

Healthy together

Care and coverage that fits your life



Welcome to care that fits your life



*When appropriate and available.

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

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs.

Simple steps to apply

Use this guide to help you find a plan that works for you. Then, apply online or fill out a paper application.

- Choose your health plan** 3
- Find your rate** 12
- Learn about dental and vision coverage** 17
- Find a facility near you** 19



Visit buykp.org/apply to compare plans, see if you qualify for federal financial assistance, calculate your rate, or apply online.

Important deadline for open enrollment

The open enrollment period for 2019 coverage runs from **November 1, 2018, through December 15, 2018**. You can change or apply for coverage through Kaiser Foundation Health Plan of the Northwest, or we can help you apply through the Health Insurance Marketplace.

For coverage that starts on January 1, 2019, we must receive your Application for Health Coverage and first month's premium **no later than December 15, 2018**.

Enrolling during a special enrollment period

Are you getting married, having a baby, or losing your health coverage? You may also enroll or change your coverage throughout the year if you have a qualifying life event.

Visit kp.org/specialeenrollment for a list of qualifying life events and instructions.

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

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you connect to care



Online

Stay on top of your care at **kp.org**. Once you're registered, you can view your medical record, refill most prescriptions, schedule routine appointments, and more. Email your doctor's office anytime with nonurgent questions. You'll usually get a response within 2 business days.



Video

For some conditions, you can meet face-to-face online with your doctor on your computer, smartphone, or tablet.



Phone

You may be able to save a trip to the doctor's office by having a phone appointment instead. We also offer care guidance and advice by phone 24/7.



In person

Most of our locations have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.



Online wellness tools

Visit **kp.org/healthyliving** for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.



Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at **chpactiveandhealthy.com**.

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Choose your health plan

Understanding health plans

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

Copay plans

Gold

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

Deductible plans

Gold, Silver, Bronze, Catastrophic

With a deductible plan, your monthly premium is lower, but you'll have to reach a deductible. This means you'll pay the full charges for most covered services until you reach a set amount known as your **deductible**. Then you'll start paying less – just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.

HSA-qualified deductible plans

Silver, Bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.* And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

*For a complete list of services you can use your HSA to pay for, see Publication 502, *Medical and Dental Expenses*, at [irs.gov](https://www.irs.gov).

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

Choosing a plan based on your care needs

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

Monthly rate versus out-of-pocket costs

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

An example of costs when you get care

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

Plan name	Office visit	X-ray	Generic drug
KP OR Gold 0/20 (No deductible)	\$20	\$40	\$10
KP OR Silver 2500/30 (\$2,500 deductible)	\$30	\$80 or 30% coinsurance if you've met your deductible	\$20
KP OR Bronze 5000/50 (\$5,000 deductible)	First 3 office visits \$50; additional visits 40% coinsurance if you've met your deductible	\$80 or 40% coinsurance if you've met your deductible	\$49 or \$25 if you've met your deductible

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

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

Understanding the plans: benefit highlights

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

Here’s a quick look at how to use the chart

	<div style="display: flex; align-items: center; gap: 5px;"> KP M </div> KP OR Silver 2500/30
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,750/\$15,500
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$65
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$30
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	\$50
Prescription drugs (up to a 30-day supply)	
Generic	\$20
Preferred brand	\$65
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.

KP Offered through Kaiser Foundation Health Plan of the Northwest

M Offered through the Health Insurance Marketplace

Annual deductible
 You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you’d start paying copays or coinsurance.

Annual out-of-pocket maximum
 This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$7,750 for yourself and no more than \$15,500 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge
 Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they’re not subject to the deductible.

Covered before you reach the deductible
 With some services, you’ll only pay a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

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

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

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M Offered through the Health Insurance Marketplace

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

	KP M KP OR Standard Bronze Plan	KP M KP OR Bronze 6550/0% HSA	KP M KP OR Bronze 5000/50	KP M KP OR Silver 3500/30
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$6,550/\$13,100	\$6,550/\$13,100	\$5,000/\$10,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100	\$6,550/\$13,100	\$7,750/\$15,500	\$7,750/\$15,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	No charge after deductible	No charge after deductible	First 3 office visits \$50; additional visits 40% after deductible	\$30
Specialty care office visit	No charge after deductible	No charge after deductible	40% after deductible	\$65
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Most lab tests	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Mental health visit	No charge after deductible	No charge after deductible	40% after deductible	\$30
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Maternity				
Routine prenatal and postpartum visits	No charge after deductible	No charge after deductible	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	40% after deductible	\$50
Prescription drugs (up to a 30-day supply)				
Generic	No charge after deductible	No charge after deductible	\$25* after deductible	\$20*
Preferred brand	No charge after deductible	No charge after deductible	50% after deductible	\$65*
Non-preferred brand	No charge after deductible	No charge after deductible	50% after deductible	50% after deductible
Specialty	No charge after deductible	No charge after deductible	50% after deductible	50% after deductible
Whole health				
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†

