



# 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 helps fit your needs. Choose from Plan 1, which has a higher deductible than Plans 2 and 3 but offers the lowest monthly premium, to Plan 3, which has the lowest deductible offered through the SEBB Program.
- Our coordinated care teams, advanced technology, and preventive focus help provide high-quality treatment and more affordable care.
- All plans have the following features:
  - Copays on most office visits and prescriptions not subject to the deductible
  - \$0 preventive services and telehealth services
  - Self-referred alternative care, including massage therapy

## 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: [my.kp.org/sebb](https://my.kp.org/sebb)

- 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.**

[my.kp.org/sebb](https://my.kp.org/sebb)



## SEBB SUMMARY OF MEDICAL BENEFITS FOR 2024

	Plan 1	Plan 2	Plan 3
Monthly employee contribution	You pay	You pay	You pay
Employee only	\$67	\$105	\$196
Employee + spouse/partner	\$134	\$210	\$392
Employee + children	\$117	\$184	\$343
Employee + spouse/partner + children	\$201	\$315	\$588
Plan benefits	You pay	You pay	You pay
Annual deductible	\$1,250/individual <sup>4</sup> \$2,500/family <sup>5</sup>	\$750/individual <sup>4</sup> \$1,500/family <sup>5</sup>	\$125/individual <sup>4</sup> \$250/family <sup>5</sup>
Annual out-of-pocket maximum	\$4,500/individual <sup>4</sup> \$9,000/family <sup>5</sup>	\$4,000/individual <sup>4</sup> \$8,000/family <sup>5</sup>	\$2,500/individual <sup>4</sup> \$5,000/family <sup>5</sup>
Preventive care services	\$0	\$0	\$0
Primary care office visit	\$30	\$25	\$20
Specialist office visit	\$40	\$35	\$30
Outpatient surgery, emergency room, and hospital inpatient care	20%*	20%*	20%*
Urgent care	\$50	\$45	\$40
Lab/X-ray/diagnostics	\$30 standard \$100 specialty	\$25 standard \$100 specialty	\$20 standard \$50 specialty
Prescription drugs: Mail-order pharmacy is available at 2 copays for a 90-day supply. <sup>6</sup>	\$20 generic \$40 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty	\$15 generic \$30 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty	\$10 generic \$20 preferred brand 50% up to \$100 non-preferred brand 50% up to \$150 specialty
Chiropractic and acupuncture <sup>7</sup>	\$40	\$35	\$30
Naturopathy	\$30	\$25	\$20
Massage therapy <sup>7</sup>	\$25	\$25	\$25

\*You pay charges for services when you receive them until you meet your deductible. After your deductible is met, you pay only your copay or cost share for services.

<sup>1</sup>To have a video visit, members must be registered on [kp.org](http://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 per year.

<sup>5</sup>For a family of 2 or more members per year.

<sup>6</sup>Most specialty drugs are not available for mail-order.

<sup>7</sup>Acupuncture and massage therapy services each limited to 20 visits per year; no referral is required. Preauthorization for acupuncture required after first 20 visits. To be covered by your benefit, you must receive care from a provider in our service area who is part of The CHP Group network. Visit [chpgroup.com](http://chpgroup.com) to find a provider.

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.