

2026 LARGE GROUP PLANS AND PRODUCTS | COLORADO



Complete Suite plan comparison chart

Use this overview of our Complete Suite 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.

Categories:

Traditional HMO plans

5

Deductible plans (DHMO).....

6

Kaiser Permanente Virtual Complete® plans (VC)

10

HSA-qualified high-deductible health plans (HDHP)

12

Everyday Care plans (EC)

15

Choice PPO plans.....

18

Choice PPO HDHP plans

23

Compare. Select. Administer. It's that easy.

With Complete Suite, we've done the work for you. We've compiled our most popular standard midmarket plans in this interactive plan comparison chart, which allows you to easily compare plan benefits.

This chart provides details of our Complete Suite medical plans. Supplemental benefits, such as optical, accidental dental, or hearing aids, can be added. Plus, Kaiser Permanente is now working with Telus Health to offer all employees – even those without a core Kaiser Permanente health plan – an employee assistance program that helps them improve their mental, physical, social, and financial well-being.*

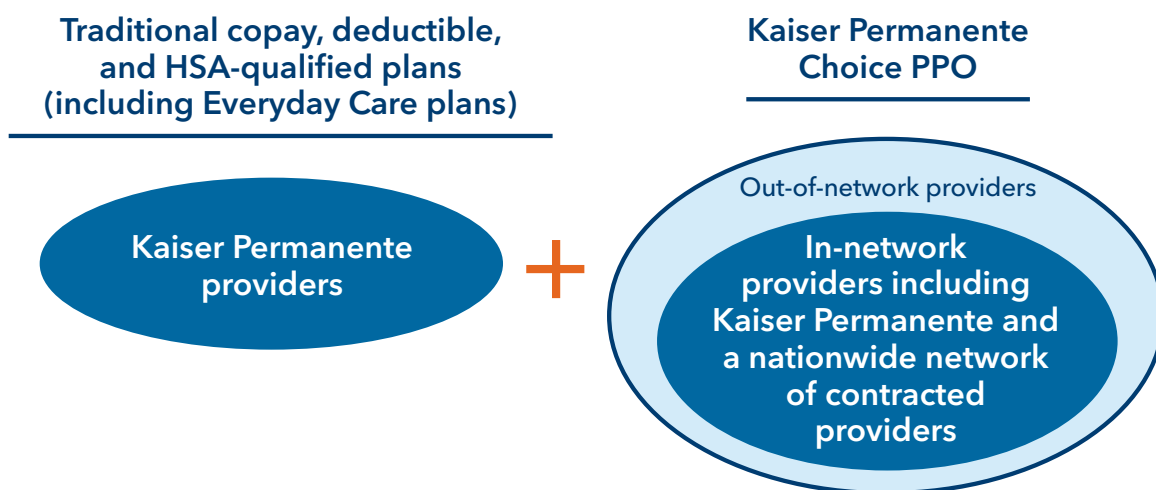
Visit our Complete Suite page on business.kp.org to see the full list of options that can be paired with our Complete Suite medical plans.

New 2026 Complete Suite portfolio additions

- **Introducing more Kaiser Permanente Everyday Care plan options:** \$0 or a low copay without having to meet a deductible first. Our new Kaiser Permanente Everyday Care plans have no member cost share for office visits, labs, and generic drugs. Twelve plan options are available with deductibles ranging from \$4,000 to \$9,000. Each plan offers matching annual deductible and out-of-pocket maximum costs so employees can more easily understand, anticipate, and plan for their costs.

Other 2026 Complete Suite highlights

- **Kaiser Permanente Choice PPO for large businesses:** With the Kaiser Permanente Choice PPO plan, your employees have the flexibility to choose the care that's right for them. They can access a wide range of care across the nation – including Kaiser Permanente doctors and specialists. Kaiser Permanente Choice PPO plans must be paired with a traditional, deductible, or HSA-qualified high deductible base plan.



*The employee assistance program is a stand-alone product is not part of a Kaiser Permanente medical plan.

How to compare plans

With our Complete Suite interactive plan comparison chart, 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.
2. Check the box next to each plan you'd like to compare, 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. To go back to the plan comparison page at any time, simply click the **Overview** tab at the top-left corner 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.

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate *Evidence of Coverage* or *Certificate of Insurance* booklet or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

➤ Ready to connect?

