

2015 Kaiser Permanente Plan Highlights

a wide range of specialists



test results online



convenient facilities near you



better care for healthier tomorrows



I can choose and change
my doctor anytime



I can email my doctor



I'm part of
the decision



free to focus on you



The power to choose

As your partner in health, we are committed to providing you with the information you need to make important decisions about your health care coverage so you get the plan that's right for you and your family.

→ No denial for medical history

Medical review is no longer required to purchase health insurance. By law, coverage cannot be denied to people because of pre-existing or ongoing medical conditions like cancer or diabetes.

→ New ways to get coverage

The new Health Insurance Marketplace offers a convenient way to purchase health insurance either online, in person, through the mail, or by phone. You may also obtain a Kaiser Foundation Health Plan of the Northwest plan directly through us or your producer.

→ Financial help is available

The federal government offers financial assistance for those that qualify. The amount of financial assistance will depend on your annual income and size of your household. The only way to receive federal financial assistance is by purchasing your health plan through the Health Insurance Marketplace.

→ Plan choices

Choose from a range of plans to fit your needs and budget. You can pick one plan for your entire family or separate plans for each person.

You can select from three levels of coverage – Bronze, Silver, and Gold.

- All plan levels offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and include certain preventive services for no charge.
- The levels reflect how you pay for coverage. Bronze plans generally offer lower premiums but higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs. The levels reflect how you pay for coverage, not the quality of the care provided.

There's also a catastrophic or minimum coverage plan for people under 30 or those who are able to prove financial hardship or lack of affordable coverage.

Get started today

This booklet will show you how to find a new plan that best fits your needs.

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Comparing health plans

See the chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. The definitions below will help you understand how to read the chart on the following pages.

KP OR Silver 2500/30 Standard	
Plan type	Deductible
Features	
Individual plan annual deductible (subscriber only)	\$2,500
Family plan annual deductible (individual/family)	\$2,500/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35
Specialty care office visit	\$70
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$35
Inpatient hospital care (per admission)	
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	30% after deductible
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	\$90
Prescription drugs	
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Preferred brand: \$50 Non-preferred brand and specialty: 50%
Mail-order (up to a 90-day supply)	Generic: \$30 Preferred brand: \$100 Non-preferred brand and specialty: 50%

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charge for most services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copayments (copays) or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during a policy period (usually a year) before your plan starts paying 100 percent for most covered services. In this example, you'd never pay more than \$6,350 for yourself and no more than \$12,700 for your family for your deductible, copayments, and coinsurance.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they're not subject to the deductible.

Not subject to the deductible

Some services are always covered at a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are not subject to the deductible.

Coinsurance

After reaching your deductible, you may start paying a percentage of the total cost for certain services. Here, you'd pay 30 percent of the cost for your inpatient hospital care after you reach your deductible. Your plan would pay the rest.

