2019 Compare your plan options
Big health care solutions for small business needs

Kaiser Permanente 2019 health care plans are priced right for small businesses and offer high-quality care that’s cost-effective and convenient. Our doctors and other health care team members all work together. And most services your employees need are all under one roof at Kaiser Permanente facilities.

These plans can also help your employees adopt healthier lifestyles, translating into a healthier, more productive workforce – and more cost savings for you. Plus, employees get many ways to access high-quality care in addition to doctor office visits. They can receive quick care with online visits and real-time online messaging through Care Chat.

Kaiser Permanente plans – easy to manage, easy to use

Our Core and Access PPO plans cover all metal levels – bronze, silver, gold, and platinum – plus provide maximum flexibility and choice at prices fit for small businesses. Your options also include:

- HSA-compatible plans
- Dental plans through Delta Dental of Washington

Core Provider Network plans .................... 4-7
Access PPO Provider Network plans ............. 8-12
Delta Dental plans .................................. 13-15

Find the right plan in 3 easy steps

Customize a health plan that fits your company’s size, needs, and budget. (Adult and family dental benefits are optional.)

1 Determine whether you’ll offer multiple plans

To offer 3 plans:
- Groups must have 10 to 24 employees
- You can offer any combination of Core and Access PPO plans

To offer up to 5 plans:
- Groups must have 25 to 50 employees
- If more than 3 plans are offered, one plan must be Core network
- Groups must have at least 1 employee enrolled in each plan offered.

Federal regulations require that groups must have at least one common-law employee enrolled to offer coverage. That means there must be at least one employee on the payroll who is not the owner or spouse of the owner.

2 Decide on your provider network(s)

Table:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network Provider</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Offered by Kaiser Foundation Health Plan of Washington</td>
<td>More than 1,000 providers – the highest-ranked medical group in the state – at Kaiser Permanente medical offices</td>
</tr>
<tr>
<td>Access PPO</td>
<td>Offered by Kaiser Foundation Health Plan of Washington Options, Inc.</td>
<td>Kaiser Permanente medical offices and pharmacies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most providers and designated pharmacies in our service area, including UW Medicine, Swedish Physicians, MultiCare, CHI Franciscan, PeaceHealth, Providence, and more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First Choice Health network providers for Oregon, Alaska, Montana, Idaho, and Washington</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First Health Network providers for all other states in the United States</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OptumRx network pharmacies</td>
</tr>
</tbody>
</table>

3 Choose your coverage level(s)

All our 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</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Washington Health Alliance, 2017 Community Checkup www.wacommunitycheckup.org;
Ranking applies to Kaiser Permanente Washington’s medical group, Washington Permanente Medical Group, P.C.

1OIC Provider Network Form A

Plan and benefit details

Lab & X-ray (LX) plans
These plans include unlimited lab tests and basic X-ray for only a copay, and are not subject to the deductible.

VisitsPlus plans
These include unlimited office visits for only a copay and are not subject to the deductible.

Plan availability
All our small business plans are available in these Washington counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima.

Apply for coverage or renew

New groups
Complete the 2019 master application for small groups and submit it to a Kaiser Permanente sales executive by the 20th of the month prior to the effective date.

Renewing groups
You can choose coverage options that best match the plan or plans your business offers today. Or you can choose from any of the other plans we offer to small employers. Complete the 2019 master application for small groups and submit it to your Kaiser Permanente account manager no later than the 10th of the month before the anniversary date.
### 2019 Kaiser Foundation Health Plan of Washington plans

#### Core Provider Network

<table>
<thead>
<tr>
<th>Features</th>
<th>Bronze HSA</th>
<th>Silver HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan type</strong></td>
<td>HSA-qualified</td>
<td>HSA-qualified</td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$5,000/$10,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$6,600/$13,200</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>40%</td>
<td>10%</td>
</tr>
</tbody>
</table>

#### Core Provider Network

**Benefits**

**Preventive care**
- Routine physical exam, mammogram, etc.
- No charge

**Outpatient services (per visit or procedure)**
- 40% after deductible
- 10% after deductible
- 20% after deductible
- 30% after deductible
- 50% after deductible
- No charge

