



SMALL GROUP | WASHINGTON

2022 Compare your plan options

Big health care solutions for small business needs

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

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

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

Kaiser Permanente plans

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Find the right plan in 3 easy steps



Applying for new coverage or renewing coverage?

New groups

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

Renewing groups

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



Alternate purchasing options

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

Business Health Trust

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

Liazon®

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

1 Determine how many plans you want to offer

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

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

Federal regulations require that groups must have at least 1 common law employee enrolled to offer coverage.

2 Decide on your provider network(s)

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

3 Choose your coverage level(s)

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

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

¹ Washington Health Alliance 2008-2021 Community Checkup reports, www.wacommunitycheckup.org. The 2017-2021 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Rankings for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.

Plan provider networks

CORE

Offered by Kaiser Foundation Health Plan of Washington

In-network coverage with high-performing¹ Washington Permanente Medical Group at lower out-of-pocket expenses and monthly premiums:

- More than 1,000 Kaiser Permanente providers²
- Numerous Kaiser Permanente medical facilities and pharmacies
- 16,000 additional network providers and facilities²

CONNECT

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

In-network coverage with high-performing¹ Washington Permanente Medical Group and primary focus on virtual care:

- Kaiser Permanente providers, medical facilities, and pharmacies
- Thousands of additional network providers and facilities²
- Lower cost share when your employees are referred for in-person care

ACCESS PPO

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

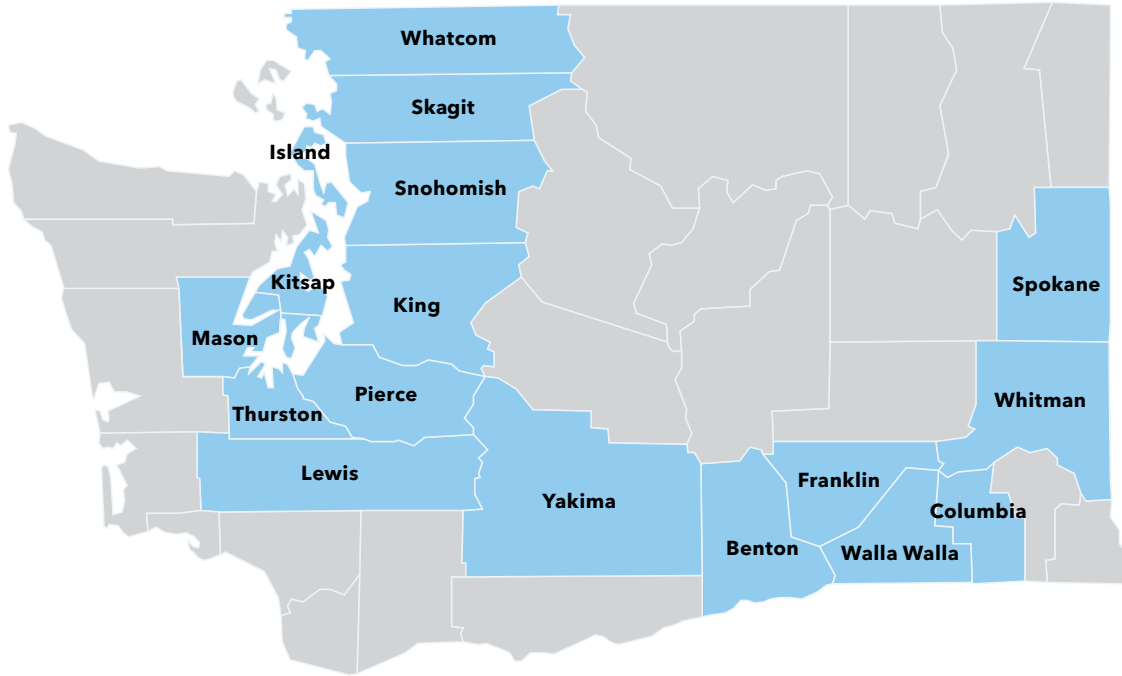
A wide range of provider choice with one of the state's largest preferred provider networks:

- Kaiser Permanente providers, medical facilities, and pharmacies
- 26,000 additional network providers and facilities²
- Most providers and designated pharmacies in our service area
- First Choice Health network providers for Oregon, Alaska, Montana, Idaho, and Washington
- First Health network providers for all other states
- OptumRx network pharmacies nationwide
- Access to any other licensed provider at the out-of-network benefit level

