



## Small Business Portfolio

Use this overview of our small business portfolio to easily explore a wide range of Kaiser Permanente plans. This interactive tool also enables you to get quick side-by-side comparisons of the different plans we have to offer.

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## Small business plan pairings

Small businesses with 1-5 subscribers can choose up to 4 HMO, DHMO, HSA, and Plus plans, and one POS or PPO plan. Small businesses with 6 or more subscribers can choose unlimited HMO, DHMO, HSA, and Plus plans, 2 POS/PPO plans with enrollment required in each plan.

## How to compare plans

With our interactive plan comparison chart, and you can choose up to 3 plans at a time and get as many comparisons as you'd like.

### To get a comparison:

1. Click the **Overview** tab at the top of the page, and then click on one of the categories.
2. Check the box next to each plan you'd like to compare, and then click the **Compare plans** button at the top-right corner of the page.
3. To remove a plan from your comparison, click the checked box to clear it.  
To remove all plans selected, click the **Reset** button at the top of the page.

You can also get more detailed information about each plan type by clicking the tabs at the top of the page.

### Are you viewing this on a mobile device?

The interactive features work best when you download to a desktop or use an application such as Adobe Reader.

## ➤ Ready to connect?

Check out our 2025 plans and request a quote from your broker or the Kaiser Permanente Small Business Team at 866-331-2091.

### KP Select plans are **ONLY** offered in the Colorado Springs and surrounding area.

The plan summary highlights the benefits most frequently asked about and is for illustrative purposes only. For a complete description, please visit [kp.org/sbc](https://kp.org/sbc) to view the appropriate Summary of Benefits and Coverage.

Kaiser Foundation Health Plan of Colorado, Inc. (KFHP) underwrites the HMO in-network tier of the 3-tier POS plan. Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the participating provider tier and nonparticipating provider tier on the 3-tier POS plan and PPO plan.

Virtual care services include chat, video visit, email, and phone services. These services are offered at no additional cost for most health plans. Some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente medical office pharmacies or through the Kaiser Permanente mail-order program or the medication will not be covered. Mail-order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.

Information may have changed since publication.

Kaiser Permanente Virtual Complete®

Plans selected:

Compare plans

Reset

Platinum Plan Options	KP CO Platinum 0/10 RX Copay KP Select CO Platinum 0/10 RX Copay	KP CO Platinum 400/10 KP Select CO Platinum 400/10	KP CO Platinum DHMO Plus 250/20
Product Type	HMO	DHMO	DHMO Plus
Medical deductible (individual/family)	\$0	\$400/\$800	\$250/\$500
Coinsurance (member's cost)	10%	15%	15% KP 25% Plus
Out-of-pocket maximum (individual/family)	\$3,000/\$6,000	\$4,500/\$9,000	\$4,500/\$9,000
Primary care visit	\$10	\$10	\$20 KP \$40 Plus <sup>1</sup>
Specialty care visit	\$40	\$55 <sup>1</sup>	\$45 KP <sup>1</sup> \$65 Plus <sup>1</sup>
Virtual care services	No charge	No charge	No charge KP See EOC Plus
Hospital inpatient (per admission)	\$500 per day (up to 3 days)	15% AD	15% AD KP Not covered Plus
Outpatient surgery (per procedure)	\$300 ASC \$500 hospital	5% AD ASC 15% AD hospital	5% AD ASC KP 15% AD hospital KP Not covered Plus
Lab & X-ray	10%	15% AD	15% AD KP 25% coinsurance Plus
Imaging (MRI/CT/PET)	\$200	15% AD	15% AD KP Not covered Plus
Urgent care	\$75	\$75	\$75
Emergency care	\$300	\$400	\$400
Skilled nursing facility	\$500 per day (up to 3 days)	15% AD	15% AD KP Not covered Plus
Mental health outpatient	\$10	\$10	\$20 KP/\$40 Plus
Physical therapy/occupational therapy/speech therapy	\$20	\$20	\$25 KP/\$40 Plus
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	\$0	\$0
Generic	\$10	\$10	\$10 KP/50% Plus
Brand	\$35	\$40	\$40 KP/50% Plus
Brand nonpreferred	\$200	15%	15% KP/50% Plus
Specialty	\$250	15%	15% KP/50% Plus

AD = After deductible

ASC = Ambulatory surgery center

1. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

KP Select plans are ONLY offered in the Colorado Springs and surrounding area.

