

INDIVIDUAL AND FAMILY HEALTH PLANS

Coverage that's right for you



INDIVIDUAL AND FAMILY HEALTH PLANS

Choices to fit your budget, coverage to keep you healthy

With Kaiser Permanente, you choose the blend of premiums, deductibles, copayments, and coinsurance that’s right for you.

- Pick a no-deductible plan for maximum coverage, or reduce your premium by picking a plan with an annual deductible.
- Decide whether you want to pay fixed copayments or percentage-based coinsurance for service.
- You can even choose between plans with or without prescription drug coverage.

STAYING HEALTHY IS THE ULTIMATE BENEFIT

We believe preventive care is the foundation of good health, and we back that up with our coverage. All our preventive care services are available on a no-cost or low-cost basis. And you don’t have to meet a deductible first.

Preventive health care services include:

- Immunizations (children, adults, and travel)
- Well-baby visits (through age 2)
- Prenatal visits
- Postnatal
- Pap tests
- Prostate cancer screening
- Colorectal cancer screening
- Cholesterol tests
- Fecal occult tests
- Glucose tests
- Chlamydia tests
- Mammograms (once every two years for members 40–69)
- Bone density measurement (one at or after age 65)
- Flexible sigmoidoscopy (once every five years for members 50 and older)
- Colonoscopy (once every 10 years for members 50 and older)

See your *Member Agreement* for details on copayments and coinsurance for these and other preventive care services.

Who is eligible for Kaiser Permanente Individual and Family plans?

You must live within our service area. You must not be covered by another health plan.

HOW TO CHOOSE A PLAN

Plans are available with a range of annual deductibles, monthly premiums, and copayments or coinsurance. Whichever plan you choose, you get a complete range of health and wellness services.

Your choices include:

- **Platinum plans**—These plans have no annual deductible and feature fixed copayments for most services. They are available with or without prescription coverage.
- **Gold plans**—Gold plans feature relatively low annual deductibles with fixed copayments for most services. All Gold plans include prescription coverage.
- **Silver plans**—Silver plans have higher annual deductibles and lower monthly premiums. You pay a fixed copayment for most preventive health services, and coinsurance for other health services. All Silver plans include prescription coverage.
- **Bronze plans**—Bronze plans have the highest annual deductible and lowest monthly premiums. You pay a fixed copayment for most preventive health services, and a coinsurance for other services. Bronze plans are not available with prescription drug coverage.
- **High-deductible health plans**—High-deductible health plans (HDHP) have high annual deductibles and lower monthly premiums. By combining an HDHP with a federally qualified health savings account (HSA), you may be able to save money on your taxes. (Consult your accountant or tax preparer for details.) You pay coinsurance for services, although certain preventive services are not subject deductible. These plans are available with and without prescription coverage.

All these plans are age rated. Your age on Sept. 30, 2008, determines your age bracket for the plan year that begins Oct. 1, 2008. For spouses, the age bracket is based on the age of the youngest spouse as of Sept. 30, 2008.

- Take time to review the benefit comparison and premium table in this brochure to choose a plan.

HOW TO ENROLL

Contact your insurance producer or call Kaiser Permanente at 503-813-2000 for more information on enrolling in one of our individual or family health plans.

CHANGING PLANS

If you are currently enrolled in one of these plans, you can change to a plan with an equal or higher annual deductible. For example, a member of the Platinum plan (no deductible) can move into the Gold 500 plan (\$500 individual, \$1,500 family deductible). All you need to do is complete a change form, sign it, and mail or fax it to us.

If you belong to the plan in this column... ..you can automatically switch to one of the plans marked with a “ • ” in the same row.