**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

**Worldwide emergency and urgent care**
- 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

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**Coverage Summary**

**Silver**
- Core VisitsPlus Silver LX
- Core VisitsPlus Silver LX - EO

**In Network**
- Deductible
- Unlimited office visits prior to deductible
- Unlimited office visits prior to deductible

<table>
<thead>
<tr>
<th></th>
<th>Silver</th>
<th>Core VisitsPlus Silver LX</th>
<th>Core VisitsPlus Silver LX - EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,800/$3,600</td>
<td>$2,900/$5,800</td>
<td>$2,900/$5,800</td>
</tr>
<tr>
<td>Annual out-of-pocket</td>
<td>$7,900/$15,800</td>
<td>$7,900/$15,800</td>
<td>$7,900/$15,800</td>
</tr>
<tr>
<td>Unfavorable</td>
<td>20%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Favorable</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

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**Specialty care**

- Osteopathy
- Pediatrics
- Pharmacist
- Urgent Care
- Women's Health Care (non-preventive)
- In Network

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**Primary care**

- Acupuncture
- Chemical Dependency/Substance Abuse
- Chiropractic
- Emergency Medicine (where ER copay doesn't apply)
- Family Planning
- Family Practice
- General Practice
- Gastroenterology/Gastroenterology
- General Medicine
- Mental Health
- Midwifery
- Nephrology
- Neurology
- Hematology/Oncology
- Nutrition
- Occupational Therapy
- Ophthalmology
- Oncology
- Otolaryngology
- Pain Management
- Pathology
- Physical Medicine
- Physical Therapy
- Podiatry
- Pulmonary Medicine
- Radiation Therapy
- Respiratory Therapy
- Rheumatology
- Sleep Therapy
- Sports Medicine
- General Surgery
- Laboratory tests
- Dental coverage

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**Coinsurance**

<table>
<thead>
<tr>
<th></th>
<th>40% after deductible</th>
<th>50% after deductible</th>
<th>No charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td></td>
<td>$60</td>
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<td>$50</td>
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<td></td>
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<td>$40</td>
</tr>
<tr>
<td></td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
</tbody>
</table>

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**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.

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**Summary of Benefits and Coverage**

- Covered in full
- Covered in full
- Covered in full

- $100 allowance per calendar year
- $100 allowance per calendar year
- $100 allowance per calendar year

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**Specialty Care**

- Allergy and Immunology
- Anesthesiology
- Audiology
- Cardiology (Pediatric and Cardiovascular disease)
- Critical Care Medicine
- Dentistry
- Dermatology
- Endocrinology
- Enteral and Parenteral Nutrition
- Genetic Counseling
- Hematology
- Infectious Disease
- Interventional Therapy
- Laser Therapy
- Medical Genetics
- Nephrology
- Neurology
- Hematology/Oncology
- Radiation Therapy
- Respiratory Therapy
- Rheumatology
- Sleep Therapy
- Sports Medicine
- General Surgery
- Laboratory tests

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**Mail order pharmacy service**

- Employees save money and time with free shipping and doorstep delivery of up to a 90-day supply for most refills.

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**Dental coverage**

- Is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.

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**Many services under one roof**

- Do more in less time.
- In most of our care facilities, you can see your doctor, get a lab test or X-ray, and pick up prescriptions — all in a single trip. These features are available when you get care at Kaiser Permanente facilities.

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**Details**

- See pages 13-15 for details, as well as information on optional dental coverage for adults and families.
### 2019 Kaiser Foundation Health Plan of Washington plans