¹Criteria established by American Medical Group Association

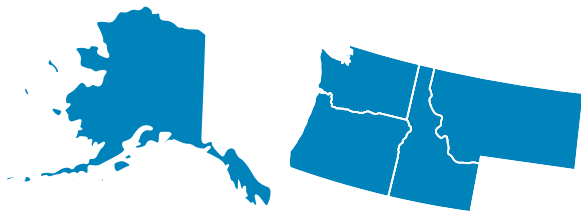
²OIC Provider Network Form A

All plans: In-network care across Washington state

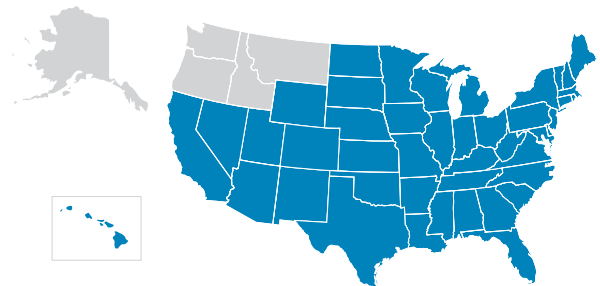


PPO plans: In-network care across the nation

Pacific Northwest: Access PPO
First Choice Health Network



All other states: Access PPO
First Health Network



2022 Kaiser Foundation Health Plan of Washington plans

Core Provider Network

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

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

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

Silver	Core VisitsPlus Silver LX	Core VisitsPlus Silver LX - EO
In Network	In Network	In Network
Deductible	Deductible	Deductible
\$1,800/\$3,600	\$2,900/\$5,800	\$2,900/\$5,800
\$8,400/\$16,800	\$8,150/\$16,300	\$8,150/\$16,300
30%	30%	30%
No charge	No charge	No charge
	Upfront office visits prior to deductible	Upfront office visits prior to deductible
\$30 after deductible	\$30	\$30
\$60 after deductible	\$60	\$60
30% after deductible	\$50	\$50
30% after deductible	\$50	\$50
30% after deductible	30% after deductible	30% after deductible
30% after deductible	30% after deductible	30% after deductible
\$30 after deductible	\$30	\$30
30% after deductible	30% after deductible	30% after deductible
No charge	No charge	No charge
30% after deductible	30% after deductible	30% after deductible
30% after deductible	30% after deductible	30% after deductible
\$60	\$60	\$60
\$30	\$25	\$25
\$60	\$60	\$60
50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible
\$30 after deductible	\$30	\$30
Covered in full	Covered in full	Covered in full
\$100 allowance per calendar year	\$100 allowance per calendar year	\$100 allowance per calendar year



Plan and benefit details

Lab & X-ray (LX) plans

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

VisitsPlus plans

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



Care under one roof

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



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

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

2022 Kaiser Foundation Health Plan of Washington plans

Core Provider Network

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

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

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

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



Pharmacy coverage

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



Mail-order Pharmacy

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

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



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

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

2022 Kaiser Foundation Health Plan of Washington plans

Connect Provider Network

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

		Virtual Plus Silver		
Features		In Network		
Plan type		Deductible		
Annual medical deductible (individual/family)		\$ 3,000/\$6,000		
Annual out-of-pocket maximum (individual/family)		\$8,100/\$16,200		
Coinsurance		30%		
Benefits		Virtual	In person with referral	In person without referral
Preventive care				
Routine physical exam, mammogram, etc.		No charge		
Outpatient services (per visit or procedure)				
Primary care office visit	No charge	\$20	30% after deductible	
Specialty care office visit	No charge	\$40	30% after deductible	
Most X-rays	N/A	30% after deductible		
Most lab tests	N/A	30% after deductible		
MRI, CT, PET	N/A	30% after deductible		
Outpatient surgery	N/A	30% after deductible		
Mental health visit	No charge	\$20	30% after deductible	
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	N/A	30% after deductible		
Maternity				
Routine prenatal care visits, first postpartum visit		No charge		
Delivery and inpatient well-baby care	N/A	30% after deductible		
Worldwide emergency and urgent care				
Emergency department visit		30% after deductible		
Network Urgent Care Center	N/A	\$40	N/A	
Urgent care outside Kaiser Permanente of WA service area ¹	N/A	30% after deductible	N/A	
Retail Prescriptions: 1 30-day maintenance drug allowed at any network pharmacy. Subsequent maintenance fills (including maintenance fills at KP Clinic pharmacies) must be filled via mail order.				
Tier 1: Preferred generic		\$25 for a 30-day supply		
Tier 2: Preferred brand		\$60 for a 30-day supply		
Tier 3: Non-preferred generic and brand		50% after deductible for a 30-day supply		
Tier 4: Specialty		50% after deductible for a 30-day supply		
Alternative medicine				
10 chiropractic visits and 12 acupuncture visits	N/A	\$20 primary/\$40 specialty	N/A	
Optical hardware				
Pediatric (18 and younger)		Covered in full		
Adult (19 and older)		\$100 allowance per calendar year		