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

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

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

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for HSA-qualified deductible plans: *EOIDHDP0119*; for deductible plans: *EOIDDEDSTD0119*, *EOIDDED0119*; for traditional copay plans: *EOIDTRAD0119*; for the catastrophic plan: *EOIDCAT0119*. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-813-2000 or 503-813-2000 (Portland residents), or contact your producer. For services subject to the deductible, you will have to pay health care expenses out-of-pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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M Offered through the Health Insurance Marketplace

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

	KP KP OR Silver 3000/20% HSA	KP M KP OR Standard Silver Plan	KP M KP OR Silver 2500/30	KP M KP OR Standard Gold Plan
Plan type	HSA-qualified	Deductible	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$2,850/\$5,700	\$2,500/\$5,000	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$7,900/\$15,800	\$7,750/\$15,500	\$6,850/\$13,700
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	20% after deductible	\$40	\$30	\$20
Specialty care office visit	20% after deductible	\$80	\$65	\$40
Most X-rays	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Most lab tests	20% after deductible	30% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Outpatient surgery	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Mental health visit	20% after deductible	\$40	\$30	\$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Maternity				
Routine prenatal and postpartum visits	No charge	30% after deductible	No charge	20% after deductible
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Emergency and urgent care				
Emergency Department visit	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Urgent care visit	20% after deductible	\$70	\$50	\$60
Prescription drugs (up to a 30-day supply)				
Generic	\$15* after deductible	\$15*	\$20*	\$10*
Preferred brand	\$55* after deductible	\$60*	\$65*	\$30*
Non-preferred brand	50% after deductible	50%	50% after deductible	50%
Specialty	50% after deductible	50%	50% after deductible	50% with a \$500 per script maximum
Whole health				
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. ¹	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. ¹	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. ¹	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. ¹

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

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

	KP M KP OR Gold 1000/20	KP M KP OR Gold 0/20	KP M KP OR Catastrophic 7900/0 [‡]
Plan type	Deductible	Copayment	Deductible
Features			
Annual medical deductible (individual/family)	\$1,000/\$2,000	None/None	\$7,900/\$15,800
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,250/\$14,500	\$7,900/\$15,800
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$20	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	\$40	\$40	No charge after deductible
Most X-rays	30%	\$40	No charge after deductible
Most lab tests	30%	\$40	No charge after deductible
MRI, CT, PET	30% after deductible	\$300	No charge after deductible
Outpatient surgery	30% after deductible	30%	No charge after deductible
Mental health visit	\$20	\$20	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30%	No charge after deductible
Maternity			
Routine prenatal and postpartum visits	No charge	No charge	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	30%	No charge after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	\$300	No charge after deductible
Urgent care visit	\$40	\$40	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$10*	\$10*	No charge after deductible
Preferred brand	\$30*	\$30*	No charge after deductible
Non-preferred brand	50%	50%	No charge after deductible
Specialty	50%	50%	No charge after deductible
Whole health			
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]

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

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

[‡]Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace demonstrating hardship or lack of affordable coverage, may purchase a KP OR Catastrophic 7900/0 plan.

**The KP OR Catastrophic 7900/0 plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary care.

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M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP OR Silver 2500/30 73% CSR	M KP OR Silver 2500/30 87% CSR	M KP OR Silver 2500/30 94% CSR
Plan type	Deductible	Deductible	Copayment
Features			
Annual medical deductible (individual/family)	\$2,300/\$4,600	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$6,250/\$12,500	\$2,500/\$5,000	\$2,500/\$5,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$15	\$5
Specialty care office visit	\$60	\$25	\$10
Most X-rays	30% after deductible	30% after deductible	10%
Most lab tests	30% after deductible	30% after deductible	10%
MRI, CT, PET	30% after deductible	30% after deductible	10%
Outpatient surgery	30% after deductible	30% after deductible	10%
Mental health visit	\$30	\$15	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10%
Maternity			
Routine prenatal and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10%
Emergency and urgent care			
Emergency Department visit	30% after deductible	30% after deductible	10%
Urgent care visit	\$50	\$35	\$25
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50%
Whole health			
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details. [†]

