 4 p.m. Saturday.

Portland: **503-286-6868**  
Salem: **503-370-4311**  
Vancouver: **360-254-9158**  
Longview: **360-575-4800**

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

### Vision essentials

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

Adult vision exams are included in our Gold plans (except Oregon Standard) and the OR Silver 1500/30 plan. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children at no cost.\* For more information, including our 10 optical locations, visit [kp2020.org](https://kp2020.org).

\*Vision hardware must be prescribed and purchased at a Kaiser Permanente pharmacy, and is no charge when selected from a list of standard frames.

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

Dental plans	KP OR Dental 100		KP OR Dental 80H		KP OR Dental 80L	
	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)
<b>Features</b>						
Benefit maximum	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	No maximum
Out-of-pocket maximum (individual/family)	\$350/\$700	Does not apply	\$350/\$700	Does not apply	\$350/\$700	Does not apply
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$0	\$0	\$100/\$300	\$100/\$300
<b>Benefits</b> (subject to deductible unless otherwise noted)						
Preventive and diagnostic services	No charge		20% coinsurance (not subject to deductible)		20% coinsurance (not subject to deductible)	
Basic restorative services	20% coinsurance		75% coinsurance		50% coinsurance	
Oral surgery, endodontics, and periodontics	20% coinsurance		75% coinsurance		50% coinsurance	
Major restorative services	50% coinsurance		75% coinsurance		50% coinsurance	

Monthly rates			
Age on 2015 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<21	\$30.94	\$20.53	\$24.26
21-29	34.47	23.98	30.81
30-34	36.46	25.36	32.58
35-39	37.99	26.43	33.95
40-44	41.95	29.18	37.49
45-49	46.60	32.42	41.64
50-54	50.08	34.84	44.76
55-59	54.33	37.79	48.55
60-64	55.89	38.88	49.95
65+	56.92	39.60	50.87

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

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

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

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0116*, *EOIDFAMILYDNTDED0116-Evidence of Coverage*; *BOIDFAMILYDNT0116*, *BOIDFAMILYDNTDED0116-Benefit Summaries*; *FOIDFAMILYDNT0116-Face Sheet*.

**Have questions?** Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your producer.



## You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

### 3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay us directly for it.
- Assistance is available on a sliding scale, based on income and family size.



### Determine if you qualify

Call us at **1-800-494-5314** or go to [healthcare.gov](http://healthcare.gov) to see if you qualify for assistance. (For TTY for the deaf, hard of hearing, or speech impaired, call **711**). Or contact your producer.

Both your eligibility and the exact amount of your financial assistance will be determined by the Oregon Health Insurance Marketplace.

To quickly check if you may be eligible, use this chart, which shows the estimated family income levels that qualify people for help paying premiums.

Number of people in household	Annual family income level
1	\$47,080 or below
2	\$63,720 or below
3	\$80,360 or below
4	\$97,000 or below
5	\$113,640 or below
6	\$130,280 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to [buykp.org](http://buykp.org).



### If you do qualify

If you qualify, you'll need to buy your plan through the Oregon Health Insurance Marketplace. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314** (TTY **711** for the deaf, hard of hearing, or speech impaired).

**Avoid being billed twice:** If you do enroll in a plan through the Oregon Health Insurance Marketplace, cancel your current Kaiser Foundation Health Plan of the Northwest plan by calling our Member Service Contact Center at **1-800-464-4000** on or before the start date of your new plan.



### If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Foundation Health Plan of the Northwest plan from us or through the Oregon Health Insurance Marketplace.

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

# Working out your rate

Use the rate calculator and monthly rates chart on the following pages to help you evaluate your plan options, or apply on [kp.org/apply](https://kp.org/apply) to have your rate calculated automatically. Along with your monthly rate, consider what you will need to pay when you get care. See page 8 for more information.

## What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live, based on your county and ZIP code
- Your age on your start date (effective date)
- Whether you use tobacco
- If you add a pediatric dental plan for family members age 18 and younger

Rates are determined based on each person's age on the plan's start date, whether they apply individually or as a family. For example, if your 29th birthday is on February 14 and you submit your completed application on January 15, you'll have a start date of February 1 and the rate for a 28-year-old.

However, if you submit your application on January 16, your start date will be March 1. Since this is after your birthday, you'll have the rate for a 29-year-old.

**Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:**

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost.
- If you have a child-only account and everyone on the account is under 21, you will only be charged for the subscriber and the 3 oldest children under 21.

