

A BETTER WAY TO TAKE CARE OF BUSINESS



SMALL GROUP | WASHINGTON

# 2023 Compare your plan options

# Big health care solutions for small business needs

Services at Kaiser Permanente offer fully integrated care and coverage, so our health plans make great sense for your business and employees:

- Priced right for businesses with 1 to 50 employees
- Cost-effective, high-quality care, including virtual care options at no charge on most plans
- Easy to use, easy to administer
- Flexible for maximum choice and affordability

Central to all our plans is care from Kaiser Permanente providers, one of the highest-ranked medical groups in the state.<sup>1</sup> Our doctors, specialists, nurses, and other health professionals all work as a team to support our members' health. This coordinated patient-centered care helps employees live healthier, happier, more productive lives – which all contribute to the growth and success of your business.

## Kaiser Permanente plans

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## Find the right plan in 3 easy steps

### 1 Determine how many plans you want to offer

**Groups with 1 to 5 employees** may offer up to 4 plans.

**Groups with 6 to 50 employees** may offer any number of plans.

Federal regulations require that groups must have at least one common law employee enrolled to offer coverage.

### 2 Decide on your provider network(s)

- Core network
- Connect network  
(Plans only offered in select counties: King, Kitsap, Pierce, Snohomish, Spokane, and Thurston)
- Access PPO network

### 3 Choose your coverage level(s)

All of our bronze, silver, gold, and platinum plans include the same benefits. The main differences are seen in the monthly premiums versus the member's cost shares.

	Bronze	Silver	Gold	Platinum
Monthly premium	\$	\$\$	\$\$\$	\$\$\$\$
Cost to members when they get care (Copays, deductible, coinsurance)	\$\$\$\$	\$\$\$	\$\$	\$



### Applying for new coverage or renewing coverage?

#### New groups

- Complete the master application for small groups.
- Submit it to a Kaiser Permanente sales executive by the **20th of the month** prior to your coverage's effective date.

#### Renewing groups

- Complete the master application for small groups when making plan changes. Groups will be auto-renewed to mapped plan unless notification is received.
- Submit it to your Kaiser Permanente account manager no later than the **10th of the month** before the month anniversary date.



### Alternate purchasing options

Kaiser Permanente also participates in private exchanges and trusts to provide you with additional ways to give your employees choice of plans along with other ancillary offerings:

#### Business Health Trust

- Fully insured
- Multiple plans can be offered
- Ancillary products

<sup>1</sup> Washington Health Alliance 2008-2022 Community Checkup reports, www.wacomunitycheckup.org. The 2017-2022 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.

# Plan provider networks

## CORE

Offered by Kaiser Foundation Health Plan of Washington

In-network coverage with high-performing<sup>1</sup> Washington Permanente Medical Group at lower out-of-pocket expenses and monthly premiums:

- More than 1,600 Kaiser Permanente providers<sup>2</sup>
- 35 Kaiser Permanente medical facilities and pharmacies
- 16,000 additional network providers and facilities<sup>2</sup>

## CONNECT

Offered by Kaiser Foundation Health Plan of Washington in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

In-network coverage with high-performing<sup>1</sup> Washington Permanente Medical Group and primary focus on virtual care:

- Kaiser Permanente providers, medical facilities, and pharmacies
- Thousands of additional network providers and facilities<sup>2</sup>
- Lower cost share when your employees are referred for in-person care

## ACCESS PPO

Offered by Kaiser Foundation Health Plan of Washington Options, Inc.

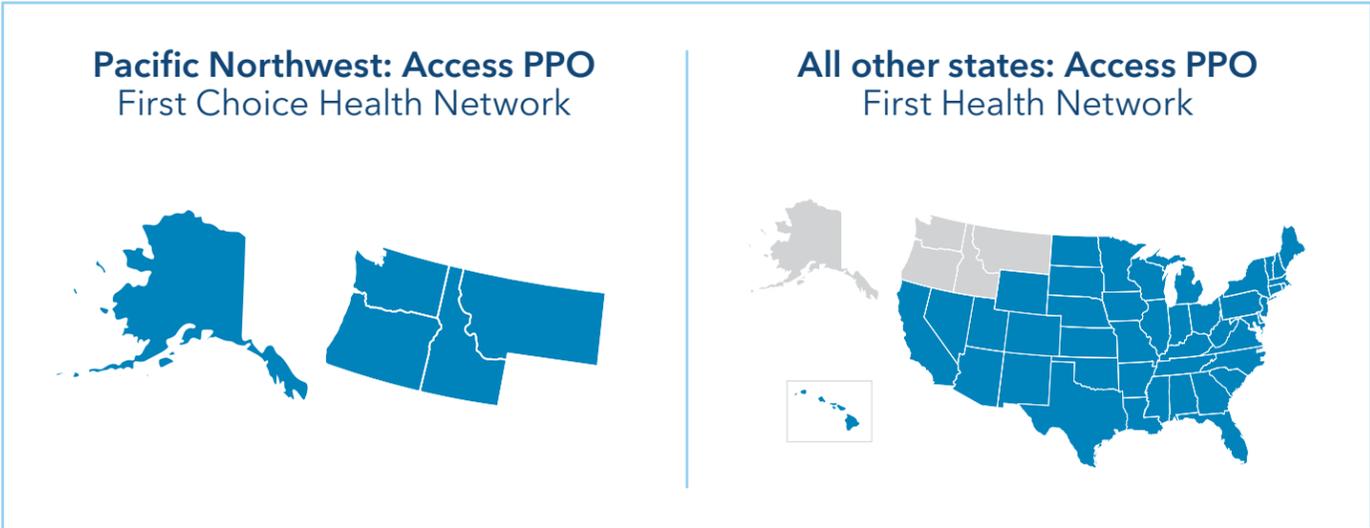
A wide range of provider choice with one of the state's largest preferred provider networks:

- Kaiser Permanente providers, medical facilities, and pharmacies
- 26,000 additional network providers and facilities<sup>2</sup>
- Most providers and designated pharmacies in our service area
- First Choice Health network providers for Oregon, Alaska, Montana, Idaho, and Washington
- First Health network providers for all other states
- OptumRx network pharmacies nationwide
- Access to any other licensed provider at the out-of-network benefit level

## All plans: In-network care across Washington state



## PPO plans: In-network care across the nation



<sup>1</sup>Criteria established by American Medical Group Association  
<sup>2</sup>OIC Provider Network Form A

# 2023 Kaiser Foundation Health Plan of Washington plans

## Core provider network

	Bronze HSA	Silver HSA
Features	In-network	In-network
Plan type	HSA-qualified	HSA-qualified
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900	\$6,900/\$13,800
Coinsurance	40%	20%
<b>Benefits</b>		
<b>Preventive care</b>		
Routine physical exam, mammogram, etc.	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>		
Primary care office visit	40% after deductible	20% after deductible
Specialty care office visit	40% after deductible	20% after deductible
Most X-rays	40% after deductible	20% after deductible
Most lab tests	40% after deductible	20% after deductible
MRI, CT, PET	40% after deductible	20% after deductible
Outpatient surgery	40% after deductible	20% after deductible
Mental health visit	40% after deductible	20% after deductible
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% after deductible
<b>Maternity</b>		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	20% after deductible
<b>Worldwide emergency and urgent care</b>		
Emergency department visit	40% after deductible	20% after deductible
Urgent care visit	40% after deductible	20% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>		
Tier 1: Preferred generic	50% after deductible	20% after deductible
Tier 2: Preferred brand	50% after deductible	30% after deductible
Tier 3: Nonpreferred generic and brand	50% after deductible	50% after deductible
Tier 4: Specialty	50% after deductible	50% after deductible
<b>Alternative medicine</b>		
10 chiropractic visits and 12 acupuncture visits	40% after deductible	20% after deductible
<b>Optical hardware</b>		
Pediatric (18 and younger)	Covered in full	Covered in full
Adult (19 and older)	\$100 allowance per calendar year	\$100 allowance per calendar year

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

	Silver	Core VisitsPlus Silver LX	Core VisitsPlus Silver LX - EO
Features	In-network	In-network	In-network
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$1,800/\$3,600	\$2,900/\$5,800	\$2,900/\$5,800
Annual out-of-pocket maximum (individual/family)	\$8,400/\$16,800	\$8,900/\$17,800	\$8,900/\$17,800
Coinsurance	30%	30%	30%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$30 after deductible	\$35	\$35
Specialty care office visit	\$60 after deductible	\$65	\$65
Most X-rays	30% after deductible	\$55	\$55
Most lab tests	30% after deductible	\$55	\$55
MRI, CT, PET	30% after deductible	30% after deductible	30% after deductible
Outpatient surgery	30% after deductible	30% after deductible	30% after deductible
Mental health visit	\$30 after deductible	\$35	\$35
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	30% after deductible	30% after deductible	30% after deductible
Urgent care visit	\$60	\$65	\$65
<b>Retail prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$30	\$35	\$35
Tier 2: Preferred brand	\$60	\$65	\$65
Tier 3: Nonpreferred generic and brand	50% after deductible	50% after deductible	50% after deductible
Tier 4: Specialty	50% after deductible	50% after deductible	50% after deductible
<b>Alternative medicine</b>			
10 chiropractic visits and 12 acupuncture visits	\$30 after deductible	\$35	\$35
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full	Covered in full	Covered in full
Adult (19 and older)	\$100 allowance per calendar year	\$100 allowance per calendar year	\$100 allowance per calendar year



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20–22 for details, as well as information on optional dental coverage for adults and families.