#### Core Provider Network

<table>
<thead>
<tr>
<th>Benefits</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>Preventive care</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Outpatient services (per visit or procedure)</strong></td>
<td>Unlimited office visits prior to deductible</td>
<td>Unlimited office visits prior to deductible</td>
<td>Unlimited office visits prior to deductible</td>
<td>Unlimited office visits prior to deductible</td>
</tr>
<tr>
<td><strong>Primary care office visit</strong></td>
<td>$10 after deductible</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Specialty care office visit</strong></td>
<td>$20 after deductible</td>
<td>$30</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Most X-rays</strong></td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
</tr>
<tr>
<td><strong>Most lab tests</strong></td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
<td>$20 after deductible</td>
</tr>
<tr>
<td><strong>MRI, CT, PET</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Mental health visit</strong></td>
<td>$10 after deductible</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Inpatient hospital care</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Routine prenatal care visits, first postpartum visit</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Delivery and inpatient well-baby care</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Worldwide emergency and urgent care</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Emergency department visit</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Urgent care visit</strong></td>
<td>$10 primary/$20 specialty</td>
<td>$15 primary/$35 specialty</td>
<td>$15 primary/$35 specialty</td>
<td>$15 primary/$25 specialty</td>
</tr>
<tr>
<td><strong>Prescription drugs (up to 30-day supply)</strong></td>
<td>$10</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Tier 1: Preferred generic</strong></td>
<td>$10</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Tier 2: Preferred brand</strong></td>
<td>$30</td>
<td>$45</td>
<td>$45</td>
<td>$45</td>
</tr>
<tr>
<td><strong>Tier 3: Non-preferred generic and brand</strong></td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Tier 4: Specialty</strong></td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Alternative medicine</strong></td>
<td>$10 after deductible</td>
<td>$25 after deductible</td>
<td>$25 after deductible</td>
<td>$25 after deductible</td>
</tr>
<tr>
<td><strong>10 chiropractic visits and 12 acupuncture visits</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Optical hardware</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Pediatric (18 and younger)</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Adult (19 and older)</strong></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>

**Specialty Care**
- Allergy and Immunology
- Anesthesiology
- Audiology
- Cardiology (Pediatric and Cardiovascular disease)
- Critical Care Medicine
- Dentistry
- Dermatology
- Endocrinology
- Enteral and Parenteral Therapy
- Gastroenterology
- Genetic
- Hepatology
- Infection Disease
- Massage Therapy
- Nephrology
- Neurology
- Neonatal-Perinatal Medicine
- Neurosurgery
- Neurosurgical Oncology
- Neurosurgical
doctorate
- Obstetrics and Gynecology
- Occupational Medicine
- Oncology
- Ophthalmology
- Otolaryngology
- Pain Management
- Pathology
- Physical Medicine
- Physical Therapy
- Podiatry
- Pulmonary Medicine
- Radiation Medicine
- Radiology
- Radiation Therapy
- Respiratory Therapy
- Rheumatology
- Sports Medicine
- Surgery (All specific surgeons)
- Urology

**Plans and Benefits**
- **Gold**
  - Deductible
  - $750/$1,500
  - $1,500/$3,000
- **Core VisitsPlus Gold HD LX**
  - Deductible
  - $4,650/$9,300
  - $6,000/$12,000
- **Core VisitsPlus Platinum LX**
  - Deductible
  - $6,000/$12,000
  - $6,000/$12,000
  - $2,500/$5,000

**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.
### 2019 Kaiser Foundation Health Plan of Washington Options, Inc. plans

#### Access PPO Provider Network

<table>
<thead>
<tr>
<th>Features</th>
<th>Access PPO Bronze HSA</th>
<th>Access PPO Silver HSA</th>
<th>Access PPO VisitsPlus Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Network - Enhanced</td>
<td>$5,000/$10,000</td>
<td>$6,000/$12,000</td>
<td>$2,900/$5,800</td>
</tr>
<tr>
<td>In Network - Standard</td>
<td>$6,600/$13,200</td>
<td>$15,000/$30,000</td>
<td>$7,900/$15,800</td>
</tr>
<tr>
<td>Out of Network</td>
<td>$19,800/$39,600</td>
<td>$27,200/$47,400</td>
<td></td>
</tr>
</tbody>
</table>

#### Preventive care
- Routine physical exam, mammogram, etc.
  - No charge

#### Benefits
- **Outpatient services (per visit or procedure)**
  - Primary care office visit: 30% after deductible
  - Specialty care office visit: 30% after deductible
  - Most X-rays: 40% after deductible
  - Most lab tests: 40% after deductible
  - MRI, CT, PET: 40% after deductible
  - Outpatient surgery: 40% after deductible
  - Mental health visit: 30% after deductible

