

2027 Compare your plan options

SMALL GROUP | WASHINGTON

business.kp.org

KAISER PERMANENTE®

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 top-ranked medical groups in the state.* 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

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 one common law employee enrolled to offer coverage.

2 Decide on your provider network(s)

– Core network
– Options network
– 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.

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 forms with the renewal packet 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

*Washington Health Alliance 2008–2026 Community Checkup reports, https://www.wacommunitycheckup.org/reports/2026-community-checkup-report/

The 2017–2026 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking 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

Get access to high-quality primary and specialty care clinicians who are dedicated to helping you stay healthy – and caring for you when you're not. You can choose the doctor you want and change doctors at any time, for any reason.

Care from Kaiser Permanente

You're in great hands when you choose care from Kaiser Permanente clinicians practicing at Kaiser Permanente facilities – either online or in person.

- More than 1,400 Kaiser Permanente doctors and other clinicians.
- Over 25 Kaiser Permanente medical facilities and pharmacies in Washington.
- Go to **kp.org/wa/find-a-doctor** to search for doctors, medical facilities, pharmacies, hospitals, and more.

Doctors come from some of the top medical schools, and many have practiced at leading hospitals across the country.

Care is connected. Your doctor, nurses, and other specialists work together to help keep you healthy.

You and your care team are linked through your electronic health record, so you all know what care you've had and what you need.

Care from other network providers

All providers in the Core network meet our high standards for clinical quality and patient satisfaction. You can expect the same quality and philosophy of care from our community providers as from kaiser Permanente doctors and staff.

Care while traveling

Whether you're out of town for work, vacation, or college, you're covered for care when and where you need it. For more information, visit **kp.org/wa/travel**.

ZoomCare: In-Network and Ready When You Need It

Get convenient, same-day care at 19 Seattle-area locations across King and Snohomish counties - with evening, weekend, and holiday hours available. To schedule a same-day appointment visit **Zoomcare.com/kpwa**

OPTIONS

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

With Kaiser Permanente Options, you have more choice and more flexibility. Not only do you have access to a wide range of care and services from Kaiser Permanente clinicians and facilities, you can also access covered services from licensed clinicians and pharmacies across the country at your out-of-network benefit level.

Care in Washington state

And Idaho Kootenai and Latah counties

Kaiser Permanente clinicians

- More than 1,400 Kaiser Permanente doctors and other clinicians
- Over 25 Kaiser Permanente medical facilities and pharmacies
- Visit **kp.org/wa/find-a-doctor** and choose the Options network

Other in-network providers

- Thousands of additional providers are covered in-network
- Visit **kp.org/wa/find-a-doctor** and choose the Options network

First Choice Health network

- Covered at the out-of-network benefit level
- Visit **fchn.com/ProviderSearch/KFHPWAO**

ZoomCare: In-Network and Ready When You Need It

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Care across the U.S.

Outside Washington state and Idaho Kootenai and Latah counties

Kaiser Permanente clinicians

- Medical facilities in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington, D.C.
- Visit **kp.org/locations**

Aetna Signature Administrators®, offering access to Aetna PPO network providers

- 1.9 million participating physicians and ancillary providers, including over 10,000 hospitals
- Covered at the out-of-network benefit level
- Visit **aetna.com/asa**

Care from nonparticipating providers

- Any licensed provider in the United States
- Covered at the out-of-network benefit level; balance billing may apply

ACCESS PPO

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

With Access PPO, you can choose from an extensive network of preferred primary and specialty care providers, including our exclusive medical group at Kaiser Permanente medical facilities. You also have the option to get in-network care through our regional and national networks.

ZoomCare: In-Network and Ready When You Need It

Get convenient, same-day care at 19 Seattle-area locations across King and Snohomish counties - with evening, weekend, and holiday hours available. To schedule a same-day appointment visit **Zoomcare.com/kpwa**

In-Network care in Washington state

And Idaho Kootenai and Latah counties

Kaiser Permanente clinicians

- More than 1,400 Kaiser Permanente doctors and other clinicians
- Over 25 Kaiser Permanente medical facilities and pharmacies
- Visit **kp.org/wa/find-a-doctor** and choose the Access PPO network

Other in-network providers

- Thousands of additional providers
- Includes most major health systems and designated pharmacies in our service area
- Includes the First Choice Health network
- Visit **kp.org/wa/find-a-doctor** and choose the Access PPO network
- To see First Choice Health providers, visit **fchn.com/ProviderSearch/KFHPWAO**

In-Network care across the U.S.