Benefit highlights

	KP OR Catastrophic	KP OR Bronze 5000/50% HSA Standard	KP OR Bronze 4500/50 HSA	KP OR Bronze 4500/50	KP OR Silver 2500/35 Standard
Plan type	Deductible	HSA-qualified	HSA-qualified	Deductible	Deductible
Enrollment options	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace
Features					
Individual plan annual deductible (subscriber only)	\$6,600	\$5,000	\$4,500	\$4,500	\$2,500
Family plan annual deductible (individual/family)	\$6,600/\$13,200	\$10,000/\$10,000	\$9,000/\$9,000	\$4,500/\$9,000	\$2,500/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,600	\$6,350	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,600/\$13,200	\$12,700/\$12,700	\$12,700/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	First 3 office visits no charge. Additional visits no charge after deductible.	\$60 after deductible	\$50 after deductible	\$50	\$35
Specialty care office visit	No charge after deductible	\$100 after deductible	\$70 after deductible	\$70	\$70
Most X-rays	No charge after deductible	50% after deductible	30% after deductible	20% after deductible	30% after deductible
Most lab tests	No charge after deductible	50% after deductible	30% after deductible	20% after deductible	30% after deductible
MRI, CT, PET	No charge after deductible	50% after deductible	\$500 after deductible	\$500 after deductible	30% after deductible
Outpatient surgery	No charge after deductible	50% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental health visit	First 3 office visits no charge. Additional visits no charge after deductible.	\$100 after deductible	\$50 after deductible	\$50	\$70
Inpatient hospital care (per admission)					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	No charge after deductible	50% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible	30% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	50% after deductible	No charge	No charge	30% after deductible
Delivery and inpatient well-baby care	No charge after deductible	50% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible	30% after deductible
Emergency and urgent care					
Emergency Department visit	No charge after deductible	50% after deductible	\$500 after deductible	20% after deductible	30% after deductible
Urgent care visit	No charge after deductible	\$120 after deductible	\$70 after deductible	\$70	\$90
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	No charge after deductible	Generic: \$20 Preferred brand: \$80 Non-preferred brand and specialty: 50% (All after deductible)	Generic: \$20 Preferred brand: \$50 Non-preferred brand and specialty: 30% (All after deductible)	Generic: \$25 Preferred brand: 50% after \$500 deductible Non-preferred brand and specialty: 50% after \$500 deductible	Generic: \$15 Preferred brand: \$50 Non-preferred brand and specialty: 50%
Mail order (up to a 90-day supply)	No charge after deductible	Generic: \$40 Preferred brand: \$160 Non-preferred brand and specialty: 50% (All after deductible)	Generic: \$40 Preferred brand: \$100 Non-preferred brand and specialty: 30% (All after deductible)	Generic: \$50 Preferred brand: 50% after \$500 deductible Non-preferred brand and specialty: 50% after \$500 deductible	Generic: \$30 Preferred brand: \$100 Non-preferred brand and specialty: 50%
Other Services					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

This is a summary of the most frequently asked-about benefits. For specific plan information about the plans referred to in this brochure, see the following forms: for HSA-qualified deductible plans: *BOIDHDHP0115, EOIDHDHP0115, BOIDHDHPSTD0115, and EOIDHDHPSTD0115*; for deductible plans: *BOIDDED0115, EOIDDED0115, BOIDDEDSTD0115, and EOIDDEDSTD0115*; for traditional copayment plans: *BOIDTRAD0115, EOIDTRAD0115*; for the catastrophic plan: *BOIDCAT0115 and EOIDCAT0115*. Detailed information about your plan is in the *Evidence of Coverage*. To request a copy of the *Evidence of Coverage* or the forms listed above, please call the Member Service Contact Center. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

