

A BETTER WAY TO TAKE CARE OF BUSINESS



SMALL GROUP | WASHINGTON

2020 Compare your plan options

Plan provider networks

CORE

Offered by Kaiser Foundation Health Plan of Washington

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

- More than 1,000 Kaiser Permanente providers²
- 33 Kaiser Permanente medical facilities and pharmacies²
- More than 9,000 additional network providers and facilities²

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
- More than 9,000 additional network providers and facilities²
- Most providers and designated pharmacies in our service area, including UW Medicine, Swedish Physicians, MultiCare, CHI Franciscan, PeaceHealth, Providence, and more
- 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

ELECT PPO³

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

In-network coverage with high-performing Washington Permanente Medical Group and contracted network providers, while offering choice with out-of-network coverage:

- Kaiser Permanente providers, medical facilities, and pharmacies
- More than 9,000 additional network providers and facilities²
- First Choice Health network providers for in-network care outside of the service area counties in Washington and Oregon, Alaska, Montana and Idaho
- First Health network providers for in-network care in all other states
- Access to any other licensed provider at the out-of-network benefit level.



No. 1 health plan
in Washington

2018 eValue8 Survey Washington Health Alliance

Top-performing plan nationwide in helping members manage both acute and chronic conditions. Also led Washington state plans in helping members get and stay healthy.⁴



One of the highest-ranked
medical groups

Washington Health Alliance Community Checkup

Washington Permanente Medical Group is one of the highest-ranked medical groups in the state. The report highlights health care quality and value among medical groups and hospitals across the state.¹

¹ Washington Health Alliance, 2018 Community Checkup report www.wacommunitycheckup.org. Ranking applies to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C.

² OIC Provider Network Form A

³ Offered in select counties

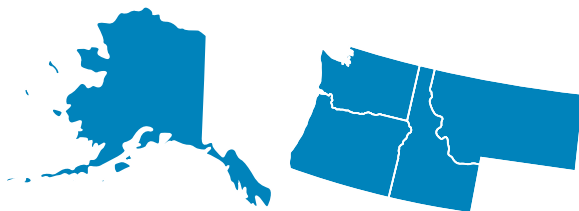
⁴ Based on 2018 eValue8 survey results. Top rated among the 6 health plans included in the survey. Health Plan Performance: eValue8™ 2018 Results, Washington Health Alliance, March 2019. View the results at www.wacommunitycheckup.org/highlights.

All plans: In-network care across Washington state

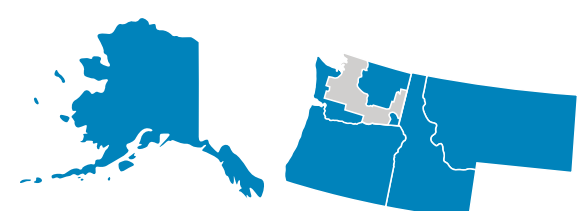


PPO plans: In-network care across the nation

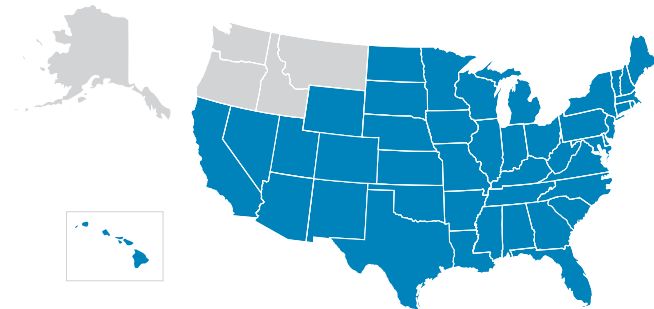
Pacific Northwest: Access PPO First Choice Health Network



Pacific Northwest: Elect PPO First Choice Health Network



All other states: Access PPO & Elect PPO First Health Network



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
- 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.¹ Our doctors, specialists, nurses, and other health professionals all work as a team to support our members’ health. This coordinated patient-centered care can help 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 whether you’ll offer multiple plans

To offer 3 plans:

- You must have 10 to 24 employees
- You can offer any combination of Core, Access PPO, and Elect PPO plans

To offer up to 5 plans:

- You must have 25 to 50 employees
- If you offer more than 3 plans, one plan must be on the Core network

Groups must have at least one employee enrolled in each plan offered. 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
- Access PPO network
- Elect PPO network
(Plans only offered in select counties: King, Kitsap, Pierce, Snohomish, and Thurston)