Outside Washington state and Idaho Kootenai and Latah counties

Kaiser Permanente clinicians

- Medical facilities in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington, D.C.
- Visit **kp.org/locations**

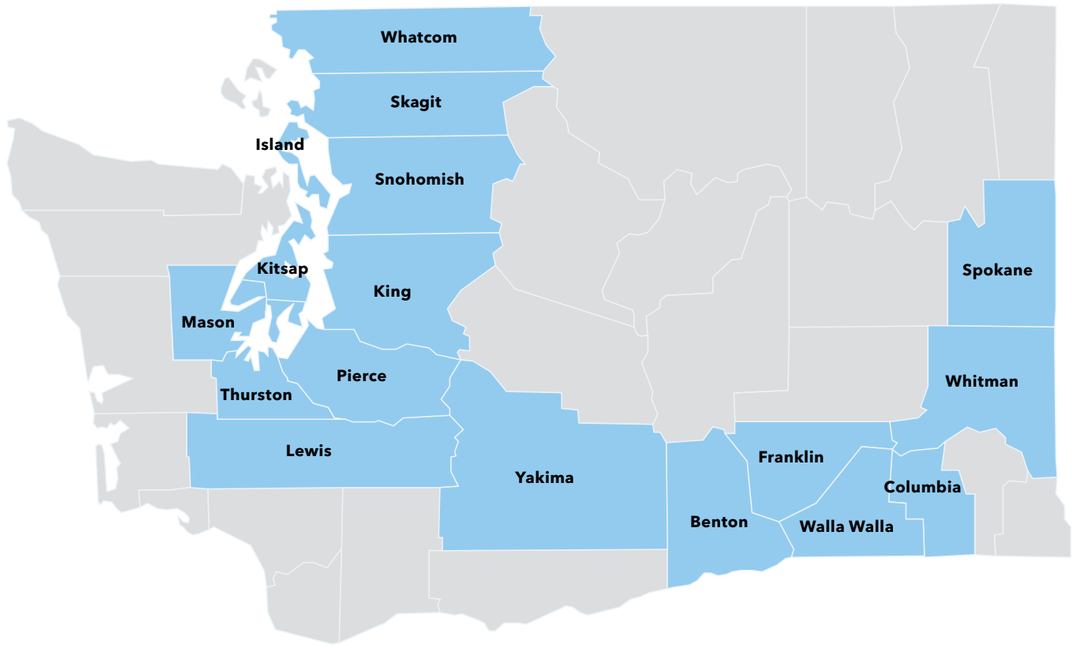
Aetna Signature Administrators®, offering access to Aetna PPO network providers

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- Visit **aetna.com/asa**

Care from nonparticipating providers

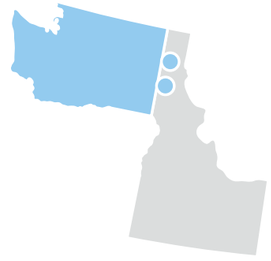
- Any licensed provider in the United States
- Covered at the out-of-network benefit level; balance billing may apply

All plans: In-network care across Washington state

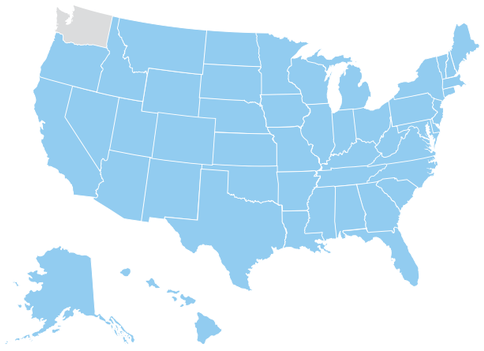


Options, and Access PPO, plans: In-network care across the nation

Washington and Idaho Kootenai and Latah counties
First Choice Health Network



All other states
Aetna PPO Network



2027 Kaiser Foundation Health Plan of Washington plans

Core provider network

Features	KP Bronze Core HSA 6000 In network	KP Silver Core HSA 3500 In network	KP Silver Core HSA 4500 In network	KP Silver Core 1800 In network
Plan type	HSA-qualified	HSA-qualified	HSA-qualified	Deductible
Annual medical deductible (individual/family)	$6,000/$12,000	$3,500 /$7,000	$4,500/$9,000	$1,800/$3,600
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	$8,500/$17,000	$8,700/$17,400	$9,500/$19,000
Coinsurance	40%	25%	30%	30%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	40% after deductible	25% after deductible	30% after deductible	$40 after deductible
Specialty care office visit	40% after deductible	25% after deductible	30% after deductible	$80 after deductible
Most X-rays	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Most lab tests	40% after deductible	25% after deductible	30% after deductible	30% after deductible
MRI, CT, PET	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Outpatient surgery	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Mental health visit	40% after deductible	25% after deductible	30% after deductible	$40 after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Worldwide emergency and urgent care				
Emergency department visit	40% after deductible	25% after deductible	30% after deductible	30% after deductible
Urgent care visit	40% after deductible	25% after deductible	30% after deductible	$80 after deductible
Retail prescription drugs (up to 30-day supply)				
Tier 1: Preferred generic	45% after deductible	25% after deductible	30% after deductible	$30
Tier 2: Preferred brand	50% after deductible	40% after deductible	40% after deductible	$70
Tier 3: Nonpreferred generic and brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Tier 4: Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Alternative medicine				
Acupuncture visits and 10 chiropractic visits	40% after deductible	25% after deductible	30% after deductible	$40 after deductible
Optical				
Pediatric exam and hardware (18 and younger)	Covered in full	Covered in full	Covered in full	Covered in full
Adult optical hardware (19 and over)	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year
Adult optical exam	40% after deductible	25% after deductible	30% after deductible	$40 after deductible primary/ $80 after deductible specialty