Check out our 2026 plans and request a quote from your Kaiser Permanente representative today.

Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the In-Network and Out-of-Network Tiers of the PPO plan.

Plans selected:

Compare plans

Reset

Plan Options	HMO			
	HMO Plan A 15	HMO Plan B 20	HMO Plan C 25	HMO Plan D 30
Individual deductible (multiply by two for family)	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A
Individual out-of-pocket maximum (multiply by two for family)	\$2,000	\$3,000	\$3,500	\$4,000
Primary care visit	\$15	\$20	\$25	\$30
Specialty care visit	\$35	\$40	\$50	\$60
Hospital inpatient (per admission)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Outpatient surgery (per procedure)	\$200 ASC / \$500 Hospital	\$200 ASC / \$500 Hospital	\$200 ASC / \$500 Hospital	\$200 ASC / \$500 Hospital
Lab (per encounter)	\$15	\$20	\$25	\$30
X-ray (per encounter)	\$15 Office / \$40 Hospital	\$20 Office / \$40 Hospital	\$25 Office / \$40 Hospital	\$30 Office / \$40 Hospital
CT/PET/MRI (per procedure)	\$200	\$200	\$200	\$200
Urgent care	\$50	\$50	\$50	\$50
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Mental health - outpatient	\$15	\$20	\$25	\$30
Mental health - inpatient	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Physical therapy/occupational therapy/speech therapy	\$15	\$20	\$25	\$30
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$10	\$10	\$10	\$10
Brand preferred	\$40	\$40	\$40	\$40
Non-preferred	\$60	\$60	\$60	\$60
Specialty	30% to \$300	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	DHMO			
	DHMO Plan A 500/10%/3000	DHMO Plan B 750/20%/3500	DHMO Plan C 1000/20%/4000	DHMO Plan D 1500/20%/4500
Individual deductible (multiply by two for family)	\$500	\$750	\$1,000	\$1,500
Coinsurance	10%	20%	20%	20%
Individual out-of-pocket maximum (multiply by two for family)	\$3,000	\$3,500	\$4,000	\$4,500
Primary care visit	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
Specialty care visit	\$40 Office visit 10% AD other services	\$40 Office visit 20% AD other services	\$50 Office visit 20% AD other services	\$60 Office visit 20% AD other services
Hospital inpatient (per admission)	10% AD	20% AD	20% AD	20% AD
Outpatient surgery (per procedure)	5% AD ASC 10% AD Hospital	10% AD ASC 20% AD Hospital	10% AD ASC 20% AD Hospital	10% AD ASC 20% AD Hospital
Lab (per encounter)	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
X-ray (per encounter)	5% AD Office 10% AD Hospital	10% AD Office 20% AD Hospital	10% AD Office 20% AD Hospital	10% AD Office 20% AD Hospital
CT/PET/MRI (per procedure)	10% AD	20% AD	20% AD	20% AD
Urgent care	\$50 all inclusive	\$50 all inclusive	\$50 all inclusive	\$50 all inclusive
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	10% AD	20% AD	20% AD	20% AD
Mental health - outpatient	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
Mental health - inpatient	10% AD	20% AD	20% AD	20% AD
Physical therapy/occupational therapy/speech therapy	\$20	\$20	\$25	\$30
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	DHMO		
	DHMO Plan E 2000/30%/5000	DHMO Plan F 2500/20%/5500	DHMO Plan G 3000/30%/6000
Individual deductible (multiply by two for family)	\$2,000	\$2,500	\$3,000
Coinsurance	30%	20%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$5,500	\$6,000
Primary care visit	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
Specialty care visit	\$60 Office visit 30% AD other services	\$60 Office visit 20% AD other services	\$60 Office visit 30% AD other services
Hospital inpatient (per admission)	30% AD	20% AD	30% AD
Outpatient surgery (per procedure)	20% AD ASC 30% AD Hospital	10% AD ASC 20% AD Hospital	20% AD ASC 30% AD Hospital
Lab (per encounter)	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
X-ray (per encounter)	20% AD Office 30% AD Hospital	10% AD Office 20% AD Hospital	20% AD Office 30% AD Hospital
CT/PET/MRI (per procedure)	30% AD	20% AD	30% AD
Urgent care	\$50 all inclusive	\$50 all inclusive	\$75 all inclusive
Emergency care	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500
Skilled nursing facility	30% AD	20% AD	30% AD
Mental health - outpatient	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
Mental health - inpatient	30% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy	\$30	\$30	\$30
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