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.
- 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

Liazon®

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

2020 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)	\$5,000/\$10,000	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$5,950/\$11,900
Coinsurance	40%	10%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	No charge
Outpatient services (per visit or procedure)		
Primary care office visit	40% after deductible	10% after deductible
Specialty care office visit	40% after deductible	10% after deductible
Most X-rays	40% after deductible	10% after deductible
Most lab tests	40% after deductible	10% after deductible
MRI, CT, PET	40% after deductible	10% after deductible
Outpatient surgery	40% after deductible	10% after deductible
Mental health visit	40% after deductible	10% after deductible
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	10% after deductible
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	10% after deductible
Worldwide emergency and urgent care		
Emergency department visit	40% after deductible	10% after deductible
Urgent care visit	40% after deductible	10% after deductible
Prescription drugs (up to 30-day supply)		
Tier 1: Preferred generic	50% after deductible	20% after deductible
Tier 2: Preferred brand	50% after deductible	30% after deductible
Tier 3: Non-preferred generic and brand	50% after deductible	50% after deductible
Tier 4: Specialty	50% after deductible	50% after deductible
Alternative medicine		
10 chiropractic visits and 12 acupuncture visits	40% after deductible	10% after deductible
Optical hardware		
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 21 for primary and specialty care descriptions.

	Silver	Core VisitsPlus Silver LX	Core VisitsPlus Silver LX - EO
In Network	In Network	In Network	In Network
Deductible	Deductible	Deductible	Deductible
\$1,800/\$3,600	\$2,900/\$5,800	\$2,900/\$5,800	\$2,900/\$5,800
\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300
20%	30%	30%	30%
No charge	No charge	No charge	No charge
	Upfront office visits prior to deductible	Upfront office visits prior to deductible	Upfront office visits prior to deductible
\$20 after deductible	\$30	\$30	\$30
\$55 after deductible	\$60	\$60	\$60
20% after deductible	\$50	\$50	\$50
20% after deductible	\$50	\$50	\$50
20% after deductible	30% after deductible	30% after deductible	30% after deductible
20% after deductible	30% after deductible	30% after deductible	30% after deductible
\$20 after deductible	\$30	\$30	\$30
20% after deductible	30% after deductible	30% after deductible	30% after deductible
No charge	No charge	No charge	No charge
20% after deductible	30% after deductible	30% after deductible	30% after deductible
20% after deductible	30% after deductible	30% after deductible	30% after deductible
\$20 primary/\$55 specialty	\$30 primary/\$60 specialty	\$30 primary/\$60 specialty	\$30 primary/\$60 specialty
\$25	\$25	\$25	\$25
\$55	\$60	\$60	\$60
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
\$20 after deductible	\$30	\$30	\$30
Covered in full	Covered in full	Covered in full	Covered in full
\$100 allowance per calendar year	\$100 allowance per calendar year	\$100 allowance per calendar year	\$100 allowance per calendar year



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.



Mail-order pharmacy

Employees can easily order refills of their prescription drugs and receive them in as little as 3 to 4 days. Delivery is free of charge.



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

See pages 18-20 for details, as well as information on optional dental coverage for adults and families.

2020 Kaiser Foundation Health Plan of Washington plans
Core Provider Network

	Gold	Core VisitsPlus Gold HD LX
Features	In Network	In Network
Plan type	Deductible	Deductible
Annual medical deductible (individual/family)	\$750/\$1,500	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$5,600/\$11,200	\$7,350/\$14,700
Coinsurance	20%	20%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	No charge
Outpatient services (per visit or procedure)		Upfront office visits prior to deductible
Primary care office visit	\$10 after deductible	\$15
Specialty care office visit	\$20 after deductible	\$35
Most X-rays	20% after deductible	\$20
Most lab tests	20% after deductible	\$20
MRI, CT, PET	20% after deductible	20% after deductible
Outpatient surgery	20% after deductible	20% after deductible
Mental health visit	\$10 after deductible	\$15
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	20% after deductible
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	20% after deductible
Worldwide emergency and urgent care		
Emergency department visit	20% after deductible	20% after deductible
Urgent care visit	\$10 primary/\$20 specialty	\$15 primary/\$35 specialty
Prescription drugs (up to 30-day supply)		
Tier 1: Preferred generic	\$10	\$10
Tier 2: Preferred brand	\$30	\$30
Tier 3: Non-preferred generic and brand	40% after deductible	40% after deductible
Tier 4: Specialty	40% after deductible	40% after deductible
Alternative medicine		
10 chiropractic visits and 12 acupuncture visits	\$10 after deductible	\$15
Optical hardware		
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 21 for primary and specialty care descriptions.