Benefit highlights

	KP OR Silver 1750/25% HSA	KP OR Silver 1500/30	KP OR Standard Gold Plan	KP OR Gold 1000/20	KP OR Gold 0/20
Plan type	HSA-qualified	Deductible	Deductible	Deductible	Copayment
Enrollment options	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace	Direct & Marketplace
Features					
Individual plan annual deductible (subscriber only)	\$1,750	\$1,500	\$1300	\$1,000	None
Family plan annual deductible (individual/family)	\$3,500/\$3,500	\$1,500/\$3,000	\$1,300/\$2,600	\$1,000/\$2,000	None/None
Individual plan annual out-of-pocket maximum (subscriber only)	\$5,000	\$6,350	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$10,000/\$10,000	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	25% after deductible	\$30	\$20	\$20	\$20
Specialty care office visit	25% after deductible	\$50	\$40	\$40	\$40
Most X-rays	25% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
Most lab tests	25% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
MRI, CT, PET	25% after deductible	\$250	10% after deductible	\$150	\$250
Outpatient surgery	25% after deductible	30% after deductible	10% after deductible	20% after deductible	30%
Mental health visit	25% after deductible	\$30	\$40	\$20	\$20
Inpatient hospital care (per admission)					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	25% after deductible	30% after deductible	10% after deductible	20% after deductible	\$500 per day (up to \$2,000)
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	10% after deductible	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	30% after deductible	10% after deductible	20% after deductible	\$500 per day (up to \$2,000)
Emergency and urgent care					
Emergency Department visit	25% after deductible	\$350	10% after deductible	\$250	\$250
Urgent care visit	25% after deductible	\$50	\$60	\$40	\$40
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Preferred brand: \$45 Non-preferred brand and specialty: 25% (All after deductible)	Generic: \$15 Preferred brand: \$45 after \$250 deductible Non-preferred brand and specialty: 30% after \$250 deductible	Generic: \$10 Preferred brand: \$30 Non-preferred brand and specialty: 50%	Generic: \$10 Preferred brand: \$30 Non-preferred brand and specialty: 20%	Generic: \$10 Preferred brand: \$30 Non-preferred brand and specialty: 30%
Mail order (up to a 90-day supply)	Generic: \$30 Preferred brand: \$90 Non-preferred brand and specialty: 25% (All after deductible)	Generic: \$30 Preferred brand: \$90 after \$250 deductible Non-preferred brand and specialty: 30% after \$250 deductible	Generic: \$20 Preferred brand: \$60 Non-preferred brand and specialty: 50%	Generic: \$20 Preferred brand: \$60 Non-preferred brand and specialty: 20%	Generic: \$20 Preferred brand: \$60 Non-preferred brand and specialty: 30%
Other Services					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

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Benefit highlights

You must qualify for the Cost Share Reduction (CSR) plans on these pages through the Health Insurance Marketplace.

	KP OR 2500/35 Standard Silver 73% CSR Plan	KP OR Silver 2500/35 Standard Silver 87% CSR Plan	KP OR Silver 2500/35 Standard Silver 94% CSR Plan	KP OR Silver 1750/25%/73% CSR HSA	KP OR Silver 1750/25%/87% CSR
Plan type	Deductible	Deductible	Deductible	HSA-Qualified	Deductible
Enrollment options	Marketplace only	Marketplace only	Marketplace only	Marketplace only	Marketplace only
Features					
Individual plan annual deductible (subscriber only)	\$2,500	\$750	\$100	\$1,300	\$400
Family plan annual deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	\$100/\$200	\$2,600/\$2,600	\$800/\$800
Individual plan annual out-of-pocket maximum (subscriber only)	\$4,250	\$1,500	\$750	\$5,000	\$2,250
Family plan annual out-of-pocket maximum (individual/family)	\$4,250/\$8,500	\$1,500/\$3,000	\$750/\$1,500	\$10,000/\$10,000	\$4,500/\$4,500
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$35	\$15	\$10	20% after deductible	10% after deductible
Specialty care office visit	\$70	\$30	\$20	20% after deductible	10% after deductible
Most X-rays	30% after deductible	10%	10%	20% after deductible	10% after deductible
Most lab tests	30% after deductible	10%	10%	20% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	10%	10%	20% after deductible	10% after deductible
Outpatient surgery	30% after deductible	10%	10%	20% after deductible	10% after deductible
Mental health visit	\$70	\$30	\$20	20% after deductible	10% after deductible
Inpatient hospital care (per admission)					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible	10%	10%	20% after deductible	10% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	30% after deductible	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	10%	10%	20% after deductible	10% after deductible
Emergency and urgent care					
Emergency Department visit	30% after deductible	10% after deductible	10%	20% after deductible	10% after deductible
Urgent care visit	\$90	\$40	\$30	20% after deductible	10% after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Preferred brand: \$50 Non-preferred brand and specialty: 50%	Generic: \$10 Preferred brand: \$25 Non-preferred brand and specialty: 50%	Generic: \$5 Preferred brand: \$10 Non-preferred brand and specialty: 25%	Generic: \$15 Preferred brand: \$45 Non-preferred brand and specialty: 20% (All after deductible)	Generic: \$10 Preferred brand: \$35 Non-preferred brand and specialty: 10% (All after deductible)
Mail order (up to a 90-day supply)	Generic: \$30 Preferred brand: \$100 Non-preferred brand and specialty: 50%	Generic: \$20 Preferred brand: \$50 Non-preferred brand and specialty: 50%	Generic: \$10 Preferred brand: \$20 Non-preferred brand and specialty: 25%	Generic: \$30 Preferred brand: \$90 Non-preferred brand and specialty: 20% (All after deductible)	Generic: \$20 Preferred brand: \$70 Non-preferred brand and specialty: 10% (All after deductible)
Other Services					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

