

CHOOSE A PLAN

Choose from 20 plans, including copayment, deductible, and deductible plans that are compatible with a health savings account (HSA). Plus, scenarios show you how the plans work.



IN THIS BROCHURE

- Traditional copayment plans
- Deductible plans
- HSA-compatible plans
- Child only deductible plans

All plans are offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.

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 **KAISER PERMANENTE®**

500 NE Multnomah St., Suite 100
Portland, OR 97232

How our copayment plans work



With copayment plans, you pay specific copayments for certain covered services, so you know what you'll pay for doctor visits and prescriptions in advance. And since you don't have to meet a deductible, you can pay copayments for covered services from the first day of coverage.

Meet the Bishops

Deb and James Bishop are self-employed and have two children: Seth, 4, and Lauren, 12 months.¹ Because the children tend to visit their pediatrician frequently, the Bishops choose the Platinum Rx copayment plan.

Here's how they use their plan over the year:

- **Preventive care:** Deb, James, and Seth get checkups, and Deb sees her gynecologist. There's a \$20 copay for each visit. Lauren's checkup is a \$20 copay because it's a well-baby visit. There are no charges for immunizations.
- **Primary care office visits:** Seth and Lauren visit the pediatrician for various colds throughout the year. And James sees his primary care provider for a stomach problem. The family pays a \$20 copay for each primary care visit.
- **Lab and X-ray:** James' provider orders some tests to diagnose his stomach problem. The lab tests are a \$15 copay each, and the X-ray is a \$25 copay.
- **Prescription drugs:** James' provider prescribes a couple of drugs for his stomach problem. Because his plan has no drug deductible, James pays \$13 (full charge) for one prescription and \$80 (50 percent) for the other. (Under this plan, James pays full charge for prescription drugs less than \$15 and a 50 percent coinsurance for drugs more than \$15.)

Since the medical office has providers' offices, lab, X-ray, and pharmacy under one roof, James simply walks down the hall to get his lab tests and X-rays done and his prescriptions filled. Plus, James' provider uses his electronic health record to order lab tests, X-rays, and the prescriptions online, so the lab and X-ray offices are ready for James when he walks in. And his prescriptions are waiting for him at the pharmacy.

¹ This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.

How our deductible plans work

Deductible plans generally offer lower monthly premiums in exchange for higher out-of-pocket payments for covered services.

With these plans, you pay full charges for most covered services until your expenses meet the *deductible*. Then, for covered services, you pay a *copayment* or *coinsurance*.

To encourage you to receive preventive care, many preventive care services are available for a copayment or coinsurance **before** you meet your deductible. You can pay a copay from the first day of coverage for services such as annual checkups, preventive screenings, and immunizations.

In a family plan, there are two ways for enrolled family members to meet their deductible:

- Each family member can separately meet the individual deductible.
- The family's combined expenses can meet the family deductible.

In deductible plans, the amount spent toward the deductible does not contribute toward your out-of-pocket maximum (OOPM).

The OOPM is the maximum amount of copayments and coinsurance you will have to pay for certain covered services in a calendar year. After you reach your OOPM, you will not have to pay any copayments or coinsurance for those covered services for the rest of the calendar year, as explained in your *Member Agreement*.

Meet Jason Choi

Jason just graduated from college and is freelancing while he looks for his dream job.¹ He's active and healthy and wants to stay that way. He wants an affordable health care plan that covers the big stuff—just in case. He chooses the Bronze \$7,500, a deductible plan with a low premium.

Here's how Jason's plan works over the year.

- **Preventive care:** Because preventive care is not subject to the deductible, Jason pays a \$35 copay for his annual checkup without having to meet the deductible. His flu shot is provided for no charge.

Jason has a serious accident that requires him to have surgery.

- **Meeting the deductible:** Since Jason has a \$7,500 deductible, he pays all charges out of pocket until his covered medical expenses total \$7,500.