### Plan and benefit details

#### Lab & X-ray (LX) plans

These plans include lab tests and basic X-ray for only a copay, not subject to the deductible.

#### VisitsPlus plans

These include office visits for only a copay, not subject to the deductible.



### Care under one roof

At most Kaiser Permanente facilities, your employees can see their doctor, get a lab test or X-ray, and pick up prescriptions – all in a single trip.

# 2023 Kaiser Foundation Health Plan of Washington plans

## Core provider network

	Core VisitsPlus Gold HD LX
<b>Features</b>	<b>In-network</b>
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800
Coinsurance	30%
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammogram, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	Upfront office visits prior to deductible
Primary care office visit	\$25
Specialty care office visit	\$60
Most X-rays	\$20
Most lab tests	\$20
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$25
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Worldwide emergency and urgent care</b>	
Emergency department visit	30% after deductible
Urgent care visit	\$60
<b>Retail prescription drugs (up to 30-day supply)</b>	
Tier 1: Preferred generic	\$20
Tier 2: Preferred brand	\$45
Tier 3: Nonpreferred generic and brand	40% after deductible
Tier 4: Specialty	40% after deductible
<b>Alternative medicine</b>	
10 chiropractic visits and 12 acupuncture visits	\$25
<b>Optical hardware</b>	
Pediatric (18 and younger)	Covered in full
Adult (19 and older)	\$100 allowance per calendar year

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

	Core VisitsPlus Gold LX	Core VisitsPlus Gold LX - EO	Core VisitsPlus Platinum LX
<b>In-network</b>	<b>In-network</b>	<b>In-network</b>	<b>In-network</b>
Deductible	Deductible	Deductible	Deductible
\$600/\$1,200	\$600/\$1,200	\$250/\$500	\$250/\$500
\$7,900/\$15,800	\$7,900/\$15,800	\$2,500/\$5,000	\$2,500/\$5,000
25%	25%	10%	10%
<b>No charge</b>	<b>No charge</b>	<b>No charge</b>	<b>No charge</b>
Upfront office visits prior to deductible			
\$15	\$15	\$5	\$5
\$35	\$35	\$20	\$20
\$25	\$25	\$10	\$10
\$25	\$25	\$10	\$10
25% after deductible	25% after deductible	10% after deductible	10% after deductible
25% after deductible	25% after deductible	10% after deductible	10% after deductible
\$15	\$15	\$5	\$5
25% after deductible	25% after deductible	10% after deductible	10% after deductible
25% after deductible	25% after deductible	10% after deductible	10% after deductible
No charge	No charge	No charge	No charge
25% after deductible	25% after deductible	10% after deductible	10% after deductible
25% after deductible	25% after deductible	10% after deductible	10% after deductible
\$35	\$35	\$20	\$20
\$15	\$15	\$5	\$5
\$45	\$45	\$20	\$20
40% after deductible	40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible
\$15	\$15	\$5	\$5
Covered in full	Covered in full	Covered in full	Covered in full
\$100 allowance per calendar year			



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20-22 for details, as well as information on optional dental coverage for adults and families.



### Pharmacy coverage

For plans featuring the **Core** or **Connect network**: Members can fill the first prescription for a new medication at an in-network pharmacy or through our mail-order service. Then most refills and maintenance medications are filled through mail order.



### Mail-order pharmacy

It's easy to transfer prescriptions and take advantage of the Kaiser Permanente Washington mail-order pharmacy. Once prescriptions are transferred, refills can be ordered using these methods.

- Sign in to [kp.org/wa](https://kp.org/wa) or the Kaiser Permanente Washington mobile app. Select "**Medications**," then select "**My Prescriptions**."
- Prescriptions may also be ordered by calling **1-800-245-7979 (TTY 711)**.