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Benefit highlights

You must qualify for the Cost Share Reduction (CSR) plans on these pages through the Health Insurance Marketplace.

	KP OR Silver 1750/25%/94% CSR	KP OR Silver 1500/30/73% CSR	KP OR Silver 1500/30/87% CSR	KP OR Silver 1500/30/94% CSR
Plan type	Deductible	Deductible	Deductible	Deductible
Enrollment options	Marketplace only	Marketplace only	Marketplace only	Marketplace only
Features				
Individual plan annual deductible (subscriber only)	\$100	\$1,500	No charge	No charge
Family plan annual deductible (individual/family)	\$200/\$200	\$1,500/\$3000	No charge	No charge
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,250	\$4,000	\$2,250	\$2,250
Family plan annual out-of-pocket maximum (individual/family)	\$5,000/\$5,000	\$4,000/\$8,000	\$2,250/\$4,500	\$2,250/\$4,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	5% after deductible	\$30	\$15	\$5
Specialty care office visit	5% after deductible	\$50	\$25	\$10
Most X-rays	5% after deductible	20% after deductible	20%	10%
Most lab tests	5% after deductible	20% after deductible	20%	10%
MRI, CT, PET	5% after deductible	\$250	\$150	\$50
Outpatient surgery	5% after deductible	20% after deductible	20%	10%
Mental health visit	5% after deductible	\$30	\$15	\$5
Inpatient hospital care (per admission)				
Room and board, surgery, anesthesia, X-rays, lab tests, medications	5% after deductible	20% after deductible	20%	10%
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	5% after deductible	20% after deductible	20%	10%
Emergency and urgent care				
Emergency Department visit	5% after deductible	\$350	\$250	\$250
Urgent care visit	5% after deductible	\$50	\$35	\$25
Prescription drugs				
Plan pharmacy (up to a 30-day supply)	Generic: \$5 Preferred brand: \$10 Non-preferred brand and specialty: 5% (All after deductible)	Generic: \$15 Preferred brand: \$45 after \$250 deductible Non-preferred brand and specialty: 20% after \$250 deductible	Generic: \$15 Preferred brand: \$45 Non-preferred brand and specialty: 20%	Generic: \$5 Preferred brand: \$10 Non-preferred brand and specialty: 10%
Mail order (up to a 90-day supply)	Generic: \$10 Preferred brand: \$20 Non-preferred brand and specialty: 5% (All after deductible)	Generic: \$30 Preferred brand: \$90 after \$250 deductible Non-preferred brand and specialty: 20% after \$250 deductible	Generic: \$30 Preferred brand: \$90 Non-preferred brand and specialty: 20%	Generic: \$10 Preferred brand: \$20 Non-preferred brand and specialty: 10%
Other Services				
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2015 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible for.