Plans selected:

Compare plans

Reset

Platinum Plan Options	KP CO Platinum 3T POS 0/10		
	POS Tier 1 In-network provider	POS Tier 2 Participating provider	POS Tier 3 Nonparticipating provider
Medical deductible (individual/family)	\$0	\$500/\$1,000	\$2,000/\$4,000
Coinsurance (member's cost)	10%	25%	50%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$5,500/\$11,000	\$10,000/\$20,000
Primary care visit	\$10	\$35 <sup>1</sup>	50% AD
Specialty care visit	\$55	\$85 <sup>1</sup>	50% AD
Virtual care services	No charge	See COI	See COI
Hospital inpatient (per admission)	10%	25% AD	Not covered
Outpatient surgery (per procedure)	\$300 ASC \$500 hospital	15% AD ASC 25% AD hospital	Not covered
Lab & X-ray	10%	25% AD	50% AD
Imaging (MRI/CT/PET)	10%	25% AD	50% AD
Urgent care		\$75	
Emergency care		\$400	
Skilled nursing facility	10%	25% AD	Not covered
Mental health outpatient	\$10	\$35	50% AD
Physical therapy/occupational therapy/speech therapy	\$25	\$50	50% AD
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	Medical deductible	\$0
Generic	\$10	\$25	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$40	\$60	
Brand nonpreferred	10%	25% AD	
Specialty	10%	25% AD	

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Plans selected: 

Compare plans

Reset

Gold Plan Options	KP CO Gold 0/20 RX Copay KP Select CO Gold 0/20 RX Copay	KP CO Gold 500/25 KP Select CO Gold 500/25	KP CO Gold 1500/25 RX Copay KP Select CO Gold 1500/25 RX Copay	KP CO Gold 2500/10 KP Select CO Gold 2500/10
Product Type	HMO	DHMO	DHMO	DHMO
Medical deductible (individual/family)	\$0	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance (member's cost)	20%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,000/\$14,000
Primary care visit	\$20	\$25	\$25	\$10
Specialty care visit	\$65	\$65 <sup>1</sup>	\$65 <sup>1</sup>	\$75 <sup>1</sup>
Virtual care services	No charge	No charge	No charge	No charge
Hospital inpatient (per admission)	\$750 per day (up to 4 days)	20% AD	20% AD	20% AD
Outpatient surgery (per procedure)	\$625 ASC \$750 hospital	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital
Lab & X-ray	20%	20% AD	20% AD	20% AD
Imaging (MRI/CT/PET)	\$500	20% AD	20% AD	20% AD
Urgent care	\$75	\$75	\$75	\$85
Emergency care	\$750	\$750	20% AD	20% AD
Skilled nursing facility	\$750 (up to 4 days)	20% AD	20% AD	20% AD
Mental health outpatient	\$20	\$25	\$25	\$10
Physical therapy/occupational therapy/speech therapy	\$40	\$40	\$40	\$20
<b>Prescription drugs</b>				
Pharmacy deductible	\$0	\$300 individual/ no family	\$0	Medical deductible
Generic	\$15	\$15	\$15	\$10
Brand	\$70	\$75	\$80	\$70
Brand nonpreferred	\$350	20% after Rx deductible	\$400	20% AD
Specialty	\$400	20% after Rx deductible	\$500	20% AD

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Plans selected:

Compare plans

Reset

Gold Plan Options	KP CO Gold DHMO Plus 1250/35	KP CO Gold DHMO Plus 2000/40	KP CO Gold 1750/30/HSA KP Select CO Gold 1750/30/HSA
Product Type	DHMO Plus	DHMO Plus	HDHP
Medical deductible (individual/family)	\$1,250/\$2,500	\$2,000/\$4,000	\$1,750/\$3,500 (aggregate)
Coinsurance (member's cost)	20% KP 40% Plus	25% KP 40% Plus	15%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$6,800/\$13,600	\$4,100/\$8,200 (aggregate)
Primary care visit	\$35 KP \$65 Plus <sup>1</sup>	\$40 KP \$70 Plus <sup>1</sup>	\$30 AD
Specialty care visit	\$70 KP <sup>1</sup> \$90 Plus <sup>1</sup>	\$75 KP <sup>1</sup> \$95 Plus <sup>1</sup>	\$60 AD <sup>1</sup>
Virtual care services	No charge KP See EOC Plus	No charge KP See EOC Plus	No charge
Hospital inpatient (per admission)	20% AD KP Not covered Plus	25% AD KP Not covered Plus	15% AD
Outpatient surgery (per procedure)	10% AD ASC KP 20% AD hospital KP Not covered Plus	15% AD ASC KP 25% AD hospital KP Not covered Plus	5% AD ASC 15% AD hospital
Lab & X-ray	20% AD KP 40% AD Plus	25% AD KP 40% AD Plus	15% AD
Imaging (MRI/CT/PET)	20% AD KP Not covered Plus	25% AD KP Not covered Plus	15% AD
Urgent care	\$85	\$85	\$75 AD
Emergency care	20% AD	25% AD	15% AD
Skilled nursing facility	20% AD KP Not covered Plus	25% AD KP Not covered Plus	15% AD
Mental health outpatient	\$35 KP \$65 Plus	\$40 KP \$70 Plus	\$30 AD
Physical therapy/occupational therapy/speech therapy	\$45 KP \$65 Plus	\$50 KP \$70 Plus	\$30 AD
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	\$0	Medical deductible
Generic	\$15 KP 50% Plus	\$15 KP 50% Plus	\$15 AD
Brand	\$75 KP 50% Plus	\$75 KP 50% Plus	\$50 AD
Brand nonpreferred	20% KP 50% Plus	25% KP 50% Plus	15% AD
Specialty	20% KP 50% Plus	25% KP 50% Plus	15% AD

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Plans selected:

Compare plans

Reset

Gold Plan Options	KP CO Gold 3T POS 1500/30		
	POS Tier 1 In-network provider	POS Tier 2 Participating provider	POS Tier 3 Nonparticipating provider
Medical deductible (individual/family)	\$1,500/\$3,000	\$2,500/\$5,000	\$6,000/\$12,000
Coinsurance (member's cost)	20%	35%	50%
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$7,000/\$14,000	\$15,000/\$30,000
Primary care visit	\$30	\$60 <sup>1</sup>	50% AD
Specialty care visit	\$60 <sup>1</sup>	\$90 <sup>1</sup>	50% AD
Virtual care services	No charge	See COI	See COI
Hospital inpatient (per admission)	20% AD	35% AD	Not covered
Outpatient surgery (per procedure)	10% AD ASC 20% AD hospital	25% AD ASC 35% AD hospital	Not covered
Lab & X-ray	20% AD	35% AD	50% AD
Imaging (MRI/CT/PET)	20% AD	35% AD	50% AD
Urgent care	\$85		
Emergency care	20% AD		
Skilled nursing facility	20% AD	35% AD	Not covered
Mental health outpatient	\$30	\$60	50% AD
Physical therapy/occupational therapy/speech therapy	\$40	\$65	50% AD
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	\$500 individual/no family	\$0
Generic	\$15	\$35	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$75	\$100	
Brand nonpreferred	20%	35% after RX deductible	
Specialty	20%	35% after RX deductible	

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Plans selected: 

Compare plans

Reset

Gold Plan Options	KP CO Gold PPO 1500/35 RX Copay	
	Participating provider	Nonparticipating provider
Medical deductible (individual/family)	\$1,500/\$3,000	\$6,000/\$12,000
Coinsurance (member's cost)	25%	50%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$22,500/\$45,000
Primary care visit	\$35 <sup>1</sup>	50% AD
Specialty care visit	\$70 <sup>1</sup>	50% AD
Virtual care services	See COI	See COI
Hospital inpatient (per admission)	25% AD	50% AD
Outpatient surgery (per procedure)	25% AD	50% AD
Lab & X-ray	25% AD	50% AD
Imaging (MRI/CT/PET)	25% AD	50% AD
Urgent care	\$85	\$250
Emergency care	25% AD	
Skilled nursing facility	25% AD	50% AD
Mental health outpatient	\$35	50% AD
Physical therapy/occupational therapy/speech therapy	\$40	50% AD
<b>Prescription drugs</b>		
Pharmacy deductible	\$0	\$0
Generic	\$15	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$75	
Brand nonpreferred	\$350	
Specialty	\$500	

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Plans selected:

Compare plans

Reset

Silver Plan Options	KP CO Silver 2800/45 KP Select CO Silver 2800/45	KP CO Silver 4000/50 RX Copay KP Select CO Silver 4000/50 RX Copay
Product Type	DHMO	DHMO
Medical deductible (individual/family)	\$2,800/\$5,600	\$4,000/\$8,000
Coinsurance (member's cost)	35%	35%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$9,200/\$18,400
Primary care visit	\$45	\$50
Specialty care visit	\$85 <sup>1</sup>	\$85 <sup>1</sup>
Virtual care services	No charge	No charge
Hospital inpatient (per admission)	35% AD	35% AD
Outpatient surgery (per procedure)	25% AD ASC 35% AD hospital	25% AD ASC 35% AD hospital
Lab & X-ray	35% AD	35% AD
Imaging (MRI/CT/PET)	35% AD	35% AD
Urgent care	\$100	\$100
Emergency care	35% AD	35% AD
Skilled nursing facility	35% AD	35% AD
Mental health outpatient	\$45	\$50
Physical therapy/occupational therapy/speech therapy	\$45	\$50
<b>Prescription drugs</b>		
Pharmacy deductible	\$500 individual/no family	\$0
Generic	\$15	\$15
Brand	\$65 after Rx deductible	\$75
Brand nonpreferred	35% after Rx deductible	\$450
Specialty	35% after Rx deductible	\$500

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Plans selected:

Compare plans

Reset

Silver Plan Options	KP CO Silver 5000/10 KP Select CO Silver 5000/10	KP CO Virtual Complete Silver 6000/50 RX Copay KP Select CO Virtual Complete Silver 6000/50 RX Copay	KP CO Silver DHMO Plus 3500/45
Product Type	DHMO	DHMO	DHMO Plus
Medical deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$3,500/\$7,000
Coinsurance (member's cost)	35%	35%	30% KP 50% Plus
Out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$8,500/\$17,000	\$9,200/\$18,400
Primary care visit	\$10	First 3 visits \$50; additional visits \$50 AD	\$45 KP \$80 Plus <sup>1</sup>
Specialty care visit	\$85 <sup>1</sup>	\$75 AD <sup>1</sup>	\$75 KP <sup>1</sup> \$95 Plus <sup>1</sup>
Virtual care services	No charge	No charge	No charge KP See EOC Plus
Hospital inpatient (per admission)	35% AD	35% AD	30% AD KP Not covered Plus
Outpatient surgery (per procedure)	25% AD ASC 35% AD hospital	25% AD ASC 35% AD hospital	20% AD ASC KP 30% AD hospital KP Not covered Plus
Lab & X-ray	35% AD	Lab: \$30 X-ray: 35% AD	30% AD KP 50% AD Plus
Imaging (MRI/CT/PET)	35% AD	35% AD	30% AD KP Not covered Plus
Urgent care	\$100	First 3 visits \$100; additional visits 35% AD	\$100
Emergency care	35% AD	35% AD	30% AD
Skilled nursing facility	35% AD	35% AD	30% AD KP Not covered Plus
Mental health outpatient	\$10	\$50	\$45 KP \$80 Plus
Physical therapy/occupational therapy/speech therapy	\$20	\$50	\$45 KP \$80 Plus
<b>Prescription drugs</b>			
Pharmacy deductible	Medical deductible	\$0	\$500 individual/ no family
Generic	\$15	\$15	\$15 KP 50% Plus
Brand	35% AD	\$75	\$75 KP 50% Plus
Brand nonpreferred	35% AD	\$600	30% after Rx Ded KP 50% after Rx Ded Plus
Specialty	35% AD	\$700	30% after Rx Ded KP 50% after Rx Ded Plus

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Plans selected:

Compare plans

Reset

Silver Plan Options	KP CO Silver 3300/30/HSA KP Select CO Silver 3300/30/HSA	KP CO Silver 4000/30/HSA KP Select CO Silver 4000/30/HSA	KP CO Silver HSA Plus 3500/30
Product Type	HDHP	HDHP	HDHP Plus
Medical deductible (individual/family)	\$3,300/\$6,600	\$4,000/\$8,000	\$3,500/\$7,000
Coinsurance (member's cost)	25%	30%	30% KP 50% Plus
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000
Primary care visit	\$30 AD	\$30 AD	30% AD KP 50% AD Plus
Specialty care visit	\$60 AD <sup>1</sup>	\$60 AD <sup>1</sup>	30% AD KP 50% AD Plus
Virtual care services	No charge	No charge	No charge KP See EOC Plus
Hospital inpatient (per admission)	25% AD	30% AD	30% AD KP Not covered Plus
Outpatient surgery (per procedure)	15% AD ASC 25% AD hospital	20% AD ASC 30% AD hospital	20% AD ASC KP 30% AD hospital KP Not covered Plus
Lab & X-ray	25% AD	30% AD	30% AD KP 50% AD Plus
Imaging (MRI/CT/PET)	25% AD	30% AD	30% AD KP Not covered Plus
Urgent care	\$100 AD	\$100 AD	30% AD
Emergency care	25% AD	30% AD	30% AD
Skilled nursing facility	25% AD	30% AD	30% AD KP Not covered Plus
Mental health outpatient	\$30 AD	\$30 AD	30% AD KP 50% AD Plus
Physical therapy/occupational therapy/speech therapy	\$30 AD	\$30 AD	30% AD KP 50% AD Plus
<b>Prescription drugs</b>			
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible
Generic	\$15 AD	\$10 AD	\$10 AD KP 50% AD Plus
Brand	\$45 AD	\$45 AD	\$30 AD KP 50% AD Plus
Brand nonpreferred	25% AD	30% AD	30% AD KP 50% AD Plus
Specialty	25% AD	30% AD	30% AD KP 50% AD Plus

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Plans selected:

Compare plans

Reset

Silver Plan Options	KP CO Silver 3T POS 2800/45 RX Copay		
	POS Tier 1 In-network provider	POS Tier 2 Participating provider	POS Tier 3 Nonparticipating provider
Medical deductible (individual/family)	\$2,800/\$5,600	\$6,500/\$13,000	\$12,000/\$24,000
Coinsurance (member's cost)	35%	45%	50%
Out-of-pocket maximum (individual/family)	\$6,800/\$13,600	\$9,200/\$18,400	\$20,000/\$40,000
Primary care visit	\$45	\$70 <sup>1</sup>	50% AD
Specialty care visit	\$85 <sup>1</sup>	\$100 <sup>1</sup>	50% AD
Virtual care services	No charge	See COI	See COI
Hospital inpatient (per admission)	35% AD	45% AD	Not covered
Outpatient surgery (per procedure)	25% AD ASC 35% AD hospital	45% AD	Not covered
Lab & X-ray	35% AD	45% AD	50% AD
Imaging (MRI/CT/PET)	35% AD	45% AD	50% AD
Urgent care		\$100	
Emergency care		35% AD	
Skilled nursing facility	35% AD	45% AD	Not covered
Mental health outpatient	\$45	\$70	50% AD
Physical therapy/occupational therapy/speech therapy	\$50	\$80	50% AD
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	\$1,000 individual/no family	\$0
Generic	\$20	\$45	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$85	\$100	
Brand nonpreferred	\$500	45% after Rx deductible	
Specialty	\$565	45% after Rx deductible	

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Plans selected: 

Compare plans

Reset

Silver Plan Options	KP CO Silver 3T POS HDHP 3500/30%		
	POS Tier 1 In-network provider	POS Tier 2 Participating provider	POS Tier 3 Nonparticipating provider
Medical deductible (individual/family)	\$3,500/\$7,000	\$5,000/\$10,000	\$15,000/\$30,000
Coinsurance (member's cost)	30% AD	40% AD	50% AD
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,000/\$14,000	\$21,000/\$42,000
Primary care visit	30% AD	40% AD	50% AD
Specialty care visit	30% AD	40% AD	50% AD
Virtual care services	No charge	See COI	See COI
Hospital inpatient (per admission)	30% AD	40% AD	Not covered
Outpatient surgery (per procedure)	20% AD ASC 30% AD hospital	40% AD	Not covered
Lab & X-ray	30% AD	40% AD	50% AD
Imaging (MRI/CT/PET)	30% AD	40% AD	50% AD
Urgent care		30% AD	
Emergency care		30% AD	
Skilled nursing facility	30% AD	40% AD	Not covered
Mental health outpatient	30% AD	40% AD	50% AD
Physical therapy/occupational therapy/speech therapy	30% AD	40% AD	50% AD
<b>Prescription drugs</b>			
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible
Generic	30% AD	40% AD	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	30% AD	40% AD	
Brand nonpreferred	30% AD	40% AD	
Specialty	30% AD	40% AD	

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Plans selected: 

