

Presented by Dan Neils at Agape Insurance Broker Note: This brochure was reduced to focus on rates in the Portland Area

503.650.4325 danneils@gmail.com



Healthy together



Care and coverage that fits your life

Broker note on making application. If you are positive you will not qualify for a tax credit (earn too much) you can use my application link on this page and apply direct with Kaiser. If there is any possibility you qualify, please work with me to apply through the Marketplace at www.healthcare.gov I've had clients regret later not taking this step. Dan Neils

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

	  KP OR Silver 2500/35
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35
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	\$35
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	\$25
Preferred brand	\$65
Non-preferred brand	50% after deductible
Specialty	50% after deductible
Whole health	
Healthy services	\$25 per visit up to 3 visits for acupuncture and chiropractic services. \$65 per visit up to 6 visits for naturopathic services. See chpgroup.com for details.†

KP Offered through Kaiser Foundation Health Plan of the Northwest

M Offered through the Oregon Health Insurance Marketplace

Annual deductible
 You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$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 \$8,150 for yourself and no more than \$16,300 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 \$35 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.

- KP** Offered through Kaiser Foundation Health Plan of the Northwest
- M** Offered through the Oregon Health Insurance Marketplace

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

	KP M KP OR Standard Bronze Plan	KP M KP OR Bronze 6900/0% HSA	KP M KP OR Bronze 5000/50	KP M KP OR Standard Silver Plan
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$7,900/\$15,800	\$6,900/\$13,800	\$5,000/\$10,000	\$3,550/\$7,100
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$6,900/\$13,800	\$8,150/\$16,300	\$8,150/\$16,300
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	\$45	No charge after deductible	\$50	\$40
Specialty care office visit	\$90	No charge after deductible	35% after deductible	\$80
Most X-rays	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Most lab tests	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Mental health visit	\$45	No charge after deductible	\$50	\$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Maternity				
Routine prenatal and postpartum visits	No charge after deductible	No charge after deductible	No charge	30% after deductible
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	35% after deductible	30% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	35% after deductible	\$70
Prescription drugs (up to a 30-day supply)				
Generic	\$15*	No charge after deductible	\$30* after deductible	\$15*
Preferred brand	No charge after deductible	No charge after deductible	50% after deductible	\$60*
Non-preferred brand	No charge after deductible	No charge after deductible	50% after deductible	50%
Specialty	No charge after deductible	No charge 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. [†]	\$25 per visit up to 3 visits for acupuncture and chiropractic services. No charge after deductible per visit up to 6 visits for naturopathic services. See chpgroup.com for details. [†]	\$25 per visit up to 3 visits for acupuncture and chiropractic services. 35% after deductible per visit up to 6 visits for naturopathic services. See chpgroup.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: *EOIDHHP0120*; for deductible plans: *EOIDDEDSTD0120*, *EOIDDED0120*; for traditional copay plans: *EOIDTRAD0120*; for the catastrophic plan: *EOIDCAT0120*. Please refer to the *Evidence of Coverage* for complete 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 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.

KP Offered through Kaiser Foundation Health Plan of the Northwest

M Offered through the Oregon Health Insurance Marketplace

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

	KP M KP OR Silver 3500/35	KP KP OR Silver 3000/20% HSA	KP M KP OR Silver 2500/35	KP M KP OR Standard Gold Plan
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$3,000/\$6,000	\$2,500/\$5,000	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$6,900/\$13,800	\$8,150/\$16,300	\$7,300/\$14,600
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	\$35	20% after deductible	\$35	\$20
Specialty care office visit	\$65	20% after deductible	\$65	\$40
Most X-rays	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Most lab tests	30% after deductible	20% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Outpatient surgery	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Mental health visit	\$35	20% after deductible	\$35	\$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Maternity				
Routine prenatal and postpartum visits	No charge	No charge	No charge	20% after deductible
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Urgent care visit	\$50	20% after deductible	\$50	\$60
Prescription drugs (up to a 30-day supply)				
Generic	\$25*	\$15* after deductible	\$25*	\$10*
Preferred brand	\$65*	\$55* after deductible	\$65*	\$30*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	50%
Specialty	50% after deductible	50% after deductible	50% after deductible	50% with a \$500 per script maximum
Whole health				
Healthy services	\$25 per visit up to 3 visits for acupuncture and chiropractic services. \$65 per visit up to 6 visits for naturopathic services. See chpgroup.com for details.†	\$25 after deductible per visit up to 3 visits for acupuncture and chiropractic services. 20% after deductible per visit up to 6 visits for naturopathic services. See chpgroup.com for details.†	\$25 per visit up to 3 visits for acupuncture and chiropractic services. \$65 per visit up to 6 visits for naturopathic services. See chpgroup.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: *EOIDHHP0120*; for deductible plans: *EOIDDEDSTD0120*, *EOIDDED0120*; for traditional copay plans: *EOIDTRAD0120*; for the catastrophic plan: *EOIDCAT0120*. Please refer to the *Evidence of Coverage* for complete 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 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.

