



CHOOSE TOTAL HEALTH

DISCOVER THE WASHINGTON PLAN THAT'S RIGHT FOR YOU

Taking care of yourself entails more than just regular checkups. With health care plans offered by Kaiser Foundation Health Plan of the Northwest (KFHPNW), you have access to an array of coverage and tools to help you achieve a balance of mind, body, and spirit. You have the ability to choose a primary care provider who will work with you and become your health advocate. Our health programs, classes, and online tools cover a wide variety of issues to help you take charge of your well-being.¹ And we make it convenient for you, too, with minimal paperwork! Plus, in our Northwest service area, there are conveniently located facilities—many with several services under one roof.² We know you're busy, so we're here to help you meet your personal health goals—quickly and easily.

With five Silver plans, you'll find a combination of rates and features that satisfies your needs.

To learn more, call us today at **1-877-813-3424** for your **free** Information Kit, or visit us online at kp.org/individuals.

¹Some classes may require a fee.

²Seven Washington facilities

CLARK COUNTY – MONTHLY RATES AT A GLANCE

Clark County serviceable ZIP codes: 98601, 98604, 98606–07, 98622, 98629, 98642, 98648, 98660–68, 98671, 98675, 98682–87

Silver \$500 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$157	\$314	\$283	\$471
25–29	\$186	\$372	\$335	\$558
30–34	\$207	\$414	\$373	\$621
35–39	\$237	\$474	\$427	\$711
40–44	\$293	\$586	\$527	\$879
45–49	\$347	\$694	\$625	\$1,041
50–54	\$436	\$872	\$785	\$1,308
55–59	\$506	\$1,012	\$911	\$1,518
60+	\$588	\$1,176	\$1,058	\$1,764

Silver \$1,000 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$144	\$288	\$259	\$432
25–29	\$170	\$340	\$306	\$510
30–34	\$189	\$378	\$340	\$567
35–39	\$218	\$436	\$392	\$654
40–44	\$269	\$538	\$484	\$807
45–49	\$318	\$636	\$572	\$954
50–54	\$399	\$798	\$718	\$1,197
55–59	\$464	\$928	\$835	\$1,392
60+	\$539	\$1,078	\$970	\$1,617

Silver \$2,500 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$97	\$194	\$175	\$291
25–29	\$114	\$228	\$205	\$342
30–34	\$142	\$284	\$256	\$426
35–39	\$194	\$388	\$349	\$582
40–44	\$262	\$524	\$472	\$786
45–49	\$289	\$578	\$520	\$867
50–54	\$341	\$682	\$614	\$1,023
55–59	\$352	\$704	\$634	\$1,056
60+	\$362	\$724	\$652	\$1,086

*Rates are based on the age of the younger spouse.

CLARK COUNTY – MONTHLY RATES AT A GLANCE

Silver \$500 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$194	\$388	\$349	\$582
25–29	\$230	\$460	\$414	\$690
30–34	\$255	\$510	\$459	\$765
35–39	\$293	\$586	\$527	\$879
40–44	\$362	\$724	\$652	\$1,086
45–49	\$429	\$858	\$772	\$1,287
50–54	\$538	\$1,076	\$968	\$1,614
55–59	\$625	\$1,250	\$1,125	\$1,875
60+	\$726	\$1,452	\$1,307	\$2,178

Silver \$1,000 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$179	\$358	\$322	\$537
25–29	\$211	\$422	\$380	\$633
30–34	\$235	\$470	\$423	\$705
35–39	\$270	\$540	\$486	\$810
40–44	\$333	\$666	\$599	\$999
45–49	\$395	\$790	\$711	\$1,185
50–54	\$495	\$990	\$891	\$1,485
55–59	\$575	\$1,150	\$1,035	\$1,725
60+	\$670	\$1,340	\$1,206	\$2,010

Silver \$2,500 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$119	\$238	\$214	\$357
25–29	\$141	\$282	\$254	\$423
30–34	\$175	\$350	\$315	\$525
35–39	\$240	\$480	\$432	\$720
40–44	\$323	\$646	\$581	\$969
45–49	\$357	\$714	\$643	\$1,071
50–54	\$421	\$842	\$758	\$1,263
55–59	\$434	\$868	\$781	\$1,302
60+	\$445	\$890	\$801	\$1,335

*Rates are based on the age of the younger spouse.