Compare plans

Reset

Plan Options	DHMO		
	DHMO Plan H 4000/20%/6500	DHMO Plan H 4000/30%/6500	DHMO Plan I 5000/20%/7000
Individual deductible (multiply by two for family)	\$4,000	\$4,000	\$5,000
Coinsurance	20%	30%	20%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$6,500	\$7,000
Primary care visit	\$30 all inclusive	\$30 all inclusive	\$40 all inclusive
Specialty care visit	\$60 Office visit 20% AD other services	\$60 Office visit 30% AD other services	\$80 Office visit 20% AD other services
Hospital inpatient (per admission)	20% AD	30% AD	20% AD
Outpatient surgery (per procedure)	10% AD ASC 20% AD Hospital	20% AD ASC 30% AD Hospital	10% AD ASC 20% AD Hospital
Lab (per encounter)	\$30 all inclusive	30% AD	20% AD
X-ray (per encounter)	10% AD Office 20% AD Hospital	20% AD Office 30% AD Hospital	10% AD Office 20% AD Hospital
CT/PET/MRI (per procedure)	20% AD	30% AD	20% AD
Urgent care	\$75 all inclusive	\$75 all inclusive	\$100 all inclusive
Emergency care	\$500	30% AD	20% AD
Ambulance services (per trip)	\$500	30% AD	20% AD
Skilled nursing facility	20% AD	30% AD	20% AD
Mental health - outpatient	\$30 all inclusive	\$30 all inclusive	\$40 all inclusive
Mental health - inpatient	20% AD	30% AD	20% AD
Physical therapy/occupational therapy/speech therapy	\$30	\$30	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

Compare plans

Reset

Plan Options	DHMO		
	DHMO Plan I 5000/30%/7000	DHMO Plan J 6000/30%/8000	DHMO Plan J 6000/40%/8000
Individual deductible (multiply by two for family)	\$5,000	\$6,000	\$6,000
Coinsurance	30%	30%	40%
Individual out-of-pocket maximum (multiply by two for family)	\$7,000	\$8,000	\$8,000
Primary care visit	\$40 all inclusive	\$40 all inclusive	\$40 all inclusive
Specialty care visit	\$80 Office visit 30% AD other services	\$80 Office visit 30% AD other services	\$80 Office visit 40% AD other services
Hospital inpatient (per admission)	30% AD	30% AD	40% AD
Outpatient surgery (per procedure)	20% AD ASC 30% AD Hospital	20% AD ASC 30% AD Hospital	30% AD ASC 40% AD Hospital
Lab (per encounter)	30% AD	30% AD	40% AD
X-ray (per encounter)	20% AD Office 30% AD Hospital	20% AD Office 30% AD Hospital	30% AD Office 40% AD Hospital
CT/PET/MRI (per procedure)	30% AD	30% AD	40% AD
Urgent care	\$100 all inclusive	\$100 all inclusive	\$100 all inclusive
Emergency care	30% AD	30% AD	40% AD
Ambulance services (per trip)	30% AD	30% AD	40% AD
Skilled nursing facility	30% AD	30% AD	40% AD
Mental health - outpatient	\$40 all inclusive	\$40 all inclusive	\$40 all inclusive
Mental health - inpatient	30% AD	30% AD	40% AD
Physical therapy/occupational therapy/speech therapy	\$40	\$40	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	Virtual Complete		
	VIRTUAL Plan A 2000/30%/5000	VIRTUAL Plan B 2500/20%/5500	VIRTUAL Plan C 3000/30%/6000
Individual out-of-pocket maximum (multiply by two for family)	\$2,000	\$2,500	\$3,000
Coinsurance	30%	20%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$5,500	\$6,000
Primary care visit	\$30 - Deductible waived for first 3 visits, \$30 AD all inclusive	\$40 - Deductible waived for first 3 visits, \$40 AD all inclusive	\$40 - Deductible waived for first 3 visits, \$40 AD all inclusive
Specialty care visit	\$30 Office visit AD 30% AD other services	\$40 Office visit AD 20% AD other services	\$40 Office visit AD 30% AD other services
Hospital inpatient (per admission)	30% AD	20% AD	30% AD
Outpatient surgery (per procedure)	30% AD	20% AD	30% AD
Lab* (per encounter)	\$15	\$15	\$15
X-ray (per encounter)	30% AD	20% AD	30% AD
CT/PET/MRI (per procedure)	30% AD	20% AD	30% AD
Urgent care	30% AD	20% AD	30% AD
Emergency care	30% AD	20% AD	30% AD
Ambulance services (per trip)	30% AD	20% AD	30% AD
Skilled nursing facility	30% AD	20% AD	30% AD
Mental health - outpatient*	\$30 all inclusive	\$40 all inclusive	\$40 all inclusive
Mental health - inpatient*	30% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy*	\$30	\$40	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred*	\$15	\$15	\$15
Brand preferred	30% AD	20% AD	30% AD
Non-preferred	30% AD	20% AD	30% AD
Specialty	30% AD to \$250	20% AD to \$250	30% AD to \$250