	Platinum with Rx	Platinum without Rx	Gold 500	Gold 1000	Silver 1500	Silver 2500	Silver 3500	Bronze 5000	Bronze 7500	High Deductible 1500 with Rx	High Deductible 1500 without Rx	High Deductible 2500 with Rx	High Deductible 2500 without Rx
Platinum with Rx		•	•	•	•	•	•	•	•	•	•	•	•
Platinum without Rx			•	•	•	•	•	•	•	•	•	•	•
Gold 500 with & without Rx				•	•	•	•	•	•	•	•	•	•
Gold 1000 with & without Rx					•	•	•	•	•	•	•	•	•
Silver 1500 with & without Rx						•	•	•	•	•	•	•	•
Silver 2500 with & without Rx							•	•	•				
Silver 3500 with & without Rx								•	•				
Silver Plus 3500 with & without Rx								•	•				
High Deductible 1500 with Rx											•	•	•
High Deductible 1500 without Rx												•	•
High Deductible 2500 with Rx													•
High Deductible 2500 without Rx													

However, if you want to upgrade to a plan with a lower deductible, you’ll have to complete the Standard Health questionnaire. If your application to upgrade is not accepted, you will continue to be covered under your existing plan.

PRESCRIPTION COVERAGE

You can choose between plans with or without prescription coverage. Coverage is provided for prescriptions filled at Kaiser Permanente pharmacies or through Kaiser Permanente Mail-Delivery Pharmacy Service.

For more details about prescription coverage, see the Plan Comparison Table. For a complete description of prescription benefits, see your Member..... Agreement.

DISCOUNTS AND ADDED VALUES

Good health is about more than treating disease. It’s also about setting health goals, finding resources to help you reach those goals, and getting the kind of care you want. That’s why our members get special

discounts and added values to help them maximize their health.

Alternative care—Get discounts on acupuncture, chiropractic care, massage, and other alternative therapies from members of the Complementary Healthcare Plans network.

Local health clubs—Save money on memberships at more than a dozen health clubs from Vancouver to Salem.

Weight Watchers—Attend Weight Watchers meetings at special discounts, or save money on new home-based and online Weight Watchers programs.

Kaiser Permanente Healthwise® Handbook—An at-your-fingertips health reference available free to subscriber.

For information about these and other added values available to Kaiser Permanente members, log on to **kp.org** or call us at 503-813-2000.

Benefit Comparison Table

	Platinum with Prescription	Platinum without Prescription	Gold 500 with Prescription	Gold 1000 with Prescription	Silver 1500 with Prescription	Silver 2500 with Prescription	Silver 3500 with Prescription	Bronze 5000	Bronze 7500
ANNUAL DEDUCTIBLE									
Individual	None		\$500	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500
Family	None		\$1,500	\$3,000	\$4,500	\$7,500	\$10,500	\$15,000	\$22,500
ANNUAL OUT-OF-POCKET MAXIMUM									
Individual	\$2,500	\$2,500	\$3,750	\$2,500	\$5,000	\$7,000	\$9,000	\$10,000	\$10,000
Family	\$7,500	\$7,500	\$11,250	\$7,500	\$15,000	\$21,000	\$27,000	\$30,000	\$30,000
BENEFITS	You pay		You pay		You pay			You pay	
Preventive care									
Immunizations	\$0	\$0	\$0		\$0			\$0	
Adult and well-child physicals	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Well-baby visits	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Annual gynecological exams	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Mammograms	\$20	\$25	\$25 NSD		30% NSD			50%	
Physician/provider services									
Primary care office visit	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Specialty care office visit	\$30	\$35	\$35		30%			50%	
Inpatient & maternity									
Prenatal office visits ³	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Hospital care	\$300 day up to \$1,500 per admission	\$500 day up to \$2,500 per admission	\$750 day up to \$3,750 per admission		30%			50%	
Emergency & urgent care									
Emergency care	\$100 ¹	\$100 ¹	\$100		30%			50%	
Urgent care	\$20	\$25	\$25 NSD		\$25 NSD			\$25 NSD	
Ambulance service	\$50	\$75	\$75		30%			50%	
Prescription drugs									
Annual deductible per individual	None	Not covered	\$500		\$500			Not covered	
After-deductible copayment	The greater of \$15 or 50% ²	Not covered	50% up to \$150 max for 30-day supply		50% up to \$150 max for 30-day supply			Not covered	
Other services									
Lab	\$15	\$15	\$15		30%			50% NSD	
X-ray	\$25	\$25	\$25		30%			50% NSD	

“NSD”: Not subject to deductible

¹Waved if admitted to the hospital.

²Copayments apply to prescriptions costing more than \$15. The full charge applies to prescriptions that cost \$15 or less.
Mail-order prescription delivery is limited to a 30-day supply.

