

2025 Complete Suite plan pairings

A variety of health plan combinations to best meet the needs of your business

With over 80 plan options, Complete Suite makes it easy to select and compare medical plans. This plan pairing guide provides recommended combinations of HMO plans with POS or PPO plans.

Pairing an HMO plan with a POS or PPO plan offers you and your employees flexibility and choice. And by choosing the Complete Suite pairing, you get streamlined benefit administration with the simplicity of dealing with one carrier.

New for 2025

We've added new POS plans with a deductible option in tier 1

The Complete Suite provides a comprehensive solution

HMO and Deductible HMO plans

Kaiser Permanente providers

Our HMO plans provide the lowest out-of-pocket costs for your employees.

For employees who live or work inside a Kaiser Permanente service area.

POS plans

Kaiser Permanente providers
Participating providers
Nonparticipating providers



OR

PPO plans

Participating providers
Nonparticipating providers

Our PPO plans give your employees the flexibility to see:

- PHCS providers in Kaiser Permanente states
- Cigna Healthcare PPO Network providers in all other states¹
- Any other licensed provider

For employees nationwide.

> Ready to connect?

Request a quote from your Kaiser Permanente account representative today.

Complete Suite plan pairings²

Select from a variety of recommended Complete Suite plan combinations to create the best solution for your business.

How to read the chart		
NCAL/SCAL plan ID – Primary care office visit hospital inpatient/OOPM	NCAL/SCAL plan ID – deductible by tier; office visit by tier	NCAL/SCAL plan ID – deductible by tier; office visit by tier
HMO High ³	POS	PPO
9961/9962 – \$10/\$0/\$1,500	17627/17628 – \$0/\$500/\$1,000; \$15/\$25/30%	10229/10230 – \$500/\$1,000; \$20/40%
9965/9966 – \$15/\$0/\$1,500	17627/17628 – \$0/\$500/\$1,000; \$15/\$25/30%	10229/10230 – \$500/\$1,000; \$20/40%
10011/10012 – \$15/\$250/\$1,500	17627/17628 – \$0/\$500/\$1,000; \$15/\$25/30%	10229/10230 – \$500/\$1,000; \$20/40%
10003/10004 – \$20/\$0/\$1,500	13886/13887 – \$0/\$500/\$1,000; \$20/\$35/40%	10229/10230 – \$500/\$1,000; \$20/40%
10015/10016 – \$20/\$250/\$1,500	13886/13887 – \$0/\$500/\$1,000; \$20/\$35/40%	10229/10230 – \$500/\$1,000; \$20/40%
10048/10049 – \$20/\$250/\$1,500	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
10052/10053 – \$20/\$500/\$1,500	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	10229/10230 – \$500/\$1,000; \$20/40%
9970/9972 – \$25/\$500/\$1,500	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
9981/9982 – \$30/\$500/\$1,500	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	17615/17616 – \$1,500/\$3,000; \$40/50%
HMO Mid ³	POS	PPO
9983/9984 – \$20/\$250/\$2,000	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	10229/10230 – \$500/\$1,000; \$20/40%
9987/9988 – \$30/\$250/\$2,000	17209/17210 – \$0/\$1,000/\$2,000; \$30/\$50/50%	17615/17616 – \$1,500/\$3,000; \$40/50%
9989/9990 – \$20/\$500/\$2,500	17213/17214 – 0/\$2,000/\$4,000; \$30/30%/50%	10229/10230 – \$500/\$1,000; \$20/40%
9930/9931 – \$25/\$500/\$2,500	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
9991/9992 – \$30/\$500/\$2,500	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	17615/17616 – \$1,500/\$3,000; \$40/50%
HMO Low ³	POS	PPO
14602/14603 – \$20/\$250/\$3,000	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	10229/10230 – \$500/\$1,000; \$20/40%
14610/14611 – \$20/\$500/\$3,000	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	10229/10230 – \$500/\$1,000; \$20/40%
14614/14615 – \$30/\$500/\$3,000	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	17615/17616 – \$1,500/\$3,000; \$40/50%
14618/14619 – \$30/\$500/\$3,000	17213/17214 – \$0/\$2,000/\$4,000; \$30/30%/50%	17615/17616 – \$1,500/\$3,000; \$40/50%
9979/9980 – \$30/\$500/\$3,500	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
14622/14623 – \$40/\$500/\$3,000	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
HMO Low Coinsurance	POS	PPO
16072/16073 – \$35/20%/\$4,000	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
16033/16035 – \$40/30%/\$4,000	—————	17615/17616 – \$1,500/\$3,000; \$40/50%

Complete Suite plan pairings

Select from a variety of recommended Complete Suite plan combinations to create the best solution for your business.