- **Paying coinsurance:** After Jason meets his deductible, he pays 50 percent coinsurance for all subsequent covered medical charges. Jason's qualified expenses after the deductible amount to \$15,000, so his 50 percent coinsurance is \$7,500.

- **How the OOPM works:** The OOPM for Jason's plan is \$10,000. However, in deductible plans, the deductible does not contribute toward the OOPM, so only the \$7,500 he has paid in coinsurance counts toward his OOPM.

Jason's health care coverage does exactly what he intends it to do: It covers him in case of catastrophic illness or accident.

¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.

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How our HSA-compatible plans work

Good health is an investment in life

You may be looking for a plan that not only saves you money, but allows you to save for health expenses today and in the future. Our HSA-compatible plans, designed for people who want to take charge of their health care costs, may be right for you. When you enroll in one of these plans and choose to open a health savings account (HSA), you can use tax-free savings to pay for qualified medical expenses, such as deductibles, copays, and coinsurance.¹

How an HSA-compatible plan works

An HSA-compatible plan works much like a traditional deductible plan. You pay full charges for certain services out of pocket until you reach your deductible, and then you're eligible to pay copays or coinsurance payments for covered services. The main difference is that you can save money with HSA-compatible plans. This is because you can pay for qualified medical expenses with tax-deductible dollars—even those not covered by your health plan. However, qualified expenses not covered by your health plan will not contribute to your deductible or out-of-pocket maximum.

All you have to do is:

- Enroll in a compatible health care plan.
- If you qualify, open a health savings account.
- Contribute tax-deductible dollars to this account.
- Use those tax-free funds to pay for qualified health care expenses.

What you don't use rolls over to the next year and continues earning interest.²

An HSA offers triple tax advantages

- Tax-deductible contributions to your account
- Tax-free investment earnings
- Tax-free withdrawals when funds are used for qualified medical expenses

¹Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

²Earnings vary depending on the type of investment plan you opt for and/or the HSA provider you choose. Amount earned is based on the investment plan and market value, and in some instances, the account may actually lose money.

Other advantages of opening an HSA

- **Portability.** The money belongs to you, so if you change plans, you can take your HSA with you.
- **Unused funds roll over.** There is no "use it or lose it" restriction each year. What you don't use stays in your account until you are ready to use it.
- **Control.** You decide when to put the money in and when to take it out.
- **Retirement savings.** The money in your account can be invested through the institution where you open it. And after age 65, you can use the funds, taxed at your ordinary income rate, for any reason without penalties.
- **Flexibility.** You can use the money in your HSA to pay for qualified medical expenses, even those your deductible plan does not cover.



What are qualified medical expenses?

You can use an HSA to pay for deductibles, copays, coinsurance, and many supplies and services not covered by your health plan. Generally, these are expenses that would qualify for the medical and dental expense deduction on your income tax.

Here are just a few examples of HSA-compatible expenses:

- Certain over-the-counter medications
- Eyeglasses and LASIK surgery
- Dental and orthodonture care
- Acupuncture
- Chiropractic services
- Hearing aids

For a complete list, see *Publication 502, Medical and Dental Expenses* at www.irs.gov.

Who's eligible for an HSA?

To be eligible for an HSA, you need to meet the following requirements:

- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.
- You can't have additional health coverage that is not a compatible deductible plan (with certain exceptions).
- You can't have received benefits from the Department of Veterans Affairs in the past three months.

How to set up an HSA

You may set up your HSA through any financial institution that offers these accounts.¹ Kaiser Foundation Health Plan of the Northwest has selected Wells Fargo Bank as our preferred health savings account trustee and administrator. For more information, visit the Wells Fargo Web site, www.wellsfargo.com/hsa.



