



# Kaiser Permanente Medical Plans

High-quality care with predictable costs

**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,<sup>1</sup> e-visits, and the option to email your doctor's office with nonurgent questions.<sup>2,3</sup>

## Look for cost savings and efficiency:

- Find a plan that fits your needs – either a traditional copayment plan with predictable cost shares and no deductible, or a deductible plan with a lower premium.
- 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 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/pebb](https://mybenefits.kp.org/pebb)

- 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/pebb](https://mybenefits.kp.org/pebb)



## PEBB SUMMARY OF MEDICAL BENEFITS FOR 2024

### 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 <sup>4</sup> \$750/family <sup>5</sup>	\$0	\$250/individual <sup>4</sup> \$750/family <sup>5</sup>
Out-of-pocket maximum per plan year	\$600/individual <sup>4</sup> \$1,200/family <sup>5</sup>	\$1,500/individual <sup>4</sup> \$4,500/family <sup>5</sup>	\$1,500/individual <sup>4</sup> \$3,000/family <sup>5</sup>	\$1,500/individual <sup>4</sup> \$4,500/family <sup>5</sup>
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	\$150	\$150 after deductible	\$150	\$150 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/admission	\$500/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 preferred brand \$15 non-preferred brand \$50 specialty	\$5 generic \$25 preferred brand 50% up to \$100 non-preferred brand \$50 specialty	\$10 generic \$25 preferred brand \$25 non-preferred brand \$50 specialty	\$10 generic \$25 preferred brand \$25 non-preferred brand \$50 specialty
Self-referred alternative care: chiropractic and acupuncture <sup>6</sup>	\$10	\$10	Not covered	\$10
Self-referred massage therapy <sup>6</sup>	Not covered	\$25	Not covered	\$25
Self-referred naturopathy	\$5	\$5	\$30	\$30

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

<sup>2</sup>When appropriate and available.

<sup>3</sup>These features are available when you get care at a Kaiser Permanente facility.

<sup>4</sup>For subscriber only coverage or for an individual family member per year.

<sup>5</sup>For an entire family per year.

<sup>6</sup>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.