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.

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington plans

EO = Employee only | **LX =** Lab and X-ray

Core provider network

	KP Silver Core 5000 LX	KP Silver Core 2500 LX	KP Silver Core 2500 LX-EO	KP Gold Core 1500 LX
Features		In network	In network	In network
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	$5,000/$10,000	$2,500/$5,000	$2,500/$5,000	$1,500 / $3,000
Annual out-of-pocket maximum (individual/family)	$10,500/$21,000	$9,500/$19,000	$9,500/$19,000	$7,250/$14,500
Coinsurance	30%	30%	30%	30%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)			Upfront office visits prior to deductible	
Primary care office visit	$40	$35	$35	$25
Specialty care office visit	$80	$75	$75	$60
Most X-rays	$70	$60	$60	$25
Most lab tests	$65	$60	$60	$25
MRI, CT, PET	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient surgery	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Mental health visit	$40	$35	$35	$25
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Worldwide emergency and urgent care				
Emergency department visit	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care visit	$80	$75	$75	$60
Retail prescription drugs (up to 30-day supply)				
Tier 1: Preferred generic	$35	$30	$30	$20
Tier 2: Preferred brand	$75	$75	$75	$45
Tier 3: Nonpreferred generic and brand	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Tier 4: Specialty	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Alternative medicine				
Acupuncture visits and 10 chiropractic visits	$40	$35	$35	$25
Optical				
Pediatric exam and hardware (18 and younger)	Covered in full	Covered in full	Covered in full	Covered in full
Adult optical hardware (19 and over)	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year
Adult optical exam	$40 Primary/$80 Specialty	$35 primary/$75 specialty	$35 primary/$75 specialty	$25 primary/$60 specialty

Plan and benefit details

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

Employee Only (EO) plan
These include coverage for employees only. Because spouses and dependents are not eligible, they may seek coverage through Washington Healthplanfinder and receive tax credits, when applicable.

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.

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington plans

Core provider network

EO = Employee only | **LX =** Lab and X-ray

Features	KP Gold Core 600 LX In network	KP Gold Core 600 LX-EO In network	KP Gold Core 2000 LX In network	KP Platinum Core 350 LX In network
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	$600/$1,200	$600/$1,200	$2,000/$4,000	$350/$700
Annual out-of-pocket maximum (individual/family)	$7,500/$15,000	$7,500/$15,000	$8,250/$16,500	$3,850/$7,700
Coinsurance	25%	25%	30%	10%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		Upfront office visits prior to deductible	
Primary care office visit	$20	$20	$25	$10
Specialty care office visit	$45	$45	$50	$30
Most X-rays	$35	$35	$35	$20
Most lab tests	$25	$25	$25	$10
MRI, CT, PET	25% after deductible	25% after deductible	30% after deductible	10% after deductible
Outpatient surgery	25% after deductible	25% after deductible	30% after deductible	10% after deductible
Mental health visit	$20	$20	$25	$10
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	25% after deductible	30% after deductible	10% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	25% after deductible	30% after deductible	10% after deductible
Worldwide emergency and urgent care				
Emergency department visit	25% after deductible	25% after deductible	30% after deductible	20% after deductible
Urgent care visit	$45	$45	$50	$30
Retail prescription drugs (up to 30-day supply)				
Tier 1: Preferred generic	$20	$20	$20	$10
Tier 2: Preferred brand	$45	$45	$50	$35
Tier 3: Nonpreferred generic and brand	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Tier 4: Specialty	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Alternative medicine				
Acupuncture visits and 10 chiropractic visits	$20	$20	$25	$10
Optical				
Pediatric exam and hardware (18 and younger)	Covered in full	Covered in full	Covered in full	Covered in full
Adult optical hardware (19 and over)	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year	$250 allowance per calendar year
Adult optical exam	$20 primary/$45 specialty	$20 primary/$45 specialty	$25 Primary/$50 Specialty	$10 primary/$30 specialty

Plan and benefit details

Lab and X-ray (LX) plans

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

Employee Only (EO) plan

These include coverage for employees only. Because spouses and dependents are not eligible, they may seek coverage through Washington Healthplanfinder and receive tax credits, when applicable.

