



\$250 Deductible A Plan: Alternative Care & Vision	
January 1, 2026 - December 31, 2026	
Deductible	
For one Member per Calendar Year	\$250
For an entire Family per Calendar Year	\$750
Out-of-Pocket Maximum (Note: All Deductible, Copayment, and Colunless otherwise noted.)	nsurance amounts count toward the Out of Pocket Maximum,
For one Member	\$2,000
For an entire Family	\$6,000
Office visits	You pay
Routine preventative physical exam	\$0
Telehealth (phone/video)	\$0*
Primary Care	\$5 for first 3 visits; then \$15 for additional visits in the same Year
Specialty Care	\$25
Urgent Care	\$35
Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$15 per department visit
X-ray, imaging, and special diagnostic procedures	\$15 per department visit
CT, MRI, PET scans	\$15 per department visit
Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	Generic \$10, Preferred \$20, Non-preferred \$20, Specialty \$20 (Per prescription)
Mail Order Prescription drugs (up to a 90 day supply)	2 x Copay
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$10
Maternity Care	You pay
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$15 per department visit
X-ray, imaging, and special diagnostic procedures	\$15 per department visit
Inpatient Hospital Services	20% Coinsurance after Deductible
Hospital Services	You pay
Ambulance Services (per transport)	20% Coinsurance after Deductible
Emergency services	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
Outpatient Services (other)	You pay
Outpatient surgery visit	20% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$25 after Deductible
Durable medical equipment	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)	\$25
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	20% Coinsurance after Deductible
Mental Health and Substance Use Disorder Services	You pay
Outpatient Services (Group visit ½ copay)	\$5 for first 3 visits; then \$15 for additional visits in the same Year
Inpatient hospital & residential Services	20% Coinsurance after Deductible
Alternative Care** (self-referred)	You pay

Acupuncture Services (up to 12 visits per year)	\$20 per visit
Chiropractic Services (up to 20 visits per year)	\$20 per visit
Massage Therapy (up to 12 visits per year)	\$25 per visit
Naturopathic Medicine	\$5 for first 3 visits; then \$15 for additional visits in the same Year *
Vision Services	You pay
Routine eye exam (covered until the end of the month in which Member turns 19 years of age)	\$0
Vision hardware and optical Services (covered until the end of the month in which the Member turns 19 years of age.)**	No charge for eyeglass lenses or frames or contact lenses every 12 months.
Routine eye exam (For members 19 years and older)	\$15
Vision hardware and optical Services (For members 19 years and older)*	Balance after \$150 allowance, once every calendar year

<sup>\*</sup> First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, mental health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

#### \*\* Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.

### kp.org Resources:

Here are some ways to make managing your care easier:

Sign on to our convenient online services and stay on top of your treatment from the comfort of your home.

- Find or switch doctors
- View lab test results
- · Health risk assessments
- Order prescription refills

- Schedule and cancel appointments
- Exchange secure emails with your doctor and health care team
- Find locations of our medical centers and offices

## **Appointment Alternatives:**

**-Get Care Now with a Clinician –** Talk to a clinician 24/7 over video or phone for quality care when you need it – no appointment needed. Using your Kaiser Permanente App, select Get Care Now on the home screen, and then select Get Care Now with a Clinician to start the process. You can also visit kp.org/getcare to learn more about your care options.

-Advice Nurse Line - If you have a health concern but aren't sure where to go for care, call the Kaiser Permanente advice nurse line at (800) 813-2000. Available 24 hours a day, our advice nurses can give you guidance on getting the care you need, view your medical record, and help schedule an appointment if needed.

-Virtual Care - Virtual care options are available for many health concerns. You can skip a copay and schedule a visit to see a doctor using your computer or mobile device. Call (800) 813-2000 (toll free), (503) 813-2000, or 711 (TTY for the hearing/speech impaired). You can use online scheduling to make an appointment with our Urgent Care providers. We offer both same-day Urgent Care Telephone Appointments and Urgent Care Video Visits.

-Email Your Doctor - You can send a secure email to your doctor and care team for answers to non-urgent health and wellness questions at any time by logging on to kp.org on your computer or mobile device.

# **Disease Management:**

Our integrated health care delivery system provides comprehensive and coordinated care for our members with chronic conditions. All members who are identified by specified criteria are automatically enrolled in one of our disease management programs. Your personal physician, specialists, pharmacists, nurses, nutritionists, class instructors, and others will care for the whole you, body and mind.

## Health and Wellness Classes & Resources: kp.org/healthengagement

Find information, tips, and resources you can use to help you take charge of your health. Browse the available classes online or learn more about health coaching.

## Wellness Resources: kp.org/health-wellness

As a Kaiser Permanente member, you can enjoy no-cost and discounted online tools, apps, classes, programs, and activities that can help keep you happy and healthy.

**Questions? Call Member Services** (M-F, 8 am-6 pm) or **visit kp.org** Portland area: 503-813-2000 All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your Evidence of Coverage (EOC) or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail. EOCs are available upon request or you may go to **kp.org/plandocuments**.