How to read the chart

NCAL/SCAL plan ID – Primary care office visit hospital inpatient/OOPM	NCAL/SCAL plan ID – deductible by tier; office visit by tier	NCAL/SCAL plan ID – deductible by tier; office visit by tier
---	--	--

Deductible HMO HO ⁴	POS	PPO
17658/17659 – \$250/\$20/10%	17845/17846 – \$250/\$500/\$1,000; \$20/\$40/40%	10229/10230 – \$500/\$1,000; \$20/40%
17662/17663 – \$500/\$30/10%	17847/17848 – \$500/\$1,000/\$2,000; \$30/\$50/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17666/17667 – \$750/\$30/20%	17849/17850 – \$750/\$1,500/\$3,000; \$30/\$30/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17670/17671 – \$1,000/\$30/20%	17851/17852 – \$1,000/\$2,000/\$4,000; \$30/\$30/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17674/17675 – \$1,500/\$30/20%	—————	17619/17620 – \$2,000/\$4,000; \$30/40% or 17615/17616 – \$1,500/\$3,000; \$40/50%
17678/17679 – \$2,000/\$30/20%	—————	17619/17620 – \$2,000/\$4,000; \$30/40%
17682/17683 – \$2,500/\$30/20%	—————	17623/17624 – \$3,000/\$6,000; \$40/50%
14634/14635 – \$1,500/\$40/30%	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
Deductible HMO XD ⁵	POS	PPO
17686/17687 – \$250/\$20/10%	17845/17846 – \$250/\$500/\$1,000; \$20/\$40/40%	10229/10230 – \$500/\$1,000; \$20/40%
17690/17691 – \$500/\$30/20%	17847/17848 – \$500/\$1,000/\$2,000; \$30/\$50/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17696/17697 – \$750/\$30/20%	17849/17850 – \$750/\$1,500/\$3,000; \$30/\$30/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17700/17701 – \$1,000/\$30/20%	17851/17852 – \$1,000/\$2,000/\$4,000; \$30/\$30/50%	17611/17612 – \$1,000/\$2,000; \$30/40%
17704/17706 – \$1,000/\$30/30%	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
17709/17710 – \$1,500/\$30/20%	—————	17619/17620 – \$2,000/\$4,000; \$30/40% or 17615/17616 – \$1,500/\$3,000; \$40/50%
17713/17714 – \$2,000/\$30/20%	—————	17619/17620 – \$2,000/\$4,000; \$30/40%
14642/14643 – \$1,500/\$40/30%	—————	17615/17616 – \$1,500/\$3,000; \$40/50%
14646/14647 – \$2,500/\$40/30%	—————	17623/17624 – \$3,000/\$6,000; \$40/50%
14650/14651 – \$3,000/\$40/30%	—————	17623/17624 – \$3,000/\$6,000; \$40/50%
14654/14655 – \$3,500/\$40/30%	—————	—————
13868/13869 – \$4,000/\$40/30%	—————	—————
14678/14679 – \$5,000/\$40/30%	—————	—————

1. The Cigna HealthcareSM PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare’s contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc. 2. Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the HMO tier, and Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the participating provider tier and the nonparticipating provider tier of the PPO and POS plans. 3. HMO Low/Mid/High plans – HMO High, Mid, and Low designations are driven by the plans’ out-of-pocket maximum levels. High plans offer the lowest out-of-pocket maximums. Low plans offer the highest out-of-pocket maximums. 4. Deductible HMO HO – Most services are covered at a copay or coinsurance. A deductible applies to hospital services, such as inpatient hospital, outpatient surgery, and emergency room services. 5. Deductible HMO XD – Provider office visits and pharmacy are covered at a copay or coinsurance. A deductible applies to most other services.