Compare plans

Reset

Silver Plan Options	KP CO Silver PPO 3500/50 RX Copay		KP CO Silver PPO HDHP 5500/40%	
	Participating provider	Nonparticipating provider	Participating provider	Nonparticipating provider
Medical deductible (individual/family)	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$11,000	\$16,500/\$33,000
Coinsurance (member's cost)	35%	50%	40% AD	50% AD
Out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$28,350/\$56,700	\$5,700/\$11,400	\$21,000/\$42,000
Primary care visit	\$50	50% AD	40% AD	50% AD
Specialty care visit	\$90	50% AD	40% AD	50% AD
Virtual care services	See COI	See COI	See COI	See COI
Hospital inpatient (per admission)	35% AD	50% AD	40% AD	50% AD
Outpatient surgery (per procedure)	35% AD	50% AD	40% AD	50% AD
Lab & X-ray	35% AD	50% AD	40% AD	50% AD
Imaging (MRI/CT/PET)	35% AD	50% AD	40% AD	50% AD
Urgent care	\$100 <sup>1</sup>	\$250 <sup>1</sup>	\$150 AD <sup>1</sup>	\$250 AD <sup>1</sup>
Emergency care	35% AD		40% AD	
Skilled nursing facility	35% AD	50% AD	40% AD	50% AD
Mental health outpatient	\$50	50% AD	40% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$50	50% AD	40% AD	50% AD
<b>Prescription drugs</b>				
Pharmacy deductible	\$0	\$0	\$0	\$0
Generic	\$20	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	40% AD	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$90		40% AD	
Brand nonpreferred	\$525		40% AD	
Specialty	\$600		40% AD	

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Plans selected: 

Compare plans

Reset

Bronze Plan Options	KP CO Bronze 7000/60 RX Copay KP Select CO Bronze 7000/60 RX Copay	KP CO Virtual Complete Bronze 9200/40 KP Select CO Virtual Complete Bronze 9200/40
Product Type	DHMO	DHMO
Medical deductible (individual/family)	\$7,000/\$14,000	\$9,200/\$18,400
Coinsurance (member's cost)	40%	0%
Out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400
Primary care visit	First visit \$60; additional visits 40% AD	First visit \$40; additional visits \$0 AD
Specialty care visit	40% AD	\$0 AD
Virtual care services	No charge	No charge
Hospital inpatient (per admission)	40% AD	\$0 AD
Outpatient surgery (per procedure)	30% AD ASC 40% AD hospital	\$0 AD
Lab & X-ray	40% AD	Lab: \$50 X-ray: \$0 AD
Imaging (MRI/CT/PET)	40% AD	\$0 AD
Urgent care	First 2 visits \$150; additional visits 40% AD	First visit \$150; additional visits \$0 AD
Emergency care	40% AD	\$0 AD
Skilled nursing facility	40% AD	\$0 AD
Mental health outpatient	\$0	\$0 AD
Physical therapy/occupational therapy/speech therapy	40% AD	\$0 AD
<b>Prescription drugs</b>		
Pharmacy deductible	\$0	Medical deductible
Generic	\$30	\$30
Brand	\$225	\$0 AD
Brand nonpreferred	\$525	\$0 AD
Specialty	\$600	\$0 AD

AD = After deductible

ASC = Ambulatory surgery center

1. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

KP Select plans are ONLY offered in the Colorado Springs and surrounding area.

Plans selected: 

Compare plans

Reset

Bronze Plan Options	KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA	KP CO Bronze 7500/100%/HSA KP Select CO Bronze 7500/100%/HSA
Product Type	HDHP	HDHP
Medical deductible (individual/family)	\$6,250/\$12,500	\$7,500/\$15,000
Coinsurance (member's cost)	35%	0%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000
Primary care visit	\$50 AD	\$0 AD
Specialty care visit	\$70 AD <sup>1</sup>	\$0 AD
Virtual care services	No charge	No charge
Hospital inpatient (per admission)	35% AD	\$0 AD
Outpatient surgery (per procedure)	25% AD ASC 35% AD hospital	\$0 AD
Lab & X-ray	35% AD	\$0 AD
Imaging (MRI/CT/PET)	35% AD	\$0 AD
Urgent care	\$150 AD	\$0 AD
Emergency care	35% AD	\$0 AD
Skilled nursing facility	35% AD	\$0 AD
Mental health outpatient	\$50 AD	\$0 AD
Physical therapy/occupational therapy/speech therapy	\$50 AD	\$0 AD
<b>Prescription drugs</b>		
Pharmacy deductible	Medical deductible	Medical deductible
Generic	35% AD	\$0 AD
Brand	35% AD	\$0 AD
Brand nonpreferred	35% AD	\$0 AD
Specialty	35% AD	\$0 AD