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M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP OR Silver 3500/30 73% CSR	M KP OR Silver 3500/30 87% CSR	M KP OR Silver 3500/30 94% CSR
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$2,750/\$5,500	\$500/\$1,000	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,300/\$12,600	\$2,500/\$5,000	\$1,500/\$3,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$15	\$5
Specialty care office visit	\$60	\$25	\$10
Most X-rays	30% after deductible	30% after deductible	10% after deductible
Most lab tests	30% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	10% after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$30	\$15	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
Maternity			
Routine prenatal and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$50	\$45	\$25
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$65*	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
Whole health			
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†

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

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

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

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for HSA-qualified deductible plans: *EOIDHDHP0119*; for deductible plans: *EOIDDEDSTD0119*, *EOIDDED0119*; for traditional copay plans: *EOIDTRAD0119*; for the catastrophic plan: *EOIDCAT0119*. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at **1-800-813-2000** or **503-813-2000** (Portland residents), or contact your producer. For services subject to the deductible, you will have to pay health care expenses out-of-pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP OR Standard Silver Plan 73% CSR	M KP OR Standard Silver Plan 87% CSR	M KP OR Standard Silver Plan 94% CSR
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$2,850/\$5,700	\$850/\$1,700	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,300/\$12,600	\$2,350/\$4,700	\$900/\$1,800
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$40	\$15	\$10
Specialty care office visit	\$70	\$30	\$20
Most X-rays	30% after deductible	10% after deductible	10% after deductible
Most lab tests	30% after deductible	10% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10% after deductible	10% after deductible
Mental health visit	\$40	\$15	\$10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	10% after deductible
Maternity			
Routine prenatal and postpartum visits	30% after deductible	10% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	10% after deductible	10% after deductible
Urgent care visit	\$70	\$40	\$30
Prescription drugs (up to a 30-day supply)			
Generic	\$15*	\$10*	\$5*
Preferred brand	\$55*	\$25*	\$10*
Non-preferred brand	50%	50%	25%
Specialty	50%	50%	25%
Whole health			
Healthy services	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†	CHP Active & Healthy up to 20% discount on chiropractic, acupuncture, massage, naturopathy, gym memberships, and more. See chpactiveandhealthy.com for details.†

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

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

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This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for HSA-qualified deductible plans: *EOIDHDHP0119*; for deductible plans: *EOIDDEDSTD0119*, *EOIDDED0119*; for traditional copay plans: *EOIDTRAD0119*; for the catastrophic plan: *EOIDCAT0119*. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-813-2000 or 503-813-2000 (Portland residents), or contact your producer. For services subject to the deductible, you will have to pay health care expenses out-of-pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Find your rate

Use the monthly rates charts on the following pages, or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live, based on your county and ZIP code
- Your age on your start date (effective date)
- If you use tobacco
- If you add a pediatric dental plan for children 18 and younger
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.

Interested in a family plan?

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

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

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

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

Our service area	
Benton County	97330-31, 97333, 97339, 97370, 97448, 97456
Clackamas County	All ZIP codes
Columbia County	All ZIP codes
Hood River County	97014
Lane County	97401-5, 97408-9, 97419, 97424, 97426, 97431, 97437-8, 97440, 97446, 97448, 97451-2, 97454-6, 97461, 97475, 97477-8, 97487, 97489
Linn County	97321-22, 97335, 97348, 97355, 97358, 97360, 97374, 97377, 97389, 97446
Marion County	All ZIP codes
Multnomah County	All ZIP codes
Polk County	All ZIP codes
Washington County	All ZIP codes
Yamhill County	All ZIP codes