The rates on pages 17 and 18 apply to the ZIP codes below. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Our service area	
Benton County	97330-31, 97333, 97339, 97370
Clackamas County	97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97049, 97055, 97067-68, 97070, 97086, 97089, 97222, 97267-69
Columbia County	All ZIP codes
Hood River County	97014
Linn County	97321-22, 97335, 97348, 97355, 97358, 97360, 97374, 97377, 97389
Marion County	97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97317, 97325, 97342, 97346, 97352, 97358, 97362, 97373, 97375, 97381, 97383-85, 97392
Multnomah County	All ZIP codes
Polk County	All ZIP codes
Washington County	All ZIP codes
Yamhill County	All ZIP codes



## Rate calculator

To figure out the total monthly rate for your health plan for you and your family, just follow these steps. Or, if you apply online through [buykp.org/apply](https://buykp.org/apply), your rate will be calculated automatically.

1. On the worksheet below, list everyone you want to cover:
  - Yourself
  - Your spouse or domestic partner
  - Each adult child 21 through 25
  - Your 3 oldest children under 21 (other children under 21 are covered at no charge)
2. Find the plan you're considering in the rate charts on the next two pages.
3. Find the rate for each family member, based on his or her age on the start date.
4. Unless you have pediatric dental coverage from another company, please add the pediatric dental plan rate for each of the 3 oldest children 18 and younger.
5. Add up the rates.

Your monthly rate worksheet				
Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal for health plan monthly rate		\$	\$	\$
Pediatric dental KP OR Dental 80H (add \$20.53 per child 18 and younger)		____ × \$20.53 = \$____	____ × \$20.53 = \$____	____ × \$20.53 = \$____
Total health plan monthly rate		\$	\$	\$

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

## 2016 Monthly rates

### Do you qualify for federal financial assistance

If so, you may pay lower rates than those listed in this chart.

See page 14 for details.

Non-tobacco user rates											
Age on 2016 effective date	KP OR Catastrophic 6850/0	KP OR Bronze 6000/50	KP OR Standard Bronze Plan	KP OR Bronze 4500/50	KP OR Silver 3000/30	KP OR Silver 2750/20% HSA	KP OR Standard Silver Plan	KP OR Silver 1500/30	KP OR Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20
<21	\$97	\$102	\$100	\$104	\$130	\$123	\$135	\$140	\$158	\$156	\$171
21	153	160	157	163	205	193	212	220	250	246	269
22	153	160	157	163	205	193	212	220	250	246	269
23	153	160	157	163	205	193	212	220	250	246	269
24	153	160	157	163	205	193	212	220	250	246	269
25	153	161	158	164	205	194	213	221	251	247	271
26	156	164	161	167	209	198	217	226	256	252	276
27	160	168	164	171	214	203	222	231	262	258	282
28	166	174	171	178	222	210	230	239	271	267	293
29	171	179	176	183	229	216	237	246	279	275	302
30	173	182	178	185	232	219	240	250	283	279	306
31	177	185	182	189	237	224	246	255	289	285	312
32	181	189	186	193	242	229	251	261	295	291	319
33	183	192	188	196	245	232	254	264	299	294	323
34	186	194	190	198	248	235	257	267	303	298	327
35	187	195	192	200	250	236	259	269	305	300	329
36	188	197	193	201	252	238	261	271	307	302	331
37	189	198	194	202	253	239	262	273	309	304	334
38	190	199	195	204	255	241	264	274	311	306	336
39	193	202	198	206	258	244	267	278	315	310	340
40	195	204	200	209	261	247	271	281	319	314	344
41	199	208	204	213	266	252	276	287	325	320	351
42	202	212	208	216	271	256	281	292	331	326	357
43	207	217	213	222	278	262	288	299	339	333	366
44	213	223	219	228	286	270	296	308	349	343	376
45	221	231	227	236	295	279	306	318	360	355	389
46	229	240	235	245	307	290	318	330	374	369	404
47	239	250	245	255	320	302	331	344	390	384	421
48	250	261	256	267	334	316	346	360	408	402	441
49	261	273	268	279	349	330	361	376	426	419	460
50	273	286	280	292	365	345	378	393	446	439	481
51	285	298	293	305	382	361	395	411	465	458	503
52	298	312	306	319	399	377	414	430	487	480	526
53	312	326	320	333	417	394	432	449	509	501	550
54	326	341	335	349	437	413	452	470	533	525	575
55	341	357	350	364	456	431	473	491	556	548	601
56	357	373	366	381	477	451	494	514	582	573	629
57	372	390	382	398	499	471	516	537	608	599	657
58	389	407	400	416	521	493	540	561	636	626	687
59	398	416	408	425	533	503	552	573	650	640	701
60	415	434	426	443	555	525	575	598	677	667	731
61	429	449	441	459	575	543	595	619	701	691	757
62	439	459	451	469	588	556	609	633	717	706	774
63	451	472	463	482	604	571	626	650	737	725	795
64+	458	480	471	489	614	579	636	660	749	737	807

Rates are effective January 1, 2016, through December 31, 2016.