Core VisitsPlus Gold LX	Core VisitsPlus Gold LX - EO	Core VisitsPlus Platinum LX
In Network	In Network	In Network
Deductible	Deductible	Deductible
\$600/\$1,200	\$600/\$1,200	\$250/\$500
\$7,350/\$14,700	\$7,350/\$14,700	\$2,500/\$5,000
20%	20%	10%
No charge	No charge	No charge
Upfront office visits prior to deductible	Upfront office visits prior to deductible	Upfront office visits prior to deductible
\$15	\$15	\$5
\$35	\$35	\$20
\$20	\$20	\$15
\$20	\$20	\$15
20% after deductible	20% after deductible	10% after deductible
20% after deductible	20% after deductible	10% after deductible
\$15	\$15	\$5
20% after deductible	20% after deductible	10% after deductible
No charge	No charge	No charge
20% after deductible	20% after deductible	10% after deductible
20% after deductible	20% after deductible	10% after deductible
\$15 primary/\$35 specialty	\$15 primary/\$35 specialty	\$5 primary/\$20 specialty
\$15	\$15	\$5
\$45	\$45	\$15
40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible
\$15	\$15	\$5
Covered in full	Covered in full	Covered in full
\$100 allowance per calendar year	\$100 allowance per calendar year	\$100 allowance per calendar year



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.



Mail-order pharmacy

Employees can easily order refills of their prescription drugs and receive them in as little as 3 to 4 days. Delivery is free of charge.



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

See pages 18-20 for details, as well as information on optional dental coverage for adults and families.

2020 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)	\$5,000/\$10,000		\$10,000/\$20,000
Annual out-of-pocket maximum (individual/family)	\$6,750/\$13,500		\$20,250/\$40,500
Coinsurance	40%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)			
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
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	40% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	40% after deductible		
Urgent care visit	30% after deductible	40% after deductible	50% after deductible
Prescription drugs (up to 30-day supply)			
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: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	30% after deductible		50% after deductible
Optical hardware			
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 21 for primary and specialty care descriptions.

Access PPO Silver HSA			Access PPO VisitsPlus Silver LD LX		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
HSA-qualified			Deductible		
\$3,000/\$6,000		\$6,000/\$12,000	\$2,200/\$4,400		\$4,400/\$8,800
\$5,650/\$11,300		\$16,950/\$33,900	\$8,150/\$16,300		\$24,450/\$48,900
20%		50%	30%		50%
No charge		50% after deductible	No charge		50% after deductible
			Upfront office visits prior to deductible		
10% after deductible	20% after deductible	50% after deductible	\$25	\$35	50% after deductible
10% after deductible	20% after deductible	50% after deductible	\$55	\$65	50% after deductible
20% after deductible		50% after deductible	\$40	\$55	50% after deductible
20% after deductible		50% after deductible	\$40	\$55	50% after deductible
20% after deductible		50% after deductible	30% after deductible		50% after deductible
20% after deductible		50% after deductible	30% after deductible		50% after deductible
10% after deductible	20% after deductible	50% after deductible	\$25	\$35	50% after deductible
20% after deductible		50% after deductible	30% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
20% after deductible		50% after deductible	30% after deductible		50% after deductible
20% after deductible			30% after deductible		
10% after deductible	20% after deductible	50% after deductible	\$25 primary/\$55 specialty	\$35 primary/\$65 specialty	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
10% after deductible		50% after deductible	\$25 primary/\$55 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 18-20 for details, as well as information on optional dental coverage for adults and families.

2020 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.