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

2019 Monthly rates Benton, Linn, and Lane counties

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Non-Tobacco User Rates														
Age on 2019 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6550/0% HSA	KP OR Bronze 5000/50	KP OR Silver 3500/30	KP OR Silver 3000/20% HSA	KP Oregon Standard Silver Plan	KP OR Silver 2500/30	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 7900/0	KP OR Silver 2500/30 (includes all CSR plan variations)	KP OR Silver 3500/30 (includes all CSR plan variations)	KP OR Standard Silver Plan (includes all CSR plan variations)
<21	\$159	\$159	\$166	\$219	\$202	\$222	\$228	\$243	\$236	\$251	\$158	\$228	\$219	\$222
21-24	250	251	262	345	318	350	358	383	371	395	250	358	345	350
25	251	252	263	346	319	351	360	384	372	397	251	360	346	351
26	256	257	268	353	325	358	367	392	380	404	256	367	353	358
27	262	263	275	362	333	367	376	401	389	414	262	376	362	367
28	272	273	285	375	345	380	390	416	403	429	271	390	375	380
29	280	281	293	386	356	392	401	428	415	442	279	401	386	392
30	284	285	297	392	361	397	407	434	421	448	283	407	392	397
31	290	291	304	400	368	406	415	443	430	458	289	415	400	406
32	296	297	310	408	376	414	424	453	439	467	295	424	408	414
33	300	300	314	413	381	419	429	458	444	473	299	429	413	419
34	304	304	318	419	386	425	435	464	450	479	303	435	419	425
35	306	306	320	422	388	428	438	468	453	483	305	438	422	428
36	308	308	322	424	391	430	441	471	456	486	307	441	424	430
37	310	310	324	427	393	433	444	474	459	489	309	444	427	433
38	312	312	326	430	396	436	447	477	462	492	311	447	430	436
39	316	316	331	435	401	442	452	483	468	498	315	452	435	442
40	320	320	335	441	406	447	458	489	474	505	319	458	441	447
41	326	326	341	449	414	456	467	498	483	514	325	467	449	456
42	332	332	347	457	421	464	475	507	492	523	331	475	457	464
43	340	340	355	468	431	475	486	519	503	536	339	486	468	475
44	350	350	366	482	444	489	501	534	518	552	349	501	482	489
45	361	362	378	498	459	505	518	552	536	570	360	518	498	505
46	375	376	393	517	477	525	538	574	556	592	374	538	517	525
47	391	392	409	539	497	547	560	598	580	617	390	560	539	547
48	409	410	428	564	520	572	586	626	607	646	408	586	564	572
49	427	428	447	589	542	597	611	653	633	674	426	611	589	597
50	447	448	468	616	568	625	640	683	663	705	446	640	616	625
51	467	468	489	643	593	653	668	714	692	737	465	668	643	653
52	489	489	511	673	620	683	700	747	724	771	487	700	673	683
53	511	512	534	704	648	714	731	781	757	806	509	731	704	714
54	534	535	559	737	678	747	765	817	792	843	533	765	737	747
55	558	559	584	769	709	780	799	853	827	881	556	799	769	780
56	584	585	611	805	741	816	836	893	866	921	582	836	805	816
57	610	611	638	841	774	853	873	932	904	963	608	873	841	853
58	638	639	667	879	810	892	913	975	945	1,006	636	913	879	892
59	651	653	682	898	827	911	933	996	966	1,028	650	933	898	911
60	679	681	711	936	862	950	973	1,038	1,007	1,072	677	973	936	950
61	703	705	736	969	893	983	1,007	1,075	1,042	1,110	701	1,007	969	983
62	719	720	753	991	913	1,005	1,030	1,099	1,066	1,135	717	1,030	991	1,005
63	739	740	773	1,018	938	1,033	1,058	1,129	1,095	1,166	737	1,058	1,018	1,033
64+	750	753	786	1,035	954	1,050	1,074	1,149	1,113	1,185	750	1,074	1,035	1,050

Rates are effective January 1, 2019, through December 31, 2019.