¹Kaiser Foundation Health Plan of the Northwest does not provide or administer financial products, including HSAs, and does not offer financial, tax, or investment advice. Members are responsible for their own investment decisions. If a member uses his or her HSA debit card to pay for something other than a qualified medical expense, the expenditure is subject to tax and, for individuals who are not disabled or over 65, a 10 percent tax penalty. Please note that when Wells Fargo Health Benefit Services pays disbursements, it does not monitor whether they are for qualified medical expenses. It is the member's responsibility to determine whether expenses qualify for tax-free reimbursement from his or her HSA. For information about a Wells Fargo HSA please contact Wells Fargo at 1-866-890-8308.

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Meet the Howards

Vera and Joe Howard are in their early 50s.¹ When Vera is laid off, Joe takes a buyout so they can enjoy early retirement. So now, after years of group coverage, they're looking for an individual health care plan.

The Howards want to minimize their health care costs, so they enroll in an HSA-compatible plan, the \$1,500 Deductible/Rx with HSA Option.

Their HSA: Joe opens an HSA with Wells Fargo and deposits the federal family maximum of \$6,150, which he can deduct from his federal income tax.^{2,3} Any interest that the HSA earns is tax free. Plus, the couple can withdraw funds tax free to pay for qualified medical expenses.

- **Meeting the deductible:** The couple must pay full charges until they meet the \$3,000 family deductible. They simply present their HSA Visa debit card when they receive services, and the payments are automatically deducted from their tax-deductible HSA funds.
- **Coinsurance:** Once the Howards pay \$3,000 in full charges, they meet their deductible and are eligible to pay only 20 percent coinsurance for covered services. Plus, they save money by paying their deductible and their coinsurance with tax-free dollars from their HSA.
- **Preventive care:** Joe and Vera each get annual checkups for a 20 percent coinsurance. Vera also gets a mammogram for a 20 percent coinsurance. Since these are preventive care services, the couple can pay coinsurance before they meet the deductible.
- **Treatment:** Vera's mammogram detects an irregularity that requires treatment. Over the year, her medical bills total \$50,000. They pay the first \$3,000 (their deductible) from their HSA.



- **Meeting the OOPM:** Because the Howards have an HSA-compatible plan, their deductible applies toward their \$10,000 out-of-pocket maximum (OOPM). So once they meet their \$3,000 deductible and pay an additional \$7,000 in coinsurance, neither of them has to pay anything for covered medical expenses for the rest of the year.
- **Tax savings:** The Howards only pay \$10,000 (their OOPM) of the \$50,000 in medical bills out of pocket—and those payments are in tax-deductible dollars.

Vera feels fortunate that her doctor urged her to get a mammogram. It ensured her good health for years to come.

¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.

²For 2010, the federally established maximum contribution for an eligible individual with self-only coverage is \$3,050, and the maximum contribution in a calendar year for an eligible individual with family coverage is \$6,150. This maximum is indexed annually for inflation. For more information, please consult your financial or tax adviser.

³Tax savings refer to federal income tax only.