³This benefit also covers one post-natal visit.

High Deductible Health Plan Comparison

	\$1,500 deductible with Prescription	\$1,500 deductible without Prescription	\$2,600 deductible with Prescription	\$2,600 deductible without Prescription
ANNUAL DEDUCTIBLE				
Individual	\$1,500	\$1,500	\$2,600	\$2,600
Family	\$3,000	\$3,000	\$5,200	\$5,200
ANNUAL OUT-OF-POCKET MAX				
Individual	\$5,000	\$5,000	\$5,000	\$5,000
Family	\$10,000	\$10,000	\$10,000	\$10,000
BENEFITS	You pay			
Preventive care				
Immunizations	No charge			
Adult and well-child physicals	20%			
Well-baby visits	20%			
Annual gynecological exams	20%			
Mammograms	20%			
Physician/provider services				
Primary care office visit	20%			
Specialty care office visit	20%			
Inpatient & maternity				
Prenatal office visits ¹	20% NSD			
Hospital care	20%			
Emergency & Urgent care				
Emergency care	20%			
Urgent care	20%			
Ambulance service	20%			
Prescription drugs				
After-deductible copayment	\$15 generic \$30 brand	Not covered	\$15 generic \$30 brand	Not covered
Other services				
Lab	20%			
X-ray	20%			

“NSD”: Not subject to deductible

¹ This benefit also covers one post-natal visit.

Individual and family plans age-adjusted monthly premiums

For plan year beginning Oct. 1, 2008

PLATINUM PLANS									
PLATINUM WITH RX	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$184	\$223	\$284	\$311	\$386	\$415	\$540	\$669	\$732
Subscriber & spouse ¹	\$368	\$446	\$568	\$622	\$772	\$830	\$1,080	\$1,338	\$1,464
Subscriber & children ²	\$331	\$401	\$511	\$560	\$695	\$747	\$972	\$1,204	\$1,318
Family ³	\$552	\$669	\$852	\$933	\$1,158	\$1,245	\$1,620	\$2,007	\$2,196
Child ⁴ — \$154 per child member.					Subscriber 65 & older ⁵ — \$818 per member.				
PLATINUM WITHOUT RX	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$174	\$212	\$269	\$295	\$366	\$393	\$512	\$634	\$694
Subscriber & spouse ¹	\$348	\$424	\$538	\$590	\$732	\$786	\$1,024	\$1,268	\$1,388
Subscriber & children ²	\$313	\$382	\$484	\$531	\$659	\$707	\$922	\$1,141	\$1,249
Family ³	\$522	\$636	\$807	\$885	\$1,098	\$1,179	\$1,536	\$1,902	\$2,082
Child ⁴ — \$146 per child member.					Subscriber 65 & older ⁵ — \$735 per member.				
GOLD PLANS									
GOLD 500	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$141	\$171	\$218	\$239	\$296	\$318	\$414	\$513	\$561
Subscriber & spouse ¹	\$282	\$342	\$436	\$478	\$592	\$636	\$828	\$1,026	\$1,122
Subscriber & children ²	\$254	\$308	\$392	\$430	\$533	\$572	\$745	\$923	\$1,010
Family ³	\$423	\$513	\$654	\$717	\$888	\$954	\$1,242	\$1,539	\$1,683
Child ⁴ — \$118 per child member.					Subscriber 65 & older ⁵ — \$708 per member.				
GOLD 1000	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$122	\$148	\$188	\$206	\$256	\$275	\$358	\$443	\$485
Subscriber & spouse ¹	\$244	\$296	\$376	\$412	\$512	\$550	\$716	\$886	\$970
Subscriber & children ²	\$220	\$266	\$338	\$371	\$461	\$495	\$644	\$797	\$873
Family ³	\$366	\$444	\$564	\$618	\$768	\$825	\$1,074	\$1,329	\$1,455
Child ⁴ — \$102 per child member.					Subscriber 65 & older ⁵ — \$614 per member.				

¹ Age is based on the age of the younger spouse.

² Covers children 20 or younger. Covers children up to age 23 who are enrolled full-time in school.

³ Covers subscriber, spouse, and children.

⁴ Premium is per child. Applies when no parent/guardian is a subscriber.

⁵ Premium is per adult 65 or older.