2019 Monthly rates Benton, Linn, and Lane counties

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Tobacco User Rates

Age on 2019 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6550/0% HSA	KP OR Bronze 5000/50	KP OR Silver 3500/30	KP OR Silver 3000/20% HSA	KP Oregon Standard Silver Plan	KP OR Silver 2500/30	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 7900/0	KP OR Silver 2500/30 (includes all CSR plan variations)	KP OR Silver 3500/30 (includes all CSR plan variations)	KP OR Standard Silver Plan (includes all CSR plan variations)
<21	\$159	\$159	\$166	\$219	\$202	\$222	\$228	\$243	\$236	\$251	\$158	\$228	\$219	\$222
21-24	300	301	314	414	381	420	430	459	445	474	299	430	414	420
25	302	302	316	416	383	422	432	461	447	476	301	432	416	422
26	308	308	322	424	391	430	440	470	456	485	307	440	424	430
27	315	315	329	434	400	440	451	481	467	497	314	451	434	440
28	326	327	342	450	415	456	468	499	484	515	325	468	450	456
29	336	337	352	463	427	470	481	514	498	530	335	481	463	470
30	341	342	357	470	433	477	488	521	505	538	340	488	470	477
31	348	349	364	480	442	487	498	532	516	549	347	498	480	487
32	355	356	372	490	451	497	509	543	527	561	354	509	490	497
33	360	360	377	496	457	503	515	550	533	568	359	515	496	503
34	365	365	382	503	463	510	522	557	540	575	364	522	503	510
35	367	368	384	506	466	513	526	561	544	579	366	526	506	513
36	369	370	387	509	469	517	529	565	548	583	368	529	509	517
37	372	373	389	513	472	520	532	568	551	587	371	532	513	520
38	374	375	392	516	475	523	536	572	555	591	373	536	516	523
39	379	380	397	522	481	530	543	579	562	598	378	543	522	530
40	384	385	402	529	487	537	550	587	569	606	383	550	529	537
41	391	392	409	539	497	547	560	598	580	617	390	560	539	547
42	398	399	416	549	505	556	570	608	590	628	397	570	549	556
43	408	408	427	562	517	570	584	623	604	643	406	584	562	570
44	420	420	439	578	533	587	601	641	622	662	418	601	578	587
45	434	435	454	598	551	606	621	663	643	684	432	621	598	606
46	451	451	471	621	572	630	645	689	668	711	449	645	621	630
47	469	470	491	647	596	656	672	718	696	741	468	672	647	656
48	491	492	514	677	624	687	703	751	728	775	490	703	677	687
49	512	513	536	706	651	716	734	783	759	809	511	734	706	716
50	536	537	561	739	681	750	768	820	795	846	535	768	739	750
51	560	561	586	772	711	783	802	856	830	884	558	802	772	783
52	586	587	614	808	744	820	840	896	869	925	584	840	808	820
53	613	614	641	845	778	857	877	937	908	967	611	877	845	857
54	641	642	671	884	814	897	918	980	950	1,012	639	918	884	897
55	670	671	701	923	850	936	959	1,024	993	1,057	668	959	923	936
56	701	702	733	966	890	980	1,003	1,071	1,039	1,106	699	1,003	966	980
57	732	733	766	1,009	929	1,023	1,048	1,119	1,085	1,155	730	1,048	1,009	1,023
58	765	767	801	1,055	972	1,070	1,096	1,170	1,134	1,208	763	1,096	1,055	1,070
59	782	783	818	1,078	993	1,093	1,120	1,195	1,159	1,234	779	1,120	1,078	1,093
60	815	817	853	1,124	1,035	1,140	1,167	1,246	1,208	1,286	813	1,167	1,124	1,140
61	844	846	883	1,163	1,072	1,180	1,209	1,290	1,251	1,332	841	1,209	1,163	1,180
62	863	865	903	1,189	1,096	1,206	1,236	1,319	1,279	1,362	860	1,236	1,189	1,206
63	887	888	928	1,222	1,126	1,240	1,270	1,355	1,314	1,399	884	1,270	1,222	1,240
64+	900	903	942	1,242	1,143	1,260	1,290	1,377	1,335	1,422	897	1,290	1,242	1,260

Rates are effective January 1, 2019, through December 31, 2019.

