

For Oregon groups with 1–50 employees

MEDICAL PLANS FOR SMALL EMPLOYERS

OREGON
2020

Coverage effective on or after January 1, 2020

WHY KAISER PERMANENTE?

We are an industry-leading nonprofit health care organization with over 70 years of experience. In our integrated system, everyone works together toward the same goal, and there's no financial advantage to treat more, test more, or keep patients in the hospital longer than necessary.

Kaiser Permanente goes beyond health care to help employers keep employees — and their company's bottom line — healthy.

Kaiser Permanente is the better option

While other health plans talk about what they need to do to help businesses control costs, improve employee health, and build long-term success, we're already doing it. It's important for employers to choose a partner that delivers more health for every health care dollar. We're caregivers, hospitals, and a health plan working in concert to set the bar for quality, affordability, and service. Kaiser Permanente, a better way to take care of business.



Contact your Kaiser Permanente sales representative or account manager today to schedule an Experience KP tour.

We offer a range of care and coverage to meet the needs of your business and employees — all while managing across touchpoints to help deliver safe, affordable, and convenient care and service.

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Managing the health care needs of your employees can be challenging. Kaiser Permanente has a comprehensive suite of services that come together in a total health solution. The resulting administrative efficiencies can help you get back to the business of running your business.



Kaiser Permanente On-the-Job[®] is available to your entire workforce, even those without coverage under our health plans. Find a location at kp.org/occupationalhealth/nw.

Your account team

You have a dedicated account team to support you. It starts with your account manager, who is your partner on strategic planning and development of group policy changes and renewals, group eligibility and underwriting, new products and benefit designs, account planning and collaboration, and group meetings. Other members of the team will help you with plan administration, membership enrollments and changes, eligibility or claims issues, and other service inquiries. Contact your Kaiser Permanente sales representative or account manager to learn how we can help you meet your goals.

Occupational health and safety

Improve the health and productivity of your workforce and bottom line with the Kaiser Permanente occupational health program. Kaiser Permanente On-the-Job[®] has consistently demonstrated total lower claim costs for employers, including medical and time-loss costs.

With Kaiser Permanente On-the-Job, your employees have access to specialized occupational health and safety services, including:

- OSHA-mandated medical exams
- Drug and alcohol testing
- On-site lab testing and pharmacy
- Specialized care for treatment of work-related injuries
- Assistance with workers' compensation paperwork
- Easy referrals to physical therapy, radiology, and specialty care

Learn more about our occupational health and safety services at kp.org/occupationalhealth/nw.





The robust data captured in Kaiser Permanente HealthConnect® allows us to give employers more transparent reporting on the health of their workforce — helping employers create a culture of health that matches the needs of their population.

Workforce health

Access to wellness programs increases employees' use of preventive care services, which has been shown to improve health outcomes.*

Stronger employee engagement and a culture of well-being can also reduce turnover and help you retain good workers. We have a variety of resources available to you as a small group employer. Contact your Kaiser Permanente sales representative or account manager or visit kp.org/workforcehealth to learn more.

Self-service resources

Our self-service employer portal, account.kp.org, provides a quick way to access account services and find resources, including:

- The latest information on health coverage
- Downloadable forms
- Tools for total health
- Answers to employee questions
- Provider and facility directories

*Oluwaseyi O. Isehunwa, "Access to Employee Wellness Programs and Use of Preventive Care Services Among U.S. Adults," *American Journal of Preventive Medicine*, October 2017.



POWERFUL TOOLS

We've equipped kp.org with helpful resources and tools to help members engage with their health and make the most of their health plan. It's easy to sign up! Send your employees to kp.org/newmember to learn more.

Putting members in control of their care

We're leveraging our scale and connectivity to drive quality and make care more affordable for your organization and your employees. Whether your employees are at home or on the go, kp.org and the Kaiser Permanente app give them a simple, secure way to keep up with their care, allowing them to:

- Schedule, review, or cancel routine appointments
- Join a video visit with a Kaiser Permanente provider who has access to the member's electronic health record
- Email their care team with nonurgent questions
- View most test results and immunizations
- Order or refill most prescriptions
- Pay bills and see cost estimates
- Access a digital copy of their ID card

Learn more at kp.org/register.

Care beyond the doctor's office

We believe we can improve the total health of our members by empowering them to choose care from many different options. Scheduled phone and video visits, e-visits, 24/7 advice, and the ability to email their doctor nonurgent questions on kp.org are convenient alternatives that offer high-quality care, comparable with an in-person visit. Learn more at kp.org/telehealth/northwest.

Healthy lifestyle programs

With our online wellness programs, your employees get advice, encouragement, and tools to help them create positive changes in their lives. Our complimentary programs can help them:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions, such as diabetes or depression

Learn more about these programs at kp.org/healthylifestyles.



**THE PATH TO BETTER
HEALTH IS RIGHT AT
YOUR FINGERTIPS**

Encourage your employees to start their journey with **kp.org**, where the information they need is just a click away.

Alternative medicine and discounts

As part of your offering, your employees may have access to discounts through the CHP Active and Healthy program. This service gives members discounts on alternative care (chiropractic, naturopathic, acupuncture, massage therapy), health club memberships, sporting events, and more. Learn more at **chpactiveandhealthy.com**.

Total Health Assessment

The Total Health Assessment is an online tool to help members learn more about how their lifestyle behavior interacts with their health. It connects members to online programs tailored to their lifestyles. Employees can complete the assessment in 30 minutes and get recommendations to improve their health at **kp.org/tha**.

Wellness coaching

If your employees need a little extra support, we offer Wellness Coaching by Phone at no additional cost. Members can work one-on-one with their personal coach to make a plan to help them reach their health goals. Learn more at **kp.org/wellnesscoach**.



Kaiser Permanente offers members options for how they connect with our exceptional providers. Both on-demand and scheduled care is available, allowing your workforce to thrive with better outcomes, all while saving them — and your business — time and money.

Meeting members when and where they need care



Online and mobile

Members can manage their care on **kp.org** or use the Kaiser Permanente mobile app to schedule routine appointments, refill most prescriptions, access a copy of their digital ID card, and more — even on the go.



Skip the trip with virtual care

Email, phone, and video visits allow members to save time and get the care they need, from wherever they want it.*



Care around the clock — wherever you are

Staff is available 24/7 for consultation and appointment scheduling, with direct access to physician consultation when needed. Plus, with Kaiser Permanente's Away from Home Travel Line, members can receive around-the-clock support even when traveling.

*May be subject to cost share for members on HSA-qualified high deductible health plans (HDHP).



Convenient locations

With 36 medical offices, 21 dental clinics, and access to all The Portland Clinic locations, we're close by. At many clinics, members can access their doctor and lab, X-ray, pharmacy, and even dental services — often all in one convenient location.



Urgent and emergency care

Urgent care is available with in-person and online appointments for treatment of minor injuries and illnesses. Emergency care is available for life-threatening medical or psychiatric conditions.

Cost estimator



Members can access a cost estimator to see how much treatments, procedures, tests, or other medical services could cost.

New member onboarding



New members receive dedicated support to transfer their health records and prescriptions, make appointments, and register on kp.org.



WANT TO LEARN MORE?

Visit kp.org/choosebetter.



