

Retirees *with* Medicare Outside of CA

Kaiser Permanente Offers Coverage to Retirees in Washington, Oregon, and Hawaii

Retirees have the option of selecting a Kaiser Permanente health plan in three other Kaiser regions, including Kaiser's Northwest, Washington and Hawaii regions. Please review the benefit summary on the reverse side of this insert. For more information, please go to [sfhss.org](https://www.sfhss.org) or my.kp.org/ccsf.

Washington

Kaiser Permanente Washington, headquartered in Renton, provides and coordinates healthcare services for more than 650,000 members, primarily in the Puget Sound region and Spokane. Members receive care from more than 1,000 Kaiser Permanente physicians in 25 locations.

- Bellevue
- Bothell
- Everett
- Federal Way
- Kent
- Lynnwood
- Marysville
- Olympia
- Port Orchard
- Poulsbo
- Puyallup
- Redmond
- Renton
- Seattle
- Silverdale
- Spokane
- Tacoma

Visit kp.org/wa for a complete listing of cities served by contracted affiliates.

Oregon & Southwest Washington

In our Northwest Region, we provide quality care for more than 550,000 members in Oregon and Southwest Washington. Members receive services from more than 1,000 Northwest Permanente physicians at more than 40 locations, including The Portland Clinic.

- Eugene, OR
- Portland, OR
- Salem, OR
- Longview, WA
- Vancouver, WA

Visit kp.org/nw for a complete listing of cities served by contracted affiliates.

Hawaii

In Hawaii, we provide quality care for more than 258,000 members at 23 medical facilities on Oahu, Maui, and Hawaii Island. Members in Hawaii receive services from more than 4,500 employees and 700 providers. Most parts of Hawaii Island are covered service areas for Medicare Retirees, with the exception of Naalehu, Pahala & Hawaii National Park.

- Hawaii Island
- Maui
- Oahu

Visit kpinhawaii.org for a complete listing of cities served by contracted affiliates.

Kaiser Permanente Plans Outside of California: Retirees *with* Medicare for 2024

	CALIFORNIA	NORTHWEST	HAWAII	WASHINGTON
Deductible	No deductible	No deductible	No deductible	No deductible
Out-of-Pocket Maximum: Individual	\$1,000/\$2,000	\$1,500	\$2,500	\$2,500
Office Visit	\$20 co-pay	\$20 co-pay	\$15 co-pay	\$15 co-pay
X-rays and Lab Tests	No charge	No charge	No charge	No charge
Hospital Outpatient Surgery	\$35 co-pay per procedure	\$35 co-pay per procedure	\$50 co-pay per visit	\$50 co-pay per procedure
Hospital Inpatient	\$100 co-pay per admit	\$100 co-pay per admit	\$50 per day for days 1-6; \$0 per day for days 7+	\$100 co-pay per admit
Hospital Emergency Room	\$50 co-pay per admit	\$50 co-pay per admit	\$75 co-pay per visit	\$75 co-pay per admit
Ambulance Services	No charge	No charge	20% coinsurance	\$0-\$150 per one-way trip, depending upon service
Pharmacy: Generic	\$5 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay preferred generic (30-day supply); \$15 co-pay other generic (30-day supply)	\$15 co-pay (30-day supply)
Pharmacy: Brand Name	\$15 co-pay (30-day supply)	\$15 co-pay preferred brand (30-day supply); \$15 co-pay non-preferred brand (30-day supply)	\$50 co-pay preferred brand (30-day supply); \$50 co-pay non-preferred brand (30-day supply)	\$30 co-pay (30-day supply)
Pharmacy: Specialty	20% coinsurance (not to exceed \$100) for up to a 100-day supply	20% coinsurance (not to exceed \$100) for up to a 30-day supply	\$200 co-pay (30-day supply)	\$15 co-pay generic (30-day supply) \$30 co-pay brand-name (30-day supply)
Mail Order: Generic	\$10 co-pay (100-day supply)	\$10 co-pay (90-day supply)	\$6 co-pay preferred generic (90-day supply); \$30 co-pay other generic (90-day supply)	\$30 co-pay (90-day supply)
Mail Order: Brand Name	\$30 co-pay (100-day supply)	\$30 co-pay preferred brand (90-day supply); \$30 co-pay non-preferred brand (90-day supply)	\$100 co-pay preferred brand (90-day supply); \$100 co-pay non-preferred brand (90-day supply)	\$60 co-pay (90-day supply)
Hearing Aids: 1 Aid Per Ear Every 36 Months	Up to \$2,500	Up to \$2,500	60% coinsurance	Up to \$1,000
Chiropractic	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 20 visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year	\$15 per visit up to 10 visits per calendar year
Acupuncture	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 12 visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year	\$15 per visit up to 8 visits per calendar year