Pharmacy coverage

Members can fill the first prescription for a new medication at an in-network pharmacy or through our mail-order service.

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**).

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

Options provider network

EO = Employee only | **LX =** Lab and X-ray

Features	KP Plus Silver 2500 LX		KP Plus Gold 600 LX	
	In network	Out of network Limited to 10 covered services per calendar year, combined	In network	Out of network Limited to 10 covered services per calendar year, combined
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	$2,500/$5,000	NA	$600/$1,200	NA
Annual out-of-pocket maximum (individual/family)	$9,500/$19,000	NA	$7,500/$15,000	NA
Coinsurance	30%	40%	25%	35%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	$35	$55	$20	$40
Specialty care office visit	$75	$95	$45	$65
Most X-rays	$60	$80	$35	$55
Most lab tests	$60	$80	$25	$45
MRI, CT, PET	30% after deductible	Not covered	25% after deductible	Not covered
Outpatient surgery	30% after deductible	Not covered	25% after deductible	Not covered
Mental health visit	$35	$55	$20	$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	Not covered	25% after deductible	Not covered
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	Not covered	25% after deductible	Not covered
Worldwide emergency and urgent care*				
Emergency department visit	30% after deductible	30% after in-network deductible	25% after deductible	25% after in-network deductible
Urgent care visit	$75	30% after in-network deductible	$45	25% after in-network deductible
Retail prescription drugs (up to 30-day supply)		Limited to 5 prescription fills per year		Limited to 5 prescription fills per year
Tier 1: Preferred generic	$30	$50	$20	$40
Tier 2: Preferred brand	$75	$95	$45	$65
Tier 3: Nonpreferred generic and brand	50% after deductible	50%	40% after deductible	50%
Tier 4: Specialty	50% after deductible	Not covered	40% after deductible	Not covered
Alternative medicine				
Acupuncture visits and 10 chiropractic visits	$35	$55	$20	$40
Optical				
Pediatric (18 and younger)	Covered in full	Exam covered in full, hardware not covered	Covered in full	Exam covered in full, hardware not covered
Adult optical hardware (19 and over)	$250 allowance per calendar year	Not covered	$250 allowance per calendar year	Not covered
Adult optical exam	$35 primary care/$75 specialty care	$55 primary care/$95 specialty care	$20 primary care/$45 specialty care	$40 primary care/$65 specialty care

Plan and benefit details

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

Kaiser Permanente Plus™ plan

Kaiser Permanente Plus (KP Plus) is an affordable health plan that gives your employees access to high-quality care from Kaiser Permanente and affiliated providers, plus the flexibility to get a defined amount of care from out-of-network providers each year.

KP Plus highlights

- Comprehensive coverage of care from Kaiser Permanente and affiliated providers.
- Up to 10 out-of-network outpatient medical services and 5 prescription fills or refills per 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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

*The limit of 10 covered services does not apply.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

Options provider network

Features	KP Plus Platinum 350 LX In network	KP Plus Platinum 350 LX Out of network Limited to 10 covered services per calendar year, combined
Plan type	Deductible	Deductible
Annual medical deductible (individual/family)	$350/$700	NA
Annual out-of-pocket maximum (individual/family)	$3,850/$7,700	NA
Coinsurance	10%	20%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	No charge
Outpatient services (per visit or procedure)		
Primary care office visit	$10	$30
Specialty care office visit	$30	$50
Most X-rays	$20	$40
Most lab tests	$10	$30
MRI, CT, PET	10% after deductible	Not covered
Outpatient surgery	10% after deductible	Not covered
Mental health visit	$10	$30
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	Not covered
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	10% after deductible	Not covered
Worldwide emergency and urgent care*		
Emergency department visit	20% after deductible	20% after in-network deductible
Urgent care visit	$30	20% after in-network deductible
Retail prescription drugs (up to 30-day supply)		Limited to 5 prescription fills per year
Tier 1: Preferred generic	$10	$30
Tier 2: Preferred brand	$35	$55
Tier 3: Nonpreferred generic and brand	40% after deductible	50%
Tier 4: Specialty	40% after deductible	Not covered
Alternative medicine		
Acupuncture visits and 10 chiropractic visits	$10	$30
Optical		
Pediatric (18 and younger)	Covered in full	Exam covered in full, hardware not covered
Adult optical hardware (19 and over)	$250 allowance per calendar year	Not covered
Adult optical exam	$10 primary care/$30 specialty care	$30 primary care/$50 specialty care

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

*The limit of 10 covered services does not apply.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