#### Inpatient hospital care
- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 40% after deductible
- Maternity: Routine prenatal care visits, first postpartum visit
- Delivery and inpatient well-baby care: 40% after deductible
- Worldwide emergency and urgent care
  - Emergency department visit: 40% after deductible
  - Urgent care visit: 30% after deductible
  - Tier 1: Preferred generic: 45% after deductible
  - Tier 2: Preferred brand: 45% after deductible
  - Tier 3: Non-preferred generic and brand: 45% after deductible
  - Tier 4: Specialty: 50% after deductible
  - Alternative medicine: 10 chiropractic and 12 acupuncture visits: 30% after deductible
  - Optical hardware
    - Pediatric (18 and younger): Covered in full
    - Adult (19 and older): $100 allowance per calendar year

#### Plan type
- Plan type: HSA-qualified
- Annual medical deductible (individual/family): $5,000/$10,000
- Annual out-of-pocket maximum (individual/family): $19,800/$39,600
- Coinsurance: 40% / 50%

### Dental coverage
- Enhanced coverage
- Standard coverage
- Optional dental coverage for adults and families.

### Covered services
- In Network: Covered in full
- Out of Network: $100 allowance per calendar year

### Other terms and conditions
- Dental coverage is required for those 18 and younger and accompanies all Kaiser Permanente medical plans.
- See pages 13-15 for details, as well as information on optional dental coverage for adults and families.
### Access PPO VisitsPlus Gold - EO

<table>
<thead>
<tr>
<th>Plan type</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$2,900/$3,800</td>
<td>$5,800/$11,600</td>
<td>$7,900/$15,800</td>
<td>$21,700/$47,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$7,900/$15,800</td>
<td>$21,700/$47,400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Access PPO VisitsPlus Gold - HD

<table>
<thead>
<tr>
<th>Plan type</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$6,000/$11,000</td>
<td>$12,000/$22,000</td>
<td>$16,500/$33,000</td>
<td>$34,000/$66,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$12,000/$22,000</td>
<td>$34,000/$66,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### In Network - Enhanced

<table>
<thead>
<tr>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard Deductible</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlimited office visits prior to deductible</td>
<td>$25</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$100</td>
</tr>
</tbody>
</table>

### Outpatient services (per visit or procedure)

- **Primary care office visit**: $25
- **Specialty care office visit**: $45
- **Outpatient surgery**: $25
- **MRI, CT, PET**: $25
- **Mental health visit**: $25
- **Nephrology, Neurology, Hematology/Oncology, Oncology Pharmacist, Ophthalmology, Endocrinology, Enterostomal Therapy, Gastroenterology, Genetics, Hepatology, Infectious Disease, Massage Therapy, Neonatal-Perinatal Medicine, Family Practice, General Practice, Gerontology/Geriatrics, Internal Medicine, Mental Health, Midwifery, Nephrology, Obstetrics/Gynecology, Optometry, Osteopathy, Pediatrics, Pharmacist, Urgent Care, Women's Health Care (non-prophylactic), Enhanced Access PPO VisitsPlus Silver - EO, Enhanced Access PPO VisitsPlus Gold - HD, Outpatient Office Visit, STDs and STIs (prophylactic), Acupuncture, Chiropractic, Emergency Medicine (where ER copay doesn’t apply), Family Planning, Alternative medicine, Mental Health visit, Outpatient surgery, MRI, CT, PET, Speech Therapy, Sports Medicine, General Surgery (all specific surgeries), Dental surgery, 10 chiropractic and 12 acupuncture visits, Optical hardware, Pediatric (18 and younger), Adult (19 and older), Covered in full, $100 allowance per calendar year | $25 | $35 | $45 | $50 | $50 |

### Preventive care

- Routine physical exam, mammogram, etc.: No charge

### Benefits

- **Outpatient surgery**: 30% after deductible
- **Mental health visit**: 30% after deductible
- **MRI, CT, PET**: 30% after deductible
- **Most X-rays**: 30% after deductible
- **Most lab tests**: 30% after deductible

### Inpatient hospital care

- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 30% after deductible

### Maternity

- Routine prenatal care visits, first postpartum visit: No charge

### Delivery and inpatient well-baby care

- Routine prenatal care visits, first postpartum visit: 30% after deductible

### Worldwide emergency and urgent care

- Emergency department visit: 30% after deductible

### Urgent care visit

- Prescription drugs (up to 30-day supply): $25 primary/$45 specialty, $35 primary/$55 specialty
- Tier 1: Preferred generic: $20
- Tier 2: Preferred brand: $50
- Tier 3: Non-preferred generic and brand: 45%
- Tier 4: Specialty: 50% after deductible