Access PPO VisitsPlus Silver LX			
Features	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$2,900/\$5,800		\$5,800/\$11,600
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300		\$24,450/\$48,900
Coinsurance	30%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		
Primary care office visit	\$25	\$35	50% after deductible
Specialty care office visit	\$45	\$55	50% after deductible
Most X-rays	\$35	\$45	50% after deductible
Most lab tests	\$35	\$45	50% after deductible
MRI, CT, PET	30% after deductible		50% after deductible
Outpatient surgery	30% after deductible		50% after deductible
Mental health visit	\$25	\$35	50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	30% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	30% after deductible		
Urgent care visit	\$25 primary/\$45 specialty	\$35 primary/\$55 specialty	50% after deductible
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$20	\$30	Not covered
Tier 2: Preferred brand	\$55	\$65	Not covered
Tier 3: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	\$25 primary/\$45 specialty		50% after deductible
Optical hardware			
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

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Access PPO VisitsPlus Silver LX - EO			Access PPO VisitsPlus Gold LX		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
Deductible			Deductible		
\$2,900/\$5,800		\$5,800/\$11,600	\$600/\$1,200		\$1,200/\$2,400
\$8,150/\$16,300		\$24,450/\$48,900	\$5,500/\$11,000		\$16,500/\$33,000
30%		50%	20%		50%
No charge		50% after deductible	No charge	No charge	50% after deductible
Upfront office visits prior to deductible			Upfront office visits prior to deductible		
\$25	\$35	50% after deductible	\$10	\$30	50% after deductible
\$45	\$55	50% after deductible	\$30	\$50	50% after deductible
\$35	\$45	50% after deductible	\$20	\$40	50% after deductible
\$35	\$45	50% after deductible	\$20	\$40	50% after deductible
30% after deductible		50% after deductible	20% after deductible		50% after deductible
30% after deductible		50% after deductible	20% after deductible		50% after deductible
\$25	\$35	50% after deductible	\$10	\$30	50% after deductible
30% after deductible		50% after deductible	20% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
30% after deductible		50% after deductible	20% after deductible		50% after deductible
30% after deductible			20% after deductible		
\$25 primary/\$45 specialty	\$35 primary/\$55 specialty	50% after deductible	\$10 primary/\$30 specialty	\$30 primary/\$50 specialty	50% after deductible
\$20	\$30	Not covered	\$15	\$20	Not covered
\$55	\$65	Not covered	\$45	\$50	Not covered
45% after deductible	50% after deductible	Not covered	35% after deductible	40% after deductible	Not covered
50% after deductible		Not covered	40% after deductible		Not covered
\$25 primary/\$45 specialty		50% after deductible	\$10 primary/\$30 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 18-20 for details, as well as information on optional dental coverage for adults and families.

2020 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 HD LX		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$1,500/\$3,000		\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$7,350/\$14,700		\$22,050/\$44,100
Coinsurance	20%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		
Primary care office visit	\$15	\$30	50% after deductible
Specialty care office visit	\$35	\$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	\$15	\$30	50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	20% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	20% after deductible		
Urgent care visit	\$15 primary/\$35 specialty	\$30 primary/\$50 specialty	50% after deductible
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$15	\$20	Not covered
Tier 2: Preferred brand	\$45	\$50	Not covered
Tier 3: Non-preferred generic and brand	35% after deductible	40% after deductible	Not covered
Tier 4: Specialty	40% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	\$15 primary/\$35 specialty		50% after deductible
Optical hardware			
Pediatric (18 and younger)	Covered in full		
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See page 21 for primary and specialty care descriptions.

Access PPO VisitsPlus Platinum LX		
In Network - Enhanced	In Network - Standard	Out of Network
Deductible		
\$250/\$500		\$500/\$1,000
\$2,500/\$5,000		\$7,500/\$15,000
10%		50%
No charge		50% after deductible
Upfront office visits prior to deductible		
\$5	\$20	50% after deductible
\$20	\$35	50% after deductible
\$15	\$25	50% after deductible
\$15	\$25	50% after deductible
10% after deductible		50% after deductible
10% after deductible		50% after deductible
\$5	\$20	50% after deductible
10% after deductible		50% after deductible
No charge		50% after deductible
10% after deductible		50% after deductible
10% after deductible		
\$5 primary/\$20 specialty	\$20 primary/\$35 specialty	50% after deductible
\$5	\$10	Not covered
\$15	\$20	Not covered
35% after deductible	40% after deductible	Not covered
40% after deductible		Not covered
\$5 primary/\$20 specialty		50% after deductible
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 18-20 for details, as well as information on optional dental coverage for adults and families.

Convenient ways to get excellent care

Come in

Doctor appointment: Our doctors will be your employees’ partners in health, with expanded hours for primary care appointments at Kaiser Permanente medical facilities. Or employees can choose another network doctor – whatever works best for them.

CareClinic by Kaiser Permanente at Bartell Drugs: With 15 locations across the Puget Sound area and staffed by Kaiser Permanente clinicians, CareClinic at Bartell Drugs offers walk-in care for minor medical issues. Open every day from 9 a.m. to 7 p.m.