See back page for notes information.

CLARK COUNTY – MONTHLY RATES AT A GLANCE

Clark County serviceable ZIP codes: 98601, 98604, 98606–07, 98622, 98629, 98642, 98648, 98660–68, 98671, 98675, 98682–87

Silver \$4,000 Deductible Plan

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$77	\$154	\$139	\$231
25–29	\$92	\$184	\$166	\$276
30–34	\$114	\$228	\$205	\$342
35–39	\$156	\$312	\$281	\$468
40–44	\$210	\$420	\$378	\$630
45–49	\$232	\$464	\$418	\$696
50–54	\$273	\$546	\$491	\$819
55–59	\$282	\$564	\$508	\$846
60+	\$288	\$576	\$518	\$864

Silver \$6,000 Deductible Plan

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$66	\$132	\$119	\$198
25–29	\$77	\$154	\$139	\$231
30–34	\$96	\$192	\$173	\$288
35–39	\$132	\$264	\$238	\$396
40–44	\$178	\$356	\$320	\$534
45–49	\$196	\$392	\$353	\$588
50–54	\$231	\$462	\$416	\$693
55–59	\$239	\$478	\$430	\$717
60+	\$246	\$492	\$443	\$738

*Rates are based on the age of the younger spouse.

CLARK COUNTY – MONTHLY RATES AT A GLANCE

Silver \$4,000 Deductible Plan

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$95	\$190	\$171	\$285
25–29	\$113	\$226	\$203	\$339
30–34	\$140	\$280	\$252	\$420
35–39	\$192	\$384	\$346	\$576
40–44	\$258	\$516	\$464	\$774
45–49	\$286	\$572	\$515	\$858
50–54	\$336	\$672	\$605	\$1,008
55–59	\$347	\$694	\$625	\$1,041
60+	\$356	\$712	\$641	\$1,068

Silver \$6,000 Deductible Plan

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$81	\$162	\$146	\$243
25–29	\$96	\$192	\$173	\$288
30–34	\$119	\$238	\$214	\$357
35–39	\$163	\$326	\$293	\$489
40–44	\$220	\$440	\$396	\$660
45–49	\$243	\$486	\$437	\$729
50–54	\$286	\$572	\$515	\$858
55–59	\$295	\$590	\$531	\$885
60+	\$303	\$606	\$545	\$909

*Rates are based on the age of the younger spouse.

See back page for notes information.

NON-CLARK COUNTY – MONTHLY RATES AT A GLANCE

Non-Clark County serviceable ZIP codes: 98581, 98591, 98593, 98596, 98603, 98609, 98611-12, 98616, 98625-26, 98632, 98639, 98645, 98647, 98649, 98674

Silver \$500 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$168	\$336	\$302	\$504
25-29	\$199	\$398	\$358	\$597
30-34	\$221	\$442	\$398	\$663
35-39	\$254	\$508	\$457	\$762
40-44	\$313	\$626	\$563	\$939
45-49	\$371	\$742	\$668	\$1,113
50-54	\$465	\$930	\$837	\$1,395
55-59	\$541	\$1,082	\$974	\$1,623
60+	\$629	\$1,258	\$1,132	\$1,887

Silver \$1,000 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$155	\$310	\$279	\$465
25-29	\$183	\$366	\$329	\$549
30-34	\$203	\$406	\$365	\$609
35-39	\$234	\$468	\$421	\$702
40-44	\$289	\$578	\$520	\$867
45-49	\$342	\$684	\$616	\$1,026
50-54	\$429	\$858	\$772	\$1,287
55-59	\$498	\$996	\$896	\$1,494
60+	\$581	\$1,162	\$1,046	\$1,743

Silver \$2,500 Deductible Plan with Rx

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$105	\$210	\$189	\$315
25-29	\$124	\$248	\$223	\$372
30-34	\$154	\$308	\$277	\$462
35-39	\$211	\$422	\$380	\$633
40-44	\$284	\$568	\$511	\$852
45-49	\$314	\$628	\$565	\$942
50-54	\$370	\$740	\$666	\$1,110
55-59	\$382	\$764	\$688	\$1,146
60+	\$393	\$786	\$707	\$1,179

*Rates are based on the age of the younger spouse.