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- Hawaii Island
- Kauai (*Retirees without Medicare Only*)
- Lanai (*Retirees without Medicare Only*)
- Maui
- Molokai (*Retirees without Medicare Only*)
- Oahu

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Kaiser Permanente Plans Outside of California: Retirees *without* Medicare for 2024

	CALIFORNIA	NORTHWEST	HAWAII	WASHINGTON
Deductible	No deductible	No deductible	No deductible	No deductible
Out-of-Pocket Maximum: Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$7,500	\$1,500/\$3,000
Office Visit	\$20 co-pay	First 3 Office Visits: \$5 co-pay Subsequent Office Visits: \$20 co-pay	\$15 co-pay	\$20 co-pay
X-rays and Lab Tests	No charge	No charge	\$15 per day	No charge
Hospital Outpatient	\$35 co-pay per procedure	\$35 co-pay per visit	10% coinsurance	\$50 co-pay per visit
Hospital Inpatient	\$100 co-pay per admit	\$100 co-pay per admit	10% coinsurance	\$100 co-pay per admit
Hospital Emergency Room	\$100 co-pay per admit	\$100 co-pay per admit	\$100 co-pay per visit	\$100 co-pay per admit
Ambulance Services	No charge	No charge	20% coinsurance	20% coinsurance
Infertility Services	50% coinsurance; see EOC	50% coinsurance; see EOC	\$15 per visit, 20% coinsurance for In Vitro Fertilization (IVF)	Not covered
Pharmacy: Generic	\$5 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay generic maintenance (30-day supply); \$15 co-pay other generic (30-day supply)	\$10 co-pay (30-day supply)
Pharmacy: Brand-name	\$15 co-pay (30-day supply)	\$15 co-pay preferred brand (30-day supply); \$15 co-pay non-preferred Brand (30-day supply)	\$50 co-pay (30-day supply)	\$20 co-pay (30-day supply)
Pharmacy: Specialty	20% coinsurance (not to exceed \$100) for up to a 30 day supply	20% coinsurance (not to exceed \$100) for up to 30 day supply	\$200 co-pay (30-day supply)	\$10 co-pay generic (30-day supply) \$20 co-pay brand-name (30-day supply)
Mail Order: Generic	\$10 co-pay (100-day supply)	\$10 co-pay (90-day supply)	\$6 co-pay generic maintenance (90-day supply); \$30 co-pay other generic (90-day supply)	\$20 co-pay (90-day supply)
Mail Order: Brand-name	\$30 co-pay (100-day supply)	\$30 co-pay preferred brand (90-day supply); \$30 co-pay non-preferred brand (90-day supply)	\$100 co-pay (90-day supply)	\$40 co-pay (90-day supply)
Hearing Aids: 1 Aid Per Ear Every 36 Months	Up to \$2,500	Up to \$2,500 for ages 18 and over. For ages under 18, limit to one hearing aid per ear, every 36 months	60% coinsurance	Up to \$3,000
Chiropractic	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 20 visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year	\$20 per visit up to 10 visits per calendar year
Acupuncture	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 12 visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year	\$20 per visit up to 12 visits per calendar year