- KP** Offered through Kaiser Foundation Health Plan of the Northwest
- M** Offered through the Oregon Health Insurance Marketplace

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

	KP M KP OR Gold 1000/20	KP M KP OR Gold 0/20	KP M KP OR Catastrophic 8150/0 [†]
Plan type	Deductible	Copayment	Deductible
Features			
Annual medical deductible (individual/family)	\$1,000/\$2,000	None/None	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$8,150/\$16,300
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	\$350	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	\$25 per visit up to 3 visits for acupuncture and chiropractic services. \$40 per visit up to 6 visits for naturopathic services. See chpgroup.com for details. [†]	\$25 per visit up to 3 visits for acupuncture and chiropractic services. \$40 per visit up to 6 visits for naturopathic services. See chpgroup.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 8150/0 plan.

**The KP OR Catastrophic 8150/0 plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary care.

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

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. For specific plan information, see the following forms: for HSA-qualified deductible plans: *EOIDHHP0120*; for deductible plans: *EOIDDEDSTD0120*, *EOIDDED0120*; for traditional copay plans: *EOIDTRAD0120*; for the catastrophic plan: *EOIDCAT0120*. Please refer to the *Evidence of Coverage* for complete 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 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 chart 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.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- 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** (TTY **711**) to see if you may qualify.
- If you use tobacco

Interested in a family plan?

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

Family members include:

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

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

The rates in the monthly rates chart apply to these ZIP codes. 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

2020 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 Oregon Health Insurance Marketplace.

Non-Tobacco User Rates											
Age on 2020 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6900/0% HSA	KP OR Bronze 5000/50	KP Oregon Standard Silver Plan (includes all CSR plan variations)	KP OR Silver 3500/35 (includes all CSR plan variations)	KP OR Silver 3000/20% HSA	KP OR Silver 2500/35 (includes all CSR plan variations)	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 8150/0
0-20	\$166	\$146	\$161	\$219	\$218	\$201	\$226	\$231	\$223	\$231	\$146
21-24	261	230	254	345	343	316	357	363	351	363	229
25	262	231	255	346	344	318	358	365	352	365	230
26	267	235	260	353	351	324	365	372	359	372	235
27	273	241	266	361	359	331	374	381	368	381	240
28	284	250	276	375	373	344	388	395	381	395	249
29	292	257	284	386	384	354	399	407	393	406	257
30	296	261	288	391	389	359	405	412	398	412	260
31	302	266	294	400	397	367	413	421	407	421	266
32	309	272	300	408	406	374	422	430	415	430	271
33	313	275	304	413	411	379	427	435	420	435	275
34	317	279	308	419	416	384	433	441	426	441	279
35	319	281	310	421	419	386	436	444	429	444	280
36	321	283	312	424	422	389	439	447	432	447	282
37	323	285	314	427	425	392	441	450	434	450	284
38	325	286	316	430	427	394	444	453	437	453	286
39	329	290	320	435	433	399	450	459	443	458	290
40	333	294	325	441	438	404	456	464	448	464	293
41	340	299	331	449	447	412	464	473	457	473	299
42	346	305	336	457	454	419	472	482	465	481	304
43	354	312	345	468	465	429	484	493	476	493	311
44	364	321	355	482	479	442	498	508	490	507	321
45	377	332	367	498	495	457	515	525	507	524	331
46	391	345	381	517	514	474	535	545	526	545	344
47	408	359	397	539	536	494	557	568	548	568	359
48	427	376	415	564	561	517	583	594	574	594	375
49	445	392	433	588	585	540	608	620	599	620	391
50	466	410	454	616	613	565	637	649	627	649	410
51	487	429	474	643	640	590	665	678	654	677	428
52	509	449	496	673	669	617	696	709	685	709	448
53	532	469	518	704	700	645	727	741	716	741	468
54	557	491	542	736	732	675	761	776	749	775	490
55	582	513	566	769	765	705	795	810	782	810	512
56	609	536	592	805	800	738	832	848	819	847	535
57	636	560	619	840	836	771	869	886	855	885	559
58	665	586	647	879	874	806	909	926	894	925	585
59	679	598	661	898	893	823	928	946	913	945	597
60	708	624	689	936	931	858	968	986	952	986	623
61	733	646	714	969	964	889	1,002	1,021	986	1,021	645
62	750	660	730	991	985	909	1,024	1,044	1,008	1,043	659
63	770	678	750	1,018	1,012	934	1,053	1,073	1,036	1,072	677
64+	783	690	762	1,035	1,029	948	1,071	1,089	1,053	1,089	687

2020 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 Oregon Health Insurance Marketplace.