**Have questions?** Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your producer.

## 2016 Monthly rates

### Do you qualify for federal financial assistance

If so, you may pay lower rates than those listed in this chart.

See page 14 for details.

Tobacco user rates											
Age on 2016 effective date	KP OR Catastrophic 6850/0	KP OR Bronze 6000/50	KP OR Standard Bronze Plan	KP OR Bronze 4500/50	KP OR Silver 3000/30	KP OR Silver 2750/20% HSA	KP OR Standard Silver Plan	KP OR Silver 1500/30	KP OR Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20
<21	\$97	\$102	\$100	\$104	\$130	\$123	\$135	\$140	\$158	\$156	\$171
21	183	192	188	196	246	232	254	264	299	295	323
22	183	192	188	196	246	232	254	264	299	295	323
23	183	192	188	196	246	232	254	264	299	295	323
24	183	192	188	196	246	232	254	264	299	295	323
25	184	193	189	197	246	233	255	265	301	296	325
26	188	197	193	201	251	238	260	271	307	302	331
27	192	201	197	205	257	243	266	277	314	309	339
28	199	209	205	213	267	252	276	287	326	321	351
29	205	215	211	219	275	260	285	296	335	330	362
30	208	218	214	222	279	263	289	300	340	335	367
31	213	222	218	227	285	269	295	306	347	342	375
32	217	227	223	232	290	275	301	313	354	349	383
33	220	230	226	235	294	278	305	317	359	353	387
34	223	233	229	238	298	282	309	321	364	358	393
35	224	234	230	240	300	284	311	323	366	360	395
36	226	236	232	241	302	285	313	325	368	363	398
37	227	238	233	243	304	287	315	327	371	365	400
38	228	239	235	244	306	289	317	329	373	367	403
39	231	242	238	247	310	293	321	334	378	372	408
40	234	245	241	250	314	297	325	338	383	377	413
41	239	250	245	255	320	302	331	344	390	384	421
42	243	254	249	260	325	307	337	350	397	391	428
43	249	260	255	266	333	315	345	359	406	400	439
44	256	268	263	274	343	324	355	369	418	412	452
45	265	277	272	283	355	335	367	382	432	426	467
46	275	288	282	294	368	348	381	396	449	442	485
47	287	300	294	306	384	363	397	413	468	461	505
48	300	314	308	320	401	379	416	432	490	482	529
49	313	327	321	334	419	396	434	451	511	503	552
50	328	343	336	350	438	414	454	472	535	527	577
51	342	358	351	366	458	433	474	493	558	550	603
52	358	375	367	383	479	453	496	516	585	576	631
53	374	391	384	400	501	473	519	539	611	602	660
54	392	410	402	418	524	495	543	564	639	630	690
55	409	428	420	437	547	517	567	589	668	658	721
56	428	448	439	457	573	541	593	617	699	688	754
57	447	468	459	478	598	566	620	644	730	719	788
58	467	489	480	499	626	591	648	673	763	751	824
59	477	500	490	510	639	604	662	688	779	768	842
60	498	521	511	532	666	630	690	717	813	800	878
61	515	539	529	551	690	652	714	743	841	829	909
62	527	551	541	563	705	667	731	759	860	847	929
63	541	566	556	579	725	685	751	780	884	871	954
64+	549	576	564	588	737	696	762	792	897	885	969

Rates are effective January 1, 2016, through December 31, 2016.

**Have questions?** Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your producer.

# Find a provider 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 4 areas: southwest Washington, Salem, Longview, and the Portland metropolitan area. Our contracts with Northwest Permanente, P.C., and Permanente Dental Associates offer you an even greater choice of participating providers throughout the region.

## Locate a medical provider

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

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

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

You can download the directory from the "Forms and Publications" section of the website. Or, to have one sent to you, contact:

### Member Services

**1-800-813-2000**

8 a.m. to 6 p.m.

Monday through Friday

TTY: **711**

Language Interpretation Services: **1-800-324-8010**

## Our locations

We have 4 primary areas within the Northwest service area where you can go for care: southwest Washington, Salem, Longview, and the Portland metropolitan area. Each area has its own medical offices, medical center(s), and urgent care facilities. With 36 medical offices and 2 hospitals, it's easy to find one near you.