Urgent and emergency care: For issues that require prompt attention, your employees can walk into any Kaiser Permanente urgent care center – some open 24/7. Or find additional options at kp.org/wa/directory.

Click

Care Chat: Online messaging for real-time medical care from a Kaiser Permanente clinician. It’s available 7 days a week, 24 hours a day.

Online visits: For common medical issues that don’t need a physical exam, such as a sore throat or allergies, your employees can go online and get a diagnosis and a treatment plan, usually within 2 hours.

Call

Consulting Nurse Service: When your employees need advice or help figuring out where to get care, our 24/7 Consulting Nurse Service is always available to help them.

2020 Kaiser Foundation Health Plan of Washington Options, Inc. plans
Elect PPO Provider Network

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

Elect PPO VisitsPlus Silver LX		
Features	In Network	Out of Network
Plan type	Deductible	
Annual medical deductible (individual/family)	\$2,900/\$5,800	\$5,800/\$11,600
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$24,450/\$48,900
Coinsurance	30%	50%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible	
Primary care office visit	\$30	50% after deductible
Specialty care office visit	\$60	50% after deductible
Most X-rays	\$50	50% after deductible
Most lab tests	\$50	50% after deductible
MRI, CT, PET	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Mental health visit	\$30	50% after deductible
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	50% after deductible
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible
Delivery and inpatient well-baby care	30% after deductible	50% after deductible
Worldwide emergency and urgent care		
Emergency department visit	30% after deductible	
Urgent care visit	\$30 primary/\$60 specialty	50% after deductible
Prescription drugs (up to 30-day supply)		
Tier 1: Preferred generic	\$25	50% after deductible
Tier 2: Preferred brand	\$60	50% after deductible
Tier 3: Non-preferred generic and brand	50% after deductible	50% after deductible
Tier 4: Specialty	50% after deductible	Not covered
Alternative medicine		
10 chiropractic and 12 acupuncture visits	\$30 primary/\$60 specialty	50% after deductible
Optical hardware		
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 21 for primary and specialty care descriptions.

Elect PPO VisitsPlus Gold LX		Elect PPO VisitsPlus Platinum LX	
In Network	Out of Network	In Network	Out of Network
Deductible		Deductible	
\$600/\$1,200	\$1,200/\$2,400	\$250/\$500	\$500/\$1,000
\$7,350/\$14,700	\$22,050/\$44,100	\$2,500/\$5,000	\$7,500/\$15,000
20%	50%	10%	50%
No charge	50% after deductible	No charge	50% after deductible
Upfront office visits prior to deductible		Upfront office visits prior to deductible	
\$15	50% after deductible	\$5	50% after deductible
\$35	50% after deductible	\$20	50% after deductible
\$20	50% after deductible	\$15	50% after deductible
\$20	50% after deductible	\$15	50% after deductible
20% after deductible	50% after deductible	10% after deductible	50% after deductible
20% after deductible	50% after deductible	10% after deductible	50% after deductible
\$15	50% after deductible	\$5	50% after deductible
20% after deductible	50% after deductible	10% after deductible	50% after deductible
No charge	50% after deductible	No charge	50% after deductible
20% after deductible	50% after deductible	10% after deductible	50% after deductible
20% after deductible		10% after deductible	
\$15 primary/\$35 specialty	50% after deductible	\$5 primary/\$20 specialty	50% after deductible
\$15	50% after deductible	\$5	50% after deductible
\$45	50% after deductible	\$15	50% after deductible
40% after deductible	50% after deductible	40% after deductible	50% after deductible
40% after deductible	Not covered	40% after deductible	Not covered
\$15 primary/\$35 specialty	50% after deductible	\$5 primary/\$20 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 18-20 for details, as well as information on optional dental coverage for adults and families.

2020 Adult and pediatric dental coverage

We offer the Basic and Standard plans through Delta Dental of Washington. These plans include adult coverage for members and their dependents 19 and older, and mandated pediatric dental coverage for members or their dependents 18 and younger.

This summary of benefits will help you get familiar with the plans. Please refer to your Delta Dental benefits booklet for full details.