Benefit highlights

	TRADITIONAL COPAYMENT PLANS		GOLD DEDUCTIBLE PLANS w/Rx		SILVER DEDUCTIBLE PLANS w/Rx				BRONZE DEDUCTIBLE PLANS				CHILD ONLY DEDUCTIBLE PLANS (individual only)		HSA-COMPATIBLE PLANS										
	PLATINUM RX	PLATINUM	\$500	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$5,000	\$7,500	\$1,500 w/Rx	\$1,500	\$2,600 w/Rx	\$2,600					
FEATURES	FEATURES																								
Deductible (individual/family)	None		\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$4,500	\$2,500/\$7,500	\$3,500/\$10,500	\$5,000/\$15,000	\$7,500/\$22,500	\$1,500/\$4,500	\$2,500/\$7,500	\$3,500/\$10,500	\$5,000/\$15,000	\$7,500/\$22,500	\$5,000	\$7,500	\$1,500/\$3,000		\$2,600/\$5,200		Deductible (individual/family)				
Out-of-pocket maximum (individual/family)	\$2,000/\$6,000	\$2,500/\$7,500	\$3,750/\$11,250		\$7,000/\$21,000				\$10,000/\$30,000				\$3,750		\$5,000/\$10,000				Out-of-pocket maximum (individual/family)						
Lifetime maximum	None		\$2 million		\$2 million				\$2 million				\$2 million		\$2 million				Lifetime maximum						
BENEFITS	Services not subject to deductible unless otherwise indicated										Services not subject to deductible unless otherwise indicated										BENEFITS				
Preventive care (per visit)	Preventive care (per visit)																								
Immunizations	No charge		No charge		No charge				No charge				No charge		No charge				Immunizations						
Routine physicals																					Routine physicals				
Well-baby visits	\$20 copay	\$25 copay	\$25 copay		\$30 copay				\$35 copay				\$25 copay		20% coinsurance				Well-baby visits						
Gynecological exams/Mammograms																					Gynecological exams/Mammograms				
Outpatient services (per visit or procedure)	Outpatient services (per visit or procedure)																								
Primary care office visit	\$20 copay	\$25 copay	\$25 copay		\$30 copay				\$35 copay				\$25 copay		20% coinsurance (after deductible)				Primary care office visit						
Specialty office visit	\$30 copay (after deductible)	\$35 copay (after deductible)	\$35 copay (after deductible)		30% coinsurance (after deductible)				50% coinsurance (after deductible)				\$35 copay (after deductible)						Specialty office visit						
Nurse treatment visit (includes allergy injections) ¹	\$10 copay		\$10 copay										Outpatient surgery ²					\$150 copay (after deductible)		\$10 copay			Nurse treatment visit (includes allergy injections) ¹		
Lab tests ²	\$15 copay		\$15 copay (after deductible)																	X-ray ²		\$10 copay			Lab tests ²
X-ray ²	\$25 copay		\$25 copay (after deductible)																					\$10 copay	
Inpatient hospital care	Inpatient hospital care																								
Inpatient care (including maternity)	\$300 copay per day	\$500 copay per day	\$750 copay per day (after deductible)		30% coinsurance (after deductible)				50% coinsurance (after deductible)				\$750 per day (after deductible)		20% coinsurance (after deductible)				Inpatient care (including maternity)						
Maximum per admittance	\$1,500	\$2,500	\$3,750 (after deductible)		None				None				\$3,750 (after deductible)		None				Maximum per admittance						
Maternity coverage	Maternity coverage																								
Prenatal care (applies to prenatal office visits, one postnatal visit, and lactation consultants)	\$20 copay	\$25 copay	\$25 copay		\$30 copay				\$35 copay				\$25 copay		20% coinsurance				Prenatal care (applies to prenatal office visits, one postnatal visit, and lactation consultants)						
Emergency and urgent care	Emergency and urgent care																								
Emergency Department visit	\$100 copay (waived if admitted)		\$100 copay (after deductible, waived if admitted)		30% coinsurance (after deductible)				50% coinsurance (after deductible)				20% coinsurance (after deductible)		20% coinsurance (after deductible)				Emergency Department visit						
Urgent care visit	\$40 copay	\$45 copay	\$45 copay										Ambulance service					\$75 per trip (after deductible)		\$45 copay			Urgent care visit		
Ambulance service	\$50 per trip	\$75 per trip																						20% coinsurance (after deductible)	
Prescription drugs	Prescription drugs																								
(up to a 30-day supply)	\$15 or 50% (whichever is greater)	Not covered	\$15 or 50% (whichever is greater)		\$15 or 50% (whichever is greater)				Not covered				\$15 or 50% (whichever is greater)		\$15 generic/\$30 brand after medical deductible	Not covered	\$15 generic/\$30 brand after medical deductible	Not covered		(up to a 30-day supply)					
Other	Other																								
Vision exams	\$20 copay	\$25 copay	\$25 copay (after deductible)		30% coinsurance (after deductible)				50% coinsurance (after deductible)				\$25 copay (after deductible)		20% coinsurance (after deductible)				Vision exams						
Vision hardware allowance (applies to lenses, frames, and/or contacts every 24 months)	\$150 copay	Not covered	\$100 copay		Not covered				Not covered				Not covered		Not covered				Vision hardware allowance (applies to lenses, frames, and/or contacts every 24 months)						