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

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

²Virtual care is offered when appropriate and available.

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

Virtual Plus Gold

In Network

Deductible

\$600/\$1,200

\$7,900/\$15,800

20%

Virtual	In person with referral	In person without referral
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No charge

No charge	\$15	20% after deductible
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No charge	\$30	20% after deductible
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N/A	20% after deductible	
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N/A	20% after deductible	
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N/A	20% after deductible	
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N/A	20% after deductible	
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No charge	\$15	20% after deductible
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N/A	20% after deductible	
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No charge

N/A	20% after deductible	
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20% after deductible

N/A	\$30	N/A
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N/A	20% after deductible	N/A
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\$20 for a 30-day supply

\$50 for a 30-day supply

50% after deductible for a 30-day supply

50% after deductible for a 30-day supply

N/A	\$15 primary/\$30 specialty	N/A
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Covered in full

\$100 allowance per calendar year



Virtual Plus plans focus on virtual care

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

Virtual Plus highlights

- Low monthly premiums.
- No charge and no referral needed for virtual care, first in-person primary care visit, and all preventive care.
- Most care, including care from a specialist, starts with a virtual visit.²
- Virtual care provided through 24/7 Care Chat online messaging or nurse phone line, scheduled video visits and phone appointments, e-visits, or email for nonurgent questions.²
- Virtual visits are with Kaiser Permanente doctors and clinicians – the same ones you'd find in our medical facilities.
- When your employees get a referral for in-person care, their cost will be lower than if they start in-person care on their own.



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

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

2022 Kaiser Foundation Health Plan of Washington Options, Inc. plans

Access PPO Provider Network

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

Features	Access PPO Bronze HSA		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$6,000/\$12,000		\$12,000/\$24,000
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900		No limit
Coinsurance	40%		50%
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
Retail Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	45% after deductible	50% after deductible	Not covered
Tier 2: Preferred brand	45% after deductible	50% after deductible	Not covered
Tier 3: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	30% after deductible		50% after deductible
Optical hardware			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

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

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

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

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



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

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

2022 Kaiser Foundation Health Plan of Washington Options, Inc. plans

Access PPO Provider Network

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

Features	Access PPO VisitsPlus Silver LD LX		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$2,200/\$4,400		\$4,400/\$8,800
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400		No limit
Coinsurance	30%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)			
Upfront office visits prior to deductible			
Primary care office visit	\$25	\$35	50% after deductible
Specialty care office visit	\$55	\$65	50% after deductible
Most X-rays	\$40	\$55	50% after deductible
Most lab tests	\$40	\$55	50% after deductible
MRI, CT, PET	30% after deductible		50% after deductible
Outpatient surgery	30% after deductible		50% after deductible
Mental health visit	\$25	\$35	50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	30% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	30% after deductible		
Urgent care visit	\$55	\$65	50% after deductible
Retail Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$25	\$35	Not covered
Tier 2: Preferred brand	\$60	\$70	Not covered
Tier 3: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	\$25 primary/\$55 specialty		50% after deductible
Optical hardware			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