Individual and family plans age-adjusted monthly premiums

For plan year beginning Oct. 1, 2008

SILVER PLANS									
SILVER 1500	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$110	\$133	\$170	\$186	\$231	\$248	\$322	\$400	\$437
Subscriber & spouse ¹	\$220	\$266	\$340	\$372	\$462	\$496	\$644	\$800	\$874
Subscriber & children ²	\$198	\$239	\$306	\$335	\$416	\$446	\$580	\$720	\$787
Family ³	\$330	\$399	\$510	\$558	\$693	\$744	\$966	\$1,200	\$1,311
Child ⁴ — \$92 per child member.					Subscriber 65 & older ⁵ — \$558 per member.				
SILVER 2500	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$100	\$122	\$155	\$170	\$211	\$226	\$294	\$365	\$399
Subscriber & spouse ¹	\$200	\$244	\$310	\$340	\$422	\$452	\$588	\$730	\$798
Subscriber & children ²	\$180	\$220	\$279	\$306	\$380	\$407	\$529	\$657	\$718
Family ³	\$300	\$366	\$465	\$510	\$633	\$678	\$882	\$1,095	\$1,197
Child ⁴ — \$84 per child member.					Subscriber 65 & older ⁵ — \$510 per member.				
SILVER 3500	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$95	\$116	\$148	\$162	\$201	\$215	\$280	\$348	\$380
Subscriber & spouse ¹	\$190	\$232	\$296	\$324	\$402	\$430	\$560	\$696	\$760
Subscriber & children ²	\$171	\$209	\$266	\$292	\$362	\$387	\$504	\$626	\$684
Family ³	\$285	\$348	\$444	\$486	\$603	\$645	\$840	\$1,044	\$1,140
Child ⁴ — \$80 per child member.					Subscriber 65 & older ⁵ — \$486 per member.				
BRONZE PLANS									
BRONZE 5000	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$76	\$93	\$118	\$129	\$160	\$172	\$224	\$278	\$304
Subscriber & spouse ¹	\$152	\$186	\$236	\$258	\$320	\$344	\$448	\$556	\$608
Subscriber & children ²	\$137	\$167	\$212	\$232	\$288	\$310	\$403	\$500	\$547
Family ³	\$228	\$279	\$354	\$387	\$480	\$516	\$672	\$834	\$912
Child ⁴ — \$64 per child member.					Subscriber 65 & older ⁵ — \$335 per member.				
BRONZE 7500	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$70	\$86	\$109	\$119	\$148	\$159	\$207	\$256	\$280
Subscriber & spouse ¹	\$140	\$172	\$218	\$238	\$296	\$318	\$414	\$512	\$560
Subscriber & children ²	\$126	\$155	\$196	\$214	\$266	\$286	\$373	\$461	\$504
Family ³	\$210	\$258	\$327	\$357	\$444	\$477	\$621	\$768	\$840
Child ⁴ — \$59 per child member.					Subscriber 65 & older ⁵ — \$308 per member.				

¹ Age is based on the age of the younger spouse.

² Covers children 20 or younger. Covers children up to age 23 who are enrolled full-time in school.

³ Covers subscriber, spouse, and children.

⁴ Premium is per child. Applies when no parent/guardian is a subscriber.

⁵ Premium is per adult 65 or older.