*Virtual care/Lab/Generic Rx, Mental health outpatient, not subject to deductible

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	Virtual Complete	
	VIRTUAL Plan D 4000/30%/6500	VIRTUAL Plan E 5000/30%/7000
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$5,000
Coinsurance	30%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$7,000
Primary care visit	\$50 - Deductible waived for first 3 visits \$50 AD all inclusive	\$60 - Deductible waived for first 3 visits \$60 AD all inclusive
Specialty care visit	\$50 Office visit AD 30% AD other services	\$60 Office visit AD 30% AD other services
Hospital inpatient (per admission)	30% AD	30% AD
Outpatient surgery (per procedure)	30% AD	30% AD
Lab* (per encounter)	\$15	\$15
X-ray (per encounter)	30% AD	30% AD
CT/PET/MRI (per procedure)	30% AD	30% AD
Urgent care	30% AD	30% AD
Emergency care	30% AD	30% AD
Ambulance services (per trip)	30% AD	30% AD
Skilled nursing facility	30% AD	30% AD
Mental health - outpatient*	\$50 all inclusive	\$60 all inclusive
Mental health - inpatient*	30% AD	30% AD
Physical therapy/occupational therapy/speech therapy*	\$50	\$60
Prescription drugs		
Rx deductible	N/A	N/A
Generic preferred*	\$15	\$15
Brand preferred	30% AD	30% AD
Non-preferred	30% AD	30% AD
Specialty	30% AD to \$250	30% AD to \$250

*Virtual care/Lab/Generic Rx, Mental health outpatient, not subject to deductible

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP Plan A 1750/20%/3500	HDHP Plan B 2000/20%/4000	HDHP Plan C 2500/30%/4000	HDHP Plan D 3500/0%/3500
Individual deductible (multiply by two for family)	\$1750*	\$2,000*	\$2,500*	\$3,500
Coinsurance	20%	20%	30%	0%
Out-of-pocket maximum (multiply by two for family)	\$3500*	\$4,000*	\$4000*	\$3,500
Primary care visit	20% AD	20% AD	30% AD	0% AD
Specialty care visit	20% AD	20% AD	30% AD	0% AD
Hospital inpatient (per admission)	20% AD	20% AD	30% AD	0% AD
Outpatient surgery (per procedure)	10% AD ASC 20% AD Hospital	10% AD ASC 20% AD Hospital	20% AD ASC 30% AD Hospital	0% AD ASC 0% AD Hospital
Lab (per encounter)	20% AD	20% AD	30% AD	0% AD
X-ray (per encounter)	20% AD	20% AD	30% AD	0% AD
CT/PET/MRI (per procedure)	20% AD	20% AD	30% AD	0% AD
Urgent care	20% AD	20% AD	30% AD	0% AD
Emergency care	20% AD	20% AD	30% AD	0% AD
Ambulance services (per trip)	20% AD	20% AD	30% AD	0% AD
Skilled nursing facility	20% AD	20% AD	30% AD	0% AD
Mental health - outpatient	20% AD	20% AD	30% AD	0% AD
Mental health - inpatient	20% AD	20% AD	30% AD	0% AD
Physical therapy/occupational therapy/speech therapy	20% AD	20% AD	30% AD	0% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	\$15 AD	\$15 AD	0% AD
Brand preferred	\$50 AD	\$50 AD	\$50 AD	0% AD
Non-preferred	\$75 AD	\$75 AD	\$75 AD	0% AD
Specialty	20% AD	20% AD	30% AD	0% AD

ASC= Ambulatory surgery center; AD= After deductible

*Deductible is aggregate for these plans.