Oregon and Southwest Washington

We provide quality care to more than 600,000 members in Oregon and Southwest Washington. Our service area is made up of Kaiser Permanente facilities, including 36 medical offices, 21 dental offices, 10 Vision Essentials by Kaiser Permanente clinics, 6 urgent care clinics, 2 hospitals, and 2 Care Essentials by Kaiser Permanente clinics. We also have a network of affiliated providers if you need routine, urgent, or emergency care.



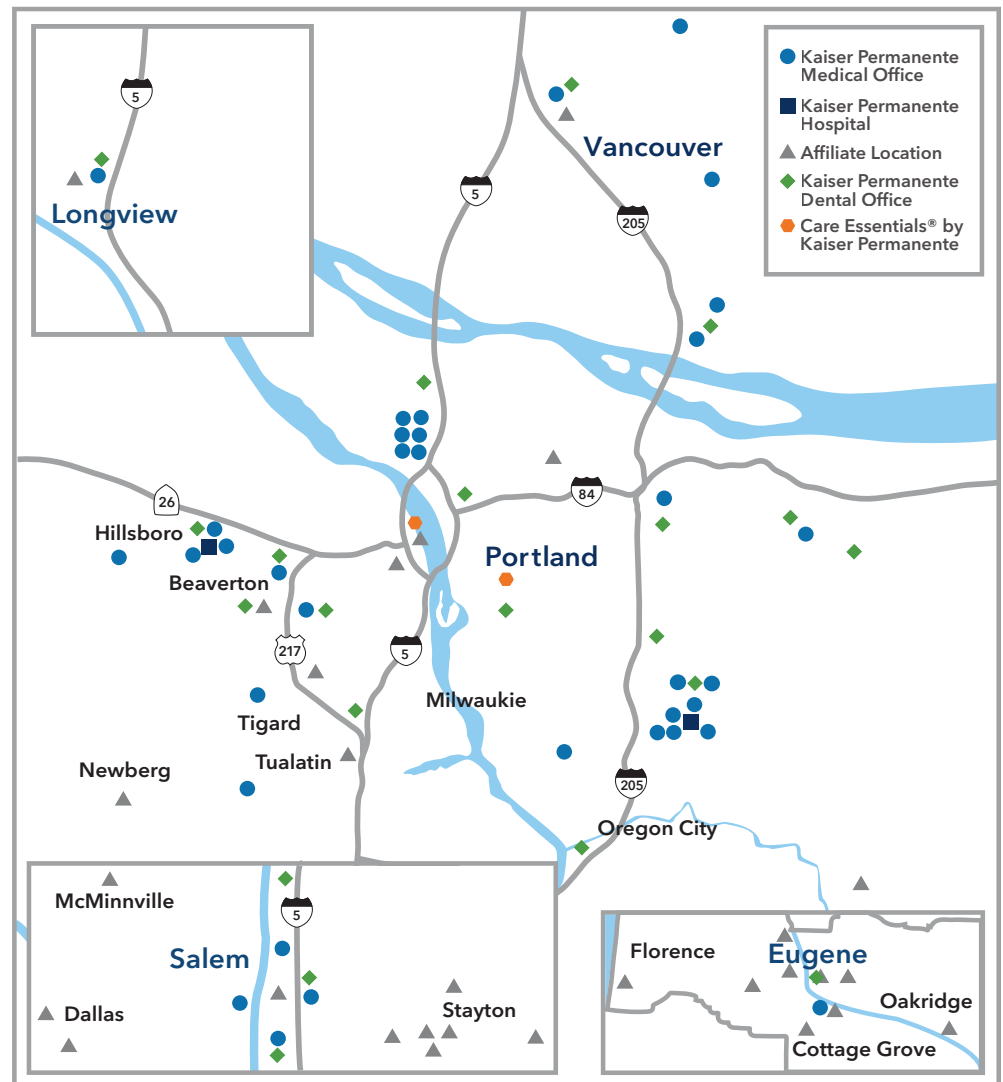
For quick and easy care, including prescriptions, try a scheduled phone or video visit or an e-visit.

Learn more at kp.org/telehealth/nw.



Facility information is current as of June 2019.

Go to kp.org/locations to see all our current locations and to find the facility closest to you. Or call Member Services at 1-800-813-2000 (TTY 711).





Dental

With Kaiser Permanente's coordinated medical and dental care and coverage, it's simpler to take care of your total health. Our skilled dentists, convenient dental locations, and quality services will make you smile. Learn more at kp.org/dental/nw.



Pharmacy

Most of our Kaiser Permanente medical offices include pharmacy services. You also have the option of using our mail-order pharmacy service to fill and refill most prescriptions.



visionessentials by KAISER PERMANENTE

Our optometrists, ophthalmologists, and opticians work together within our integrated care delivery system and are able to connect to our larger team of medical professionals and services.

The 10 Vision Essentials locations are within most Kaiser Permanente medical offices. Saturday hours are available at Beaverton Medical Office, Cascade Park Medical Office, and Clackamas Eye Care.



careessentials[®] by KAISER PERMANENTE

Care Essentials by Kaiser Permanente are convenient care clinics that provide nonemergency and preventive health services to both Kaiser Permanente members and nonmembers.

- Treatment for minor illnesses and injuries
- Preventive services, including checkups, vaccinations, and some lab and diagnostic testing

There are 2 Portland locations in the Hawthorne and Pearl neighborhoods.

Learn more at careessentials.org.



Affiliate Providers

Kaiser Permanente health plans include access to affiliate providers for primary and specialty care, including The Portland Clinic.*

*Not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.



DID YOU KNOW?

There is an \$11.1 million estimated annual reduction in future medical costs for Kaiser Permanente members with diabetes and/or cardiac conditions who use dental services.¹

All our plans give your employees what they need to help them be healthier and more productive every day — prevention, health promotion, and care for ongoing health conditions. You have lots of choices, from traditional plans to consumer-directed options, from out-of-area coverage to dental coverage. Here’s a quick overview of what we offer. For plan specifics, contact your Kaiser Permanente representative.



visionessentials
by KAISER PERMANENTE

DID YOU KNOW?

At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help your employees stay happy, healthy, and productive.

Traditional plans

These plans offer predictable copays and out-of-pocket maximums, and make it easier for employees to manage their health care spending. A variety of copay options gives you the flexibility to choose a plan that meets employee needs and business goals.

Deductible plans

You’ll get more options at an affordable cost. With the addition of an employee deductible and out-of-pocket cost, monthly payments are lower than for traditional plans. You’ll be able to reduce premiums while still maintaining quality care and access to our doctors for your employees.

HSA-qualified high deductible plans

Offer lower premiums than other plan types, plus tax savings.² With our HSA-qualified high deductible plans and deductible plans with health reimbursement arrangement (HRA), your employees will have more control over their health care dollars, helpful online decision-support tools, and the same high-value access to services as members of our traditional plans.

Added Choice[®] point-of-service plans

Added Choice offers in-area and out-of-area employees provider choice, while offering you the benefits of single carrier administration and health care cost containment.

¹Kaiser Permanente Northwest actuarial data.

²The tax references relate to federal income tax only. Consult with your financial or tax advisor for information about state income tax laws.



Added Choice® out-of-area plans

An indemnity coverage solution for employees who live or work outside the Kaiser Permanente service area. It provides first-dollar coverage for doctor's office visits and no-cost preventive care delivered by any contracted provider.

Standard plans

Standard plans are designed by the state of Oregon and cover only essential health benefits.* These plans have the same benefits from one company to the next so consumers can compare like plans across carriers that offer qualified health plans to small employers.