Tobacco User Rates											
Age on 2020 effective date	KP Oregon Standard Bronze Plan	KP OR Bronze 6900/0% HSA	KP OR Bronze 5000/50	KP Oregon Standard Silver Plan (includes all CSR plan variations)	KP OR Silver 3500/35 (includes all CSR plan variations)	KP OR Silver 3000/20% HSA	KP OR Silver 2500/35 (includes all CSR plan variations)	KP Oregon Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20	KP OR Catastrophic 8150/0
0-20	\$166	\$146	\$161	\$219	\$218	\$201	\$226	\$231	\$223	\$231	\$146
21-24	313	276	305	414	412	380	428	436	421	436	275
25	314	277	306	415	413	381	430	438	423	438	276
26	321	282	312	424	421	389	438	447	431	446	282
27	328	289	319	434	431	398	448	457	441	457	289
28	340	300	331	450	447	413	465	474	458	474	299
29	350	309	341	463	461	425	479	488	471	488	308
30	355	313	346	470	467	431	486	495	478	495	313
31	363	320	353	480	477	440	496	505	488	505	319
32	370	326	361	490	487	449	506	516	498	516	326
33	375	330	365	496	493	455	513	522	504	522	330
34	380	335	370	502	500	461	519	529	511	529	334
35	383	337	372	506	503	464	523	533	514	533	336
36	385	339	375	509	506	467	526	536	518	536	339
37	388	341	377	512	509	470	530	540	521	540	341
38	390	344	380	516	513	473	533	543	525	543	343
39	395	348	385	522	519	479	540	550	531	550	347
40	400	352	389	529	526	485	547	557	538	557	352
41	408	359	397	539	536	494	557	568	548	567	358
42	415	365	404	548	545	503	567	578	558	577	365
43	425	374	414	562	558	515	581	592	571	591	374
44	437	385	426	578	575	530	598	609	588	609	385
45	452	398	440	598	594	548	618	630	608	629	398
46	470	414	457	621	617	569	642	654	632	654	413
47	489	431	476	647	643	593	669	682	658	681	430
48	512	451	498	677	673	621	700	713	688	713	450
49	534	471	520	706	702	647	730	744	718	744	470
50	559	493	544	739	735	678	764	779	752	778	492
51	584	514	568	772	768	708	798	813	785	813	514
52	611	538	595	808	803	741	835	851	822	851	537
53	639	563	622	844	840	774	873	890	859	889	562
54	668	589	651	884	879	810	914	931	899	930	588
55	698	615	680	923	918	846	954	972	939	972	614
56	730	643	711	965	960	885	998	1,017	982	1,017	642
57	763	672	743	1,009	1,003	925	1,043	1,063	1,026	1,062	671
58	798	703	777	1,054	1,049	967	1,090	1,111	1,073	1,110	702
59	815	718	793	1,077	1,071	988	1,114	1,135	1,096	1,134	717
60	850	749	827	1,123	1,117	1,030	1,161	1,184	1,143	1,183	747
61	880	775	856	1,163	1,156	1,066	1,202	1,225	1,183	1,225	774
62	899	792	876	1,189	1,182	1,090	1,229	1,253	1,210	1,252	791
63	924	814	900	1,222	1,215	1,120	1,263	1,287	1,243	1,287	813
64+	939	828	915	1,242	1,236	1,140	1,284	1,308	1,263	1,308	825

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

Combining dental coverage with our medical coverage is a great way to experience Kaiser Permanente's uniquely coordinated approach to care. Save a trip – and often a copay – by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.* Plus, your dentist can view your electronic health record to see if you're due for a screening, lab test, or follow-up appointment. Our dental and medical teams work together to support your total health, giving you another reason to smile.

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 21 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 (TTY 711)** from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays).

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 2500/35 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.

* Medical services aren't available at all dental locations. You must be a Kaiser Permanente medical member to get medical care.

† Source: https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs

‡ 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.

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 2020 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<18	\$33.64	\$21.71	\$25.78
19-29	37.29	25.28	33.09
30-34	39.21	26.59	34.80
35-39	40.96	27.77	36.35
40-44	45.33	30.73	40.23
45-49	50.40	34.17	44.73
50-54	54.15	36.71	48.06
55-59	58.75	39.83	52.14
60+	60.50	41.02	53.69

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

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

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

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0120*, *EOIDDEDFAMILYDNT0120-Evidence of Coverage*; *BOIDFAMILYDNT0120*, *BOIDDEDFAMILYDNT0120-Benefit Summaries*; *FSOIFAMILYDNT0120-Face Sheet*.