NON-CLARK COUNTY – MONTHLY RATES AT A GLANCE

Silver \$500 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$206	\$412	\$371	\$618
25–29	\$244	\$488	\$439	\$732
30–34	\$271	\$542	\$488	\$813
35–39	\$311	\$622	\$560	\$933
40–44	\$384	\$768	\$691	\$1,152
45–49	\$455	\$910	\$819	\$1,365
50–54	\$571	\$1,142	\$1,028	\$1,713
55–59	\$663	\$1,326	\$1,193	\$1,989
60+	\$772	\$1,544	\$1,390	\$2,316

Silver \$1,000 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$190	\$380	\$342	\$570
25–29	\$224	\$448	\$403	\$672
30–34	\$249	\$498	\$448	\$747
35–39	\$286	\$572	\$515	\$858
40–44	\$353	\$706	\$635	\$1,059
45–49	\$418	\$836	\$752	\$1,254
50–54	\$525	\$1,050	\$945	\$1,575
55–59	\$610	\$1,220	\$1,098	\$1,830
60+	\$711	\$1,422	\$1,280	\$2,133

Silver \$2,500 Deductible Plan with Rx

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$128	\$256	\$230	\$384
25–29	\$151	\$302	\$272	\$453
30–34	\$187	\$374	\$337	\$561
35–39	\$256	\$512	\$461	\$768
40–44	\$346	\$692	\$623	\$1,038
45–49	\$382	\$764	\$688	\$1,146
50–54	\$450	\$900	\$810	\$1,350
55–59	\$465	\$930	\$837	\$1,395
60+	\$478	\$956	\$860	\$1,434

*Rates are based on the age of the younger spouse.

See back page for notes information.

NON-CLARK COUNTY – MONTHLY RATES AT A GLANCE

Non-Clark County serviceable ZIP codes: 98581, 98591, 98593, 98596, 98603, 98609, 98611-12, 98616, 98625-26, 98632, 98639, 98645, 98647, 98649, 98674

Silver \$4,000 Deductible Plan

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$86	\$172	\$155	\$258
25-29	\$101	\$202	\$182	\$303
30-34	\$126	\$252	\$227	\$378
35-39	\$173	\$346	\$311	\$519
40-44	\$232	\$464	\$418	\$696
45-49	\$257	\$514	\$463	\$771
50-54	\$303	\$606	\$545	\$909
55-59	\$313	\$626	\$563	\$939
60+	\$322	\$644	\$580	\$966

Silver \$6,000 Deductible Plan

Nonsmoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$75	\$150	\$135	\$225
25-29	\$89	\$178	\$160	\$267
30-34	\$110	\$220	\$198	\$330
35-39	\$151	\$302	\$272	\$453
40-44	\$203	\$406	\$365	\$609
45-49	\$225	\$450	\$405	\$675
50-54	\$265	\$530	\$477	\$795
55-59	\$274	\$548	\$493	\$822
60+	\$281	\$562	\$506	\$843

*Rates are based on the age of the younger spouse.