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

## Dental care

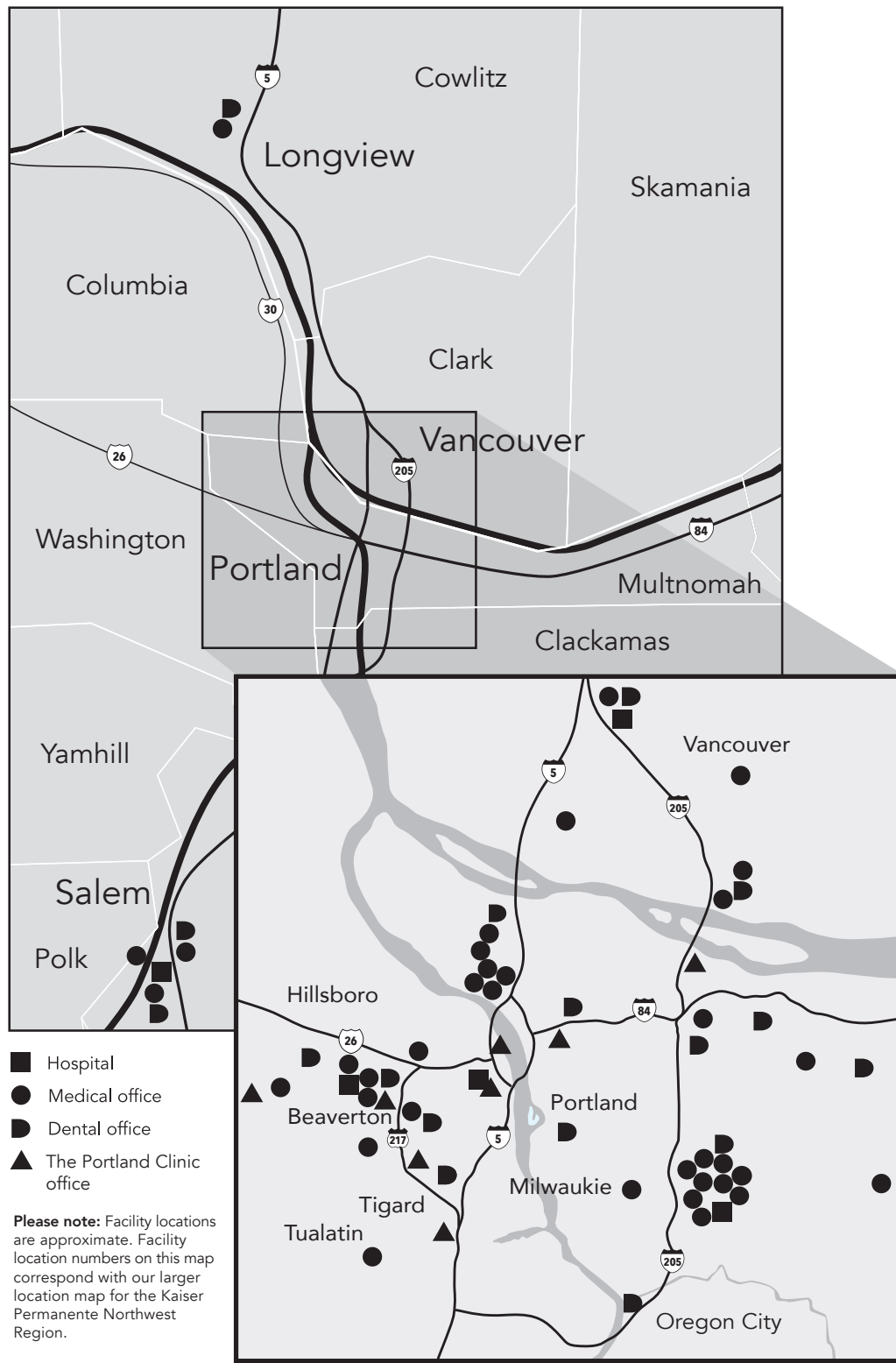
We have 17 dental offices in the Portland metro area, Salem, southwest Washington, and Longview, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.


For more information regarding our dental plans and services, please visit [kp.org/dental/nw](http://kp.org/dental/nw).

## Talk to a new member specialist

Call our dedicated **New Member Help Desk** at **1-888-491-1124**, Monday through Friday, 7 a.m. to 8 p.m., and Saturdays, 8 a.m. to 4:30 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.

## Northwest locations



 N Maps not to scale

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



# The right choice for a healthier you

Learn more about all that Kaiser Permanente has to offer. Visit [kp.org/thrive](https://kp.org/thrive) or call us at **1-800-494-5314**, (711 TTY for the deaf, hard of hearing, or speech impaired).



Kaiser Foundation Health Plan of the Northwest  
500 NE Multnomah St., Suite 100  
Portland, OR 97232

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