Kaiser Permanente Senior Advantage plan

Provide your Medicare-eligible employees with the benefits of Medicare Advantage.

Dental plans

Choose from our cost-effective Traditional Dental plans or flexible Dental Choice PPO plans. We have a range of options with comprehensive coverage to meet the unique needs of your employees. Our unique medical-dental integration helps improve care quality, improve patient safety, and increase member satisfaction. See our dental product portfolio for information on our dental plans.

Domestic partner coverage (same and opposite sex)

Employers may elect to include opposite-sex domestic partners as eligible dependents. Same-sex coverage is offered on all small group contracts in compliance with state laws.

*These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Physician Referred Alternative Care, Dependent Out of Area, and Infertility diagnosis.



COMMUNITIES WE SERVE

Kaiser Permanente's community health efforts in the Northwest are working to make real and lasting change for the people who live, learn, work, and play here. Each year, we partner with more than 150 local community organizations that, like us, are deeply committed to the mission of community health. We take pride in these collaborations and the opportunity to help build greater health capacity and sustainability in the region.



NATUROPATHIC CARE

All of our plans (except Standard plans) include self-referred naturopathic care at the specialty office visit cost share, limited to 6 visits per year.



Please contact your Kaiser Permanente representative for help building your health care strategy.



SOLUTIONS FOR EMPLOYERS AND CHOICE FOR EMPLOYEES

You're looking for more plan options, more services, and more doctor choices for your employees, but without the added complexity that usually comes with more plans. With us, you can get all of this — and choose your contribution level.

Select 2 or 3 medical plans to offer your employees. There is a limit of one point-of-service plan per bundle. As an employer, your contribution for each plan will be the same. It must be at least 50% — but not more than 100% — of the lowest-cost plan.

Then each of your employees can choose the plan in the bundle that best meets his or her needs. If employees select a higher-cost plan, they will pay the difference. To help your employees choose the right plan, we will provide you with enrollment packages customized for the bundle you've chosen. The package will explain the differences among all the plans so your employees can choose the features that are most important to them.

The right plan for your business

You have the ability to customize a medical plan with vision and/or alternative care benefit options, based on your company's needs and budget. Follow the 3 easy steps to choose a health plan that's right for your business.

Step 1: Choose your medical plan or plans

You can offer 2 or 3 medical plans in a bundle, with the following limitations:

- Only 1 Added Choice plan per bundle
- Once you select your plan offerings, employees choose the plan that best meets their needs

Step 2: Choose your optional buy-up coverage

All our medical plans, with the exception of the Oregon Standard plans, can be paired with any of the following buy-up options when purchased directly through Kaiser Permanente:

A. Vision: Adult vision hardware (\$200 benefit/2-year period) with adult vision exam (primary care office visit cost share applies).

B. Alternative Care: \$20 chiropractic and acupuncture, \$25 massage therapy (limit 12 per year)/\$1,000 max.

C. Vision + Alternative Care: Bundle of Options A and B above.

Step 3: Apply or renew your coverage

New groups: Complete the Small Business employer application and submit it to a Kaiser Permanente sales executive by the **20th of the month** prior to the effective date.

Renewing groups: If you would like to elect one of these options, please indicate your selection on the Renewal Decision Form and return it to your Kaiser Permanente account manager no later than the **15th of the month** prior to your anniversary date. We will provide you with coverage options that best match the plan or plans your business offers today, but you can choose from any of our other plans available to small employers if you prefer.



Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	Added Choice® point-of-service ¹
Platinum	KP OR Platinum 0/20	KP OR Platinum 250/20 KP OR Platinum 500/20		KP OR Platinum 250/20 3T POS ² KP OR Platinum 250/20 3T POS OOA ²
Gold	KP OR Gold 0/30	KP Oregon Standard Gold Plan KP OR Gold 1000/20 KP OR Gold 1500/35		KP OR Gold 600/35 3T POS ² KP OR Gold 650/35 3T POS OOA ² KP OR Gold 1000/20 3T POS ² KP OR Gold 1000/35 3T POS OOA ²
Silver		KP Oregon Standard Silver Plan KP OR Silver 2500/45 KP OR Silver 3500/40 KP OR Silver 4500/45	KP OR Silver 2800/25% HSA	KP OR Silver 2500/45 3T POS ² KP OR Silver 2500/45 3T POS OOA ²
Bronze		KP Oregon Standard Bronze Plan KP OR Bronze 5500/50 KP OR Bronze 8150/40	KP OR Bronze 5200/20% HSA	

¹If you have employees who live or work outside our service area, they may be eligible for an Added Choice out-of-area (OOA) plan. Rates and approval subject to underwriting.

²Offered only outside the health insurance exchange. Added Choice OOA plans: Groups must meet underwriting requirements to purchase.

Buy-up options	<p>Any of the above medical plans, when purchased directly through Kaiser Permanente, can be paired with a buy-up option listed below, with the exception of the Standard plans.</p> <p>A. Vision: \$200/2-year period vision hardware benefit and vision exam</p> <p>B. Alternative Care: \$20 chiropractic and acupuncture, \$25 massage therapy (limit 12 per year)/\$1,000 max.</p> <p>C. Vision + Alternative Care: Bundle of Options A and B above</p>
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DID YOU KNOW?

Members can access many specialty care practices at Kaiser Permanente without preauthorization, including:

- Addiction medicine
- Behavioral health
- Cancer care
- Gender Pathways
- Obstetrics-gynecology
- Sleep medicine

Members can call Member Services at **1-800-813-2000** (TTY **711**) to learn more.

Enjoy wide access to our unique integrated health care system

Your employees don't have to be experts to navigate their health plan or access high-quality, affordable health care. Our traditional plans offer predictable cost shares and out-of-pocket maximums, to help members manage their health care spending. A variety of cost share options gives you the flexibility to choose a plan that meets employee needs and business goals.

As a small employer, you know that when employees miss work, it can mean lost profits and business opportunities. What would it mean to you if employees could get most of their care during one appointment without running all over town for specialty appointments, lab tests, and X-ray services?

Your employees can choose a medical office close to home or work where they will find a full range of health care services in one convenient location. And because almost everything is under one roof, care can be efficiently coordinated among physicians, specialists, lab personnel, pharmacists, and other medical staff.

Specialty care when you need it

We're here for your employees if they get sick or need specialty care. With one of the largest multispecialty medical groups in the country, we conveniently connect our members with the right specialist. From high-quality maternity care to treatment for cancer, heart problems, and more, your employees get great doctors, the latest technology, and evidence-based care — all combined to help them recover quickly.



PLAN HIGHLIGHTS FOR
**TRADITIONAL
PLANS**

PLAN NAME	KP OR Platinum 0/20	KP OR Gold 0/30
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	\$6,750 per individual; \$13,500 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$30
Urgent care	\$40	\$60
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
Allergy shots and other injections	\$10	\$10
Routine immunizations for children	\$0	\$0
OUTPATIENT THERAPIES ¹	\$30	\$50
OUTPATIENT SURGERY	\$100	40%
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$20	\$30
CT, MRI, AND PET SCANS	\$75	\$300
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
EMERGENCY DEPARTMENT VISIT	\$150	\$300
AMBULANCE SERVICES	\$150	\$200
MENTAL HEALTH SERVICES Inpatient psychiatric care	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Residential treatment	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Outpatient/day treatment	\$20	\$30
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Residential treatment	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
Outpatient/day treatment	\$20	\$30
DURABLE MEDICAL EQUIPMENT	20%	40%
INFERTILITY SERVICES (diagnosis)	50%	50%
DEPENDENT OUT-OF-AREA ²	20%	20%
PHYSICIAN-REFERRED ALTERNATIVE CARE ³	\$30	\$50
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.
OUTPATIENT ADMINISTERED MEDICATIONS	20%	40%
MATERNITY CARE Inpatient	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

³Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



Our deductible plans offer various copays, coinsurance levels, deductibles, and out-of-pocket maximums to help you reduce your premiums. Just like our traditional plans, our deductible plans give your employees access to our broad range of primary care, specialty care, and hospital services. Many preventive services are covered in full without the need to satisfy a deductible. Because all the plans have an out-of-pocket maximum, employees know both their health and financial security are being protected.