### Alternative medicine

- 10 chiropractic and 12 acupuncture visits: $25 primary/$45 specialty

### Optical hardware

- Pediatric (18 and younger): Covered in full
- Adult (19 and older): $100 allowance per calendar year

### Preventive care

- Routine physical exam, mammogram, etc.: No charge

### Benefits

- Outpatient surgery: 30% after deductible
- Mental health visit: 30% after deductible
- MRI, CT, PET: 30% after deductible
- Most X-rays: 30% after deductible
- Most lab tests: 30% after deductible

### Inpatient hospital care

- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 30% after deductible

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- Routine prenatal care visits, first postpartum visit: No charge

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### Preventive care

- Routine physical exam, mammogram, etc.: No charge

### Benefits

- Outpatient surgery: 30% after deductible
- Mental health visit: 30% after deductible
- MRI, CT, PET: 30% after deductible
- Most X-rays: 30% after deductible
- Most lab tests: 30% after deductible

### Inpatient hospital care

- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 30% after deductible

### Maternity

- Routine prenatal care visits, first postpartum visit: No charge

### Delivery and inpatient well-baby care

- Routine prenatal care visits, first postpartum visit: 30% after deductible

### Worldwide emergency and urgent care

- Emergency department visit: 30% after deductible

### Urgent care visit

- Prescription drugs (up to 30-day supply): $25 primary/$45 specialty, $35 primary/$55 specialty
- Tier 1: Preferred generic: $20
- Tier 2: Preferred brand: $50
- Tier 3: Non-preferred generic and brand: 45%
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### Alternative medicine

- 10 chiropractic and 12 acupuncture visits: $25 primary/$45 specialty

### Optical hardware

- Pediatric (18 and younger): Covered in full
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**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.
2019 Kaiser Foundation Health Plan of Washington Options, Inc. plans
Access PPO Provider Network

<table>
<thead>
<tr>
<th>Features</th>
<th>In Network - Enhanced</th>
<th>In Network - Standard</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan type</td>
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<td></td>
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<td>$250/$500</td>
<td>$500/$1,000</td>
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<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$2,500/$5,000</td>
<td>$7,500/$15,000</td>
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</table>

Benefits

Preventive care
Routine physical exam, mammogram, etc. No charge No charge 50% after deductible

Outpatient services (per visit or procedure) Unlimited office visits prior to deductible

Primary care office visit $10 $20 50% after deductible
Surgery care office visit $25 $25 50% after deductible

Most X-rays 10% after deductible 10% after deductible 50% after deductible
Most lab tests 10% after deductible 10% after deductible 50% after deductible
MCI, CT, PET 10% after deductible 10% after deductible 50% after deductible

Outpatient surgery 10% after deductible 10% after deductible 50% after deductible

Mental health visit $10 $20 50% after deductible

Inpatient hospital care

Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care 10% after deductible 50% after deductible

Maternity

Routine prenatal care visits, first postpartum visit No charge 50% after deductible

Delivery and inpatient well-baby care 10% after deductible 50% after deductible

Worldwide emergency and urgent care

Emergency department visit 10% after deductible

Urgent care visit $10 primary / $25 specialty $20 primary / $35 specialty 50% after deductible

Prescription drugs (up to 30-day supply)

Tier 1: Preferred generic $5 $10 Not covered
Tier 2: Preferred brand $15 $20 Not covered
Tier 3: Non-preferred generic and brand 35% 40% 50% after deductible

Alternative medicine

10 chiropractic and 12 acupuncture visits $10 primary / $25 specialty 50% after deductible

Optical hardware

Pediatric (18 and younger) Covered in full

Adult (19 and older) $100 allowance per calendar year

Delta Dental participating dentist

<table>
<thead>
<tr>
<th></th>
<th>Annual maximum</th>
<th>Annual deductible</th>
<th>Annual out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delta Dental</td>
<td>Waived on Class 1</td>
<td>$350 / member; $700 / family</td>
</tr>
<tr>
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<td>participating</td>
<td>benefits</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>dentist</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Non-participating</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>dentist</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>lifetime</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>maximum</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

Alternative medicine

10 chiropractic and 12 acupuncture visits $10 primary / $25 specialty 50% after deductible

Optical hardware

Pediatric (18 and younger) Covered in full

Adult (19 and older) $100 allowance per calendar year

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 10 for Primary and Specialty care descriptions.