Tobacco non-user rates										
Age on 2015 effective date	KP OR Catastrophic	KP OR Bronze 5000/50% HSA Standard	KP OR Bronze 4500/50/ HSA	KP OR Bronze 4500/50	KP OR Silver 2500/35 Standard (includes all CSR variations)	KP OR Silver 1750/25% HSA (includes all CSR variations)	KP OR Silver 1500/30 (includes all CSR variations)	KP OR Standard Gold Plan	KP OR Gold 1000 /20	KP OR Gold 0/20
<21	\$82	\$91	\$95	\$112	\$122	\$122	\$129	\$144	\$144	\$156
21-24	129	143	150	177	193	192	203	227	226	245
25	130	143	151	178	193	192	203	228	227	246
26	132	146	154	181	197	196	207	232	232	251
27	135	150	158	185	202	201	212	238	237	257
28	140	155	163	192	209	208	220	247	246	266
29	145	160	168	198	216	215	227	254	253	274
30	147	162	171	201	219	218	230	258	257	278
31	150	165	174	205	223	222	235	263	262	284
32	153	169	178	209	228	227	240	268	268	290
33	155	171	180	212	231	230	243	272	271	293
34	157	173	183	215	234	233	246	276	275	297
35	158	174	184	216	235	234	247	277	276	299
36	159	175	185	218	237	236	249	279	278	301
37	160	177	186	219	239	237	251	281	280	303
38	161	178	187	220	240	239	252	283	282	305
39	163	180	190	223	243	242	256	286	285	309
40	165	182	192	226	246	245	259	290	289	313
41	168	186	196	230	251	250	264	295	295	319
42	171	189	199	234	255	254	268	301	300	325
43	175	194	204	240	261	260	275	308	307	332
44	181	199	210	247	269	268	283	317	316	342
45	187	206	217	256	278	277	292	328	327	354
46	194	214	226	265	289	288	304	340	339	367
47	202	223	235	277	301	300	317	355	354	383
48	211	233	246	289	315	313	331	371	370	401
49	220	243	257	302	329	327	346	387	386	418
50	231	255	269	316	344	342	362	405	404	438
51	241	266	280	330	359	358	378	423	422	457
52	252	278	294	345	376	374	395	443	442	478
53	264	291	307	361	393	391	413	463	461	500
54	276	305	321	378	411	409	432	485	483	523
55	288	318	335	395	430	427	452	506	504	546
56	302	333	351	413	450	447	473	529	528	572
57	315	348	367	431	470	467	494	553	551	597
58	329	364	383	451	491	488	516	578	576	624
59	336	371	391	461	502	499	527	591	589	638
60	351	387	408	480	523	520	550	616	614	665
61	363	401	423	497	541	539	569	638	636	688
62	371	410	432	508	554	551	582	652	650	704
63	382	421	444	522	569	566	598	670	668	723
64+	387	429	450	531	579	576	609	681	678	735

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your producer.

2015 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible for.

Tobacco user rates										
Age on 2015 effective date	KP OR Catastrophic	KP OR Bronze 5000/50% HSA Standard	KP OR Bronze 4500/50/ HSA	KP OR Bronze 4500/50	KP OR Silver 2500/35 Standard (includes all CSR variations)	KP OR Silver 1750/25% HSA (includes all CSR variations)	KP OR Silver 1500/30 (includes all CSR variations)	KP OR Standard Gold Plan	KP OR Gold 1000 /20	KP OR Gold 0/20
<21	\$82	\$91	\$95	\$112	\$122	\$122	\$129	\$144	\$144	\$156
21-24	155	171	180	212	231	230	243	272	271	294
25	156	172	181	213	232	231	244	273	273	295
26	159	175	185	217	237	236	249	279	278	301
27	163	179	189	223	242	241	255	285	284	308
28	169	186	196	231	251	250	264	296	295	320
29	174	192	202	238	259	257	272	305	304	329
30	176	194	205	241	262	261	276	309	308	334
31	180	198	209	246	268	267	282	316	315	341
32	183	203	213	251	274	272	288	322	321	348
33	186	205	216	254	277	276	291	326	325	352
34	188	208	219	258	281	279	295	331	330	357
35	190	209	221	259	283	281	297	333	332	359
36	191	211	222	261	284	283	299	335	334	362
37	192	212	223	263	286	285	301	337	336	364
38	193	213	225	265	288	287	303	339	338	366
39	196	216	228	268	292	290	307	344	343	371
40	198	219	231	271	296	294	311	348	347	376
41	202	223	235	276	301	299	316	355	353	383
42	205	227	239	281	306	305	322	361	360	390
43	210	232	245	288	314	312	330	370	368	399
44	217	239	252	297	323	321	340	380	379	411
45	224	247	261	307	334	332	351	393	392	425
46	233	257	271	318	347	345	365	408	407	441
47	242	268	282	332	361	360	380	426	424	459
48	254	280	295	347	378	376	397	445	444	481
49	265	292	308	362	394	392	415	465	463	502
50	277	306	322	379	413	411	434	486	485	525
51	289	319	337	396	431	429	453	508	506	548
52	303	334	352	414	451	449	474	532	530	574
53	316	349	368	433	472	469	496	556	554	600
54	331	366	385	453	494	491	519	581	580	628
55	346	382	402	473	516	513	542	607	605	656
56	362	399	421	495	539	537	567	635	633	686
57	378	417	440	517	564	561	592	664	662	716
58	395	436	460	541	589	586	619	694	692	749
59	404	446	470	553	602	599	633	709	707	765
60	421	465	490	576	628	624	660	739	737	798
61	436	481	507	597	650	646	683	765	763	826
62	446	492	518	610	664	661	698	782	780	845
63	458	505	533	627	683	679	717	804	801	868
64+	465	513	540	636	693	690	729	816	813	882