EO = Employee only | **LX =** Lab and X-ray

Access PPO provider network

Features	KP Bronze Access PPO HSA 6000 In network	KP Bronze Access PPO HSA 6000 Out of network	KP Bronze Access PPO 8000 In network	KP Bronze Access PPO 8000 Out of network
Plan type	HSA-qualified		HSA-qualified	
Annual medical deductible (individual/family)	$6,000/$12,000	$12,000/$24,000	$8,000/$16,000	$16,000/$32,000
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	No limit	$11,250/$22,500	No limit
Coinsurance	40%	50%	40%	50%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	50% after deductible	No charge	50% after deductible
Outpatient services (per visit or procedure)				
Primary care office visit	40% after deductible	50% after deductible	$50	50% after deductible
Specialty care office visit	40% after deductible	50% after deductible	$100	50% after deductible
Most X-rays	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Most lab tests	40% after deductible	50% after deductible	40% after deductible	50% after deductible
MRI, CT, PET	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Mental health visit	40% after deductible	50% after deductible	$50	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	40% after deductible	50% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible	No charge	50% after deductible
Delivery and inpatient well-baby care	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Worldwide emergency and urgent care				
Emergency department visit	40% after deductible		40% after deductible	
Urgent care visit	40% after deductible	50% after deductible	$100	50% after deductible

Retail prescription drugs (up to 30-day supply)	In network: Enhanced	In network: Standard		In network: Enhanced	In network: Standard	
Tier 1: Preferred generic	30% after deductible	50% after deductible	Not covered	$35	$55	Not covered
Tier 2: Preferred brand	30% after deductible	50% after deductible	Not covered	30% after deductible	50% after deductible	Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible	50% after deductible	Not covered	40% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered	50% after deductible	50% after deductible	Not covered
Alternative medicine						
Acupuncture visits and 10 chiropractic visits	40% after deductible		50% after deductible	$50		50% after deductible/Optical Hardware covered in full.
Optical						
Pediatric exam and hardware (18 and younger)	Covered in full		Exams 50% after deductible Optical Hardware covered in full	Covered in full		Exams 50% after deductible. Optical hardware covered in full.
Adult optical hardware (19 and over)	$250 allowance per calendar year			$250 allowance per calendar year		
Adult optical exam	40% after deductible		50% after deductible	$50 Primary/$100 Specialty		50% after deductible

Plan and benefit details

Lab and X-ray (LX) plans

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

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

Access PPO provider network

Features	KP Silver Access PPO HSA 4000		KP Silver Access PPO 5000	
	In network	Out of network	In network	Out of network
Plan type	HSA-qualified		Deductible	
Annual medical deductible (individual/family)	$4,000/$8,000	$8,000/$16,000	$5,000/$10,000	$10,000/$20,000
Annual out-of-pocket maximum (individual/family)	$8,700/$17,400	No limit	$9,750/$19,500	No limit
Coinsurance	35%	50%	35%	50%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	50% after deductible	No charge	50% after deductible
Outpatient services (per visit or procedure)			Upfront office visits prior to deductible	
Primary care office visit	35% after deductible	50% after deductible	$45	50% after deductible
Specialty care office visit	35% after deductible	50% after deductible	$75	50% after deductible
Most X-rays	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Most lab tests	35% after deductible	50% after deductible	35% after deductible	50% after deductible
MRI, CT, PET	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient surgery	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Mental health visit	35% after deductible	50% after deductible	$45	50% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible	No charge	50% after deductible
Delivery and inpatient well-baby care	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Worldwide emergency and urgent care				
Emergency department visit	35% after deductible		35% after deductible	
Urgent care visit	35% after deductible	50% after deductible	$75	50% after deductible
Retail prescription drugs (up to 30-day supply)	**In network: Enhanced** / **In network: Standard**		**In network: Enhanced** / **In network: Standard**	
Tier 1: Preferred generic	10% after deductible / 20% after deductible	Not covered	$25 / $35	Not covered
Tier 2: Preferred brand	20% after deductible / 30% after deductible	Not covered	$60 / $70	Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible / 50% after deductible	Not covered	45% after deductible / 50% after deductible	Not covered
Tier 4: Specialty	50% after deductible	Not covered	50% after deductible	Not covered
Alternative medicine				
Acupuncture visits and 10 chiropractic visits	35% after deductible	50% after deductible	$45	50% after deductible
Optical				
Pediatric exam and hardware (18 and younger)	Covered in full	Exams 50% after deductible Optical Hardware covered in full	Covered in full	Exams 50% after deductible Optical Hardware covered in full
Adult optical hardware (19 and over)	$250 allowance per calendar year		$250 allowance per calendar year	
Adult optical exam	35% after deductible	50% after deductible	$45 primary/$75 specialty	50% after deductible