NON-CLARK COUNTY – MONTHLY RATES AT A GLANCE

Silver \$4,000 Deductible Plan

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$105	\$210	\$189	\$315
25–29	\$124	\$248	\$223	\$372
30–34	\$154	\$308	\$277	\$462
35–39	\$211	\$422	\$380	\$633
40–44	\$284	\$568	\$511	\$852
45–49	\$314	\$628	\$565	\$942
50–54	\$370	\$740	\$666	\$1,110
55–59	\$382	\$764	\$688	\$1,146
60+	\$393	\$786	\$707	\$1,179

Silver \$6,000 Deductible Plan

Smoker

Age	Child/Subscriber only	Subscriber + spouse*	Subscriber + child(ren)	Subscriber, spouse, child(ren)*
<25	\$89	\$178	\$160	\$267
25–29	\$106	\$212	\$191	\$318
30–34	\$131	\$262	\$236	\$393
35–39	\$180	\$360	\$324	\$540
40–44	\$242	\$484	\$436	\$726
45–49	\$268	\$536	\$482	\$804
50–54	\$315	\$630	\$567	\$945
55–59	\$326	\$652	\$587	\$978
60+	\$333	\$666	\$599	\$999

*Rates are based on the age of the younger spouse.

See back page for notes information.

What is a deductible?

A deductible is the amount you must pay in a calendar year for certain services before we will cover those services. You must pay full charges when you receive those services until you meet your deductible. Coinsurance or copayment amounts are not applicable until the deductible is met.



Which plan works best for you?

Features	Silver \$500 with Rx	Silver \$1,000 with Rx
Annual deductible (per calendar year)	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
Annual out-of-pocket maximum (per calendar year)	\$1,500 individual \$4,500 family	\$2,500 individual \$7,500 family
Lifetime benefit maximum	\$2 million	\$2 million
Hospital inpatient care All inpatient care including lab and X-ray are covered after payment of applicable coinsurance. There are no limits on prescribed hospital stays.	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Office visits (primary and specialty) Diagnosis and treatment by primary care providers, consultation and treatment by specialists, routine physical and hearing exams	\$25 per visit ¹ (not subject to the deductible)	20% coinsurance per visit ¹ (not subject to the deductible)
Outpatient prescription drugs When prescribed by a Participating Provider or a licensed dentist in accordance with our formulary process	\$15 generic/\$30 brand-name ² (up to a 30-day supply) Mail-order: two copays for up to a 90-day supply	50% coinsurance ² (up to \$150 maximum for up to a 30-day supply) Mail-order: two times maximum for up to a 90-day supply
Outpatient lab and X-ray	20% coinsurance ³ (after deductible)	20% coinsurance ³ (after deductible)
Emergency care Within and outside our service area	20% coinsurance ⁴ (after deductible)	20% coinsurance ⁴ (after deductible)
Pregnancy services		
Prenatal care	\$25 copay per visit (not subject to deductible)	\$25 copay per visit (not subject to deductible)
Labor and delivery (all necessary Participating Provider and hospital services)	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Postpartum care	\$25 copay per visit (after deductible)	\$25 copay per visit (after deductible)

The deductible is waived for the following services: immunizations (children, adults, travel), well-baby visits, prenatal visits, Pap test (any type), screening prostate-specific antigen (PSA) test, cholesterol test (lipid panel, all types), fecal occult test, glucose test, chlamydia test, mammography, bone densitometry, flexible sigmoidoscopy, colonoscopy.

¹Well-baby visits (0 through 2 years) not subject to deductible

²Prescription drugs not subject to the deductible. Mail-order is available for maintenance drugs only.

³Deductible waived for certain preventive procedures and tests

⁴Coinsurance not waived if admitted to hospital

⁵Pregnancy complications covered as any other illness

Class acts for your balancing act

With our busy lives, it's hard to balance health, home, kids, work, etc. Take some time just for yourself and indulge in a class. Kaiser Permanente offers classes in everything from health conditions (high blood pressure, diabetes) to behavior management (stress, smoking cessation, weight loss). Check out what's available in your area at kp.org/healthyliving and click on "health classes."⁶ Your health lies in the balance.