HIGH DEDUCTIBLE PLANS									
HDHP 1500 WITH Rx	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$125	\$152	\$194	\$212	\$263	\$283	\$368	\$456	\$499
Subscriber & spouse ¹	\$250	\$304	\$388	\$424	\$526	\$566	\$736	\$912	\$998
Subscriber & children ²	\$225	\$274	\$349	\$382	\$473	\$509	\$662	\$821	\$898
Family ³	\$375	\$456	\$582	\$636	\$789	\$849	\$1,104	\$1,368	\$1,497
Child ⁴ — \$105 per child member.					Subscriber 65 & older ⁵ — \$598 per member.				
HDHP 1500 WITHOUT Rx	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$117	\$142	\$181	\$198	\$246	\$264	\$343	\$426	\$466
Subscriber & spouse ¹	\$234	\$284	\$362	\$396	\$492	\$528	\$686	\$852	\$932
Subscriber & children ²	\$211	\$256	\$326	\$356	\$443	\$475	\$617	\$767	\$839
Family ³	\$351	\$426	\$543	\$594	\$738	\$792	\$1,029	\$1,278	\$1,398
Child ⁴ — \$98 per child member.					Subscriber 65 & older ⁵ — \$548 per member.				
HDHP 2600 WITH Rx	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
HDHP 2600 with Rx	<25	25 - 29	30-34	35 -39	40 - 44	45 - 49	50 - 54	55 – 59	60 - 64
Subscriber only	\$117	\$142	\$181	\$198	\$246	\$264	\$343	\$426	\$466
Subscriber & spouse ¹	\$234	\$284	\$362	\$396	\$492	\$528	\$686	\$852	\$932
Subscriber & children ²	\$211	\$256	\$326	\$356	\$443	\$475	\$617	\$767	\$839
Family ³	\$351	\$426	\$543	\$594	\$738	\$792	\$1,029	\$1,278	\$1,398
Child ⁴ — \$98 per child member.					Subscriber 65 & older ⁵ — \$556 per member.				
HDHP 2600 WITHOUT Rx	<25	25 - 29	30-34	35 - 39	40 – 44	45 – 49	50 – 54	55 – 59	60 - 64
Subscriber only	\$110	\$133	\$170	\$186	\$231	\$248	\$322	\$400	\$437
Subscriber & spouse ¹	\$220	\$266	\$340	\$372	\$462	\$496	\$644	\$800	\$874
Subscriber & children ²	\$198	\$239	\$306	\$335	\$416	\$446	\$580	\$720	\$787
Family ³	\$330	\$399	\$510	\$558	\$693	\$744	\$966	\$1,200	\$1,311
Child ⁴ — \$92 per child member.					Subscriber 65 & older ⁵ — \$515 per member.				

¹ Age is based on the age of the younger spouse.

² Covers children 20 or younger. Covers children up to age 23 who are enrolled full-time in school.

³ Covers subscriber, spouse, and children.

⁴ Premium is per child. Applies when no parent/guardian is a subscriber.

⁵ Premium is per adult 65 or older.

You and Kaiser Permanente

CHOOSE A PRIMARY CARE PROVIDER

Health care is a partnership. That’s why it’s important to select a primary care provider, or PCP.

Your PCP is your first point of contact when you need care or have health questions. Over time, you and your PCP will develop a strong working relationship. You’ll be able to get answers to nonurgent health questions by e-mail or over the phone. You’ll save time and money while getting the care you want.

A PCP can be a doctor, a physician assistant (PA), or certified nurse practitioner (CNP). Doctors supervise the work of PAs and CNPs.

If you don’t have a PCP, contact Membership Services. They can help you choose one at a medical office convenient to you. If you decide you want a different PCP, you can change at any time.

Contact Membership Services 8 a.m. to 6 p.m., Monday through Friday, at 503-813-2000. Outside of Portland, call toll-free to 1-800-813-2000. For TTY, dial 1-800-735-2900.

ONLINE REFILLS, LAB RESULTS, AND MORE

Why drive if you don’t have to? We’re pioneering online health care service with our member Web site, **kp.org**. Features include:

Mail-Delivery Prescription Service—Order most of your prescriptions online for delivery to your mailbox. Some restrictions apply. You can also order by phone.

View routine lab results online—No need to schedule an extra appointment just to view test routine results.

E-mail your PCP—Have questions? Need authorization for a refill? Send a secure e-mail to your primary care provider.

Request appointments—To schedule a routine medical or vision appointment just go online and request an appointment for a day and time that fits your schedule.

HealthMedia®—Connect to customized programs to help you reach your health goals.

- Get a total health assessment with HealthMedia Succeed™.
- Reach and maintain your ideal weight with HealthMedia Balance™.
- Stop using tobacco for good with HealthMedia Breathe™.
- Take control of chronic pain with HealthMedia Care™ for Your Health.
- Manage chronic illnesses, from allergies to heart disease, with HealthMedia Care for Your Health.
- Start making smart decisions about food choices with HealthMedia Nourish™.
- Relieve and prevent stress with HealthMedia Relax™.

**Kaiser Foundation Health Plan
of the Northwest**

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