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

Access PPO provider network

EO = Employee only | **LX =** Lab and X-ray

Features	KP Silver Access PPO 2500 LX		KP Silver Access PPO 3500 LX		KP Silver Access PPO 3500 LX - EO	
	In network	Out of network	In network	Out of network	In network	Out of network
Plan type	Deductible		Deductible		Deductible	
Annual medical deductible (individual/family)	$2,500/$5,000	$5,000/$10,000	$3,500/$7,000	$7,000/$14,000	$3,500/$7,000	$7,000/$14,000
Annual out-of-pocket maximum (individual/family)	$9,500/$19,000	No limit	$9,250/$18,500	No limit	$9,250/$18,500	No limit
Coinsurance	35%	50%	35%	50%	35%	50%
Benefits						
Preventive care						
Routine physical exam, mammogram, etc.	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		Upfront office visits prior to deductible		Upfront office visits prior to deductible	
Primary care office visit	$40	50% after deductible	$45	50% after deductible	$45	50% after deductible
Specialty care office visit	$65	50% after deductible	$70	50% after deductible	$70	50% after deductible
Most X-rays	$65	50% after deductible	$65	50% after deductible	$65	50% after deductible
Most lab tests	$60	50% after deductible	$65	50% after deductible	$65	50% after deductible
MRI, CT, PET	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient surgery	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Mental health visit	$40	50% after deductible	$45	50% after deductible	$45	50% after deductible
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Maternity						
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Delivery and inpatient well-baby care	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Worldwide emergency and urgent care						
Emergency department visit	35% after deductible		35% after deductible		35% after deductible	
Urgent care visit	$65	50% after deductible	$70	50% after deductible	$70	50% after deductible
Retail prescription drugs (up to 30-day supply)	**In network: Enhanced** / **In network: Standard**		**In network: Enhanced** / **In network: Standard**		**In network: Enhanced** / **In network: Standard**	
Tier 1: Preferred generic	$20	$40 / Not covered	$25	$35 / Not covered	$25	$35 / Not covered
Tier 2: Preferred brand	$55	$75 / Not covered	$55	$65 / Not covered	$55	$65 / Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible	50% after deductible / Not covered	40% after deductible	50% after deductible / Not covered	40% after deductible	50% after deductible / Not covered
Tier 4: Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Alternative medicine						
Acupuncture visits and 10 chiropractic visits	$40	50% after deductible	$45	50% after deductible	$45	50% after deductible
Optical						
Pediatric exam and hardware (18 and younger)	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.
Adult optical hardware (19 and older)	$250 allowance per calendar year		$250 allowance per calendar year		$250 allowance per calendar year	
Adult optical exam	$40 Primary/$65 Specialty	50% after deductible	$45 Primary/$70 Specialty	50% after deductible	$45 Primary/$70 Specialty	50% after deductible

Plan and benefit details

Lab and X-ray (LX) plans

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

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

EO = Employee only | **LX =** Lab and X-ray

Access PPO provider network

Features	KP Gold Access PPO 600 LX		KP Gold Access PPO 1500 LX		KP Gold Access PPO 2000 LX	
	In network	Out of network	In network	Out of network	In network	Out of network
Plan type	Deductible		Deductible		Deductible	
Annual medical deductible (individual/family)	$600/$1,200	$1,200/$2,400	$1,500/$3,000	$3,000/$6,000	$2,000/$4,000	$4,000/$8,000
Annual out-of-pocket maximum (individual/family)	$8,700/$17,400	No limit	$7,000/$14,000	No limit	$7,500/$15,000	No limit
Coinsurance	20%	50%	20%	50%	25%	50%
Benefits						
Preventive care						
Routine physical exam, mammogram, etc.	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible					
Primary care office visit	$25	50% after deductible	$30	50% after deductible	$30	50% after deductible
Specialty care office visit	$50	50% after deductible	$50	50% after deductible	$55	50% after deductible
Most X-rays	$40	50% after deductible	$40	50% after deductible	$40	50% after deductible
Most lab tests	$40	50% after deductible	$30	50% after deductible	$30	50% after deductible
MRI, CT, PET	20% after deductible	50% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Mental health visit	$25	50% after deductible	$30	50% after deductible	$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	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Maternity						
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Delivery and inpatient well-baby care	20% after deductible	50% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Worldwide emergency and urgent care						
Emergency department visit	20% after deductible		20% after deductible		25% after deductible	
Urgent care visit	$50	50% after deductible	$50	50% after deductible	$55	50% after deductible
Retail prescription drugs (up to 30-day supply)	**In network: Enhanced**	**In network: Standard**	**In network: Enhanced**	**In network: Standard**	**In network: Enhanced**	**In network: Standard**
Tier 1: Preferred generic	$10	$25	$10	$20	$10	$20
Tier 2: Preferred brand	$45	$50	$25	$50	$25	$50
Tier 3: Nonpreferred generic and brand	35% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible
Tier 4: Specialty	40% after deductible		40% after deductible		40% after deductible	40% after deductible
Alternative medicine						
Acupuncture visits and 10 chiropractic visits	$25	50% after deductible	$30	50% after deductible	$30	50% after deductible
Optical						
Pediatric exam and hardware (18 and younger)	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.
Adult optical hardware (19 and older)	$250 allowance per calendar year		$250 allowance per calendar year		$250 allowance per calendar year	
Adult optical exam	$25 Primary/$50 Specialty	50% after deductible	$30 Primary/$50 Specialty	50% after deductible	$30 Primary/$55 Specialty	50% after deductible

