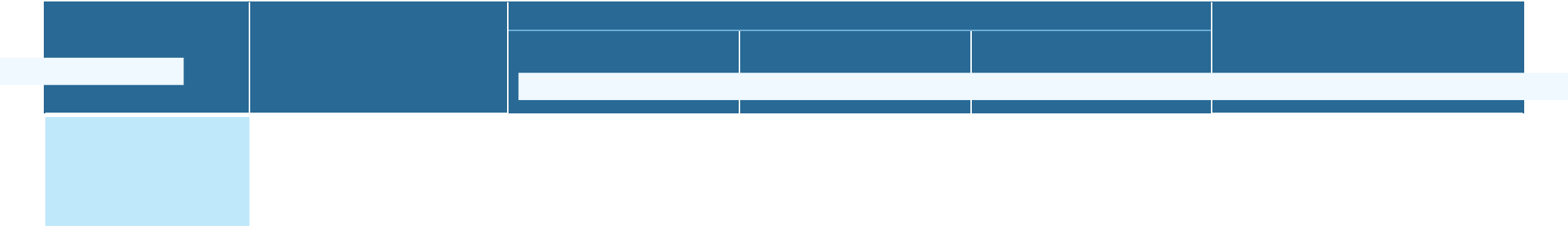


What this Plan Covers & What You Pay for Covered Services



All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest

	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	40% coinsurance	Prior authorization required.
	Physician/surgeon fees	20% coinsurance	30% coinsurance	40% coinsurance	Prior authorization required.
	Outpatient services	\$25 / visit, deductible does not apply.	\$35 / visit, deductible		



[Minimum Essential Coverage](#) generally includes [plans](#), [Health Insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

If your [plan](#) doesn't meet the

Nondiscrimination Notice

Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws.

Kaiser Foundation Health Plan of the Northwest

Health Plan of the Northwest

Member Services

Member Services: 1-800-813-2000 (TTY: 711)

If you need these services, call Member Services at 1-800-813-2000 (TTY: 711).

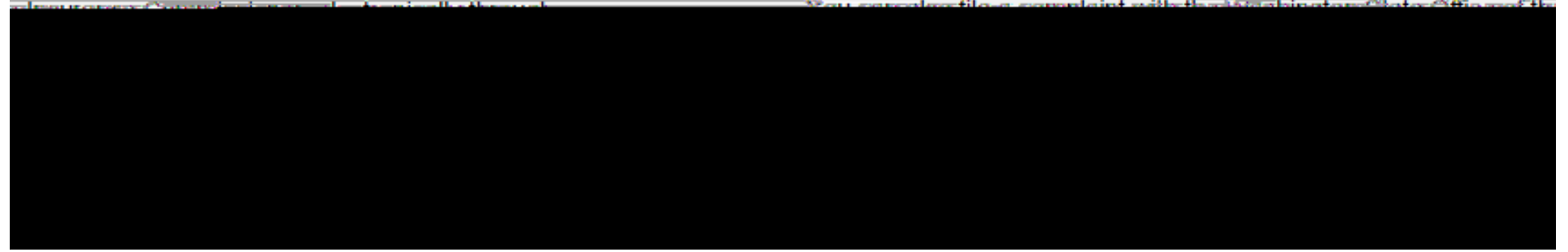
We are proud to provide these benefits to our members and their families.

For more information, visit [www.kaiserpermanente.org](#)

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HELP IN YOUR LANGUAGE

AI INTON = if you speak English, language assistance: [Maan Gromas \(C\) and KIPPEE ANA AA - Albanian dubbed](#)
[Gromas](#) [KIPPEE](#) [ANNA](#) [AA](#) [Albanian dubbed](#)

