2020 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
• 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

Core plans .................. 6-9
Access PPO plans .......... 10-15
Elect PPO plans ............. 16-17
Delta Dental plans ........... 18-20
Appendix .......................... 21

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 3 plans.2
   Groups with 6 to 50 employees may offer any number of plans.2 (Offering up to 3 plans may be ideal for groups of this size.)

   For a plan to be available to new group members during the contract year, a group must have at least 1 employee enrolled in the plan when offered at the time of a new group setup or at renewal. Federal regulations require that groups must have at least 1 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.

<table>
<thead>
<tr>
<th>Monthly premium</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost to members when they get care (Copays, deductible, coinsurance)</td>
<td>$$$</td>
<td>$$</td>
<td>$</td>
<td>$$</td>
</tr>
</tbody>
</table>

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
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 providers
- 34 Kaiser Permanente medical facilities and pharmacies
- More than 9,000 additional network providers and facilities

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 facilities
- 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 PPO
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 facilities
- First Choice Health network providers for in-network care in Oregon, Alaska, Montana, and Idaho and outside of the service area counties in Washington
- 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

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.

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.

All plans: In-network care across Washington state

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

2 Elect PPO offered in select counties.
3 OIC Provider Network Form A
### 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
Employees with children are already covered. Additional coverage is available for families.

---

## Core Provider Network

### 2020 Kaiser Foundation Health Plan of Washington plans

<table>
<thead>
<tr>
<th>Features</th>
<th>Bronze HSA</th>
<th>Silver HSA</th>
<th>Silver LX Core</th>
<th>VisitsPlus Silver LX</th>
<th>VisitsPlus Silver LX - EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan type</td>
<td>HSA-qualified</td>
<td>HSA-qualified</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
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<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$5,000/$10,000</td>
<td>$3,000/$6,000</td>
<td>$1,800/$3,600</td>
<td>$2,900/$5,800</td>
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<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$6,750/$13,500</td>
<td>$5,950/$11,900</td>
<td>$8,150/$16,300</td>
<td>$8,150/$16,300</td>
<td></td>
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</tbody>
</table>

#### Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>40%</th>
<th>10%</th>
</tr>
</thead>
</table>

### Benefits

#### Preventive care
Routine physical exam, mammogram, etc.

<table>
<thead>
<tr>
<th>In Network</th>
<th>In Network</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Outpatient services (per visit or procedure)

<table>
<thead>
<tr>
<th>In Network</th>
<th>Core</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

#### Inpatient hospital care

<table>
<thead>
<tr>
<th>In Network</th>
<th>Core</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>

#### Maternity
Routine prenatal care visits, first postpartum visit

<table>
<thead>
<tr>
<th>In Network</th>
<th>Core</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Worldwide emergency and urgent care

<table>
<thead>
<tr>
<th>In Network</th>
<th>Core</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>

#### Prescription drugs (up to 30-day supply)

<table>
<thead>
<tr>
<th>Tier 1: Preferred generic</th>
<th>Tier 2: Preferred brand</th>
<th>Tier 3: Non-preferred generic and brand</th>
<th>Tier 4: Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>20% after deductible</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

#### Alternative medicine

<table>
<thead>
<tr>
<th>10 chiropractic visits and 12 acupuncture visits</th>
<th>40% after deductible</th>
<th>10% after deductible</th>
</tr>
</thead>
</table>

#### Optical hardware

<table>
<thead>
<tr>
<th>Pediatric (18 and younger)</th>
<th>Adult (19 and older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered in full</td>
<td>$100 allowance per calendar year</td>
</tr>
</tbody>
</table>

See page 21 for primary and specialty care descriptions.
## Core Provider Network

<table>
<thead>
<tr>
<th>Features</th>
<th>Gold</th>
<th>Core VisitsPlus Gold HD LX</th>
<th>Core VisitsPlus Gold LX</th>
<th>Core VisitsPlus Gold LX - EO</th>
<th>Core VisitsPlus Platinum LX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Features</strong></td>
<td><strong>In Network</strong></td>
<td><strong>In Network</strong></td>
<td><strong>In Network</strong></td>
<td><strong>In Network</strong></td>
<td><strong>In Network</strong></td>
</tr>
<tr>
<td><strong>Plan type</strong></td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
</tr>
<tr>
<td><strong>Annual medical deductible (individual/family)</strong></td>
<td>$750/$1,500</td>
<td>$1,500/$3,000</td>
<td>$5,600/$11,200</td>
<td>$7,350/$14,700</td>
<td>$250/$500</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum (individual/family)</strong></td>
<td>$5,600/$11,200</td>
<td>$7,350/$14,700</td>
<td>$7,350/$14,700</td>
<td>$7,350/$14,700</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Benefits