Plan and benefit details

Lab and X-ray (LX) plans

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

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Kaiser Foundation Health Plan of Washington Options, Inc., plans

Access PPO provider network

EO = Employee only | **LX =** Lab and X-ray

Features	KP Platinum Access PPO 500 LX		KP Platinum Access PPO 350 LX	
	In network	Out of network	In network	Out of network
Plan type	Deductible		Deductible	
Annual medical deductible (individual/family)	$500/$1,000	$1,000/$2,000	$350/$700	$700/$1,400
Annual out-of-pocket maximum (individual/family)	$5,000/$10,000	No limit	$4,000/$8,000	No limit
Coinsurance	20%	50%	10%	50%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No charge	50% after deductible	No charge	50% after deductible
Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		Upfront office visits prior to deductible	
Primary care office visit	$10	50% after deductible	$20	50% after deductible
Specialty care office visit	$35	50% after deductible	$35	50% after deductible
Most X-rays	$30	50% after deductible	$30	50% after deductible
Most lab tests	$20	50% after deductible	$20	50% after deductible
MRI, CT, PET	20% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	10% after deductible	50% after deductible
Mental health visit	$10	50% after deductible	$20	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	10% after deductible	50% after deductible
Maternity				
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible	No charge	50% after deductible
Delivery and inpatient well-baby care	20% after deductible	50% after deductible	10% after deductible	50% after deductible
Worldwide emergency and urgent care				
Emergency department visit	20% after deductible		20% after deductible	
Urgent care visit	$35	50% after deductible	$35	50% after deductible

Retail prescription drugs (up to 30-day supply)	In network: Enhanced	In network: Standard		In network: Enhanced	In network: Standard	
Tier 1: Preferred generic	$10	$20	Not covered	$5	$10	Not covered
Tier 2: Preferred brand	$20	$40	Not covered	$15	$30	Not covered
Tier 3: Nonpreferred generic and brand	45% after deductible	50% after deductible	Not covered	40% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered	50% after deductible		Not covered

Alternative medicine				
Acupuncture visits and 10 chiropractic visits	$10	50% after deductible	$20	50% after deductible
Optical				
Pediatric exam and hardware (18 and younger)	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.	Covered in full	Exams 50% after deductible. Optical Hardware covered in full.
Adult optical hardware (19 and older)	$250 allowance per calendar year		$250 allowance per calendar year	
Adult optical exam	$10 Primary/$35 Specialty	50% after deductible	$20 Primary/$35 Specialty	50% after deductible

Plan and benefit details

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

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.

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

See pages 32–34 for details, as well as information on optional dental coverage for adults and families.

See page 35 for primary and specialty care descriptions.

2027 Adult and pediatric dental coverage

When you select a 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; mandated pediatric coverage is for members or their dependents 18 and younger.

If you purchase the Delta Dental Basic Family or Standard Family plan, both of which include pediatric and adult coverage, you fulfill the federal mandate to provide pediatric dental coverage. However, if you do not purchase a family dental plan, the medical plan will automatically be paired with a pediatric-only dental plan offered by Delta Dental to fulfill the federal mandate. Here is a summary of benefits for the dental plans.