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.

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 at **1-800-813-2000 (TTY 711)** from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays). For language interpretation services, call **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, 12 urgent care clinics, 6 pharmacies, and many specialists to offer more options for care where you need it.

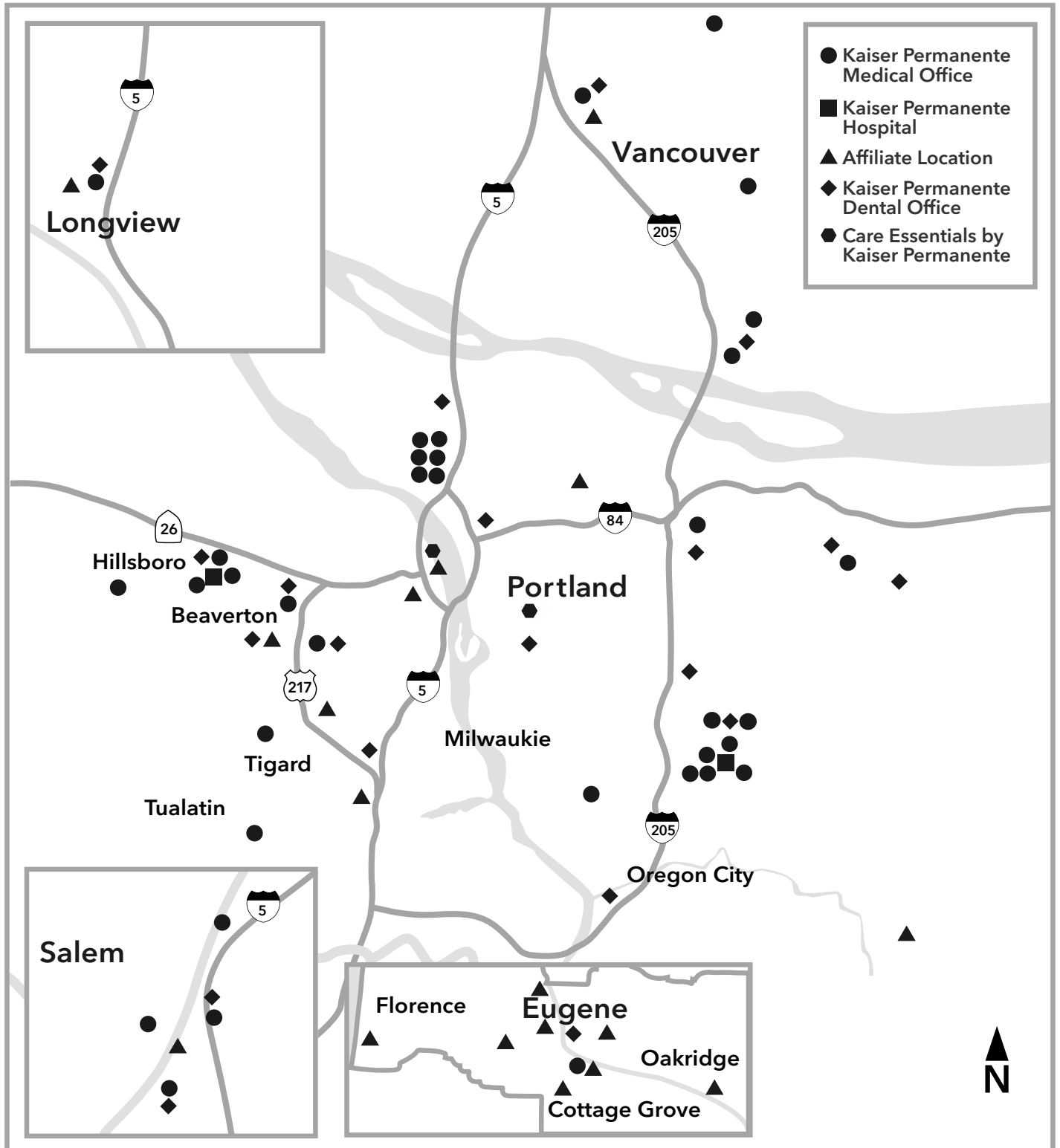
For more information on our medical facilities, visit kp.org/facilities.

Dental care

With 21 dental offices to choose from, it's easy to find a location that's convenient for you. For more information about our dental plans and the wide range of services available, please visit kp.org/dental/nw.

Northwest locations

Visit kp.org/locations to see all our current locations and find the one closest to you.



Maps not to scale

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