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP Plan D 3500/10%/6000	HDHP Plan D 3500/20%/6000	HDHP Plan E 4000/20%/6500	HDHP Plan E 4000/30%/6500
Individual deductible (multiply by two for family)	\$3,500	\$3,500	\$4,000	\$4,000
Coinsurance	10%	20%	20%	30%
Out-of-pocket maximum (multiply by two for family)	\$6,000	\$6,000	\$6,500	\$6,500
Primary care visit	10% AD	20% AD	20% AD	30% AD
Specialty care visit	10% AD	20% AD	20% AD	30% AD
Hospital inpatient (per admission)	10% AD	20% AD	20% AD	30% AD
Outpatient surgery (per procedure)	5% AD ASC 10% AD Hospital	10% AD ASC 20% AD Hospital	10% AD ASC 20% AD Hospital	20% AD ASC 30% AD Hospital
Lab (per encounter)	10% AD	20% AD	20% AD	30% AD
X-ray (per encounter)	10% AD	20% AD	20% AD	30% AD
CT/PET/MRI (per procedure)	10% AD	20% AD	20% AD	30% AD
Urgent care	10% AD	20% AD	20% AD	30% AD
Emergency care	10% AD	20% AD	20% AD	30% AD
Ambulance services (per trip)	10% AD	20% AD	20% AD	30% AD
Skilled nursing facility	10% AD	20% AD	20% AD	30% AD
Mental health - outpatient	10% AD	20% AD	20% AD	30% AD
Mental health - inpatient	10% AD	20% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy	10% AD	20% AD	20% AD	30% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	\$15 AD	20% AD	30% AD
Brand preferred	\$50 AD	\$50 AD	20% AD	30% AD
Non-preferred	\$75 AD	\$75 AD	20% AD	30% AD
Specialty	10% AD	20% AD	20% AD	30% AD

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP Plan F 5000/0%/5000	HDHP Plan F 5000/30%/8000	HDHP Plan G 6000/0%/6000	HDHP Plan G 6000/40%/9000
Individual deductible (multiply by two for family)	\$5,000	\$5,000	\$6,000	\$6,000
Coinsurance	0%	30%	0%	40%
Out-of-pocket maximum (multiply by two for family)	\$5,000	\$8,000	\$6,000	\$8,000
Primary care visit	0% AD	30% AD	0% AD	40% AD
Specialty care visit	0% AD	30% AD	0% AD	40% AD
Hospital inpatient (per admission)	0% AD	30% AD	0% AD	40% AD
Outpatient surgery (per procedure)	0% AD ASC 0% AD Hospital	20% AD ASC 30% AD Hospital	0% AD ASC 0% AD Hospital	30% AD ASC 40% AD Hospital
Lab (per encounter)	0% AD	30% AD	0% AD	40% AD
X-ray (per encounter)	0% AD	30% AD	0% AD	40% AD
CT/PET/MRI (per procedure)	0% AD	30% AD	0% AD	40% AD
Urgent care	0% AD	30% AD	0% AD	40% AD
Emergency care	0% AD	30% AD	0% AD	40% AD
Ambulance services (per trip)	0% AD	30% AD	0% AD	40% AD
Skilled nursing facility	0% AD	30% AD	0% AD	40% AD
Mental health - outpatient	0% AD	30% AD	0% AD	40% AD
Mental health - inpatient	0% AD	30% AD	0% AD	40% AD
Physical therapy/occupational therapy/speech therapy	0% AD	30% AD	0% AD	40% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	0% AD	30% AD	0% AD	40% AD
Brand preferred	0% AD	30% AD	0% AD	40% AD
Non-preferred	0% AD	30% AD	0% AD	40% AD
Specialty	0% AD	30% AD	0% AD	40% AD