# 2023 Kaiser Foundation Health Plan of Washington plans

## Connect provider network

Available in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

	Virtual Plus Silver		
Features	In-network		
Plan type	Deductible		
Annual medical deductible (individual/family)	\$ 3,000/\$6,000		
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800		
Coinsurance	35%		
Benefits	Virtual	In person with referral	In person without referral
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge		
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	No charge	\$25	35% after deductible
Specialty care office visit	No charge	\$50	35% after deductible
Most X-rays	N/A	35% after deductible	
Most lab tests	N/A	35% after deductible	
MRI, CT, PET	N/A	35% after deductible	
Outpatient surgery	N/A	35% after deductible	
Mental health visit	No charge	\$25	35% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	N/A	35% after deductible	
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		
Delivery and inpatient well-baby care	N/A	35% after deductible	
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	35% after deductible		
Network Urgent Care Center	N/A	\$50	N/A
Urgent care outside Kaiser Permanente of WA service area <sup>1</sup>	N/A	35% after deductible	N/A
<b>Retail prescriptions: One 30-day maintenance drug allowed at any network pharmacy. Subsequent maintenance fills (including maintenance fills at Kaiser Permanente pharmacies) must be filled via mail order.</b>			
Tier 1: Preferred generic	\$30 for a 30-day supply		
Tier 2: Preferred brand	\$70 for a 30-day supply		
Tier 3: Nonpreferred generic and brand	50% after deductible for a 30-day supply		
Tier 4: Specialty	50% after deductible for a 30-day supply		
<b>Alternative medicine</b>			
10 chiropractic visits and 12 acupuncture visits	N/A	\$25 primary/\$50 specialty	N/A
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

<sup>1</sup>If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

<sup>2</sup>Virtual care is offered when appropriate and available.

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

	Virtual Plus Gold		
Features	In-network		
Plan type	Deductible		
Annual medical deductible (individual/family)	\$600/\$1,200		
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400		
Coinsurance	20%		
Benefits	Virtual	In person with referral	In person without referral
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge		
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	No charge	\$15	20% after deductible
Specialty care office visit	No charge	\$30	20% after deductible
Most X-rays	N/A	20% after deductible	
Most lab tests	N/A	20% after deductible	
MRI, CT, PET	N/A	20% after deductible	
Outpatient surgery	N/A	20% after deductible	
Mental health visit	No charge	\$15	20% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	N/A	20% after deductible	
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		
Delivery and inpatient well-baby care	N/A	20% after deductible	
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	20% after deductible		
Network Urgent Care Center	N/A	\$30	N/A
Urgent care outside Kaiser Permanente of WA service area <sup>1</sup>	N/A	20% after deductible	N/A
<b>Retail prescriptions: One 30-day maintenance drug allowed at any network pharmacy. Subsequent maintenance fills (including maintenance fills at Kaiser Permanente pharmacies) must be filled via mail order.</b>			
Tier 1: Preferred generic	\$25 for a 30-day supply		
Tier 2: Preferred brand	\$50 for a 30-day supply		
Tier 3: Nonpreferred generic and brand	50% after deductible for a 30-day supply		
Tier 4: Specialty	50% after deductible for a 30-day supply		
<b>Alternative medicine</b>			
10 chiropractic visits and 12 acupuncture visits	N/A	\$15 primary/\$30 specialty	N/A
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20–22 for details, as well as information on optional dental coverage for adults and families.



## Virtual Plus plans start with virtual care

Our Virtual Plus plans offer your employees convenient and affordable ways to get care virtually – when and where they want it – and in-person care when they need it.<sup>1</sup>

### Virtual Plus highlights

- Low monthly premiums.
- No charge and no referral needed for virtual care, first in-person primary care visit, and all preventive care.
- Most care, including care from a specialist, starts with a virtual visit.<sup>2</sup>
- Virtual care options include 24/7 Care Chat, 24/7 advice line, and video and phone visits available 24/7 with no appointment needed or by scheduled appointment. Members can also choose an email for nonurgent issues or an e-visit.<sup>2</sup>
- Virtual visits are with Kaiser Permanente doctors and clinicians – the same ones you'd find in our medical facilities.
- When your employees get a referral for in-person care, their cost will be lower than if they start in-person care on their own.

# 2023 Kaiser Foundation Health Plan of Washington Options, Inc., plans

## Access PPO provider network

Access PPO enhanced benefit offers lower copays or coinsurance for office visits from a select group of providers and for some drugs.

Features	Access PPO Bronze HSA		
	In-network - Enhanced	In-network - Standard	Out-of-network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$6,000/\$12,000		\$12,000/\$24,000
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900		No limit
Coinsurance	40%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	30% after deductible	40% after deductible	50% after deductible
Specialty care office visit	30% after deductible	40% after deductible	50% after deductible
Most X-rays	40% after deductible		50% after deductible
Most lab tests	40% after deductible		50% after deductible
MRI, CT, PET	40% after deductible		50% after deductible
Outpatient surgery	40% after deductible		50% after deductible
Mental health visit	30% after deductible	40% after deductible	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	40% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	40% after deductible		
Urgent care visit	30% after deductible	40% after deductible	50% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	45% after deductible	50% after deductible	Not covered
Tier 2: Preferred brand	45% after deductible	50% after deductible	Not covered
Tier 3: Nonpreferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	30% after deductible		50% after deductible
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