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your producer.

Dental insurance plans

With our optional Kaiser Permanente Individuals and Families dental plans, you get the comprehensive benefits you need and the high quality of care you've come to expect. There is no waiting period – you can begin receiving your covered services the moment your coverage takes effect. And with three plan designs to choose from, you're sure to find one that meets your needs.

The Kaiser Permanente difference

We believe total health starts with outstanding dental and oral care. That's why we hire top-notch dentists and hygienists. It's why every member gets a personalized prevention and treatment plan. And it's why we cover preventive care that many other plans don't.

Choice

For your first appointment, we'll schedule you with a dentist and dental hygienist at the location that works best for you. You may choose to keep that dentist and hygienist as your personal dental care providers. If you prefer, you can request to be transferred to different providers. You can always change your dentist or dental hygienist at any time.

Convenience

We have 17 dental offices in the Portland metro area, southwest Washington, Longview, and Salem, so there's sure to be one near your home or work. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

Quality

Our dental professionals consistently exceed rigorous national standards. For more than 22 years, we've received the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). Currently, we're the only dental practice in the Pacific Northwest with AAAHC accreditation.

How to make appointments

Our dental offices are open Monday through Friday. We also offer Saturday hours for hygienist services and emergencies at most dental offices. To make an appointment, please call our Appointment Center from 6:30 a.m. to 6 p.m., Monday through Friday, and 7:30 a.m. to 4 p.m., Saturday.

Portland: **503-286-6868** Salem: **503-370-4311**
Vancouver: **360-254-9158** Longview: **360-575-4800**

For more information regarding our dental plans and services, please visit kp.org/dental/nw.

Dental benefit highlights and rates

	KP OR Dental 100		KP OR Dental 80H		KP OR Dental 80L	
	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)
Features						
Benefit maximum	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	No maximum
Out-of-pocket maximum (individual/family)	\$350/\$700	Does not apply	\$350/\$700	Does not apply	\$350/\$700	Does not apply
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$0	\$0	\$100/\$300	\$100/\$300
Benefits (subject to deductible unless otherwise noted)						
Preventive and diagnostic services	No charge		20% coinsurance (not subject to deductible)		20% coinsurance (not subject to deductible)	
Basic restorative services	20% coinsurance		75% coinsurance		50% coinsurance	
Oral surgery, endodontics, and periodontics	20% coinsurance		75% coinsurance		50% coinsurance	50% coinsurance
Major restorative services	50% coinsurance		75% coinsurance		50% coinsurance	50% coinsurance

