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

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For more information about your coverage, or to get a copy of the complete terms of coverage see <u>www.kp.org/plandocuments</u> or call 1-800-813-2000 (TTY: 711). For definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>http://www.healthcare.gov/sbc-glossary</u> or call 1-800-813-2000 (TTY: 711) to request a copy.

 \$0	See the Common Medical Events chart below for your costs for services this plan covers.
 Not applicable.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u> .
No.	You don'thave to meet <u>deductibles</u> for specific services.
 \$1,500 Individual / \$3,000 Family	The <u>out-of-pocket</u> limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket</u> limit has been met.
 Premiums, health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
 Yes. See <u>www.kp.org</u> or call 1-800- 813-2000 (TTY: 711) for a list of participating <u>providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.





## HELP IN YOUR LANGUAGE

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