<table>
<thead>
<tr>
<th>Preventive care</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical exam, mammogram, etc.</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient services (per visit or procedure)</th>
<th>Upfront office visits prior to deductible</th>
<th>Upfront office visits prior to deductible</th>
<th>Upfront office visits prior to deductible</th>
<th>Upfront office visits prior to deductible</th>
<th>Upfront office visits prior to deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care office visit</td>
<td>$10 after deductible</td>
<td>$15</td>
<td>$15</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>Specialty care office visit</td>
<td>$20 after deductible</td>
<td>$35</td>
<td>$35</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Most X-rays</td>
<td>20% after deductible</td>
<td>$20</td>
<td>$20</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>Most lab tests</td>
<td>20% after deductible</td>
<td>$20</td>
<td>$20</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Mental health visit</td>
<td>$10 after deductible</td>
<td>$15</td>
<td>$15</td>
<td>$5</td>
<td></td>
</tr>
</tbody>
</table>

### Inpatient hospital care

<table>
<thead>
<tr>
<th>Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine prenatal care visits, first postpartum visit</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Delivery and inpatient well-baby care</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>

### Worldwide emergency and urgent care

<table>
<thead>
<tr>
<th>Emergency department visit</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
<th>20% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent care visit</td>
<td>$10 primary/$20 specialty</td>
<td>$15 primary/$35 specialty</td>
<td>$15 primary/$35 specialty</td>
<td>$5 primary/$20 specialty</td>
<td>$5 primary/$20 specialty</td>
</tr>
</tbody>
</table>

### Prescription drugs (up to 30-day supply)

<table>
<thead>
<tr>
<th>Tier 1: Preferred generic</th>
<th>$10</th>
<th>$10</th>
<th>$15</th>
<th>$15</th>
<th>$5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2: Preferred brand</td>
<td>$30</td>
<td>$30</td>
<td>$45</td>
<td>$45</td>
<td>$15</td>
</tr>
<tr>
<td>Tier 3: Non-preferred generic and brand</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Tier 4: Specialty</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
</tbody>
</table>

### Alternative medicine

| 10 chiropractic visits and 12 acupuncture visits | $10 after deductible | $15 | $15 | $5 |

### Optical hardware

<table>
<thead>
<tr>
<th>Pediatric (18 and younger)</th>
<th>Covered in full</th>
<th>Covered in full</th>
<th>Covered in full</th>
<th>Covered in full</th>
<th>Covered in full</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (19 and older)</td>
<td>$100 allowance per calendar year</td>
<td>$100 allowance per calendar year</td>
<td>$100 allowance per calendar year</td>
<td>$100 allowance per calendar year</td>
<td>$100 allowance per calendar year</td>
</tr>
</tbody>
</table>

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

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**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 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.
## 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.

### 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

## Compare your plan options

<table>
<thead>
<tr>
<th>Features</th>
<th>Access PPO Bronze HSA</th>
<th>Access PPO Silver HSA</th>
<th>Access PPO VisitsPlus Silver LD LX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSA-qualified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$5,000/$10,000</td>
<td>$6,000/$12,000</td>
<td>$2,200/$4,400</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$6,750/$13,300</td>
<td>$16,950/$33,900</td>
<td>$8,150/$16,300</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>40%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>50%</td>
<td>50%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

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.
### Access PPO VisitsPlus Silver LX

<table>
<thead>
<tr>
<th>Features</th>
<th>Access PPO VisitsPlus Silver LX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network - Enhanced</td>
</tr>
<tr>
<td>Plan type</td>
<td>$2,900/$5,800</td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$2,900/$5,800</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$8,150/$16,300</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
</tr>
</tbody>
</table>

### 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/$45
  - 50% after deductible
  - Most X-rays: $35/$35
  - 50% after deductible
  - Most lab tests: $35/$35
  - 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

#### Worldwide emergency and urgent care
- Emergency department visit
  - 30% after deductible
- Urgent care visit
  - $25 primary/$45 specialty
  - 50% after deductible
- Prescription drugs (up to 30-day supply)
  - Tier 1: Preferred generic
    - $20
    - $30
    - Not covered
  - Tier 2: Preferred brand
    - $35
    - $65
    - Not covered
  - Tier 3: Non-preferred generic and brand
    - 45% after deductible
    - 50% after deductible
    - Not covered
  - Tier 4: Specialty
    - 50% after deductible

#### 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
- $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 benefits offer lower copays or coinsurance for office visits from a select group of providers and some drugs.

