

2025 Kaiser Permanente Colorado Option plans for small business

Plan options	KP Colorado Option Gold	KP Colorado Option Gold PPO ¹		KP Colorado Option Silver	KP Colorado Option Silver PPO ¹		KP Colorado Option Bronze	KP Colorado Option Bronze PPO ¹	
Product type	DHMO	PPO Participating provider	PPO Nonparticipating provider	DHMO	PPO Participating provider	PPO Nonparticipating provider	DHMO	PPO Participating provider	PPO Nonparticipating provider
Medical deductible (individual/family)	\$1,875/\$3,750	\$1,875/\$3,750	\$4,800/\$9,600	\$4,000/\$8,000	\$4,000/\$8,000	\$15,000/\$30,000	\$7,500/\$15,000	\$7,500/\$15,000	\$21,000/\$42,000
Coinsurance (member's cost)	30%	30%	50%	40%	40%	50%	50%	50%	
Out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$23,400/\$46,800	\$9,000/\$18,000	\$9,000/\$18,000	\$25,650/\$51,300	\$9,200/\$18,400	\$9,200/\$18,400	\$27,300/\$54,600
Primary care visit	\$0	\$0	50% AD	\$0	\$0	50% AD	First 3 visits \$0; additional visits \$50 AD	First 3 visits \$0; additional visits \$50 AD	50% AD
Specialty care visit	\$50 ²	\$50 ²	50% AD	\$80 ²	\$80 ²	50% AD	50% AD	50% AD	
Virtual care services ³	No charge	See COI	See COI	No charge	See COI	See COI	No charge	See COI	
Hospital inpatient (per admission)	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Outpatient surgery (per procedure)	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Lab & X-ray	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Imaging (MRI/CT/PET)	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Urgent care	\$50	\$50	\$250	\$80	\$80	\$250	50% AD	50% AD	
Emergency care	30% AD	30% AD		40% AD	40% AD		50% AD	50% AD	
Skilled nursing facility	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Mental health outpatient	\$0	\$0	50% AD	\$0	\$0	50% AD	\$0	\$0	50% AD
Physical therapy/occupational therapy/speech therapy	30% AD	30% AD	50% AD	40% AD	40% AD	50% AD	50% AD	50% AD	
Prescription Drugs⁴									
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Generic	\$10	\$10	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$20	\$20	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$30	\$30	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$50	\$50		\$125	\$125		\$200	\$200	
Brand nonpreferred	\$200	\$200		\$300	\$300		\$350	\$350	
Specialty	\$600	\$600		\$650	\$650		\$700	\$700	

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit kp.org/sbc to view the Summary of Benefits and Coverage.

AD = After deductible

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the participating provider tier and the nonparticipating provider tier of the PPO plan.
2. In addition to the cost share for the specialty care visit, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

3. 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.

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

Questions? Contact your broker or your Small Business team at **1-866-331-2091**

