

Kaiser Permanente Medical Plans

High-quality care with predictable costs for PEBB members

Choosing a plan that works for you is important, but it doesn't have to be complicated.

Look for convenience:

- Most of our locations let you see your doctor, get lab work or X-rays, and pick up a prescription – all in one trip.
- Skip the trip to your doctor's office with phone or video visits,¹ e-visits,² and the option to email your doctor's office with nonurgent questions.^{3,4}

Look for cost savings and efficiency:

- Find a plan that helps fit your needs, from the Traditional Plan's predictable costs with no deductible, to the Deductible Plan's lower premiums and simple copays for primary and specialty care office visits.
- Our coordinated care teams, advanced technology, and preventive focus help provide high-quality treatment and more affordable care.

Member cost shares:

We offer PEBB members a \$0 cost share for the following services: video visits, phone visits, e-visits, and emails to your care team.

Look for high-quality care:

- We have one of the largest multispecialty medical groups in the country, so we'll find you a specialist when you need one.
- Our integrated system helps your doctor, nurses, and specialists work together to help keep you healthy. They're connected to each other, and you, through your electronic health record.

Look for healthy resources:

Good health goes beyond the doctor's office.

The myStrength and Calm apps are digital tools that help provide effective, easy-to-use mental health resources – without a referral and at no cost to members.^{5,6} Learn more at **kp.org/selfcareapps/nw**.

We're here to help if you have more questions:

1-800-813-2000 (TTY 711)

1-800-324-8010 (language interpretation services) Monday through Friday, 8 a.m. to 6 p.m.

See reverse to compare our medical plan options.



my.kp.org/pebb

PEBB SUMMARY OF MEDICAL BENEFITS FOR 2022

Choose from 4 Kaiser Permanente plans

Plan benefits	Full-Time Traditional Copayment Plan	Full-Time \$250 Deductible Plan	Part-Time Traditional Copayment Plan	Part-Time \$250 Deductible Plan
Plan year deductible	\$0	\$250/individual ⁷ \$750/family ⁸	\$0	\$250/individual ⁷ \$750/family ⁸
Out-of-pocket maximum per plan year	\$600/individual ⁷ \$1,200/family ⁸	\$1,500/individual ⁷ \$4,500/family ⁸	\$1,500/individual ⁷ \$3,000/family ⁸	\$1,500/individual ⁷ \$4,500/family ⁸
Preventive care services	\$0	\$0	\$0	\$0
Prenatal care	\$0	\$0	\$0	\$0
Preventive tests	\$0	\$0	\$0	\$0
Primary and specialty office visit copay	\$5	\$5	\$30	\$30
Outpatient surgery	\$5	15% coinsurance after deductible	\$30	20% coinsurance after deductible
Emergency room copay	\$75	\$75 after deductible	\$100	\$100 after deductible
Urgent care copay	\$5	\$25	\$30	\$50
Hospital inpatient care	\$50/day up to \$250/ admission	\$50/day after deductible up to \$250/ admission	\$500 per admission	\$500 per admission after deductible
Lab/X-ray/diagnostics	\$0	\$15	\$10	\$20
Prescription: Mail-order pharmacy is available at 2 copays for a 90-day supply.	\$1 generic \$15 formulary brand \$15 nonformulary brand \$50 specialty	\$5 generic \$25 formulary brand 50% up to \$100 nonformulary brand \$50 specialty	\$10 generic \$25 formulary brand \$25 nonformulary brand \$50 specialty	\$10 generic \$25 formulary brand \$25 nonformulary brand \$50 specialty
Self-referred alternative care: chiropractic, naturopathy, and acupuncture ⁹	\$10	\$10	Not covered	\$10
Self-referred massage therapy ⁹	Not covered	\$25	Not covered	\$25
Routine eye exam	\$5	\$5	\$30	\$30

¹For high deductible health plan members, phone and video appointments are subject to your plan's annual deductible. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²Applicable cost shares will apply for services or items ordered during an e-visit.

³When appropriate and available.

⁴These features are available when you get care at Kaiser Permanente facilities.

⁵Only available to Kaiser Permanente members with medical coverage; myStrength® is a trademark of Livongo Health Inc., a wholly owned subsidiary of Teladoc Health, Inc.

⁶These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

⁷For subscriber only coverage per year.

⁸For a family of 2 or more members per year.

[°]Chiropractic limit of 20 visits per calendar year, acupuncture and massage limit of 12 visits per calendar year. Must use network providers. Find participating providers at chpgroup.com

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Evidence of Coverage (EOC)* or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail.