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected: ☐

Compare plans

Reset

Plan Options	Everyday Care			
	Everyday Care Plan A	Everyday Care Plan B	Everyday Care Plan C	Everyday Care Plan D
Individual deductible (multiply by two for family)	\$4,000	\$5,000	\$6,000	\$7,000
Coinsurance	NA	NA	NA	NA
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$5,000	\$6,000	\$7,000
Primary care visit	\$0	\$0	\$0	\$0
Specialty care visit	\$0	\$0	\$0	\$0
Hospital inpatient (per admission)	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Outpatient surgery (per procedure)	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital
Lab (per encounter)	\$0	\$0	\$0	\$0
X-ray (per encounter)	\$50	\$50	\$50	\$50
CT/PET/MRI (per procedure)	\$500	\$500	\$500	\$500
Urgent care	\$0	\$0	\$0	\$0
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Mental health - outpatient	\$0	\$0	\$0	\$0
Mental health - inpatient	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Physical therapy/occupational therapy/speech therapy	\$0	\$0	\$0	\$0
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$0	\$0	\$0	\$0
Brand preferred	\$50	\$50	\$50	\$50
Non-preferred	\$125	\$125	\$125	\$125
Specialty	\$300	\$300	\$300	\$300

ASC= Ambulatory surgery center; AD= After deductible

OOPM = Out of pocket maximum

Ded = Deductible

Plans selected: ☐

Compare plans

Reset

Plan Options	Everyday Care			
	Everyday Care Plan E	Everyday Care Plan F	Everyday Care Plan G	Everyday Care Plan H
Individual deductible (multiply by two for family)	\$8,000	\$9,000	\$4,000	\$5,000
Coinsurance	NA	NA	NA	NA
Individual out-of-pocket maximum (multiply by two for family)	\$8,000	\$9,000	\$4,000	\$5,000
Primary care visit	\$0	\$0	\$10	\$10
Specialty care visit	\$0	\$0	\$10	\$10
Hospital inpatient (per admission)	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Outpatient surgery (per procedure)	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital
Lab (per encounter)	\$0	\$0	\$10	\$10
X-ray (per encounter)	\$50	\$50	\$50	\$50
CT/PET/MRI (per procedure)	\$500	\$500	\$500	\$500
Urgent care	\$0	\$0	\$10	\$10
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Mental health - outpatient	\$0	\$0	\$10	\$10
Mental health - inpatient	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Physical therapy/occupational therapy/speech therapy	\$0	\$0	\$10	\$10
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$0	\$0	\$10	\$10
Brand preferred	\$50	\$50	\$50	\$50
Non-preferred	\$125	\$125	\$125	\$125
Specialty	\$300	\$300	\$300	\$300

ASC= Ambulatory surgery center; AD= After deductible
 OOPM = Out of pocket maximum
 Ded = Deductible

Plans selected: ☐

Compare plans

Reset

Plan Options	Everyday Care			
	Everyday Care Plan I	Everyday Care Plan J	Everyday Care Plan K	Everyday Care Plan L
Individual deductible (multiply by two for family)	\$6,000	\$7,000	\$8,000	\$9,000
Coinsurance	NA	NA	NA	NA
Individual out-of-pocket maximum (multiply by two for family)	\$6,000	\$7,000	\$8,000	\$9,000
Primary care visit	\$10	\$10	\$10	\$10
Specialty care visit	\$10	\$10	\$10	\$10
Hospital inpatient (per admission)	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Outpatient surgery (per procedure)	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital	\$1,000 ASC 0% AD/OPM Hospital
Lab (per encounter)	\$10	\$10	\$10	\$10
X-ray (per encounter)	\$50	\$50	\$50	\$50
CT/PET/MRI (per procedure)	\$500	\$500	\$500	\$500
Urgent care	\$10	\$10	\$10	\$10
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Mental health - outpatient	\$10	\$10	\$10	\$10
Mental health - inpatient	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Physical therapy/occupational therapy/speech therapy	\$10	\$10	\$10	\$10
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$10	\$10	\$10	\$10
Brand preferred	\$50	\$50	\$50	\$50
Non-preferred	\$125	\$125	\$125	\$125
Specialty	\$300	\$300	\$300	\$300

ASC= Ambulatory surgery center; AD= After deductible
 OOPM = Out of pocket maximum
 Ded = Deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan A 500/10%/3000		Choice PPO Plan B 750/20%/3500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$500	\$2,000	\$750	\$3,000
Coinsurance	10%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$3,000	\$12,000	\$3,500	\$14,000
Primary care visit	\$20 all inclusive	50% AD	\$20 all inclusive	50% AD
Specialty care visit++	\$40 Office visit 10% AD other services	50% AD	\$40 Office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	10% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	10% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$20	50% AD	\$20	50% AD
X-ray (per encounter)	10% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	10% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	10% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$20 all inclusive	50% AD	\$20 all inclusive	50% AD
Mental health - inpatient	10% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$20	50% AD	\$20	50% AD
Prescription drugs				
Deductible	N/A	Medical deductible	N/A	Medical deductible
Generic preferred	\$15	50% AD	\$15	50% AD
Brand preferred	\$50	50% AD	\$50	50% AD
Non-preferred	\$75	50% AD	\$75	50% AD
Specialty	30% to \$300	50% AD	30% to \$300	50% AD