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

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Access PPO VisitsPlus Silver LX			Access PPO VisitsPlus Silver LX - EO		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
Deductible			Deductible		
\$2,900/\$5,800		\$5,800/\$11,600	\$2,900/\$5,800		\$5,800/\$11,600
\$8,150/\$16,300		No limit	\$8,150/\$16,300		No limit
30%		50%	30%		50%
No charge			No charge		
Upfront office visits prior to deductible		50% after deductible	Upfront office visits prior to deductible		50% after deductible
\$25	\$35	50% after deductible	\$25	\$35	50% after deductible
\$45	\$55	50% after deductible	\$45	\$55	50% after deductible
\$35	\$45	50% after deductible	\$35	\$45	50% after deductible
\$35	\$45	50% after deductible	\$35	\$45	50% after deductible
30% after deductible		50% after deductible	30% after deductible		50% after deductible
30% after deductible		50% after deductible	30% after deductible		50% after deductible
\$25	\$35	50% after deductible	\$25	\$35	50% after deductible
30% after deductible		50% after deductible	30% after deductible		50% after deductible
No charge			No charge		
30% after deductible		50% after deductible	30% after deductible		50% after deductible
30% after deductible			30% after deductible		
\$45	\$55	50% after deductible	\$45	\$55	50% after deductible
\$20	\$30	Not covered	\$20	\$30	Not covered
\$55	\$65	Not covered	\$55	\$65	Not covered
45% after deductible	50% after deductible	Not covered	45% after deductible	50% after deductible	Not covered
50% after deductible		Not covered	50% after deductible		Not covered
\$25 primary/\$45 specialty		50% after deductible	\$25 primary/\$45 specialty		50% after deductible
Covered in full			Covered in full		
\$100 allowance per calendar year			\$100 allowance per calendar year		

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

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

2022 Kaiser Foundation Health Plan of Washington Options, Inc. plans

Access PPO Provider Network

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

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

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

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

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

Access PPO VisitsPlus Gold HD LX			Access PPO VisitsPlus Platinum HD LX		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
Deductible			Deductible		
\$1,900/\$3,800		\$3,800/\$7,600	\$400/\$800		\$800/\$1,600
\$8,150/\$16,300		No limit	\$4,000/\$8,000		No limit
25%		50%	20%		50%
No charge		50% after deductible	No charge		50% after deductible
Upfront office visits prior to deductible			Upfront office visits prior to deductible		
\$20	\$35	50% after deductible	\$5	\$20	50% after deductible
\$40	\$55	50% after deductible	\$20	\$35	50% after deductible
\$20	\$40	50% after deductible	\$5	\$20	50% after deductible
\$20	\$40	50% after deductible	\$5	\$20	50% after deductible
25% after deductible		50% after deductible	20% after deductible		50% after deductible
25% after deductible		50% after deductible	20% after deductible		50% after deductible
\$20	\$35	50% after deductible	\$5	\$20	50% after deductible
25% after deductible		50% after deductible	20% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
25% after deductible		50% after deductible	20% after deductible		50% after deductible
25% after deductible		50% after deductible	20% after deductible		50% after deductible
\$40	\$55	50% after deductible	\$20	\$35	50% after deductible
\$15	\$20	Not covered	\$5	\$10	Not covered
\$45	\$50	Not covered	\$15	\$20	Not covered
35% after deductible	40% after deductible	Not covered	35% after deductible	40% after deductible	Not covered
40% after deductible		Not covered	40% after deductible		Not covered
\$20 primary/\$40 specialty		50% after deductible	\$5 primary/\$20 specialty		50% after deductible
Covered in full			Covered in full		
\$100 allowance per calendar year			\$100 allowance per calendar year		



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

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

2022 Kaiser Foundation Health Plan of Washington Options, Inc. plans

Access PPO Provider Network

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

Features	Access PPO VisitsPlus Platinum LX		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$250/\$500		\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		No limit
Coinsurance	10%		50%
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	\$5	\$20	50% after deductible
Specialty care office visit	\$20	\$35	50% after deductible
Most X-rays	\$5	\$20	50% after deductible
Most lab tests	\$5	\$20	50% after deductible
MRI, CT, PET	10% after deductible		50% after deductible
Outpatient surgery	10% after deductible		50% after deductible
Mental health visit	\$5	\$20	50% after deductible
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	\$20	\$35	50% after deductible
Retail 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% after deductible	40% after deductible	Not covered
Tier 4: Specialty	40% after deductible		Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	\$5 primary/\$20 specialty		50% after deductible
Optical hardware			
Pediatric (18 and younger)	Covered in full		
Adult (19 and older)	\$100 allowance per calendar year		

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

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

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

Appendix

PRIMARY CARE includes:

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

SPECIALTY CARE includes:

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

Please refer to your Evidence of Coverage for details.



