

# Understanding the plans: Benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. For help understanding how to read those charts, review the diagram below.

## Here's a quick look at how to use the chart

Benefit highlights		<div><div>KP</div><div>Offered through Kaiser Permanente</div></div> <div><div>E</div><div>Offered through the health benefit exchange</div></div>
Kaiser Permanente - Silver 70 HMO Off Exchange		
Plan type	Deductible	
Annual medical deductible (individual/family)	\$5,200/\$10,400	<b>Annual deductible</b> You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$5,200 for yourself or \$10,400 for your family. Then you'd start paying copays or coinsurance.
Annual out-of-pocket maximum (individual/family)	\$9,800/\$19,600	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	<b>Annual out-of-pocket maximum</b> This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$9,800 for yourself and no more than \$19,600 for your family for your copays, coinsurance, and deductible in a calendar year.
Preventive care		
Routine physical exam, mammograms, etc.	No charge	<b>Preventive care at no charge</b> Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they're not subject to the deductible.
Outpatient services (per visit or procedure)		
Primary care office visit	\$50	<b>Covered before you reach the deductible</b> With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$50 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.
Specialty care office visit	\$90	
Most X-rays	\$95	<b>Copay</b> This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$50 copay for urgent care visits, whether or not you have met your deductible.
Most lab tests	\$50	
MRI, CT, PET	\$325	<b>Coinsurance</b> After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.
Outpatient surgery	30%	
Mental health visit	\$50	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	
Maternity		
Routine prenatal care visit, first postpartum visit	No charge	
Delivery and inpatient well-baby care	30% after deductible	
Emergency and urgent care		
Emergency Department visit	\$400	
Urgent care visit	\$50	
Prescription drugs (up to a 30-day supply)		
Generic (Tier 1)	\$19*	
Preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	
Non-preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	
Specialty (Tier 4)	20% after \$50 pharmacy deductible, up to \$250 per prescription	
Whole health		
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .	

\*Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

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- E** Offered through the health benefit exchange, Covered California

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [CoveredCA.com](https://www.coveredca.com).

Benefit highlights	<b>KP</b> Kaiser Permanente - Bronze 60 HMO 7500/0% PCP	<b>KP</b> <b>E</b> Kaiser Permanente - Bronze 60 HDHP HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Bronze 60 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HDHP HMO 3600/25% PCP
Plan type	Deductible	HSA-qualified	HSA-qualified	HSA-qualified
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$7,200/\$14,400	\$5,800/\$11,600	\$3,600/\$7,200
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,200/\$14,400	\$9,800/\$19,600	\$7,800/\$15,600
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	No charge after deductible	No charge after deductible	\$60	25% after deductible
Specialty care office visit	No charge after deductible	No charge after deductible	First 3 visits \$95 <sup>‡</sup> ; additional visits \$95 after deductible	25% after deductible
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Most lab tests	No charge after deductible	No charge after deductible	\$50	25% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Mental health visit	No charge after deductible	No charge after deductible	No charge	25% after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	\$60	25% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic (Tier 1)	\$20*	No charge after deductible	\$20*	25% after deductible, up to \$250 per prescription
Preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
Non-preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
Specialty (Tier 4)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
<b>Whole health</b>				
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .			

<sup>‡</sup> The Kaiser Permanente Bronze 60 HMO plan includes 3 specialty care office visits for the benefit copay before you reach your deductible.

\* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* (EOC) for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-464-4000 (TTY 711), or contact your broker.

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Benefit highlights	<b>KP</b> Kaiser Permanente - Silver 70 HMO Off Exchange	<b>E</b> Kaiser Permanente - Silver 70 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HMO 2850/50 PCP
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$5,200/\$10,400	\$5,200/\$10,400	\$2,850/\$5,700
Annual out-of-pocket maximum (individual/family)	\$9,800/\$19,600	\$9,800/\$19,600	\$8,900/\$17,800
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$50	\$50	\$50
Specialty care office visit	\$90	\$90	\$80
Most X-rays	\$95	\$95	\$70 after deductible
Most lab tests	\$50	\$50	\$30 after deductible
MRI, CT, PET	\$325	\$325	\$350 after deductible
Outpatient surgery	30%	30%	\$400 after deductible
Mental health visit	\$50	\$50	\$50
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	35% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	35% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$400	\$400	\$350 after deductible
Urgent care visit	\$50	\$50	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic (Tier 1)	\$19*	\$19*	\$20*
Preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	\$60 after \$50 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Non-preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	\$60 after \$50 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Specialty (Tier 4)	20% after \$50 pharmacy deductible, up to \$250 per prescription	20% after \$50 pharmacy deductible, up to \$250 per prescription	35% after \$450 pharmacy deductible, up to \$250 per prescription
<b>Whole health</b>			
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .		Adult vision benefit includes an annual eye exam with a \$175 glasses credit, which can be used every 24 months. Coverage also includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .

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Benefit highlights	<b>KP</b> Kaiser Permanente - Gold 80 HMO 750/35 PCP	<b>KP</b> Kaiser Permanente - Gold 80 HDHP HMO 2250/15% PCP	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$750/\$1,500	\$2,250 (Self only)/\$3,400 (Individual in family)/\$4,500 (Family)**	None/None
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$5,000/\$10,000	\$9,200/\$18,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services</b>			
Primary care office visit	\$35	15% after deductible	\$40
Specialty care office visit	\$65	15% after deductible	\$70
Most X-rays	\$75	15% after deductible	\$75
Most lab tests	\$40	15% after deductible	\$40
MRI, CT, PET	\$100 after deductible	15% after deductible	\$75
Outpatient surgery	\$350 after deductible	15% after deductible	\$190
Mental health visit	\$35	15% after deductible	\$40
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	15% after deductible	\$375 per day up to 5 days**
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	15% after deductible	\$375 per day up to 5 days**
<b>Emergency and urgent care</b>			
Emergency Department visit	\$250 after deductible	15% after deductible	\$350
Urgent care visit	\$35	15% after deductible	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic (Tier 1)	\$20*	15% after deductible, up to \$250 per prescription	\$18*
Preferred brand (Tier 2)	\$55*	15% after deductible, up to \$250 per prescription	\$60*
Non-preferred brand (Tier 2)	\$55*	15% after deductible, up to \$250 per prescription	\$60*
Specialty (Tier 4)	25% up to \$250 per prescription	15% after deductible, up to \$250 per prescription	20% up to \$250 per prescription
<b>Whole health</b>			
Healthy services	<p>Adult vision benefit includes an annual eye exam with a \$175 glasses credit, which can be used every 24 months; 20 combined visits of chiropractic or acupuncture per year at \$15 per visit; Coverage of supplemental durable medical equipment items for a 20% after deductible cost share up to \$2000 annually. Coverage also includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>.</p> <p>Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>.</p>		

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\*\* After 5 days, there is no charge for covered services related to the admission.

†† If you are the only applicant applying for this plan, then you must meet the individual deductible of \$2,250. However, when coverage includes 2 or more family members, each individual is responsible for a deductible of \$3,400, unless the cumulative expenses reach the family deductible of \$4,500 first.

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Benefit highlights	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO Coinsurance	<b>KP</b> Kaiser Permanente - Gold 80 HMO 0/30 PCP	<b>KP</b> <b>E</b> Kaiser Permanente - Platinum 90 HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Minimum Coverage HMO <sup>††</sup>
Plan type	Copayment	Copayment	Copayment	HSA-qualified
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$10,600/\$21,200
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$7,800/\$15,600	\$5,000/\$10,000	\$10,600/\$21,200
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$40	\$30	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	\$70	\$70	\$30	No charge after deductible
Most X-rays	\$75	\$60	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	25%	\$250	\$75	No charge after deductible
Outpatient surgery	30%	\$350	\$95	No charge after deductible
Mental health visit	\$40	\$30	\$15	No charge
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30%	\$600 per day up to 5 days**	\$225 per day up to 5 days**	No charge after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30%	\$600 per day up to 5 days**	\$225 per day up to 5 days**	No charge after deductible
Emergency and urgent care				
Emergency Department visit	\$350	\$325	\$175	No charge after deductible
Urgent care visit	\$40	\$30	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic (Tier 1)	\$18*	\$20*	\$9*	No charge after deductible
Preferred brand (Tier 2)	\$60*	\$50*	\$16*	No charge after deductible
Non-preferred brand (Tier 2)	\$60*	\$50*	\$16*	No charge after deductible
Specialty (Tier 4)	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
Whole health				
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .	Adult vision benefit includes an annual eye exam with a \$175 glasses credit, which can be used every 24 months; 20 combined visits of chiropractic or acupuncture per year at \$15 per visit; coverage of supplemental durable medical equipment items for a 20% after deductible cost share up to \$2,000 annually. Coverage also includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .	

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\*\* After 5 days, there is no charge for covered services related to the admission.

†† Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Minimum Coverage HMO plan.

\*\*\*The Kaiser Permanente Minimum Coverage HMO plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary and urgent care.

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## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Covered California.

Benefit highlights	<b>E</b> Kaiser Permanente - Silver 73 HMO	<b>E</b> Kaiser Permanente - Silver 87 HMO	<b>E</b> Kaiser Permanente - Silver 94 HMO
Plan type	Copayment	Copayment	Copayment
Annual medical deductible (individual/family)	\$5,200/\$10,400	\$1,400/\$2,800	None/None
Annual out-of-pocket maximum (individual/family)	\$8,100/\$16,200	\$3,350/\$6,700	\$1,400/\$2,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$50	\$15	\$5
Specialty care office visit	\$90	\$25	\$8
Most X-rays	\$95	\$50	\$10
Most lab tests	\$50	\$30	\$10
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	30%	20%	10%
Mental health visit	\$50	\$15	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10%
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10%
Emergency and urgent care			
Emergency Department visit	\$400	\$200	\$50
Urgent care visit	\$50	\$15	\$5
Prescription drugs (up to a 30-day supply)			
Generic (Tier 1)	\$19*	\$8*	\$3*
Preferred brand (Tier 2)	\$55 after \$50 pharmacy deductible*	\$25 after \$50 pharmacy deductible*	\$10*
Non-preferred brand (Tier 2)	\$55 after \$50 pharmacy deductible*	\$25 after \$50 pharmacy deductible*	\$10*
Specialty (Tier 4)	20% after \$50 pharmacy deductible up to \$250 per prescription	15% after \$50 pharmacy deductible up to \$150 per prescription	10% up to \$150 per prescription
Whole health			
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a> .		

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