++ For specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan C 1000/20%/4000		Choice PPO Plan D 1500/20%/4500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$1,000	\$4,000	\$1,500	\$6,000
Coinsurance	20%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$16,000	\$4,500	\$18,000
Primary care visit	\$25 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$50 Office visit 20% AD other services	50% AD	\$60 Office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$25	50% AD	\$30	50% AD
X-ray (per encounter)	20% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	20% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$25 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	20% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$25	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	Medical deductible	N/A	Medical deductible
Generic preferred	\$15	50% AD	\$15	50% AD
Brand preferred	\$50	50% AD	\$50	50% AD
Non-preferred	\$75	50% AD	\$75	50% AD
Specialty	30% to \$300	50% AD	30% to \$300	50% AD

++ For specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan E 2000/30%/5000		Choice PPO Plan F 2500/20%/5500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$2,000	\$8,000	\$2,500	\$10,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$20,000	\$5,500	\$22,000
Primary care visit	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$60 Office visit 30% AD other services	50% AD	\$60 Office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$30	50% AD	\$30	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$30	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	Medical deductible	N/A	Medical deductible
Generic preferred	\$15	50% AD	\$15	50% AD
Brand preferred	\$50	50% AD	\$50	50% AD
Non-preferred	\$75	50% AD	\$75	50% AD
Specialty	30% to \$300	50% AD	30% to \$300	50% AD

++ For specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan G 3000/30%/6000		Choice PPO Plan H 4000/20%/6500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$3,000	\$12,000	\$4,000	\$16,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$6,000	\$24,000	\$6,500	\$26,000
Primary care visit	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$60 Office visit 30% AD other services	50% AD	\$60 Office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$30	50% AD	\$30	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	\$75 all inclusive	50% AD	\$75 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$30	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	Medical deductible	N/A	Medical deductible
Generic preferred	\$15	50% AD	\$15	50% AD
Brand preferred	\$50	50% AD	\$50	50% AD
Non-preferred	\$75	50% AD	\$75	50% AD
Specialty	30% to \$300	50% AD	30% to \$300	50% AD

++ For specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan I 5000/30%/7000		Choice PPO Plan J 6000/30%/9000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$5,000	\$20,000	\$6,000	\$24,000
Coinsurance	30%	50%	30%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$7,000	\$28,000	\$9,000	\$36,000
Primary care visit	\$40 all inclusive	50% AD	\$40 all inclusive	50% AD
Specialty care visit++	\$80 Office visit 30% AD other services	50% AD	\$80 Office visit 30% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	30% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	30% AD	50% AD
Lab (per encounter)	30% AD	50% AD	30% AD	50% AD
X-ray (per encounter)	30% AD	50% AD	30% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	30% AD	50% AD
Urgent care	\$100 all inclusive	50% AD	\$100 all inclusive	50% AD
Emergency care	30% AD		30% AD	
Ambulance services (per trip)	30% AD		30% AD	
Skilled nursing facility	30% AD	50% AD	30% AD	50% AD
Mental health - outpatient	\$40 all inclusive	50% AD	\$40 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	30% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$40	50% AD	\$40	50% AD
Prescription drugs				
Deductible	N/A	Medical deductible	N/A	Medical deductible
Generic preferred	\$15	50% AD	\$15	50% AD
Brand preferred	\$50	50% AD	\$50	50% AD
Non-preferred	\$75	50% AD	\$75	50% AD
Specialty	30% to \$300	50% AD	30% to \$300	50% AD

