



Kaiser Foundation Health Plan of Washington
Individual and Family Plans
GNW-C1W-02
PO Box 35002
Seattle WA 98124-3402

SALLY SAMPLE
123456 SAMPLE ST
SEATTLE, WA 98117

Important: You are not eligible for your catastrophic health plan in 2018.
You must select a new plan during Open Enrollment. Selecting a new plan may change your costs, coverage and providers.

September 29, 2017

Dear Sally Sample,

Why am I getting this letter?

In 2017, you enrolled in the Core Basics Plus catastrophic plan. You will not be eligible for the plan in 2018 because you will be 30 years old and will no longer qualify. On December 31, 2017, we will end your coverage.

To ensure that you have health coverage in 2018, you must choose a new plan. This letter explains the options available to you.

Options from Kaiser Permanente Washington

We recommend the Flex Bronze plan. You may either select this plan through Washington Healthplanfinder or you may purchase the plan directly from Kaiser Permanente Washington. This may change some of your costs and coverage, so review your options.

The premium for the Flex Bronze plan starts on January 1, 2018. If you don't qualify for financial help through Washington Healthplanfinder, or if you purchase the plan directly from Kaiser Permanente Washington, you'll pay \$200.00 each month.

If you do qualify for financial help, Washington Healthplanfinder will send you a letter estimating how much your premium will cost, including any subsidy.



If some people in your household have a different kind of coverage—such as Medicare, Washington Apple Health, or a dental plan—they may get a separate letter about how to keep their coverage.

The plan we are recommending may have different benefits and cost sharing, including:

	Current 2017 Plan	2018 Plan Recommendation
	Core Basics Plus 80473WA05412345	Flex Bronze 80473WA09912345
Changes to your benefits	<ul style="list-style-type: none"> No change 	<ul style="list-style-type: none"> No change

Changes to your cost sharing	<ul style="list-style-type: none"> Deductible - \$7,150 Individual / \$14,300 FamilyMember coinsurance - No charge after deductible Out-of-pocket maximum - \$7,150 Individual / \$14,300 Family Office visit - Primary: No charge for first 3 office visits; then no charge after deductible / Specialty: No charge after deductiblePrescription drugs - No charge after deductible Emergency Department Services - No charge after deductible 	<ul style="list-style-type: none"> Deductible - \$7,000 individual / \$14,000 familyMember coinsurance - 20% Out-of-pocket maximum - \$7,150 individual / \$14,300 family Office visit - Primary: First 3 office visits \$40; additional visits 20% after deductible / Specialty: 20% after deductiblePrescription drugs - Preferred generic \$25; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible Emergency Department Services - 20% after deductible
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This list may not include all changes, such as changes to the prescription drugs or providers we cover. For full information about changes to your plan, contact us.

If you want the plan we recommend for you, make sure you choose Flex Bronze on Washington Healthplanfinder or directly from Kaiser Permanente Washington. Then pay the new plan premium. If not, you can also choose any of our other plans available to you.

What other options do you have?

There are two ways you can choose to buy a new health plan:

1. Through Washington Healthplanfinder at www.wahealthplanfinder.org. You can compare plans, find in-person help in your community, and see if you qualify for free or low-cost options depending on your income. If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder. You can find plans from Kaiser Permanente Washington on Washington Healthplanfinder.
2. Directly from another company, or with the help of an agent or broker.

What should you consider before choosing your plan?

- ✓ **Cost:** Check to see if you have low-cost options, and compare plans through Washington Healthplanfinder at www.wahealthplanfinder.org.
- ✓ **Providers:** Your coverage may have different doctors or hospitals in 2018. Call or visit kp.org/wa/provider-directory to make sure your doctor and other health care providers are covered.
- ✓ **Benefits:** Call us or visit our website for a copy of your plan's 2018 benefit booklet, which includes a description of benefits and the costs you pay when you use services.
- ✓ **Drugs:** Call us or visit kp.org/wa/if-member for a copy of your plan's 2018 drug formulary, which includes a list of covered prescription drugs.

When do you need to make a decision?

The Open Enrollment period for 2018 coverage is November 1, 2017 through January 15, 2018. You can choose a new plan at Washington Healthplanfinder (www.wahealthplanfinder.org) at that time. To make sure there isn't a gap in your coverage, and avoid paying a penalty, the deadline to enroll is December 15, 2017 for coverage that starts January 1, 2018.

Important information about tax credits

Tax credits and other financial help are available to many people who buy a plan through Washington Healthplanfinder. Find out if you qualify at www.wahealthplanfinder.org.

Questions?

- To learn about your plan or other options for health coverage through Kaiser Permanente Washington, contact us toll free at 1-800-290-8900 or TTY 711, from 8 a.m. to 5 p.m., Monday through Friday. Or visit kp.org/wa/if-member, where you can review the Summary of Benefits and Coverage for the plans.
- Call 1-800-290-8900 to request a reasonable accommodation at no cost to you if



you have a disability.

- To update your account or learn about options for health coverage or financial help through Washington Healthplanfinder, contact www.wahealthplanfinder.org or 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.

Sincerely,

A handwritten signature in black ink that reads "Melinda Hews". The signature is written in a cursive, flowing style.

Melinda Hews
Executive Director
Health Plan Division, Kaiser Permanente Washington

Kaiser Permanente Nondiscrimination Notice and Language Access Services



KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Kaiser Permanente:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge. The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Fax: 206-901-6205 or toll-free 1-888-874-1765

Address: Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator, Quality GNE-D1E-07

P.O. Box 9812

Renton, WA 98057-9054

Email: csforms@ghc.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.



LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): របៀបវារៈ: បើសិនអ្នកនិយាយខ្មែរ, សេចក្តីនូវយោជន៍ យេមិនគិតល គឺចនសំបំបំរុងអ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけません。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.