Access PPO Silver HSA			Access PPO VisitsPlus Silver HD		
In-network - Enhanced	In-network - Standard	Out-of-network	In-network - Enhanced	In-network - Standard	Out-of-network
HSA-qualified			Deductible		
\$3,500/\$7,000		\$7,000/\$14,000	\$6,000/\$12,000		\$12,000/\$24,000
\$6,900/\$13,800		No limit	\$8,450/\$16,900		No limit
30%		50%	40%		50%
<b>Preventive care</b>			<b>Preventive care</b>		
No charge		50% after deductible	No charge		50% after deductible
			Upfront office visits prior to deductible		
20% after deductible	30% after deductible	50% after deductible	\$30	\$40	50% after deductible
20% after deductible	30% after deductible	50% after deductible	\$55	\$65	50% after deductible
30% after deductible		50% after deductible	30% after deductible	40% after deductible	50% after deductible
30% after deductible		50% after deductible	30% after deductible	40% after deductible	50% after deductible
30% after deductible		50% after deductible	40% after deductible		50% after deductible
30% after deductible		50% after deductible	40% after deductible		50% after deductible
20% after deductible	30% after deductible	50% after deductible	\$30	\$40	50% after deductible
30% after deductible		50% after deductible	40% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
30% after deductible		50% after deductible	40% after deductible		50% after deductible
30% after deductible			40% after deductible		50% after deductible
20% after deductible	30% after deductible	50% after deductible	\$55	\$65	50% after deductible
15% after deductible	20% after deductible	Not covered	\$25	\$35	Not covered
25% after deductible	30% after deductible	Not covered	\$60	\$70	Not covered
45% after deductible	50% after deductible	Not covered	45% after deductible	50% after deductible	Not covered
50% after deductible		Not covered	50% after deductible		Not covered
20% after deductible		50% after deductible	\$30 primary/\$55 specialty		50% after deductible
Covered in full			Covered in full		
\$100 allowance per calendar year			\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20-22 for details, as well as information on optional dental coverage for adults and families.

# 2023 Kaiser Foundation Health Plan of Washington Options, Inc., plans

## Access PPO provider network

Access PPO enhanced benefit offers lower copays or coinsurance for office visits from a select group of providers and for some drugs.

Features	Access PPO VisitsPlus Silver LD LX		
	In-network - Enhanced	In-network - Standard	Out-of-network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$2,600/\$5,200		\$5,200/\$10,400
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800		No limit
Coinsurance	35%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
<b>Outpatient services (per visit or procedure)</b>	Upfront office visits prior to deductible		
Primary care office visit	\$30	\$45	50% after deductible
Specialty care office visit	\$55	\$65	50% after deductible
Most X-rays	\$40	\$55	50% after deductible
Most lab tests	\$40	\$55	50% after deductible
MRI, CT, PET	35% after deductible		50% after deductible
Outpatient surgery	35% after deductible		50% after deductible
Mental health visit	\$30	\$45	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	35% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	35% after deductible		
Urgent care visit	\$55	\$65	50% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$25	\$40	Not covered
Tier 2: Preferred brand	\$60	\$75	Not covered
Tier 3: Nonpreferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	\$30 primary/\$55 specialty		50% after deductible
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

Access PPO VisitsPlus Silver LX			Access PPO VisitsPlus Silver LX - EO		
In-network - Enhanced	In-network - Standard	Out-of-network	In-network - Enhanced	In-network - Standard	Out-of-network
Deductible			Deductible		
\$3,000/\$6,000		\$6,000/\$12,000	\$3,000/\$6,000		\$6,000/\$12,000
\$8,900/\$17,800		No limit	\$8,900/\$17,800		No limit
35%		50%	35%		50%
No charge		50% after deductible	No charge		50% after deductible
Upfront office visits prior to deductible			Upfront office visits prior to deductible		
\$25	\$45	50% after deductible	\$25	\$45	50% after deductible
\$45	\$65	50% after deductible	\$45	\$65	50% after deductible
\$35	\$50	50% after deductible	\$35	\$50	50% after deductible
\$35	\$50	50% after deductible	\$35	\$50	50% after deductible
35% after deductible		50% after deductible	35% after deductible		50% after deductible
35% after deductible		50% after deductible	35% after deductible		50% after deductible
\$25	\$45	50% after deductible	\$25	\$45	50% after deductible
35% after deductible		50% after deductible	35% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
35% after deductible		50% after deductible	35% after deductible		50% after deductible
35% after deductible			35% after deductible		
\$45	\$65	50% after deductible	\$45	\$65	50% after deductible
\$25	\$40	Not covered	\$25	\$40	Not covered
\$55	\$75	Not covered	\$55	\$75	Not covered
45% after deductible	50% after deductible	Not covered	45% after deductible	50% after deductible	Not covered
50% after deductible		Not covered	50% after deductible		Not covered
\$25 primary/\$45 specialty		50% after deductible	\$25 primary/\$45 specialty		50% after deductible
Covered in full			Covered in full		
\$100 allowance per calendar year			\$100 allowance per calendar year		



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20-22 for details, as well as information on optional dental coverage for adults and families.

