

Northwest	
Proposed 01/01/2026 Plan Type: HMO \$15/\$1750 (CL0) RPG	
Annual Deductible	
Individual / Family	Not Applicable
Maximum Out-Of-Pocket	
Individual / Family	
Accumulation Period	\$1,750 Individual / \$3,500 Family (Embedded)
Grandfathered Status	Calendar Year Non-Grandfathered
Hospital Inpatient	
Services rendered while hospitalized	\$250 per admission
Maternity Inpatient	\$250 per admission
Outpatient	
Primary Care	\$15 per visit*
Urgent Care	\$25 per visit
Specialist	\$25 per visit
Well-child & Preventive Care visits	No Charge
Routine prenatal care	No Charge
Outpatient surgery	\$125 per procedure
Therapies (PT/OT/ST)	
X-rays and Lab tests	\$25 per visit limited to 30 visits per therapy per accumulation period
Advanced Imaging (CT / MRI / PET)	X-ray \$10 per encounter; Lab \$10 per encounter
Ambulance services	\$75 per encounter
Emergency department visits	\$100 per trip \$250 per visit waived if admitted
Outpatient Prescription Drugs	
Generic Drugs	\$10 Copay Retail, \$20 Copay Mail Order
Brand Drugs	\$30 Copay Retail, \$60 Copay Mail Order
Non-preferred Brand Drugs	
Specialty Drugs	\$60 Copay Retail, \$120 Copay Mail Order
Pharmacy Deductible	20% Coinsurance up to a maximum of \$250
Days Supply	This Plan does not have a drug deductible Retail Plan Pharmacy: up to a 30-day supply, Mail Order Plan Pharmacy: up to a 90-day supply
Mental Health Services	
Inpatient psychiatric care	\$250 per admission
Outpatient individual therapy visits	\$15 per visit*
Outpatient group therapy visits	\$7 per visit*
Substance Use Services	
Inpatient detoxification	\$250 per admission
Outpatient individual therapy visits	\$15 per visit*
Outpatient group therapy visits	\$7 per visit*
Infertility Services	
Covered services related to the treatment of infertility	50% Coinsurance. Excludes IVF, GIFT & ZIFT. Includes Infertility drugs
Additional Benefits	
Base Durable Medical Equipment	20% Coinsurance
Skilled Nursing Facility	\$250 per admission limited to 100 days per accumulation period
Home Health	No Charge limited to 130 visits per accumulation period
Hospice Care	No Charge (Unlimited Visits)
Vision Exam	\$25 per visit
Riders	
Vision Hardware	Not Included
Hearing aids	\$1000 allowance / 1 device per ear / every 36 months and Pediatric (OR only) 20% coinsurance / 1 device per ear / every 36 months / NW (WA) 20% Coinsurance / 1 device per ear / every 36 months
Chiropractic	\$15 per visit / 20 visit limit per accumulation period
Acupuncture	\$15 per visit / 20 visit limit per accumulation period
Bariatric surgery	\$250 per admission
Dental	Not Included
Custom Benefits	
	Kaiser Foundation Health Plan of the Northwest (KFHP-NW) is licensed as a Health Care Service Contractor in Oregon and Washington. *Per Senate Bill 1529 (OR only): Primary care visit – No charge or \$5 copay for first 3 visits per year. First 3 visits are any combination of Primary Care non-specialty medical Services, Mental Health outpatient Services, Naturopathic medicine visits, Substance Use Disorder outpatient Services, or telemedicine Services.