2019 Monthly rates

All other service area counties

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Non-Tobacco User Rates														
Age on 2019 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6550/0% HSA	KP OR Bronze 5000/50	KP OR Silver 3500/30	KP OR Silver 3000/20% HSA	KP Oregon Standard Silver Plan	KP OR Silver 2500/30	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 7900/0	KP OR Silver 2500/30 (includes all CSR plan variations)	KP OR Silver 3500/30 (includes all CSR plan variations)	KP OR Standard Silver Plan (includes all CSR plan variations)
<21	\$147	\$147	\$154	\$203	\$187	\$206	\$211	\$225	\$218	\$232	\$147	\$211	\$203	\$206
21-24	232	232	243	319	294	324	332	354	344	366	231	332	319	324
25	233	233	244	321	295	325	333	356	345	367	232	333	321	325
26	237	238	248	327	301	332	340	363	352	374	237	340	327	332
27	243	243	254	335	308	340	348	371	360	383	242	348	335	340
28	252	252	264	347	320	352	361	385	373	398	251	361	347	352
29	259	260	271	357	329	363	371	396	384	409	259	371	357	363
30	263	264	275	363	334	368	377	402	390	415	262	377	363	368
31	269	269	281	370	341	376	385	411	398	424	268	385	370	376
32	274	275	287	378	348	383	393	419	406	433	273	393	378	383
33	278	278	291	383	353	388	398	424	412	438	277	398	383	388
34	281	282	294	388	357	393	403	430	417	444	280	403	388	393
35	283	284	296	390	360	396	406	433	420	447	282	406	390	396
36	285	286	298	393	362	399	408	436	423	450	284	408	393	399
37	287	287	300	395	364	401	411	439	425	453	286	411	395	401
38	289	289	302	398	367	404	413	441	428	456	288	413	398	404
39	292	293	306	403	371	409	419	447	434	462	292	419	403	409
40	296	297	310	408	376	414	424	453	439	467	295	424	408	414
41	302	302	316	416	383	422	432	461	447	476	301	432	416	422
42	307	308	321	423	390	429	440	469	455	485	306	440	423	429
43	314	315	329	433	399	440	450	481	466	496	314	450	433	440
44	324	324	339	446	411	453	464	495	480	511	323	464	446	453
45	335	335	350	461	425	468	479	512	496	528	334	479	461	468
46	348	348	364	479	441	486	498	531	515	549	347	498	479	486
47	362	363	379	499	460	506	519	554	537	572	361	519	499	506
48	379	380	397	522	481	530	543	579	562	598	378	543	522	530
49	395	396	414	545	502	553	566	604	586	624	394	566	545	553
50	414	415	433	571	526	579	593	633	614	653	413	593	571	579
51	432	433	452	596	549	604	619	661	641	682	431	619	596	604
52	452	453	473	624	574	632	648	692	671	714	451	648	624	632
53	473	474	495	652	600	661	677	723	701	746	471	677	652	661
54	495	496	518	682	628	692	709	756	733	781	493	709	682	692
55	517	518	541	712	656	723	740	790	766	816	515	740	712	723
56	541	542	566	745	686	756	774	826	801	853	539	774	745	756
57	565	566	591	778	717	790	809	863	837	891	563	809	778	790
58	590	592	618	814	750	826	846	903	875	932	589	846	814	826
59	603	604	631	832	766	843	864	922	894	952	601	864	832	843
60	629	630	658	867	799	879	901	961	932	993	627	901	867	879
61	651	652	682	898	827	910	933	995	965	1,028	649	933	898	910
62	666	667	697	918	845	931	953	1,018	987	1,051	664	953	918	931
63	684	685	716	943	869	957	980	1,046	1,014	1,080	682	980	943	957
64+	696	696	729	957	882	972	996	1,062	1,032	1,098	693	996	957	972

Rates are effective January 1, 2019, through December 31, 2019.

2019 Monthly rates

All other service area counties

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Tobacco User Rates														
Age on 2019 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6550/0% HSA	KP OR Bronze 5000/50	KP OR Silver 3500/30	KP OR Silver 3000/20% HSA	KP Oregon Standard Silver Plan	KP OR Silver 2500/30	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 7900/0	KP OR Silver 2500/30 (includes all CSR plan variations)	KP OR Silver 3500/30 (includes all CSR plan variations)	KP OR Standard Silver Plan (includes all CSR plan variations)
<21	\$147	\$147	\$154	\$203	\$187	\$206	\$211	\$225	\$218	\$232	\$147	\$211	\$203	\$206
21-24	278	279	291	383	353	389	398	425	412	439	277	398	383	389
25	279	280	292	385	355	390	400	427	414	441	278	400	385	390
26	285	285	298	393	362	398	408	435	422	449	284	408	393	398
27	291	292	305	402	370	407	417	446	432	460	291	417	402	407
28	302	303	316	417	384	423	433	462	448	477	301	433	417	423
29	311	312	326	429	395	435	446	476	461	491	310	446	429	435
30	316	316	330	435	401	441	452	483	468	498	315	452	435	441
31	322	323	337	444	409	451	462	493	478	509	321	462	444	451
32	329	330	344	453	418	460	471	503	488	519	328	471	453	460
33	333	334	349	459	423	466	477	509	494	526	332	477	459	466
34	338	338	353	465	429	472	483	516	500	533	337	483	465	472
35	340	340	356	468	431	475	487	519	504	536	339	487	468	475
36	342	343	358	471	434	478	490	523	507	540	341	490	471	478
37	344	345	360	475	437	481	493	526	510	543	343	493	475	481
38	346	347	363	478	440	484	496	530	514	547	345	496	478	484
39	351	352	367	484	446	491	503	536	520	554	350	503	484	491
40	355	356	372	490	451	497	509	543	527	561	354	509	490	497
41	362	363	379	499	460	506	518	553	537	571	361	518	499	506
42	368	369	386	508	468	515	528	563	546	581	367	528	508	515
43	377	378	395	520	479	528	540	577	559	596	376	540	520	528
44	388	389	407	536	493	543	556	594	576	613	387	556	536	543
45	402	402	420	554	510	561	575	614	595	634	400	575	554	561
46	417	418	437	575	530	583	597	638	618	658	416	597	575	583
47	435	435	455	599	552	608	622	664	644	686	433	622	599	608
48	455	456	476	627	577	636	651	695	674	718	453	651	627	636
49	474	475	497	654	602	663	679	725	703	749	473	679	654	663
50	497	498	520	685	631	694	711	759	736	784	495	711	685	694
51	519	520	543	715	659	725	743	793	769	818	517	743	715	725
52	543	544	568	748	689	759	777	830	805	857	541	777	748	759
53	567	568	594	782	720	793	812	867	841	895	566	812	782	793
54	594	595	621	818	754	830	850	908	880	937	592	850	818	830
55	620	621	649	855	787	867	888	948	919	979	618	888	855	867
56	649	650	679	894	824	907	929	992	962	1,024	647	929	894	907
57	678	679	709	934	861	948	970	1,036	1,005	1,069	676	970	934	948
58	709	710	742	977	900	991	1,015	1,083	1,050	1,118	706	1,015	977	991
59	724	725	758	998	919	1,012	1,037	1,107	1,073	1,142	722	1,037	998	1,012
60	755	756	790	1,040	958	1,055	1,081	1,154	1,119	1,191	752	1,081	1,040	1,055
61	781	783	818	1,077	992	1,093	1,119	1,195	1,158	1,233	779	1,119	1,077	1,093
62	799	800	836	1,101	1,014	1,117	1,144	1,221	1,184	1,261	797	1,144	1,101	1,117
63	821	822	859	1,132	1,042	1,148	1,176	1,255	1,217	1,295	818	1,176	1,132	1,148
64+	834	837	873	1,149	1,059	1,167	1,194	1,275	1,236	1,317	831	1,194	1,149	1,167