¹Waived if in conjunction with an office visit
²Preventive procedures and tests not subject to deductible

For specific plan information, see the following forms: for traditional copayment plans, *WOIdTrad0110, BsOldPlat0110, BsOldPlatRx0110, ROIIdRxGU0110, ROIIdPlatVHY0110*; for deductible plans, *WOIdDed0110, BsOldDed5000110, BsOldDed10000110, BsOldDed15000110, BsOldDed25000110, BsOldDed35000110, BsOldDed50000110, BsOldDed75000110, ROIIdRxGU0110, BsOldDedB15000110, BsOldDedB25000110, BsOldDedB35000110, BsOldDedB50000110, BsOldDedB75000110*; for child only deductible plans, *BsOldCO50000110, BsOldCO75000110, ROIIdCORxGU0110*; for high deductible health plans, *WOIdHDHP0110, BsOldHDHP15000110, BsOldHDHP26000110*. To obtain a *Member Agreement* for a particular plan, contact Membership Services.

This brochure provides summaries of various plans and is not a contract. Plan details are provided in the *Member Agreement*. To obtain a *Member Agreement* for a particular plan, contact Membership Services.

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The HSA difference

Key distinctions in how deductible plans and deductible plans with HSA work

	DEDUCTIBLE PLANS	HSA-COMPATIBLE PLANS
Deductibles	Traditional deductible plans with family coverage have both an individual deductible and a family deductible. That means that an individual in a family plan can meet the lower individual deductible and be eligible for coinsurance before the higher family deductible is satisfied.	In HSA-compatible plans with family coverage , there is no individual deductible. That means the family deductible must be met before any family member is eligible to pay coinsurance for most services. Both deductible and HSA-compatible plans have individual deductibles for people with individual coverage .
Out-of-pocket maximums (OOPMs)	With deductible plans, your out-of-pocket payments to fulfill your deductible do not count toward your OOPM.	With HSA-compatible plans, the amount paid toward your deductible does count toward your OOPM.
HSA	You cannot open an HSA with a traditional deductible plan.	If you're eligible, you can open an HSA with an HSA-compatible plan.
Tax savings	You pay for medical expenses with taxed income.	Money you deposit into your HSA is deductible from your federal tax.

For more detailed information about how plan types work, please consult the applicable *Member Agreement*, available upon request.

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Finding the best rate

What you need to know

On the following pages are the age-adjusted monthly premiums for all the Individuals and Families Plans that we offer in the Oregon region. These rates are effective October 1, 2009, through December 31, 2010. Rates are subject to change January 1, 2011.

Finding your rate

After you've determined which plans you are interested in, you can use these charts to easily compare the rates.

- First, find your desired plan(s).
- Then determine the category of coverage that you're looking for in the left-hand column (Subscriber only, Subscriber + spouse, etc.).
- Then find the age of the subscriber in the top row. (When a couple is enrolling together, the subscriber is the younger spouse or domestic partner.)
- The box where the column and the row intersect contains your premium.

Child only deductible plans

We offer two child only deductible plans: the \$5,000 Deductible (child only option) and the \$7,500 Deductible (child only option). These plans are designed specifically for children and their needs.

Dependent coverage

However, all of our plans offer child rates. Simply look at the column under the 0–19 age range. These rates are for subscriberless children under age 20.

Full-time students who enroll in any of our family plans before age 20 are eligible for the child rate until age 23. Students who enroll between the ages of 20 to 23 will be charged according to the <25 age band, regardless of their student status.