# 2023 Kaiser Foundation Health Plan of Washington Options, Inc., plans

## Access PPO provider network

Access PPO enhanced benefit offers lower copays or coinsurance for office visits from a select group of providers and for some drugs.

Features	Access PPO VisitsPlus Gold LX		
	In-network - Enhanced	In-network - Standard	Out-of-network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$600/\$1,200		\$1,200/\$2,400
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000		No limit
Coinsurance	20%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services (per visit or procedure)</b>	Upfront office visits prior to deductible		
Primary care office visit	\$10	\$30	50% after deductible
Specialty care office visit	\$30	\$50	50% after deductible
Most X-rays	\$20	\$40	50% after deductible
Most lab tests	\$20	\$40	50% after deductible
MRI, CT, PET	20% after deductible		50% after deductible
Outpatient surgery	20% after deductible		50% after deductible
Mental health visit	\$10	\$30	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	20% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	20% after deductible		
Urgent care visit	\$30	\$50	50% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$15	\$25	Not covered
Tier 2: Preferred brand	\$45	\$50	Not covered
Tier 3: Nonpreferred generic and brand	35% after deductible	40% after deductible	Not covered
Tier 4: Specialty	40% after deductible		Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	\$10 primary/\$30 specialty		50% after deductible
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray  
 NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

Access PPO VisitsPlus Gold HD LX			Access PPO VisitsPlus Platinum HD LX		
In-network - Enhanced	In-network - Standard	Out-of-network	In-network - Enhanced	In-network - Standard	Out-of-network
Deductible			Deductible		
\$1,500/\$3,000		\$3,000/\$6,000	\$400/\$800		\$800/\$1,600
\$8,000/\$16,000		No limit	\$3,000/\$6,000		No limit
20%		50%	20%		50%
No charge		50% after deductible	No charge		50% after deductible
Upfront office visits prior to deductible			Upfront office visits prior to deductible		
\$20	\$35	50% after deductible	\$5	\$15	50% after deductible
\$40	\$55	50% after deductible	\$10	\$25	50% after deductible
\$20	\$40	50% after deductible	\$5	\$20	50% after deductible
\$20	\$40	50% after deductible	\$5	\$20	50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
\$20	\$35	50% after deductible	\$5	\$15	50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
20% after deductible			20% after deductible		
\$40	\$55	50% after deductible	\$10	\$25	50% after deductible
No charge		50% after deductible	No charge		50% after deductible
\$15	\$20	Not covered	\$5	\$10	Not covered
\$25	\$50	Not covered	\$10	\$20	Not covered
30% after deductible	40% after deductible	Not covered	30% after deductible	40% after deductible	Not covered
40% after deductible		Not covered	40% after deductible		Not covered
\$20 primary/\$40 specialty		50% after deductible	\$5 primary/\$10 specialty		50% after deductible
Covered in full			Covered in full		
\$100 allowance per calendar year			\$100 allowance per calendar year		



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20-22 for details, as well as information on optional dental coverage for adults and families.

# 2023 Kaiser Foundation Health Plan of Washington Options, Inc., plans

## Access PPO provider network

Access PPO enhanced benefit offers lower copays or coinsurance for office visits from a select group of providers and for some drugs.

Features	Access PPO VisitsPlus Platinum LX		
	In-network - Enhanced	In-network - Standard	Out-of-network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$250/\$500		\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		No limit
Coinsurance	10%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
<b>Outpatient services (per visit or procedure)</b>			
Upfront office visits prior to deductible			
Primary care office visit	\$5	\$20	50% after deductible
Specialty care office visit	\$20	\$35	50% after deductible
Most X-rays	\$5	\$20	50% after deductible
Most lab tests	\$5	\$20	50% after deductible
MRI, CT, PET	10% after deductible		50% after deductible
Outpatient surgery	10% after deductible		50% after deductible
Mental health visit	\$5	\$20	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	10% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	10% after deductible		
Urgent care visit	\$20	\$35	50% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$5	\$10	Not covered
Tier 2: Preferred brand	\$15	\$20	Not covered
Tier 3: Nonpreferred generic and brand	35% after deductible	40% after deductible	Not covered
Tier 4: Specialty	40% after deductible		Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	\$5 primary/\$20 specialty		50% after deductible
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray  
 NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

See page 19 for primary and specialty care descriptions. Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