Summary of Benefits

	Basic			
	Pediatric		Adult	
	Delta Dental participating dentist	Non-participating dentist	Delta Dental participating dentist	Non-participating dentist
Annual maximum	Unlimited		\$1,000 \$1,000 annual TMJ ¹ maximum \$5,000 lifetime TMJ ¹ maximum	
Annual deductible Waived on Class I benefits	\$50 / child		\$50 / adult	
Annual out-of-pocket maximum	\$350 / child \$700 / family	Not applicable	Not applicable	
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%
Restorative Restorations (includes posterior composites ²), endodontics, periodontics, oral surgery ³	80%	80%	50%	50%
Major Crowns, ³ dentures, partials, bridges, implants and TMJ ¹ for adults 19 and older	50%	50%	50%	50%
Orthodontia Coinsurance Lifetime maximum	Medically necessary ³ 50% Unlimited		50% \$1,000	

Delta Dental provider network includes both the Delta Dental PPOSM and Delta Dental Premier[®] networks. \$700 per family maximum out-of-pocket limit only applies to members 18 and younger. Composite fillings on posterior teeth are paid at amalgam level for members 19 and older. Composite fillings on posterior teeth are covered for members 18 and younger.

¹TMJ = Temporomandibular joint
²Covered for members 18 and younger
³Requires preauthorization

Monthly rates

Employee only	\$34.59
Employee + spouse	\$69.22
Employee + child(ren)	\$91.16
Employee + family	\$148.50

Standard			
Pediatric		Adult	
Delta Dental participating dentist	Non-participating dentist	Delta Dental participating dentist	Non-participating dentist
Unlimited		\$1,500 \$1,000 annual TMJ ¹ maximum \$5,000 lifetime TMJ ¹ maximum	
\$50 / child		\$50 / adult	
\$350 / child \$700 / family	Not applicable	Not applicable	
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
Medically necessary ³ 50% Unlimited		50% \$1,000	

Monthly rates

Employee only	\$40.18
Employee + spouse	\$80.38
Employee + child(ren)	\$100.63
Employee + family	\$165.10



The advantages of using Delta Dental network dentists

In most cases, your employees will experience the greatest out-of-pocket savings when using a dentist in the Delta Dental PPO or Premier network. The in-network dentists provide treatments at discounted rates, plus file all claim paperwork to Delta Dental. Your employees will be responsible only for stated deductibles, coinsurance, or amounts more than their plan's maximums.

About using dentists not in the Delta Dental network

Your employees are not limited to using Delta Dental network dentists. They may use any licensed dentist. If an employee chooses an out-of-network dentist, the employee is responsible for having the dentist complete and submit claim forms to Delta Dental. Claim payments will be based on actual charges or the plan's maximum allowable fees for out-of-network dentists, whichever is less. The employee is responsible for any balance remaining after Delta Dental pays. Delta Dental has no control over out-of-network dentists' charges or billing procedures.

How to find an in-network dentist

At deltadentalwa.com, your employees can see if their current dentists are in the Delta Dental PPO and Premier networks or they can find a new dentist to use.

2020 Pediatric dental coverage

The federal government requires pediatric dental coverage for anyone 18 or younger. (Dental coverage for adults 19 and older is optional.) When you select a Kaiser Permanente medical plan, it will be paired with the pediatric dental plan offered by Delta Dental of Washington.

Here is a summary of the Delta Dental pediatric dental plan’s benefits:

Summary of Benefits	Delta Dental participating dentist	Non-participating dentist
Annual maximum	Unlimited	
Annual deductible Waived on Class I benefits	\$50 / member	
Annual out-of-pocket maximum	\$350 / member; \$700 / family	Not applicable
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery*	80%	80%
Major Crowns,* dentures, partials, bridges	50%	50%
Orthodontia (medically necessary)* Coinsurance Lifetime maximum	50% Unlimited	

*Requires preauthorization
Delta Dental provider network includes both the Delta Dental PPOSM and Delta Dental Premier[®] networks.
\$700 per family maximum out-of-pocket limit only applies to members 18 and younger.
Composite fillings on posterior teeth are covered for members 18 and younger.

Monthly rate

The cost to employers for this dental coverage for members 18 and younger is billed only for the first 3 members in any one family. Dental premiums for employees or dependent enrollees 18 and younger will be assessed and billed separately from medical premiums.

1 member	\$33.40
2 members	\$66.80
3+ members	\$100.20

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 & Gynecology
 - Optometry
 - Osteopathy
 - Pediatrics
 - Pharmacist
 - Urgent Care
 - Women’s Health Care (nonpreventive)

SPECIALTY CARE includes:

- Allergy & 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

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**