Monthly rates			
Age on effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<21	\$34.59	\$22.93	\$27.18
21-29	38.97	27.03	34.80
30-34	41.46	28.76	37.03
35-39	42.95	29.79	38.35
40-44	47.49	32.94	42.41
45-49	52.71	36.56	47.07
50-54	56.68	39.31	50.61
55-59	61.52	42.67	54.94
60-64	63.18	43.82	56.42
65+	64.38	44.66	57.49

To calculate the rate of your dental plan for you and your entire family, add the rate for each family member based on their age. For children who are under 21 and covered under the same dental plan, include a rate for no more than the three oldest children.

Note: All family members must enroll in a pediatric dental plan unless you confirm on your application that you and your family members are enrolled in another Health Insurance Marketplace-certified pediatric dental plan.

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*.

For specific plan information about dental plans, see the following forms: *EOIDFAMILYDNT0115*, *EOIDFAMILYDNTDED0115-Evidence of Coverage*; *BOIDFAMILYDNT0115*, *BOIDFAMILYDNTDED0115-Benefit Summaries*; *FOIDFAMILYDNT0115-Face Sheet*.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your producer.

You may qualify for financial assistance

If you need help paying for health care, you may qualify for federal financial assistance. Under health care reform, the federal government will provide financial assistance for people with qualifying incomes. Here's some information to help you find out whether you may be eligible.

Federal financial assistance is available

You can apply for financial assistance from the federal government to help pay for care and coverage under our new 2015 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your Kaiser Foundation Health Plan of the Northwest coverage through the Health Insurance Marketplace.
- If you are eligible, the federal government will pay the financial assistance to us directly.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Do you qualify for assistance with monthly premiums?

This chart shows the approximate (estimated) family income levels that qualify people for help. The numbers change slightly every year, so it's important to contact us directly. The chart below is just a guide.

NUMBER OF PEOPLE IN HOUSEHOLD	ANNUAL FAMILY INCOME LEVELS TO QUALIFY
1	\$46,680 or below
2	\$62,920 or below
3	\$79,160 or below
4	\$95,400 or below
5	\$111,640 or below
6	\$127,880 or below
7	\$144,120 or below
8	\$160,360 or below

You can also use our online calculator to find out if you may qualify for federal financial assistance. Just go to buykp.org.

What should you do next?

Go to healthcare.gov to see if you qualify for assistance. You'll also be able to enroll in one of our plans there.

Please note that if you have the option of receiving health coverage through your employer, you may not be eligible for federal financial assistance.

To avoid being double billed, if you enroll in a plan through the Health Insurance Marketplace, you must cancel your current plan through Kaiser Foundation Health Plan of the Northwest on or before the effective date of your new plan.

What if you don't qualify for assistance?

You have 2 choices:

- You can still purchase your ACA-compliant plan through the Health Insurance Marketplace.
- Or you can continue your coverage directly with us.

Either way, your plan will offer the same benefits and services.

Have questions?

We've got answers. We'll help you decide which plan is best for you, even if you apply through healthcare.gov. Call our Member Service Contact Center at **1-800-759-0584** (TTY **711** for the deaf, hard of hearing, or speech impaired), or contact your producer.

When to enroll in your plan

Once you understand why you need health care coverage and whether you qualify for financial assistance, the next step is knowing when and how to enroll. Here's an overview of what you need to do to get the plan of your choice.

Open enrollment

There's a deadline to apply for health care coverage. You can apply starting November 15, 2014, through February 15, 2015. This is called the open enrollment period. It's when you can enroll in health plans through the Health Insurance Marketplace or directly through Kaiser Permanente.

To enroll during this 2015 open enrollment period, you must make sure we receive your completed *Application for Health Coverage* – along with your first month's premium – no later than February 15, 2015.