Medicare-eligible subscribers

If you are 65+ years of age and Medicare eligible or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-813-2000** for information about our Kaiser Permanente Senior Advantage plans.

These premiums are effective October 1, 2009, through December 31, 2010. Premiums are subject to change January 1, 2011.

Traditional copayment plans

PLATINUM PLANS

Age range	0–19	<25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65+
Platinum with Rx											
Subscriber only	\$171	\$204	\$248	\$315	\$346	\$429	\$461	\$599	\$743	\$812	\$812
Subscriber + spouse/domestic partner		\$408	\$496	\$630	\$692	\$858	\$922	\$1,198	\$1,486	\$1,624	
Subscriber + child(ren)		\$390	\$474	\$602	\$661	\$771	\$803	\$941	\$1,085	\$1,154	
Subscriber, spouse, + child(ren)		\$594	\$722	\$917	\$1,007	\$1,200	\$1,264	\$1,540	\$1,828	\$1,966	
Platinum											
Subscriber only	\$161	\$192	\$233	\$297	\$326	\$404	\$434	\$564	\$699	\$765	\$765
Subscriber + spouse/domestic partner		\$384	\$466	\$594	\$652	\$808	\$868	\$1,128	\$1,398	\$1,530	
Subscriber + child(ren)		\$367	\$446	\$567	\$622	\$726	\$756	\$886	\$1,021	\$1,087	
Subscriber, spouse, + child(ren)		\$559	\$679	\$864	\$948	\$1,130	\$1,190	\$1,450	\$1,720	\$1,852	

Deductible plans

GOLD PLANS with Rx

Age range	0-19	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Gold \$500											
Subscriber only	\$132	\$157	\$191	\$244	\$267	\$331	\$355	\$463	\$573	\$627	\$627
Subscriber + spouse/domestic partner		\$314	\$382	\$488	\$534	\$662	\$710	\$926	\$1,146	\$1,254	
Subscriber + child(ren)		\$301	\$365	\$466	\$510	\$595	\$619	\$727	\$837	\$891	
Subscriber, spouse, + child(ren)		\$458	\$556	\$710	\$777	\$926	\$974	\$1,190	\$1,410	\$1,518	
Gold \$1,000											
Subscriber only	\$115	\$137	\$167	\$212	\$233	\$288	\$310	\$403	\$500	\$546	\$546
Subscriber + spouse/domestic partner		\$274	\$334	\$424	\$466	\$576	\$620	\$806	\$1,000	\$1,092	
Subscriber + child(ren)		\$262	\$319	\$405	\$445	\$518	\$540	\$633	\$730	\$776	
Subscriber, spouse, + child(ren)		\$399	\$486	\$617	\$678	\$806	\$850	\$1,036	\$1,230	\$1,322	