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

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

2022 Adult and Pediatric Dental Coverage

When you select a 2022 Kaiser Permanente medical plan, you can choose to add dental coverage offered through Delta Dental of Washington. Adult coverage is for members and their dependents 19 and older; pediatric coverage is for children 18 and younger.

If you purchase the Delta Dental Basic or Standard plan, both of which include pediatric and adult coverage, you fulfill the federal mandate to provide pediatric dental coverage. However, pediatric coverage can be purchased on its own, without adult coverage. Here is a summary of benefits for the 2 family dental plans.

Summary of Benefits

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

Extra dental benefit for members with qualifying conditions

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

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



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

Delta Dental network dentists provide treatments at discounted rates and file all claims paperwork for your employees. Delta Dental pays their portion of the claim and your employees are only responsible for stated deductibles, coinsurance, or amounts in excess of the plan maximums. In most cases, your employees will experience the greatest out-of-pocket savings if they choose a Delta Dental PPO dentist.

Visiting a non-participating, out-of-network dentist

Your employees are not limited to using a Delta Dental network dentist. They may use any licensed dentist. If they choose a nonparticipating dentist, they will be responsible for having the dentist complete the claim forms and ensuring that the claims are submitted to Delta Dental. Your employees will be responsible for paying the remaining balance after Delta Dental pays. Unlike with participating dentists, Delta Dental has no control over non-participating dentists' charges or billing procedures.

Finding a participating dentist

Your employees can choose a dentist from the Delta Dental PPO Plus Premier™ network. They will find participating in-network dentists in their area by visiting deltadentalwa.com and using the Find a Dentist tool.

Standard			
Pediatric		Adult	
Delta Dental participating dentist	Non-participating dentist	Delta Dental participating dentist	Non-participating dentist
Unlimited		\$1,500 \$1,000 annual TMJ ¹ maximum \$5,000 lifetime TMJ ¹ maximum	
\$50 / child		\$50 / adult	
\$350 / child \$700 / family	Not applicable	Not applicable	
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
Medically necessary ² 50% Unlimited		50% \$1,000	

Only fees paid to a Delta Dental PPO Plus Premier Dentist accrue to the annual out-of-pocket maximum. \$700 per family maximum out-of-pocket limit only applies to members 18 and younger.

¹ TMJ = Temporomandibular joint

² Requires preauthorization

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



2022 Pediatric dental coverage

Although coverage for adults 19 and older is optional, the federal government requires dental coverage for any person 18 and younger. This coverage is referred to as pediatric dental coverage. When you select a 2022 Kaiser Permanente medical plan, it will be paired with the pediatric dental plan that is offered by Delta Dental of Washington unless you select one of the 2 Delta Dental family plans that include this coverage. Here is a summary of Delta Dental's pediatric dental plan benefits.

Summary of Benefits

	Delta Dental participating dentist	Non-participating dentist
Annual maximum	Unlimited	
Annual deductible Waived on Class I benefits	\$50 / member	
Annual out-of-pocket maximum	\$350 / member; \$700 / family	Not applicable
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%
Restorative Restorations, including posterior composites, endodontics, periodontics, oral surgery	80%	80%
Major Crowns, dentures, partials, bridges	50%	50%
Orthodontia (medically necessary)¹ Coinsurance Lifetime maximum	50% Unlimited	

¹ Requires preauthorization

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

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

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



**Highest-rated health
plan in the nation¹**

2020 eValue8 Survey Washington Health Alliance

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



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

Washington Health Alliance Community Checkup, 14 years in a row

Washington Permanente Medical Group has been one of the top-ranked medical groups in the state for 14 years in a row. The report highlights health care quality and value among medical groups and hospitals across the state.²

¹ Kaiser Permanente Washington's commercial HMO scored the highest in the nation in the 2020 eValue8™ survey that included five health plans in Washington state. Collaborating for Impact: eValue8™ 2020 Summary Report, Washington Health Alliance, August 2021. View the results at wahealthalliance.org/alliance-reports-websites/alliance-reports/evaluate8

² Washington Health Alliance 2008-2021 Community Checkup reports, www.wacommunitycheckup.org. The 2017-2021 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Rankings for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.

For more information

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