## Appendix

### PRIMARY CARE includes:

- Acupuncture
- Chemical Dependency/ Substance Abuse
- Chiropractic
- Emergency Medicine (where ER copay doesn't apply)
- Family Planning
- Family Practice
- General Practice
- Gerontology/Geriatrics
- Internal Medicine
- Mental Health
- Midwifery
- Naturopathy
- Obstetrics and Gynecology
- Optometry
- Osteopathy
- Pediatrics
- Pharmacist
- Urgent Care
- Women's Health Care (nonpreventive)

### SPECIALTY CARE includes:

- Allergy and Immunology
- Anesthesiology
- Audiology
- Cardiology (pediatric and cardiovascular disease)
- Critical Care Medicine
- Dentistry
- Dermatology
- Endocrinology
- Enterostomal Therapy
- Gastroenterology
- Genetics
- Hepatology
- Infectious Disease
- Massage Therapy
- Neonatal-Perinatal Medicine
- Nephrology
- Neurology
- Hematology/Oncology
- Nutrition (nonpreventive)
- Occupational Medicine
- Occupational Therapy
- Oncology Pharmacist
- Ophthalmology
- Orthopedics
- ENT/Otolaryngology
- Pain Management
- Pathology
- Physiatry (Physical Medicine)
- Physical Therapy
- Podiatry
- Pulmonary Medicine/Disease
- Radiology (Nuclear Medicine, Radiation Therapy)
- Respiratory Therapy
- Rheumatology
- Speech Therapy
- Sports Medicine
- General Surgery (all specific surgeries)
- Urology

Please refer to your Evidence of Coverage for details.



**Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.**

See pages 20-22 for details, as well as information on optional dental coverage for adults and families.

# 2023 Adult and pediatric dental coverage

When you select a 2023 Kaiser Permanente medical plan, you can choose to add dental coverage offered through Delta Dental of Washington. Adult coverage is for members and their dependents 19 and older; mandated pediatric coverage is for members or their dependents 18 and younger.

If you purchase the Delta Dental Basic Family or Standard Family plan, both of which include pediatric and adult coverage, you fulfill the federal mandate to provide pediatric dental coverage. However, if you do not purchase a family dental plan, the medical plan will automatically be paired with a pediatric-only dental plan offered by Delta Dental to fulfill the federal mandate. Here is a summary of benefits for the dental plans.

## Summary of dental benefits

	BASIC FAMILY PLAN Maximum allowed amount paid by Delta Dental of Washington			
	PEDIATRIC 18 and younger		ADULT 19 and older	
	Delta Dental participating dentist	Nonparticipating dentist	Delta Dental participating dentist	Nonparticipating dentist
<b>Maximum benefit</b>	No annual maximum		\$1,000 annual plan maximum \$1,000 lifetime adult ortho maximum \$1,000 annual TMJ <sup>1</sup> maximum \$5,000 lifetime TMJ <sup>1</sup> maximum	
<b>Annual deductible</b> Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	\$50 per child per year		\$50 per adult per year	
<b>Annual out-of-pocket maximum</b>	\$350 per child per year \$700 per year for families with 2 or more children	Not applicable	Not applicable	
<b>Diagnostic and preventive</b> Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%
<b>Restorative</b> Restorations (includes posterior composites), endodontics, periodontics, oral surgery	80%	80%	50%	50%
<b>Major</b> Crowns, dentures, partials, and bridges. Implants and TMJ <sup>1</sup> are for adults 19 and older.	50%	50%	50%	50%
<b>Orthodontia</b> Coinsurance Lifetime maximum Deductible is waived for medically necessary orthodontia	50% Unlimited Medically necessary <sup>2</sup>		50% \$1,000 lifetime adult ortho maximum	

Pediatric Benefits: Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum. Dental premiums will be assessed and billed separately from the medical premiums.  
<sup>1</sup> TMJ = Temporomandibular joint <sup>2</sup> Requires preauthorization

### Extra dental benefit for members with qualifying conditions

Regular preventive care is especially important for people with certain health conditions. To help reduce the risk of potential problems, our adult plans include a special dental benefit for members 19 and older who are pregnant, managing heart disease, or living with diabetes. Members with these qualifying conditions can receive an extra dental cleaning and exam with a Delta Dental PPO Plus Premier™ provider each year, at no additional charge.

Delta Dental of Washington will notify those who qualify for this extra benefit. Importantly, the member's specific diagnosis will remain confidential. This extra cleaning and exam doesn't apply to the annual maximum benefit, or the dental plan's cleaning and exam limitations.