SILVER PLANS with Rx

Age range	0-19	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Silver \$1,500											
Subscriber only	\$102	\$122	\$148	\$188	\$206	\$256	\$275	\$358	\$443	\$485	\$485
Subscriber + spouse/domestic partner		\$244	\$296	\$376	\$412	\$512	\$550	\$716	\$886	\$970	
Subscriber + child(ren)		\$233	\$283	\$359	\$394	\$460	\$479	\$562	\$647	\$689	
Subscriber, spouse, + child(ren)		\$355	\$431	\$547	\$600	\$716	\$754	\$920	\$1,090	\$1,174	
Silver \$2,500											
Subscriber only	\$93	\$111	\$135	\$172	\$188	\$233	\$250	\$326	\$404	\$442	\$442
Subscriber + spouse/domestic partner		\$222	\$270	\$344	\$376	\$466	\$500	\$652	\$808	\$884	
Subscriber + child(ren)		\$212	\$258	\$328	\$359	\$419	\$436	\$512	\$590	\$628	
Subscriber, spouse, + child(ren)		\$323	\$393	\$500	\$547	\$652	\$686	\$838	\$994	\$1,070	
Silver \$3,500											
Subscriber only	\$89	\$106	\$129	\$164	\$180	\$223	\$240	\$312	\$387	\$423	\$423
Subscriber + spouse/domestic partner		\$212	\$258	\$328	\$360	\$446	\$480	\$624	\$774	\$846	
Subscriber + child(ren)		\$203	\$246	\$314	\$344	\$401	\$418	\$490	\$565	\$601	
Subscriber, spouse, + child(ren)		\$309	\$375	\$478	\$524	\$624	\$658	\$802	\$952	\$1,024	
Silver \$5,000											
Subscriber only	\$82	\$98	\$119	\$151	\$166	\$206	\$221	\$287	\$356	\$390	\$390
Subscriber + spouse/domestic partner		\$196	\$238	\$302	\$332	\$412	\$442	\$574	\$712	\$780	
Subscriber + child(ren)		\$187	\$227	\$289	\$317	\$370	\$385	\$451	\$520	\$554	
Subscriber, spouse, + child(ren)		\$285	\$346	\$440	\$483	\$576	\$606	\$738	\$876	\$944	
Silver \$7,500											
Subscriber only	\$78	\$93	\$113	\$144	\$158	\$196	\$210	\$273	\$339	\$371	\$371
Subscriber + spouse/domestic partner		\$186	\$226	\$288	\$316	\$392	\$420	\$546	\$678	\$742	
Subscriber + child(ren)		\$178	\$216	\$275	\$302	\$352	\$366	\$429	\$495	\$527	
Subscriber, spouse, + child(ren)		\$271	\$329	\$419	\$460	\$548	\$576	\$702	\$834	\$898	

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Deductible plans (continued)

BRONZE PLANS

Age range	0-19	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Bronze \$1,500											
Subscriber only	\$81	\$97	\$117	\$149	\$164	\$203	\$218	\$284	\$352	\$385	\$385
Subscriber + spouse/domestic partner		\$194	\$234	\$298	\$328	\$406	\$436	\$568	\$704	\$770	
Subscriber + child(ren)		\$185	\$224	\$285	\$313	\$365	\$380	\$446	\$514	\$547	
Subscriber, spouse, + child(ren)		\$282	\$341	\$434	\$477	\$568	\$598	\$730	\$866	\$932	
Bronze \$2,500											
Subscriber only	\$77	\$92	\$112	\$142	\$156	\$193	\$207	\$270	\$334	\$366	\$366
Subscriber + spouse/domestic partner		\$184	\$224	\$284	\$312	\$386	\$414	\$540	\$668	\$732	
Subscriber + child(ren)		\$176	\$214	\$271	\$298	\$347	\$361	\$424	\$488	\$520	
Subscriber, spouse, + child(ren)		\$268	\$326	\$413	\$454	\$540	\$568	\$694	\$822	\$886	
Bronze \$3,500											
Subscriber only	\$75	\$89	\$109	\$138	\$152	\$188	\$202	\$263	\$326	\$356	\$356
Subscriber + spouse/domestic partner		\$178	\$218	\$276	\$304	\$376	\$404	\$526	\$652	\$712	
Subscriber + child(ren)		\$171	\$208	\$264	\$290	\$338	\$352	\$413	\$476	\$506	
Subscriber, spouse, + child(ren)		\$260	\$317	\$402	\$442	\$526	\$554	\$676	\$802	\$862	
Bronze \$5,000											
Subscriber only	\$70	\$83	\$102	\$129	\$142	\$175	\$189	\$245	\$304	\$333	\$333
Subscriber + spouse/domestic partner		\$166	\$204	\$258	\$284	\$350	\$378	\$490	\$608	\$666	
Subscriber + child(ren)		\$159	\$194	\$247	\$271	\$315	\$329	\$385	\$444	\$473	
Subscriber, spouse, + child(ren)		\$242	\$296	\$376	\$413	\$490	\$518	\$630	\$748	\$806	
Bronze \$7,500											
Subscriber only	\$64	\$76	\$93	\$118	\$129	\$160	\$172	\$224	\$278	\$304	\$304
Subscriber + spouse/domestic partner		\$152	\$186	\$236	\$258	\$320	\$344	\$448	\$556	\$608	
Subscriber + child(ren)		\$146	\$177	\$226	\$247	\$288	\$300	\$352	\$406	\$432	
Subscriber, spouse, + child(ren)		\$222	\$270	\$344	\$376	\$448	\$472	\$576	\$684	\$736	