Summary of dental benefits

	BASIC FAMILY PLAN Maximum allowed amount paid by Delta Dental of Washington				**STANDARD FAMILY PLAN** Maximum allowed amount paid by Delta Dental of Washington			
	PEDIATRIC 18 and younger		**ADULT**		**PEDIATRIC** 18 and younger		**ADULT**	
	Delta Dental participating dentist	**Nonparticipating dentist**	**Delta Dental participating dentist**	**Nonparticipating dentist**	**Delta Dental participating dentist**	**Nonparticipating dentist**	**Delta Dental participating dentist**	**Nonparticipating dentist**
Maximum benefit	No annual maximum		$1,000 annual plan maximum $1,000 lifetime adult ortho maximum $1,000 annual TMJ[1] maximum $5,000 lifetime TMJ[1] maximum		No annual maximum		$1,500 annual plan maximum $1,000 lifetime adult ortho maximum $1,000 annual TMJ[1] maximum $5,000 lifetime TMJ[1] maximum	
Annual deductible Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	$50 per child per year		$50 per adult per year		$50 per child per year		$50 per adult per year	
Annual out-of-pocket maximum	$450 per child per year $900 per year for families with 2 or more children	Not applicable	Not applicable		$450 per child per year $900 per year for families with 2 or more children	Not applicable	Not applicable	
Diagnostic and preventive Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%	100%	100%	100%	100%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery	80%	80%	50%	50%	80%	80%	80%	80%
Major Crowns, dentures, partials, and bridges. Implants and TMJ[1] are for adults 19 and older	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Coinsurance, Lifetime maximum, Deductible is waived for medically necessary orthodontia	50%/unlimited/medically necessary[2]		50%/$1,000 lifetime adult ortho maximum		50%/unlimited/medically necessary[2]		50%/$1,000 lifetime adult ortho maximum	

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 Delta Dental PPO Plus Premier™ 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.

Pediatric benefits: Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum. Dental premiums will be assessed and billed separately from the medical premiums.

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.

Visit a participating Delta Dental network dentist

We encourage your employees to see a participating dentist. These dentists contract with Delta Dental to provide services at discounted fees and file all claims for their patients. Dentists who are part of Delta Dental's networks will not charge more than their approved fees and cost less than an out-of-network dentist.

Your employees may select any licensed dentist to provide services under this plan. However, if they go Delta Dental does not control the fees charged by dentists who are not in their networks. For services provided by these dentists, Delta Dental will pay either the dentist's actual charges or Delta Dental's maximum allowable fee for Non-Participating Dentists, whichever is less. The member is responsible for any remaining balance. Employees may be responsible for submitting their claims.

Finding a Delta Dental network dentist

Your employees can visit **deltadentalwa.com** and use the Find a Dentist tool. Just remind them to select the Delta Dental PPO Plus Premier™ network. The online directory is easy to use anytime, on a computer or on a smartphone. Employees can search based on preferences that matter to them, including dentist name, specialty, location, and language. They can even see endorsements from other Delta Dental patients for categories including "extended office hours," "friendly staff, "kid-friendly," and if they make extra efforts to help ease anxiety. Your employees can also call Delta Dental at **1-800-554-1907** for assistance in finding a network dentist.

2027 Pediatric dental coverage

Although coverage for adults 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 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 dental benefits

	PEDIATRIC PLAN – 18 and younger Maximum allowed amount paid by Delta Dental of Washington	
	Delta Dental participating dentist	**Nonparticipating dentist**
Maximum benefit	No annual maximum	
Annual deductible Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	$50 per child per year	
Annual out-of-pocket maximum Does not apply to services performed by nonparticipating dentists	$450 per child per year $900 per year for families with 2 or more children	Not applicable
Diagnostic and preventive Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	100%	100%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery	80%	80%
Major Crowns, dentures, partials, bridges	50%	50%
Medically necessary orthodontia* Coinsurance Lifetime maximum Deductible is waived for medically necessary orthodontia	50%/Unlimited	

Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum.
$900 per family maximum out-of-pocket limit only applies to members 18 and younger.
*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.

DELTA DENTAL®

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 and gynecology
- Optometry
- Osteopathy
- Pediatrics
- Pharmacist
- Urgent care
- Women's health care (nonpreventive)

SPECIALITY CARE INCLUDES:

- Allergy and immunology
- Anesthesiology
- Audiology
- Cardiology (pediatric and cardiovascular disease)
- Critical care medicine
- Dentistry
- Dermatology
- Endocrinology
- Enterostomal therapy
- Gastroenterology
- Genetics
- Hepatology
- Infectious disease
- Massage therapy
- Neonatal-perinatal medicine
- Nephrology
- Neurology
- Hematology/Oncology
- Nutrition (nonpreventive)
- Occupational medicine
- Occupational therapy
- Oncology pharmacist
- Ophthalmology
- Orthopedics
- ENT/Otolaryngology
- Pain management
- Pathology
- Physiatry (physical medicine)
- Physical therapy
- Podiatry
- Pulmonary medicine/disease
- Radiology (nuclear medicine, radiation therapy)
- Respiratory therapy
- Rheumatology
- Speech therapy
- Sports medicine
- General surgery (all specific surgeries)
- Urology

For more information

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

Please refer to your *Evidence of Coverage* for details.

One of the highest-ranked medical groups

Our medical group has been one of the top-ranked medical groups in the state for 18 years in a row.*

*Washington Health Alliance 2008–2026 Community Checkup reports, https://www.wacommunitycheckup.org/reports/2026-community-checkup-report/. The 2017–2026 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking 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.

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