Rates are effective January 1, 2019, through December 31, 2019.

Dental and vision coverage

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

Quality dental care

Good dental care is essential to good health. That's why we hire highly trained dentists and hygienists, and why every member gets a personalized prevention and treatment plan. Most importantly, it's why we cover preventive care.

Choice

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

Convenience

We have 20 dental offices in the Portland metro area, southwest Washington, Longview, Salem, and Eugene, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

Quality

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

How to make appointments

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

For more information, visit kp.org/dental/nw.

Vision Essentials

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

Adult vision exams are included in our Gold plans (except Oregon Standard) and the KP OR Silver 2500/30 plan. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.** For more information, including our 10 optical locations, visit kp2020.org.

* Source: aaahc.org

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

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

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

Monthly rates			
Age on 2019 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<21	\$33.20	\$22.36	\$26.43
21-29	36.87	25.97	33.06
30-34	39.00	27.47	34.97
35-39	40.63	28.63	36.44
40-44	44.89	31.63	40.26
45-49	49.89	35.15	44.74
50-54	53.57	37.74	48.04
55-59	58.20	41.00	52.19
60+	59.89	42.19	53.71

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

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

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

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0119*, *EOIDDEDFAMILYDNT0119-Evidence of Coverage*; *BOIDFAMILYDNT0119*, *BOIDDEDFAMILYDNT0119-Benefit Summaries*; *FSOIDFAMILYDNT0119-Face Sheet*.

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

Find a facility near you

Having a wide selection of health care providers in convenient locations is important. That's why we have medical facilities and dental offices in 5 areas: southwest Washington, Salem, Longview, Eugene-Springfield, and the Portland metropolitan area. Our contracts with Northwest Permanente, P.C., and Permanente Dental Associates offer you an even greater choice of participating providers throughout the region.

Locate a medical provider

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

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

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

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

Member Services

1-800-813-2000 or **503-813-2000** (Portland area)

8 a.m. to 6 p.m.

Monday through Friday

TTY: **711**

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

Talk to a new member specialist

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

Our locations

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

In the Eugene-Springfield area, in addition to the Eugene Medical Office and Valley River Dental Office, we have expanded our network to partner with 4 affiliate medical offices, 4 hospitals, 11 urgent care clinics, 5 pharmacies, and many specialists to offer more options for care where you need it.

For more information on our medical facilities, visit kp.org/facilities.