CHILD ONLY DEDUCTIBLE PLANS with Rx

Age range	0-19
\$5,000 Deductible	
Child only	\$89
\$7,500 Deductible	
Child only	\$85

HSA-compatible plans

Age range	0-19	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$1,500 Deductible/Rx with HSA Option											
Subscriber only	\$116	\$138	\$168	\$214	\$235	\$291	\$312	\$407	\$504	\$551	\$551
Subscriber + spouse/domestic partner		\$276	\$336	\$428	\$470	\$582	\$624	\$814	\$1,008	\$1,102	
Subscriber + child(ren)		\$264	\$321	\$409	\$448	\$523	\$544	\$639	\$736	\$783	
Subscriber, spouse, + child(ren)		\$402	\$489	\$623	\$683	\$814	\$856	\$1,046	\$1,240	\$1,334	
\$1,500 Deductible with HSA Option											
Subscriber only	\$108	\$129	\$157	\$199	\$218	\$271	\$291	\$379	\$469	\$513	\$513
Subscriber + spouse/domestic partner		\$258	\$314	\$398	\$436	\$542	\$582	\$758	\$938	\$1,026	
Subscriber + child(ren)		\$247	\$300	\$380	\$417	\$487	\$507	\$595	\$685	\$729	
Subscriber, spouse, + child(ren)		\$376	\$457	\$579	\$635	\$758	\$798	\$974	\$1,154	\$1,242	
\$2,600 Deductible/Rx with HSA Option											
Subscriber only	\$108	\$129	\$157	\$199	\$218	\$271	\$291	\$379	\$469	\$513	\$513
Subscriber + spouse/domestic partner		\$258	\$314	\$398	\$436	\$542	\$582	\$758	\$938	\$1,026	
Subscriber + child(ren)		\$247	\$300	\$380	\$417	\$487	\$507	\$595	\$685	\$729	
Subscriber, spouse, + child(ren)		\$376	\$457	\$579	\$635	\$758	\$798	\$974	\$1,154	\$1,242	
\$2,600 Deductible with HSA Option											
Subscriber only	\$102	\$122	\$148	\$188	\$206	\$256	\$275	\$358	\$443	\$485	\$485
Subscriber + spouse/domestic partner		\$244	\$296	\$376	\$412	\$512	\$550	\$716	\$886	\$970	
Subscriber + child(ren)		\$233	\$283	\$359	\$394	\$460	\$479	\$562	\$647	\$689	
Subscriber, spouse, + child(ren)		\$355	\$431	\$547	\$600	\$716	\$754	\$920	\$1,090	\$1,174	

Our service area

Please verify that you live in our service area by making sure that both your home ZIP code and county are listed below.

Benton County

97330-31 97339
97333 97370

Clackamas County

97004 97042
97009 97045
97011 97049
97013 97055
97015 97067-68
97017 97070
97022-23 97086
97027 97089
97034-36 97222
97038 97267-68

Columbia County

All ZIP codes

Hood River County

97014

Linn County

97321-22 97360
97335 97374
97355 97389
97358

Marion County

97002 97342
97020 97346
97026 97352
97032 97362
97071 97373
97137 97375
97301-03 97381
97305-14 97383-85
97317 97392
97325

Multnomah County

All ZIP codes

Polk County

All ZIP codes

Washington County

All ZIP codes

Yamhill County

All ZIP codes

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GOOD
HEALTH

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All plans are offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.