AD = After deductible

ASC = Ambulatory surgery center

1. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

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Plans selected:

Compare plans

Reset

Bronze Plan Options	KP CO Bronze PPO 7000/60 RX Copay	
	Participating provider	Nonparticipating provider
Medical deductible (individual/family)	\$7,000/\$14,000	\$21,000/\$42,000
Coinsurance (member's cost)	40%	50%
Out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$28,350/\$56,700
Primary care visit	First visit \$60; additional visits 40% AD	50% AD
Specialty care visit	40% AD	50% AD
Virtual care services	See COI	See COI
Hospital inpatient (per admission)	40% AD	50% AD
Outpatient surgery (per procedure)	40% AD	50% AD
Lab & X-ray	40% AD	50% AD
Imaging (MRI/CT/PET)	40% AD	50% AD
Urgent care	First 2 visits \$150; additional visits 40% AD	First 2 visits \$250; additional visits 50% AD
Emergency care	40% AD	
Skilled nursing facility	40% AD	50% AD
Mental health outpatient	\$0	50% AD
Physical therapy/occupational therapy/speech therapy	40% AD	50% AD
<b>Prescription drugs</b>		
Pharmacy deductible	\$0	\$0
Generic	\$30	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$210	
Brand nonpreferred	\$525	
Specialty	\$600	

AD = After deductible

ASC = Ambulatory surgery center

1. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

Compare plans – HMO, DHMO, Virtual Complete, Plus, and HDHP

Plan Options			
Medical deductible (individual/family)			
Coinsurance (member's cost)			
Out-of-pocket maximum (individual/family)			
Primary care visit			
Specialty care visit			
Virtual care services			
Hospital inpatient (per admission)			
Outpatient surgery (per procedure)			
Lab & X-ray			
Imaging (MRI/CT/PET)			
Urgent care			
Emergency care			
Skilled nursing facility			
Mental health outpatient			
Physical therapy/occupational therapy/speech therapy			
<b>Prescription drugs</b>			
Pharmacy deductible			
Generic			
Brand			
Brand nonpreferred			
Specialty			

The plan summary highlights the benefits most frequently asked about and is for illustrative purposes only. For a complete description, please visit [kp.org/sbc](http://kp.org/sbc) to view the appropriate Summary of Benefits and Coverage.

Information may have changed since publication.

**KP Select plans are ONLY offered in the Colorado Springs and surrounding area.**

Start over

Compare plans – 3-tier POS and 3-tier POS HDHP

Plan Options									
Medical deductible (individual/family)									
Coinsurance (member's cost)									
Out-of-pocket maximum (individual/family)									
Primary care visit									
Specialty care visit									
Virtual care services									
Hospital inpatient (per admission)									
Outpatient surgery (per procedure)									
Lab & X-ray									
Imaging (MRI/CT/PET)									
Urgent care									
Emergency care									
Skilled nursing facility									
Mental health outpatient									
Physical therapy/occupational therapy/speech therapy									
<b>Prescription drugs</b>									
Pharmacy deductible									
Generic									
Brand									
Brand nonpreferred									
Specialty									

The plan summary highlights the benefits most frequently asked about and is for illustrative purposes only. For a complete description, please visit [kp.org/sbc](https://kp.org/sbc) to view the appropriate Summary of Benefits and Coverage.

Information may have changed since publication.

Start over

Compare plans – PPO and PPO HDHP

Plan Options						
Medical deductible (individual/family)						
Coinsurance (member's cost)						
Out-of-pocket maximum (individual/family)						
Primary care visit						
Specialty care visit						
Virtual care services						
Hospital inpatient (per admission)						
Outpatient surgery (per procedure)						
Lab & X-ray						
Imaging (MRI/CT/PET)						
Urgent care						
Emergency care						
Skilled nursing facility						
Mental health outpatient						
Physical therapy/occupational therapy/speech therapy						
<b>Prescription drugs</b>						
Pharmacy deductible						
Generic						
Brand						
Brand nonpreferred						
Specialty						

The plan summary highlights the benefits most frequently asked about and is for illustrative purposes only. For a complete description, please visit [kp.org/sbc](https://kp.org/sbc) to view the appropriate Summary of Benefits and Coverage.

Information may have changed since publication.

Start over