



Kaiser Permanente Medical Plans

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 video visits,¹ e-visits, and the option to email your doctor's office with nonurgent questions.^{2,3}

Look for cost savings and efficiency:

- Find a plan that fits your needs, from Plan 1's predictable cost shares and no deductible, to Plan 3, an HSA-qualified plan with the lowest premium of all OEGB medical plans.
- Our coordinated care teams, advanced technology, and preventive focus help provide high-quality treatment and more affordable care.

Member Cost Shares

Services	Plan 1	Plan 2A/Plan 2B	Plan 3
Email	\$0	\$0	\$0
E-visit	\$0	\$0	\$0
Phone visit	\$0	\$0	\$0 after ded.
Video visit	\$0	\$0	\$0 after ded.

Look for high-quality care:

- We have a large and diverse multispecialty medical group, 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 resources on our website: mybenefits.kp.org/oebb

- Learn more about Kaiser Permanente and see what it's like being a member. Experience how we make health care simpler and more convenient.
- View plan documents, including enrollment materials, benefit summaries, healthy resources, and more.

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.

mybenefits.kp.org/oebb



OEBB SUMMARY OF MEDICAL BENEFITS FOR 2024-2025

Choose from 4 Kaiser Permanente plans

Plan benefits	Plan 1	Plan 2A	Plan 2B	Plan 3
Plan year deductible	None	\$800/individual \$2,400/family	\$1,200/individual \$3,600/family	\$1,600/individual ⁴ \$3,200/family ⁵
Out-of-pocket maximum per plan year	\$1,500/individual \$3,000/family	\$4,000/individual \$12,000/family	\$4,500/individual \$13,500/family	\$6,550/individual ⁴ \$13,100/family ⁵
Preventive care services	\$0	\$0	\$0	\$0
Prenatal care	\$0	\$0	\$0	\$0
Preventive tests	\$0	\$0	\$0	\$0
Office visit copay	\$20	\$25	\$30	20% after deductible
Specialist copay	\$30	\$35	\$40	20% after deductible
Virtual care	\$0	\$0	\$0	0% after deductible
Outpatient surgery	\$75	20% after deductible	20% after deductible	20% after deductible
Urgent care	\$35	\$40	\$45	20% after deductible
Emergency room copay	\$150	20% after deductible	20% after deductible	20% after deductible
Hospital inpatient care	\$100 per day, up to \$500 per admission max	20% after deductible	20% after deductible	20% after deductible
Lab/X-ray/diagnostics	\$20	\$25	\$30	20% after deductible
Prescription: For plans 1, 2A, and 2B, mail-order pharmacy is available at 2 copays for a 90-day supply.	\$10 generic \$30 formulary brand \$50 nonformulary brand 25% up to \$150 specialty	\$10 generic \$30 formulary brand \$50 nonformulary brand 25% up to \$150 specialty	\$10 generic \$30 formulary brand \$50 nonformulary brand 25% up to \$150 specialty	20% after deductible \$0 for preventive
Self-referred alternative care: chiropractic, acupuncture, and naturopathy	\$20 20-visit limit for chiropractic 12-visit limit for acupuncture	\$25 20-visit limit for chiropractic 12-visit limit for acupuncture	\$30 20-visit limit for chiropractic 12-visit limit for acupuncture	20% after deductible 20-visit limit for chiropractic 12-visit limit for acupuncture
Routine eye exam	\$5	\$5	\$5	20% after deductible

¹To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²When appropriate and available.

³These features are available when you get care at a Kaiser Permanente facilities.

⁴For subscriber only coverage per year.

⁵For a family of 2 or more members per year.

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.

mybenefits.kp.org/oebb