OUT-OF-POCKET MAXIMUM ON DEDUCTIBLE PLANS

- Amounts paid toward the deductible count toward the out-of-pocket maximum.
- All copays and coinsurance apply to the out-of-pocket maximum.
- After meeting the out-of-pocket maximum, no further costs apply for the remainder of the calendar year.



WANT TO LEARN MORE?

Visit kp.org/deductibleplans for more details.

When the deductible applies

The member will be charged the full costs of these services, until they reach their deductible.

- Ambulance services
- Chemical dependency care (inpatient/residential)
- Durable medical equipment (outpatient)
- Emergency services
- Home health services
- Inpatient hospitalization
- Mental health services (inpatient/residential)
- Outpatient or same-day surgery
- Skilled nursing facility services

When the deductible does not apply

The member will be charged the copay or coinsurance for these services, regardless of whether they have met their deductible.

- Office visits for primary, preventive, and prenatal and postpartum care and for routine eye exams
- Hospice*
- Immunizations

*Some plans are different. Please check your benefit summary for details.



**PLAN HIGHLIGHTS FOR
DEDUCTIBLE PLANS**

PLAN NAME	KP OR Platinum 250/20	KP OR Platinum 500/20	KP OR Gold 1000/20	KP OR Gold 1500/35
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$1,000 per individual; \$2,000 per family	\$1,500 per individual; \$3,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$4,000 per individual; \$8,000 per family	\$6,500 per individual; \$13,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	\$0	\$0	\$0
Primary care	\$20	\$20	\$20	\$35
Urgent care	\$40	\$40	\$50	\$55
Specialty care	\$30	\$30	\$40	\$45
Prenatal care	\$0	\$0	\$0	\$0
Allergy shots and other injections	\$10	\$10	\$10	\$10
Routine immunizations for children	\$0	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$30	\$30	\$40	\$45
OUTPATIENT SURGERY	10%*	20%*	20%*	20%*
LAB	\$20	\$20	\$20	\$35
X-RAY/DIAGNOSTIC TEST	\$20	\$20	\$20	\$35
CT, MRI, AND PET SCANS	10%*	20%*	\$300	\$300
INPATIENT HOSPITAL CARE	10%*	20%*	20%*	20%*
EMERGENCY DEPARTMENT VISIT	10%*	20%*	20%*	20%*
AMBULANCE SERVICES	10%*	20%*	20%*	20%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	10%*	20%*	20%*	20%*
Residential treatment	10%*	20%*	20%*	20%*
Outpatient/day treatment	\$20	\$20	\$20	\$35
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	10%*	20%*	20%*	20%*
Residential treatment	10%*	20%*	20%*	20%*
Outpatient/day treatment	\$20	\$20	\$20	\$35
DURABLE MEDICAL EQUIPMENT	10%*	20%*	20%*	20%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%	50%
DEPENDENT OUT-OF-AREA ²	20%	20%	20%	20%
PHYSICIAN-REFERRED ALTERNATIVE CARE ³	\$30	\$30	\$40	\$45
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$10 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.
OUTPATIENT ADMINISTERED MEDICATIONS	10%*	20%*	20%*	20%*
MATERNITY CARE Inpatient	10%*	20%*	20%*	20%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

³Referred chiropractic/naturopathic/acupuncture based upon medical criteria.

PLAN HIGHLIGHTS FOR
DEDUCTIBLE PLANS



PLAN NAME	KP Oregon Standard Gold Plan ¹	KP OR Silver 2500/45	KP OR Silver 3500/40	KP OR Silver 4500/45
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$1,000 per individual; \$2,000 per family	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family	\$4,500 per individual; \$9,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,300 per individual; \$14,600 per family	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	\$0	\$0	\$0
Primary care	\$20	\$45	\$40	\$45
Urgent care	\$60	\$65	\$70	\$75
Specialty care	\$40	\$55	\$50	\$55
Prenatal care	20%*	\$0	\$0	\$0
Allergy shots and other injections	20%*	\$10	\$10	\$10
Routine immunizations for children	\$0	\$0	\$0	\$0
OUTPATIENT THERAPIES ²	\$20	\$55	\$50	\$55
OUTPATIENT SURGERY	20%*	30%*	30%*	30%*
LAB	20%*	\$45	\$40	\$45
X-RAY/DIAGNOSTIC TEST	20%*	\$45	\$40	\$45
CT, MRI, AND PET SCANS	20%*	30%*	30%*	30%*
INPATIENT HOSPITAL CARE	20%*	30%*	30%*	30%*
EMERGENCY DEPARTMENT VISIT	20%*	30%*	30%*	30%*
AMBULANCE SERVICES	20%*	30%*	30%*	30%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	20%*	30%*	30%*	30%*
Residential treatment	20%*	30%*	30%*	30%*
Outpatient/day treatment	\$20	\$45	\$40	\$45
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	20%*	30%*	30%*	30%*
Residential treatment	20%*	30%*	30%*	30%*
Outpatient/day treatment	\$20	\$45	\$40	\$45
DURABLE MEDICAL EQUIPMENT	20%*	30%*	30%*	30%*
INFERTILITY SERVICES (diagnosis)	Not covered	50%	50%	50%
DEPENDENT OUT-OF-AREA ³	Not covered	20%	20%	20%
PHYSICIAN-REFERRED ALTERNATIVE CARE ⁴	Not covered	\$55	\$50	\$55
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty (up to \$500 maximum)	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 30% nonpreferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.
OUTPATIENT ADMINISTERED MEDICATIONS	\$0	30%*	30%*	30%*
MATERNITY CARE Inpatient	20%*	30%*	30%*	30%*

*Subject to annual medical deductible.

¹These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Physician Referred Alternative Care, Dependent Out of Area, Infertility diagnosis.

²Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

³Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

⁴Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



**PLAN HIGHLIGHTS FOR
DEDUCTIBLE PLANS**

PLAN NAME	KP Oregon Standard Silver Plan ¹	KP OR Bronze 5500/50	KP OR Bronze 8150/40	KP Oregon Standard Bronze Plan ¹
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$3,550 per individual; \$7,100 per family	\$5,500 per individual; \$11,000 per family	\$8,150 per individual; \$16,300 per family	\$7,900 per individual; \$15,800 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$900	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$7,900 per individual; \$15,800 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	\$0	\$0	\$0
Primary care	\$40	\$50	\$40 for 3 visits; then 0%*	\$45
Urgent care	\$70	35%*	0%*	0%*
Specialty care	\$80	\$60*	0%*	\$90
Prenatal care	30%*	\$0	\$0	0%*
Allergy shots and other injections	30%*	\$10	\$10	0%*
Routine immunizations for children	\$0	\$0	\$0	\$0
OUTPATIENT THERAPIES ²	\$40	\$60*	0%*	\$45
OUTPATIENT SURGERY	30%*	35%*	0%*	0%*
LAB	30%*	35%*	0%*	0%*
X-RAY/DIAGNOSTIC TEST	30%*	35%*	0%*	0%*
CT, MRI, AND PET SCANS	30%*	35%*	0%*	0%*
INPATIENT HOSPITAL CARE	30%*	35%*	0%*	0%*
EMERGENCY DEPARTMENT VISIT	30%*	35%*	0%*	0%*
AMBULANCE SERVICES	30%*	35%*	0%*	0%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	30%*	35%*	0%*	\$0*
Residential treatment	30%*	35%*	0%*	\$0*
Outpatient/day treatment	\$40	\$50	0%*	\$45
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	30%*	35%*	0%*	0%*
Residential treatment	30%*	35%*	0%*	0%*
Outpatient/day treatment	\$40	\$50	0%*	\$45
DURABLE MEDICAL EQUIPMENT	30%*	35%*	0%*	0%*
INFERTILITY SERVICES (diagnosis)	Not covered	50%	50%	Not covered
DEPENDENT OUT-OF-AREA ³	Not covered	20%	20%	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ⁴	Not covered	\$60*	0%*	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$15 generic; \$60 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	\$30 generic; \$60 preferred brand-name ⁵ ; 50% nonpreferred brand-name ⁵ ; 50% specialty ⁵	\$30 generic; 0%* preferred brand-name; 0%* nonpreferred brand-name; 0%* specialty	\$15 generic; 0%* preferred brand-name; 0%* nonpreferred brand-name; 0%* specialty
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.
OUTPATIENT ADMINISTERED MEDICATIONS	\$0	35%*	0%*	\$0*
MATERNITY CARE Inpatient	30%*	35%*	0%*	0%*

*Subject to annual medical deductible.

¹These plans may not be sold with additional coverage such as adult vision hardware and eye exam and alternative care. Only medically necessary eye exams are covered. These plans exclude the following benefits: Physician Referred Alternative Care, Dependent Out of Area, Infertility diagnosis.

²Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

³Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

⁴Referred chiropractic/naturopathic/acupuncture based upon medical criteria.

⁵Subject to prescription drug deductible.



Health savings account (HSA)–qualified plans encourage employees to become more involved with their own health care spending — and their own health. If you’re struggling with the high cost of health care, this could be a good option for you. An HSA is an easy-to-administer, tax-exempt account that is paired with an HSA-qualified high deductible plan. It allows your employees to pay for current health expenses and save for future qualified expenses on a tax-free basis.*



**EASY ONLINE ACCESS WITH
OUR EMPLOYEE PORTAL**

Your employees can take advantage of 24-hour access to their health plan and payment account at kp.org to access account balances, file claims, upload receipts, request distributions, and view account activity, including claim and payment history — all in one place.

Individual members own these accounts and keep their HSA if they change jobs or become unemployed. Unlike a flexible spending account, there is no “use it or lose it” provision. Instead, unused contributions roll over each year and can be used for future medical expenses, including long-term care and insurance.

Employers and/or individuals can contribute to these accounts. Annual contributions from all sources are limited to the amount of the HSA-qualified plan deductible. More detailed information can be found in IRS publication 502.

Unlike financial savings vehicles like IRAs, HSAs have the potential to offer triple tax savings with:

- Tax-free contributions
- Tax-free investment earnings
- Tax-free withdrawals for qualified medical expenses

*The tax references in this brochure relate to federal income tax only. Consult with your financial or tax adviser for more information about state income tax laws.



PLAN HIGHLIGHTS
FOR HSA-QUALIFIED
**HIGH DEDUCTIBLE
HEALTH PLANS**

PLAN NAME	KP OR Silver 2800/25% HSA	KP OR Bronze 5200/20% HSA
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$2,800 per individual; \$5,600 per family	\$5,200 per individual; \$10,400 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,400 per individual; \$10,800 per family	\$6,900 per individual; \$13,800 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	0%	0%
Primary care	25%*	20%*
Urgent care	25%*	50%*
Specialty care	25%*	30%*
Prenatal care	0%	0%
Allergy shots and other injections	25%*	50%*
Routine immunizations for children	\$0	\$0
OUTPATIENT THERAPIES ¹	25%*	30%*
OUTPATIENT SURGERY	25%*	50%*
LAB	25%*	50%*
X-RAY/DIAGNOSTIC TEST	25%*	50%*
CT, MRI, AND PET SCANS	25%*	50%*
INPATIENT HOSPITAL CARE	25%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*	50%*
AMBULANCE SERVICES	25%*	50%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	25%*	50%*
Residential treatment	25%*	50%*
Outpatient/day treatment	25%*	20%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	25%*	50%*
Residential treatment	25%*	50%*
Outpatient/day treatment	25%*	20%*
DURABLE MEDICAL EQUIPMENT	25%*	50%*
INFERTILITY SERVICES (diagnosis)	50%*	50%*
DEPENDENT OUT-OF-AREA ²	20%*	20%*
PHYSICIAN-REFERRED ALTERNATIVE CARE ³	25%*	30%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$40* preferred brand-name; 30%* nonpreferred brand-name; 50%* specialty	\$20* generic; 50%* preferred brand-name; 50%* nonpreferred brand-name; 50%* specialty
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.
OUTPATIENT ADMINISTERED MEDICATIONS	25%*	50%*
MATERNITY CARE Inpatient	25%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.

³Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



Consumer-directed health plans are growing in popularity, and Kaiser Permanente is uniquely positioned to help you control your overall health care costs and achieve healthy outcomes. We strive to deliver plans that are simple and easy to use — not just for you, but for your employees.



How do we do it?

Our integrated care model helps us deliver patient-centered care, connecting doctors, labs, hospitals, and pharmacies together on one shared electronic health record system. This means our caregivers can easily access and share information to help your employees get the right care at the right time — often in the same visit and under one roof.

Resources and tools to better engage your employees

- Administrative support from setup to day-to-day management
- Integrated enrollment and eligibility management
- Flexible account options
- Convenient portal for administration
- Automated reports and notifications to provide insight into how your employees are using their accounts



MORE TIME TO FOCUS ON YOUR BUSINESS

Our enhanced administrative capabilities and dedicated team of support specialists help you and your employees make the most of your plans, which enables you to spend more time managing your business.



Product pairings

Take advantage of Kaiser Permanente’s paired consumer-directed health care offerings by choosing the plan and Health Payment Account that work for you.

HRA Employees can use funds contributed by you to pay for qualified medical expenses on a tax-free basis. There are several HRA types available, from broad to more limited coverage, with options for point-of-service payment using our health payment card or convenient automatic reimbursement.

HSA These employee-owned accounts can be used to pay for qualified medical expenses, including services not covered under the Kaiser Permanente health plan. The money your employees contribute to their HSAs through payroll withholding isn’t considered part of their wages, so they won’t be taxed on it. They can also contribute after-tax funds. Mutual fund investment options are available with HSAs as well.