### Features

<table>
<thead>
<tr>
<th>Features</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
</tr>
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<tbody>
<tr>
<td>Plan type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$1,500/$3,000</td>
<td>$3,000/$6,000</td>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$7,350/$14,700</td>
<td>$22,050/$44,100</td>
<td></td>
</tr>
<tr>
<td>Contrasurance</td>
<td>20%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

### 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
- Specialty care office visit: $35
- Most X-rays: $20
- Most lab tests: $20
- MRI, CT, PET: 20% after deductible
- Outpatient surgery: 20% after deductible
- Mental health visit: $15

**Inpatient hospital care**

- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 20% after deductible
- Maternity: Routine prenatal care visits, first postpartum visit: No charge
- Delivery and inpatient well-baby care: 20% after deductible

**Worldwide emergency and urgent care**

- Emergency department visit: 20% after deductible
- Urgent care visit: $15 primary/$35 specialty
- Prescription drugs (up to 30-day supply)
  - Tier 1: Preferred generic: $15
  - Tier 2: Preferred brand: $45
  - Tier 3: Non-preferred generic and brand: 35% after deductible
- Alternative medicine
- Tier 3: Non-preferred generic and brand: 35% after deductible
- Optical hardware
- Pediatric (18 and younger): Covered in full
- Adult (19 and older): $100 allowance per calendar year

**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.

---

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.
<table>
<thead>
<tr>
<th>Features</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$2,900/$5,800</td>
<td>$4,800/$11,600</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$8,150/$16,300</td>
<td>$24,450/$48,900</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine physical exam, mammogram, etc.</td>
<td>No charge</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient services (per visit or procedure)</td>
<td>Upfront office visits prior to deductible</td>
<td></td>
</tr>
<tr>
<td>Primary care office visit</td>
<td>$30</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialty care office visit</td>
<td>$60</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Most X-rays</td>
<td>$50</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Most lab tests</td>
<td>$50</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Mental health visit</td>
<td>$30</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient hospital care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Delivery and inpatient well-baby care</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Worldwide emergency and urgent care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency department visit</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>$30 primary/$60 specialty</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Prescription drugs (up to 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Preferred generic</td>
<td>$25</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Tier 2: Preferred brand</td>
<td>$60</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Tier 3: Non-preferred generic and brand</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Tier 4: Specialty</td>
<td>50% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Alternative medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 chiropractic and 12 acupuncture visits</td>
<td>$30 primary/$60 specialty</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Optical hardware</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric (18 and younger)</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Adult (19 and older)</td>
<td>$100 allowance per calendar year</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Pediatric</th>
<th>Basic</th>
<th>Standard</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum</strong></td>
<td>Delta Dental participating dentist</td>
<td>Non-participating dentist</td>
<td>Delta Dental participating dentist</td>
<td>Non-participating dentist</td>
</tr>
<tr>
<td>Unlimited</td>
<td>$1,800</td>
<td>$1,000 annual TMJ maximum</td>
<td>$1,500</td>
<td>$1,000 annual TMJ maximum</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td>Waived on Class I benefits</td>
<td>$50 / child</td>
<td>$50 / adult</td>
<td>$50 / child</td>
</tr>
<tr>
<td>$350 / child</td>
<td>$700 / family</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Diagnostic and preventive

- Exams, prophylaxis, fluoride, X-rays, sealants
  - 100% 100% 100% 100%

### Restorative

- Restorations (includes posterior composites¹), endodontics, periodontics, oral surgery³
  - 80% 80% 50% 50%

### Major

- Crowns, dentures, partials, bridges, implants, and TMJ³ for adults 19 and older
  - 50% 50% 50% 50%

### Orthodontia

- Medically necessary³
  - 50% 50%

### Monthly rates

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

---

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

---

**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

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

*Requires preauthorization
Delta Dental provider network includes both the Delta Dental PPO® 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.

### 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
- 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
- Psychiatry (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

### 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.

<table>
<thead>
<tr>
<th>Members</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 member</td>
<td>$33.40</td>
</tr>
<tr>
<td>2 members</td>
<td>$66.80</td>
</tr>
<tr>
<td>3+ members</td>
<td>$100.20</td>
</tr>
</tbody>
</table>
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