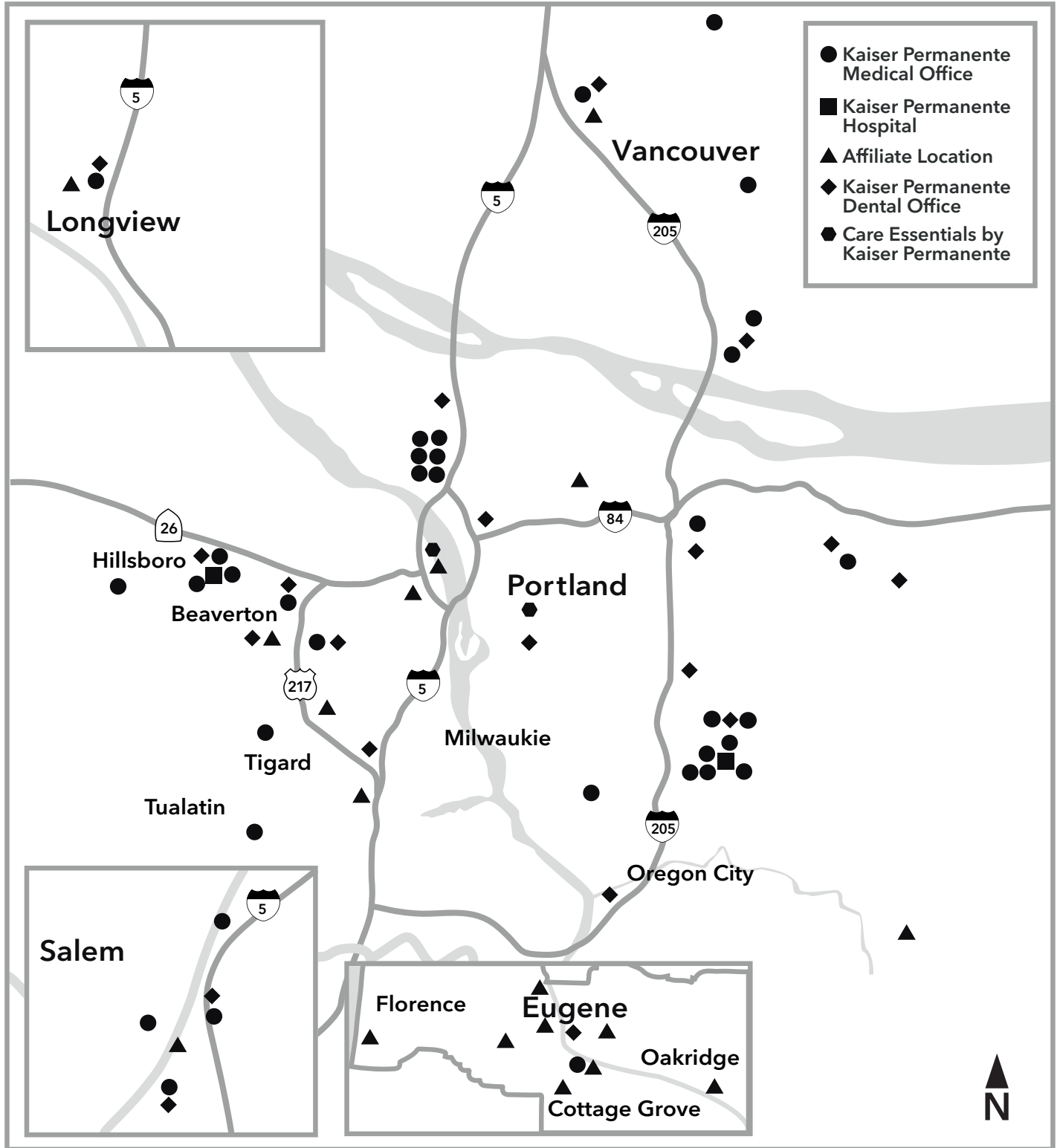
Dental care

We have 20 dental offices in the Portland metro area, Salem, southwest Washington, Longview, and Eugene-Springfield, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

For more information regarding our dental plans and services, please visit kp.org/dental/nw.

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

Northwest locations



Maps not to scale

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

NONDISCRIMINATION NOTICE

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Care is just a click away

Online tools designed to make your life easier

New member?

Visit kp.org/newmember to get started. It's easy to register at kp.org, choose your doctor, transfer your prescriptions, and schedule your first routine appointment. And if you need help, just give us a call at **1-888-491-1124**.

Already a member?

Manage your care online anytime at kp.org. If you haven't already, go to kp.org/registernow so you can start emailing your doctor's office with nonurgent questions, schedule routine appointments, order most prescription refills, and more.

The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

Visit kp.org or call us at **1-800-494-5314**. (For TTY, call **711**.)

Stay connected to good health



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