FSA With a medical FSA, your employees make pretax contributions to an account they can use to pay for a wide range of qualified expenses such as doctor visits, prescription drugs, and lab tests, including services not covered under the Kaiser Permanente health plan. A dependent care FSA can be used for any qualified child and dependent care expense, including child care.¹

Convenience your employees expect

- Online access to account balances, claims, contributions and reimbursements
- Mobile access with our Balance Tracker app
- Support by phone with dedicated Health Payment Services team
- HSA calculators to help employees estimate their health care costs

HEALTH PAYMENT ACCOUNTS

HRA	\$3.75 per account per month
HSA	\$3.25 per account per month
FSA	\$3.75 per account per month

Account fees are per employee account per month. They’ll be billed monthly to the employer, separate from the premium.²

There are no additional setup fees for standard account types and no transaction or annual debit card fees.³

HELPING YOUR EMPLOYEES STAY IN CONTROL OF THEIR SPENDING

Your employees can track their Health Payment Account spending wherever they are with our free mobile app. The app can be used to:

- Check account balances
- View account activity
- Submit claims for HRA and FSA reimbursement with photos of required paperwork

Our Health Payment Accounts combine the convenience, flexibility, and cost-controlling features you want with the high-quality Kaiser Permanente care your employees know and trust.

¹Refer to IRS Publication 502 for a list of qualified medical and dental expenses. Refer to IRS Publication 503 for a list of qualified child and dependent care expenses.

²Except for self-funded groups.

³For HSAs, employers may choose to have their employees billed for the administrative fees.



If you're committed to empowering your employees to choose their own care and coverage, our Added Choice point-of-service plan may be a good option. Added Choice members have access to Kaiser Permanente's uniquely integrated care model and quality doctors, plus the option to seek covered services from licensed providers in the area and across the country.

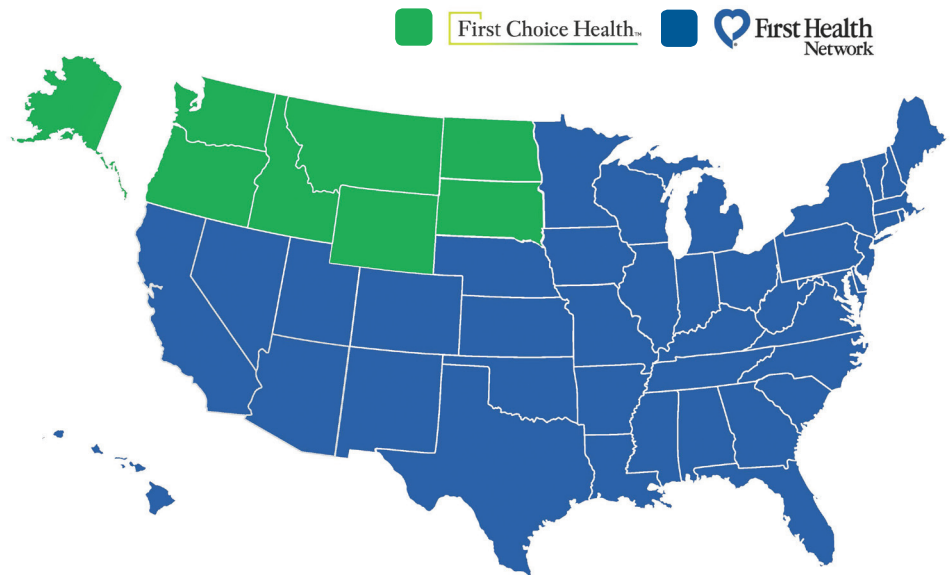


MORE CHOICE FOR YOUR EMPLOYEES

Added Choice provides you with the opportunity to offer in- and out-of-area employees provider choice, while offering the benefits of single carrier administration and health care cost containment.

PPO network: more choice, greater flexibility

With the Kaiser Permanente Added Choice plan, you'll have the freedom to choose any doctor or hospital you want, anywhere in the country. But you'll get more value when you select a preferred provider from our extensive local, regional, and national network of quality providers.



If your Added Choice plan includes a pharmacy benefit, you have 2 tiers, or levels of benefit, to choose from: Tier 1 select (Kaiser Permanente) pharmacies and Tier 2 MedImpact pharmacies.

Local and regional coverage

Access to the regional First Choice Health network with more than 98,000 providers.

National coverage

Access to First Health Network with 5,000 hospitals, 98,000 ancillary facilities, and more than 1 million health care professional service locations.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
PLANS

Benefit tiers

Added Choice offers 3 levels of coverage, called tiers. Members can move from one tier to another to get care. The choices members make determine which doctors they see, which medical facilities they use, and how much they pay.

TIER 1 \$		
SELECT PROVIDERS*	TIER 2 \$\$	
Members choose a provider from Kaiser Permanente or The Portland Clinic, conveniently located throughout our service area. With a referral, members can also choose other contracted community providers and facilities. This tier has the lowest out-of-pocket costs.	PPO PROVIDERS*	TIER 3 \$\$\$
	Members choose a preferred provider (PPO) from First Choice Health or the First Health Network. This is a good choice for those who want to keep their current PPO provider or who live outside our service area.	NONPARTICIPATING PROVIDERS*
	Members choose a nonparticipating provider nationwide. Nonparticipating providers include any licensed providers who are not select providers or PPO providers. This tier has the highest out-of-pocket costs and may incur balance billing.	



GET THE INFORMATION YOU NEED

To see more detailed information about Added Choice plans, including explanation of benefits, coverage, and claims, visit kp.org/addedchoice/nw.



See Added Choice plans on the following 8 pages

*See your Evidence of Coverage (EOC) or visit kp.org/addedchoice/nw for definitions of select provider, PPO provider, and nonparticipating provider.

PLAN HIGHLIGHTS
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PLAN NAME	KP OR Platinum 250/20 3T POS		
	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$750 per individual; \$1,500 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$30	35%*
Urgent care	\$40	\$60	35%*
Specialty care	\$30	\$40	35%*
Prenatal care	\$0	\$0	35%*
Allergy shots and other injections	\$10	\$20	35%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$30	\$40	35%*
OUTPATIENT SURGERY	10%*	25%*	35%*
LAB	\$20	\$30	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$30	35%*
CT, MRI, AND PET SCANS	10%*	25%*	35%*
INPATIENT HOSPITAL CARE	10%*	25%*	35%*
EMERGENCY DEPARTMENT VISIT	10%*		
AMBULANCE SERVICES	10%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	10%*	25%*	35%*
Residential treatment	10%*	25%*	35%*
Outpatient/day treatment	\$20	\$30	35%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	10%*	25%*	35%*
Residential treatment	10%*	25%*	35%*
Outpatient/day treatment	\$20	\$30	35%*
DURABLE MEDICAL EQUIPMENT	10%*	25%*	35%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$30	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	10%*	25%*	35%*
MATERNITY CARE Inpatient	10%*	25%*	35%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
PLANS

PLAN NAME	KP OR Gold 600/35 3T POS		
	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$600 per individual; \$1,200 per family	\$1,800 per individual; \$3,600 per family	\$4,500 per individual; \$9,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$4,000 per individual; \$8,000 per family	\$6,000 per individual; \$12,000 per family	\$8,000 per individual; \$16,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$60	50%*
Urgent care	\$60	\$80	50%*
Specialty care	\$45	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$30	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$45	\$70	50%*
OUTPATIENT SURGERY	30%*	50%*	50%*
LAB	\$35	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$35	40%*	50%*
CT, MRI, AND PET SCANS	30%*	50%*	50%*
INPATIENT HOSPITAL CARE	30%*	50%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
AMBULANCE SERVICES	30%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	30%*	50%*	50%*
Residential treatment	30%*	50%*	50%*
Outpatient/day treatment	\$35	\$60	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	30%*	50%*	50%*
Residential treatment	30%*	50%*	50%*
Outpatient/day treatment	\$35	\$60	50%*
DURABLE MEDICAL EQUIPMENT	30%*	50%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$45	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	50%*	50%*
MATERNITY CARE Inpatient	30%*	50%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.

PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
PLANS



PLAN NAME	KP OR Gold 1000/20 3T POS		
Tier	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$6,000 per individual; \$12,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$7,500 per individual; \$15,000 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$20	\$40	50%*
Urgent care	\$50	\$100	50%*
Specialty care	\$40	\$60	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$30	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$40	\$60	50%*
OUTPATIENT SURGERY	25%*	40%*	50%*
LAB	\$20	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	40%*	50%*
CT, MRI, AND PET SCANS	\$300	40%*	50%*
INPATIENT HOSPITAL CARE	25%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*		
AMBULANCE SERVICES	25%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	25%*	40%*	50%*
Residential treatment	25%*	40%*	50%*
Outpatient/day treatment	\$20	\$40	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	25%*	40%*	50%*
Residential treatment	25%*	40%*	50%*
Outpatient/day treatment	\$20	\$40	50%*
DURABLE MEDICAL EQUIPMENT	25%*	40%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$40	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	25%	40%	50%*
MATERNITY CARE Inpatient	25%*	40%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
PLANS

PLAN NAME	KP OR Silver 2500/45 3T POS		
Tier	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$2,500 per individual; \$5,000 per family	\$4,500 per individual; \$9,000 per family	\$6,500 per individual; \$13,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$13,000 per individual; \$26,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$60	50%*
Urgent care	\$65	\$80	50%*
Specialty care	\$55	\$70	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$30	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$55	\$70	50%*
OUTPATIENT SURGERY	30%*	40%*	50%*
LAB	\$45	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$45	40%*	50%*
CT, MRI, AND PET SCANS	30%*	40%*	50%*
INPATIENT HOSPITAL CARE	30%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
AMBULANCE SERVICES	30%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	30%*	40%*	50%*
Residential treatment	30%*	40%*	50%*
Outpatient/day treatment	\$45	\$60	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	30%*	40%*	50%*
Residential treatment	30%*	40%*	50%*
Outpatient/day treatment	\$45	\$60	50%*
DURABLE MEDICAL EQUIPMENT	30%*	40%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$55	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$40 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$40 generic; \$60 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	40%*	50%*
MATERNITY CARE Inpatient	30%*	40%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.

PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
OUT-OF-AREA PLANS



PLAN NAME	KP OR Platinum 250/20 3T POS OOA		
	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$250 per individual; \$500 per family	\$750 per individual; \$1,500 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$2,500 per individual; \$5,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	35%*
Primary care	\$20	\$20	35%*
Urgent care	\$40	\$40	35%*
Specialty care	\$30	\$30	35%*
Prenatal care	\$0	\$0	35%*
Allergy shots and other injections	\$10	\$10	35%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$30	\$30	35%*
OUTPATIENT SURGERY	10%*	10%*	35%*
LAB	\$20	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$20	\$20	35%*
CT, MRI, AND PET SCANS	\$100	\$100	35%*
INPATIENT HOSPITAL CARE	10%*	10%*	35%*
EMERGENCY DEPARTMENT VISIT	10%*		
AMBULANCE SERVICES	10%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	10%*	10%*	35%*
Residential treatment	10%*	10%*	35%*
Outpatient/day treatment	\$20	\$20	35%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	10%*	10%*	35%*
Residential treatment	10%*	10%*	35%*
Outpatient/day treatment	\$20	\$20	35%*
DURABLE MEDICAL EQUIPMENT	10%*	10%*	35%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$30	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	10%*	10%*	35%*
MATERNITY CARE Inpatient	10%*	10%*	35%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
OUT-OF-AREA PLANS

PLAN NAME	KP OR Gold 650/35 3T POS OOA		
Tier	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$650 per individual; \$1,300 per family	\$650 per individual; \$1,300 per family	\$4,500 per individual; \$9,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$5,000 per individual; \$10,000 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$35	50%*
Urgent care	\$60	\$60	50%*
Specialty care	\$45	\$45	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$45	\$45	50%*
OUTPATIENT SURGERY	35%*	35%*	50%*
LAB	\$35	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$35	\$35	50%*
CT, MRI, AND PET SCANS	\$250*	\$250*	50%*
INPATIENT HOSPITAL CARE	35%*	35%*	50%*
EMERGENCY DEPARTMENT VISIT	35%*		
AMBULANCE SERVICES	35%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	35%*	35%*	50%*
Residential treatment	35%*	35%*	50%*
Outpatient/day treatment	\$35	\$35	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	35%*	35%*	50%*
Residential treatment	35%*	35%*	50%*
Outpatient/day treatment	\$35	\$35	50%*
DURABLE MEDICAL EQUIPMENT	35%*	35%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$45	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	35%*	35%*	50%*
MATERNITY CARE Inpatient	35%*	35%*	50%*

*Subject to Annual Medical Deductible

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.

PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
OUT-OF-AREA PLANS



PLAN NAME	KP OR Gold 1000/35 3T POS OOA		
	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$1,000 per individual; \$2,000 per family	\$1,000 per individual; \$2,000 per family	\$6,000 per individual; \$12,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$5,000 per individual; \$10,000 per family	\$10,000 per individual; \$20,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$35	\$35	50%*
Urgent care	\$75	\$75	50%*
Specialty care	\$45	\$45	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$45	\$45	50%*
OUTPATIENT SURGERY	35%*	35%*	50%*
LAB	\$35	\$35	50%*
X-RAY/DIAGNOSTIC TEST	\$35	\$35	50%*
CT, MRI, AND PET SCANS	\$300	\$300	50%*
INPATIENT HOSPITAL CARE	30%*	30%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		
AMBULANCE SERVICES	30%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	30%*	30%*	50%*
Residential treatment	30%*	30%*	50%*
Outpatient/day treatment	\$35	\$35	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	30%*	30%*	50%*
Residential treatment	30%*	30%*	50%*
Outpatient/day treatment	\$35	\$35	50%*
DURABLE MEDICAL EQUIPMENT	30%*	30%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$45	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	25%	25%	50%*
MATERNITY CARE Inpatient	30%*	30%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