	STANDARD FAMILY PLAN Maximum allowed amount paid by Delta Dental of Washington			
	PEDIATRIC 18 and younger		ADULT 19 and older	
	Delta Dental participating dentist	Nonparticipating dentist	Delta Dental participating dentist	Nonparticipating dentist
<b>Maximum benefit</b>	No annual maximum		\$1,500 annual plan maximum \$1,000 lifetime adult ortho maximum \$1,000 annual TMJ <sup>1</sup> maximum \$5,000 lifetime TMJ <sup>1</sup> maximum	
<b>Annual deductible</b>	\$50 per child per year		\$50 per adult per year	
<b>Annual out-of-pocket maximum</b>	\$350 per child per year \$700 per year for families with 2 or more children	Not applicable	Not applicable	
<b>Diagnostic and preventive</b>	100%	100%	100%	100%
<b>Restorative</b>	80%	80%	80%	80%
<b>Major</b>	50%	50%	50%	50%
<b>Orthodontia</b>	50% Unlimited Medically necessary <sup>2</sup>		50% \$1,000 lifetime adult ortho maximum	

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet.



### Visit a participating Delta Dental network dentist

We encourage your employees to see a participating dentist. These dentists contract with Delta Dental to provide services at discounted fees and file all claims for their patients. Dentists who are part of Delta Dental's networks will not charge more than their approved fees and cost less than an out-of-network dentist.

Your employees may select any licensed dentist to provide services under this plan. However, if they go to an out-of-network dentist, Delta Dental has no control over their fees. Employees will be responsible for submitting their claims and paying any difference in the charges. This is called balance billing.

### Finding a Delta Dental network dentist

Your employees can visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com) and use the Find a Dentist tool. Just remind them to select the Delta Dental PPO Plus Premier™ network. The online directory is easy to use anytime, on a computer or on a smartphone. Employees can search based on preferences that matter to them, including dentist name, specialty, location, and language. They can even see endorsements from other Delta Dental patients for categories including "extended office hours," "friendly staff," "kid-friendly," and if they make extra efforts to help ease anxiety. Your employees can also call Delta Dental at **1-800-554-1907** for assistance in finding a network dentist.



## 2023 Pediatric dental coverage

Although coverage for adults 19 and older is optional, the federal government requires dental coverage for any person 18 and younger. This coverage is referred to as pediatric dental coverage. When you select a 2023 Kaiser Permanente medical plan, it will be paired with the pediatric dental plan that is offered by Delta Dental of Washington unless you select one of the 2 Delta Dental family plans that include this coverage. Here is a summary of Delta Dental's pediatric dental plan benefits.

### Summary of dental benefits

	PEDIATRIC PLAN – 18 and younger Maximum allowed amount paid by Delta Dental of Washington	
	Delta Dental participating dentist	Nonparticipating dentist
<b>Maximum benefit</b>	No annual maximum	
<b>Annual deductible</b> Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	\$50 per child per year	
<b>Annual out-of-pocket maximum</b> Does not apply to services performed by nonparticipating dentists	\$350 per child per year \$700 per year for families with 2 or more children	Not applicable
<b>Diagnostic and preventive</b> Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	100%	100%
<b>Restorative</b> Restorations (includes posterior composites), endodontics, periodontics, oral surgery	80%	80%
<b>Major</b> Crowns, dentures, partials, bridges	50%	50%
<b>Medically necessary orthodontia*</b> Coinsurance Lifetime maximum Deductible is waived for medically necessary orthodontia	50% Unlimited	

Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum.

\$700 per family maximum out-of-pocket limit only applies to members 18 and younger.

\*Requires preauthorization

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet.



**Highest-rated health  
plan in the nation<sup>1</sup>**

### **2020 eValue8 Survey Washington Health Alliance**

Our commercial HMO was the highest scoring health plan in the nation overall in the 2020 eValue8™ survey.<sup>1</sup>



**One of the highest-ranked  
medical groups**

### **Washington Health Alliance Community Checkup, 15 years in a row**

Washington Permanente Medical Group has been one of the top-ranked medical groups in the state for 15 years in a row. The report highlights health care quality and value among medical groups and hospitals across the state.<sup>2</sup>

<sup>1</sup> Kaiser Permanente Washington's commercial HMO scored the highest in the nation in the 2020 eValue8™ survey that included five health plans in Washington state. Collaborating for Impact: eValue8™ 2020 Summary Report, Washington Health Alliance, August 2021. View the results at [wahealthalliance.org/alliance-reports-websites/alliance-reports/evalue8](http://wahealthalliance.org/alliance-reports-websites/alliance-reports/evalue8)

<sup>2</sup> Washington Health Alliance 2008-2022 Community Checkup reports, [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org). The 2017-2022 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.

## **For more information**

- Contact your producer (agent/broker)
- Contact your Kaiser Permanente sales representative directly or call **1-800-542-6312**
- Visit [kp.org/wa/smallgroup](http://kp.org/wa/smallgroup)