2019 Pediatric dental coverage

Although coverage for adults 19 and older is optional, the federal government requires dental coverage for any person from birth to age 19. This coverage is referred to as pediatric dental coverage. When you select a 2019 Kaiser Permanente medical plan, it will be paired with the pediatric dental plan that is offered by Delta Dental of Washington unless you select one of the two Delta Dental family plans that include this coverage. Here is a summary of Delta Dental’s pediatric dental plan benefits.

Delta Dental

<table>
<thead>
<tr>
<th></th>
<th>Annual maximum</th>
<th>Annual deductible</th>
<th>Annual out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delta Dental</td>
<td>Waived on Class 1</td>
<td>$350 / member; $700 / family</td>
</tr>
<tr>
<td></td>
<td>participating</td>
<td>benefits</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>dentist</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Non-participating</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>dentist</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>lifetime</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>maximum</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

Alternative medicine

10 chiropractic and 12 acupuncture visits $10 primary / $25 specialty 50% after deductible

Optical hardware

Pediatric (18 and younger) Covered in full

Adult (19 and older) $100 allowance per calendar year

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 10 for Primary and Specialty care descriptions.

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></th>
<th>1 member</th>
<th>2 members</th>
<th>3+ members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$28.91</td>
<td>$57.81</td>
<td>$86.72</td>
</tr>
</tbody>
</table>
## 2019 Adult and pediatric dental coverage

As a Kaiser Permanente member, you have access to dental coverage through Delta Dental of Washington. The Basic and Standard plans include adult coverage for members and their dependents 19 and older, and mandated pediatric coverage for members or their dependents 18 and younger.

Please review this summary of benefits to get familiar with the plans, and refer to your Delta Dental benefits booklet for full details.

### Summary of Benefits

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pediatric</td>
<td>Non-participating dentist</td>
</tr>
<tr>
<td><strong>Annual maximum</strong></td>
<td>Unlimited</td>
<td>$1,000</td>
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<tr>
<td><strong>Annual deductible</strong></td>
<td>Waived on Class I benefits</td>
<td>$50 / child</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>$350 / child $700 / family</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Diagnostic and preventive</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Exams, prophylaxis, fluoride, X-rays, sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative</strong></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Restorations (includes posterior composites(^2)), endodontics, periodontics, oral surgery(^3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns(^4), dentures, partials, bridges, implants and TMJ(^1) for adults 19 and older</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Medically necessary(^5)</td>
<td>50%</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Unlimited</td>
<td>$1,000</td>
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<tr>
<td><strong>Lifetime maximum</strong></td>
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<td></td>
</tr>
</tbody>
</table>

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 paid at amalgam level for members 19 and older.

Composite fillings on posterior teeth are covered for members 18 and younger.

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

### Basic

- **Monthly rates**
  - Employee only: $32.67
  - Employee + spouse: $65.35
  - Employee + child(ren): $86.06
  - Employee + family: $140.21

### Standard

- **Monthly rates**
  - Employee only: $37.78
  - Employee + spouse: $75.55
  - Employee + child(ren): $94.59
  - Employee + family: $155.19

---

**Finding a participating dentist**

The Basic and Standard plans allow you to choose dentists from 2 networks: Delta Dental PPO and Delta Dental Premier. You can find a participating, in-network dentist in your area by visiting deltadentalwa.com and using the Find a Dentist tool.

**The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist**

We encourage you to see a Delta Dental of Washington network dentist because that dentist can provide treatments at discounted rates and file all claim paperwork for you. We will pay our portion and you’re only responsible for your stated deductibles, coinsurance, or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

**About using in-network and out-of-network dentists**

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible for having the dentist complete your claim forms and ensuring that the claims are submitted to Delta Dental. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You’re then responsible for any balance remaining after Delta Dental pays. Unlike participating dentists, Delta Dental has no control over non-participating dentists’ charges or billing procedures.

**Questions?**

Call Delta Dental of Washington at 1-800-554-1907, Monday through Friday, 7 a.m. to 5 p.m. or go online to deltadentalwa.com for answers.
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/sbg