PLAN HIGHLIGHTS
FOR **ADDED CHOICE®**
POINT-OF-SERVICE
OUT-OF-AREA PLANS

PLAN NAME	KP OR Silver 2500/45 3T POS OOA		
	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$2,500 per individual; \$5,000 per family	\$2,500 per individual; \$5,000 per family	\$6,500 per individual; \$13,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	\$0	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$12,000 per individual; \$24,000 per family
BENEFITS	Member pays		
OFFICE VISITS Preventive care	\$0	\$0	50%*
Primary care	\$45	\$45	50%*
Urgent care	\$65	\$65	50%*
Specialty care	\$55	\$55	50%*
Prenatal care	\$0	\$0	50%*
Allergy shots and other injections	\$10	\$10	50%*
Routine immunizations for children	\$0	\$0	\$0
OUTPATIENT THERAPIES ¹	\$55	\$55	50%*
OUTPATIENT SURGERY	40%*	40%*	50%*
LAB	\$45	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$45	\$45	50%*
CT, MRI, AND PET SCANS	40%*	40%*	50%*
INPATIENT HOSPITAL CARE	40%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	40%*		
AMBULANCE SERVICES	40%*		
MENTAL HEALTH SERVICES Inpatient psychiatric care	40%*	40%*	50%*
Residential treatment	40%*	40%*	50%*
Outpatient/day treatment	\$45	\$45	50%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	40%*	40%*	50%*
Residential treatment	40%*	40%*	50%*
Outpatient/day treatment	\$45	\$45	50%*
DURABLE MEDICAL EQUIPMENT	40%*	40%*	50%*
INFERTILITY SERVICES (diagnosis)	50%	50%	50%
DEPENDENT OUT-OF-AREA	Not covered	Not covered	Not covered
PHYSICIAN-REFERRED ALTERNATIVE CARE ²	\$55	Not covered	Not covered
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$40 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$30 generic; \$40 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	Not covered
VISION HARDWARE PEDIATRIC	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	No charge for 1 pair standard frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year); no charge for low vision aid from selected list or medically necessary contact lenses.	50%* for 1 pair of frames w/lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to 6-month supply of disposable contact lenses per year); 50%* for low vision aid or medically necessary contacts.
OUTPATIENT ADMINISTERED MEDICATIONS	40%*	40%*	50%*
MATERNITY CARE Inpatient	40%*	40%*	50%*

*Subject to annual medical deductible.

¹Rehabilitative and habilitative therapies have limits of 30 visits each, per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

²Referred chiropractic/naturopathic/acupuncture based upon medical criteria.



Your commitment to high-quality health care for your employees doesn't have to end when they become eligible for Medicare. You can offer your Medicare-eligible employees the same access to our physicians, services, and facilities that our other members enjoy.

Kaiser Permanente Senior Advantage picks up where Medicare leaves off, combining original Medicare coverage and Kaiser Permanente traditional coverage — as well as features unique to Senior Advantage (such as an outside service area benefit and health club benefit) — into one comprehensive plan.

To enroll in Kaiser Permanente Group Senior Advantage

Plan members must obtain Medicare Parts A and B and must complete the Kaiser Permanente Senior Advantage enrollment form.

Employers with 1–19 total employees

Medicare-eligible employees and/or their dependents who enroll in Senior Advantage will receive Senior Advantage rates and benefits. (In most cases, Medicare is primary for groups with fewer than 20 employees.)

Employers with 20–50 total employees

Actively working Medicare-eligible employees and/or their dependents may remain on the active plan with active rates and benefits. They may enroll in the Senior Advantage plan and receive active rates and group Senior Advantage benefits. (Medicare is secondary for groups of 20 or more when the member is actively working.)

Different rules apply for those who are eligible for Medicare due to disability or end stage renal disease. Contact your Kaiser Foundation Health Plan of the Northwest representative for more information.

PLAN NAME	2020 SMALL GROUP SENIOR ADVANTAGE
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$0
PRESCRIPTION DRUG DEDUCTIBLE	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,000 per individual
BENEFITS	Member pays
OFFICE VISITS Preventive care	\$0
Primary care	\$20
Urgent care	\$25
Specialty care	\$20
Prenatal care	\$0
Allergy shots and other injections	\$10
OUTPATIENT THERAPIES	\$20
OUTPATIENT SURGERY	\$50
LAB	\$0
X-RAY/DIAGNOSTIC TEST	\$0
CT, MRI, AND PET SCANS	\$0
INPATIENT HOSPITAL CARE	\$200 per admission
EMERGENCY DEPARTMENT VISIT	\$50
AMBULANCE SERVICES	\$100
MENTAL HEALTH SERVICES Inpatient psychiatric care	\$200 per admission
Residential treatment	\$100 per admission
Outpatient/day treatment	\$20
CHEMICAL DEPENDENCY SERVICES Inpatient care	\$200 per admission
Residential treatment	\$100 per admission
Outpatient/day treatment	\$20
DURABLE MEDICAL EQUIPMENT	20%
DEPENDENT OUT-OF-AREA	Not covered
PHYSICIAN-REFERRED CHIROPRACTIC CARE ¹	\$20
SELF-REFERRED ALTERNATIVE CARE ¹	\$20 copay covers self-referred chiropractic, naturopathic, and acupuncture visits. \$25 copay for massage therapy up to 12 visits per calendar year, \$1,000 benefit max per calendar year for all services combined.
OUTPATIENT PRESCRIPTION DRUGS ²	\$20 generic; \$40 preferred brand-name and specialty; \$3 generic/\$7 preferred brand-name after TrOOP (\$6,350)
OUTPATIENT ADMINISTERED MEDICATIONS	15%

Senior Advantage Plans cannot be modified. Kaiser Permanente is a plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. Benefits, premiums and/or copays/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

¹CHP network only.

²The Part D prescription drug gap begins when total drug costs (Kaiser Permanente share plus your copay or coinsurance) for the year to date total \$4,020.



INTEGRATED EYE HEALTH

We treat eye health as a component of total health, not in isolation. When you choose the vision option, you're choosing the option that is more convenient and connected, which can help uncover major health issues and lead to better health outcomes.



Outpatient prescription drugs

The Kaiser Permanente formulary applies to all plans. Members get up to a 30-day supply for each copay (up to a 90-day supply of eligible drugs for 2 copays when using our mail-delivery pharmacy). View our formulary at kp.org/formulary.

Additional prescription options for Added Choice® plans

Members on an Added Choice plan have the option of filling their prescriptions through MedImpact. When a member fills a prescription at a MedImpact pharmacy, the plan covers up to a 30-day supply of generic drugs. To locate a pharmacy, go to kp.org/addedchoice/nw.

Alternative care (self-referred)

All of our plans, except for Standard plans, include self-referred naturopathic care at the specialty office visit cost share, limited to 6 visits per year. Self-referred alternative care is available through the CHP Group (CHP) network providers in our service area. Additional self-referred alternative care buy-up options are available, including chiropractic, acupuncture, and massage therapy.

Visit chpgroup.com for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.

Vision hardware and routine eye exam

Many of our plans can be purchased to include coverage for adult vision hardware and routine eye exams. All plans include coverage for children 18 and younger. Vision hardware must be prescribed and purchased at Kaiser Permanente.

If added to Added Choice plans, members may use their benefit at select facilities, PPO, and other nonparticipating providers and facilities. Visit kp2020.org for more information

Dental coverage

Investing in dental health helps keep your employees happy, healthy, and productive. Our Traditional dental plans allow you to choose from a wide range of options including deductibles or office visit copays. If you would like more flexibility, the Dental Choice PPO plans are designed for choice — providing comprehensive coverage, while allowing members to see any dentist.

Important information

This brochure provides summaries for various plans and is not a contract. These plans are subject to exclusions and limitations. Plan details, including all benefits, exclusions, and limitations, are provided in the *Evidence of Coverage (EOC)*.

For specific information about the plans referred to in this brochure, go to **kp.org/plandocuments**.

To obtain an *EOC* for a particular plan, call Member Services at **1-800-813-2000**. For TTY, call **711**. For language interpretation services, call **1-800-324-8010**.

Contact your sales executive or account manager for written coverage information including:

- Factors that affect rate setting and rate adjustments
- Provisions related to renewing coverage
- Premiums available to small groups
- Geographic areas covered
- Underwriting guidelines



account.kp.org