Features	Silver \$2,500 with Rx	Silver \$4,000	Silver \$6,000
Annual deductible (per calendar year)	\$2,500 individual \$7,500 family	\$4,000 individual \$12,000 family	\$6,000 individual \$18,000 family
Annual out-of-pocket maximum (per calendar year)	\$7,500 individual \$22,500 family	\$10,000 individual \$30,000 family	\$10,000 individual \$30,000 family
Lifetime benefit maximum	\$2 million	\$2 million	\$2 million
Hospital inpatient care All inpatient care including lab and X-ray are covered after payment of applicable coinsurance. There are no limits on prescribed hospital stays.	20% coinsurance (after deductible)	30% coinsurance (after deductible)	50% coinsurance (after deductible)
Office visits (primary and specialty) Diagnosis and treatment by primary care providers, consultation and treatment by specialists, routine physical and hearing exams	20% coinsurance per visit ¹ (after deductible)	30% coinsurance per visit ¹ (after deductible)	50% coinsurance per visit ¹ (after deductible)
Outpatient prescription drugs When prescribed by a Participating Provider or a licensed dentist in accordance with our formulary process	50% coinsurance ² (up to a 30-day supply) \$3,000 calendar-year benefit maximum per individual	Not covered	Not covered
Outpatient lab and X-ray	20% coinsurance ³ (after deductible)	30% coinsurance ³ (after deductible)	50% coinsurance ³ (after deductible)
Emergency care Within and outside our service area	20% coinsurance ⁴ (after deductible)	30% coinsurance ⁴ (after deductible)	50% coinsurance ⁴ (after deductible)
Pregnancy services Prenatal care Labor and delivery (all necessary Participating Provider and hospital services) Postpartum care	Not covered ⁵	Not covered ⁵	Not covered ⁵

⁶Some classes are offered free of charge; others for a fee. Classes vary by location.



Important plan information

For specific plan information, see the following forms: For Silver \$500 Deductible Plan with Rx, see *E-W-ID-500RX-XX-0108*; for Silver \$1,000 Deductible Plan with Rx, see *E-W-ID-1000-XX-0108*; for Silver \$2,500 Deductible Plan with Rx, see *E-W-ID-2500-XX-0108*; for Silver \$4,000 Deductible Plan, see *E-W-ID-4000-XX-0108*; for Silver \$6,000 Deductible Plan, see *E-W-ID-6000-XX-0108*. The appropriate forms will be mailed to you after your application is approved and you are enrolled. If you are interested in obtaining any forms prior to application, please call **1-800-813-2000**.

Applicants are subject to medical screening.

To be eligible for Individuals and Families, you must live in the Kaiser Foundation Health Plan of the Northwest service area.

The service area includes the following ZIP codes: **Clark County**—98601, 98604, 98606, 98607, 98622, 98629, 98642, 98648, 98660, 98661, 98662, 98663, 98664, 98665, 98666, 98667, 98668, 98671, 98675, 98682, 98683, 98684, 98685, 98686, 98687; **Cowlitz County**—98581, 98603, 98609, 98611, 98616, 98625, 98626, 98632, 98645, 98649, 98674; **Lewis County**—98591, 98593, 98596; **Skamania County**—98639; **Wahkiakum County**—98612, 98647.

Individuals and Families rates and benefits for 2008 (January 1, 2008, through December 31, 2008) are pending approval by the Washington Office of the Insurance Commissioner. Rates and benefits are subject to change January 1 of each year, beginning in 2009.

If you are over 65 or eligible for Medicare, call us for information about our Kaiser Permanente Senior Advantage plans. From the Vancouver area, call 1-800-813-2000. For TTY, call 1-800-735-2900. For language interpretation services, call 1-800-324-8010. Kaiser Permanente Senior Advantage rates are effective January 1, 2008, through December 31, 2008.

This overview is intended to help you compare benefits and is a summary only. The benefits summary lists the copayments or coinsurance you pay for services. The summary is not a contract but a general listing of major benefits. Your particular benefits are those contained in the Individuals and Families *Plan Agreement*, which you will receive if accepted.

Choose the plan that's right for you. Call **1-877-813-3424** for your **free** Information Kit, or visit us online at **kp.org/individuals**.



Kaiser Foundation Health Plan of the Northwest