Special enrollment

After open enrollment, you can still enroll during special enrollment periods in the case of certain events that change your status. Special enrollment

periods last 60 days after any of these events, which may include the following:

- marriage
- birth or adoption of a child
- divorce
- loss of job and employer-sponsored coverage

Be sure to submit a letter about your special event within 10 days of submitting your application or else your application will be canceled. The letter should include your name and address as submitted on the application, explain the triggering event that occurred, and include the date of the event. If you're completing a paper application, please send this letter along with the application and your first month's premium.

For more information, go to buykp.org/apply to download the *Enrolling During a Special Enrollment Period* guide, or contact your producer.

Open enrollment period – November 15, 2014, through February 15, 2015

If you want your coverage to start on:	Your completed application and first month's premium must be received by:
January 1, 2015	November 15, 2014 – December 15, 2014
February 1, 2015	December 16, 2014 – January 15, 2015
March 1, 2015	January 16, 2015 – February 15, 2015

Special enrollment period – February 16, 2015, through November 15, 2015








Enrolling outside open enrollment due to a life-changing event

If you want your coverage to start on:	Your completed application, first month's premium, and letter confirming your special event must be received by:
April 1, 2015	February 16, 2015 – March 15, 2015
May 1, 2015	March 16, 2015 – April 15, 2015
June 1, 2015	April 16, 2015 – May 15, 2015
July 1, 2015	May 16, 2015 – June 15, 2015
August 1, 2015	June 16, 2015 – July 15, 2015
September 1, 2015	July 16, 2015 – August 15, 2015
October 1, 2015	August 16, 2015 – September 15, 2015
November 1, 2015	September 16, 2015 – October 15, 2015
December 1, 2015	October 16, 2015 – November 15, 2015

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your producer.

Experience the Kaiser Permanente difference

Get what you need to live well – in one easy-to-use package. Take a look at everything that comes with your plan, and you’ll agree that Kaiser Permanente is the best choice for your health.

The experience ...	Without Kaiser Permanente	With Kaiser Permanente*
Choosing your doctor 	You have to hope that the doctor you choose takes the insurance you have.	<input checked="" type="checkbox"/> You choose a doctor who’s right for you. You can even view all our doctors’ profiles online. And you can change your doctor at any time.
Making an appointment 	Calling and waiting to schedule an appointment takes forever. You wish you could just hop online to do it.	<input checked="" type="checkbox"/> Schedule or cancel routine appointments with your doctor online or from your mobile device.
During your visit 	Your doctor flips through a big file, asking about your medical history.	<input checked="" type="checkbox"/> Your doctor, backed by a secure, innovative electronic health record system, is always up to speed and ready to take care of you.
Getting other services 	You go to 3 different locations to take lab tests, get X-rays, or fill prescriptions.	<input checked="" type="checkbox"/> At many locations, your doctor, lab services, X-rays, and pharmacy are all under one roof, so you can save time and do more in one visit.
Visiting a specialist 	You show up hoping that your primary care doctor faxed or mailed your records.	<input checked="" type="checkbox"/> When you arrive, your specialist will have your health information right at his or her fingertips, making your care virtually seamless.
Remembering your doctor’s instructions 	Take lots of notes during your visit or listen carefully and trust your memory later. Now, was it ice, <i>then</i> heat?	<input checked="" type="checkbox"/> You get a printed summary at the end of each visit. You can also view most test results online as soon as they’re available.
Asking routine questions without a visit 	If you have questions for your doctor, you probably need to call the office and wait for a call back.	<input checked="" type="checkbox"/> Email your doctor’s office and get a reply back, normally within 48 hours.

To learn more about Kaiser Permanente, visit kp.org.

*These features are available when you receive care at Kaiser Permanente facilities.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your producer.

It's time to choose better

Learn more about Kaiser Permanente at kp.org or call us toll free at **1-800-494-5314**, or contact your producer. For TTY for the deaf, hard of hearing, or speech impaired, call **711**.

For updates about health care reform, visit kp.org/reform.



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kp.org