++ For specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan A 1750/20%/3000		Choice PPO HDHP Plan B 2000/20%/4000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$1,750*	\$7,000	\$2,000*	\$8,000
Coinsurance	20%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$3,500*	\$14,000	\$4,000*	\$16,000
Primary care visit	20% AD	50% AD	20% AD	50% AD
Specialty care visit	20% AD	50% AD	20% AD	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	20% AD	50% AD
Lab (per encounter)	20% AD	50% AD	20% AD	50% AD
X-ray (per encounter)	20% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	20% AD	50% AD
Urgent care	20% AD	50% AD	20% AD	50% AD
Emergency care	20% AD		20% AD	
Ambulance services (per trip)	20% AD		20% AD	
Skilled nursing facility	20% AD	50% AD	20% AD	50% AD
Mental health - outpatient	20% AD	50% AD	20% AD	50% AD
Mental health - inpatient	20% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	20% AD	50% AD	20% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	50% AD	\$15 AD	50% AD
Brand preferred	\$50 AD	50% AD	\$50 AD	50% AD
Non-preferred	\$75 AD	50% AD	\$75 AD	50% AD
Specialty	20% AD	50% AD	20% AD	50% AD

AD= After deductible

*Deductible is aggregate for these plans.

Plans selected: ☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan C 2500/30%/4000		Choice PPO HDHP Plan D 3500/20%/6000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$2,500*	\$10,000	\$3,500	\$14,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$4,000*	\$16,000	\$6,000	\$24,000
Primary care visit	30% AD	50% AD	20% AD	50% AD
Specialty care visit	30% AD	50% AD	20% AD	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	30% AD	50% AD	20% AD	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	30% AD	50% AD	20% AD	50% AD
Emergency care	30% AD		20% AD	
Ambulance services (per trip)	30% AD		20% AD	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	30% AD	50% AD	20% AD	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	30% AD	50% AD	20% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	50% AD	\$15 AD	50% AD
Brand preferred	\$50 AD	50% AD	\$50 AD	50% AD
Non-preferred	\$75 AD	50% AD	\$75 AD	50% AD
Specialty	30% AD	50% AD	20% AD	50% AD

AD= After deductible

*Deductible is aggregate for these plans.

Plans selected: ☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan E 4000/20%/6500		Choice PPO HDHP Plan F 5000/30%/8000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$4,000	\$16,000	\$5,000	\$20,000
Coinsurance	20%	50%	30%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$26,000	\$8,000	\$32,000
Primary care visit	20% AD	50% AD	30% AD	50% AD
Specialty care visit	20% AD	50% AD	30% AD	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	30% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	30% AD	50% AD
Lab (per encounter)	20% AD	50% AD	30% AD	50% AD
X-ray (per encounter)	20% AD	50% AD	30% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	30% AD	50% AD
Urgent care	20% AD	50% AD	30% AD	50% AD
Emergency care	20% AD		30% AD	
Ambulance services (per trip)	20% AD		30% AD	
Skilled nursing facility	20% AD	50% AD	30% AD	50% AD
Mental health - outpatient	20% AD	50% AD	30% AD	50% AD
Mental health - inpatient	20% AD	50% AD	30% AD	50% AD
Physical therapy/occupational therapy/speech therapy	20% AD	50% AD	30% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	20% AD	50% AD	30% AD	50% AD
Brand preferred	20% AD	50% AD	30% AD	50% AD
Non-preferred	20% AD	50% AD	30% AD	50% AD
Specialty	20% AD	50% AD	30% AD	50% AD

AD= After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO HDHP	
	Choice PPO HDHP Plan G 6000/40%/9000	
	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$6,000	\$24,000
Coinsurance	40%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$8,000	\$32,000
Primary care visit	40% AD	50% AD
Specialty care visit	40% AD	50% AD
Hospital inpatient (per admission)	40% AD	50% AD
Outpatient surgery (per procedure)	40% AD	50% AD
Lab (per encounter)	40% AD	50% AD
X-ray (per encounter)	40% AD	50% AD
CT/PET/MRI (per procedure)	40% AD	50% AD
Urgent care	40% AD	50% AD
Emergency care	40% AD	
Ambulance services (per trip)	40% AD	
Skilled nursing facility	40% AD	50% AD
Mental health - outpatient	40% AD	50% AD
Mental health - inpatient	40% AD	50% AD
Physical therapy/occupational therapy/speech therapy	40% AD	50% AD
Prescription drugs		
Rx deductible	Medical deductible	Medical deductible
Generic preferred	40% AD	50% AD
Brand preferred	40% AD	50% AD
Non-preferred	40% AD	50% AD
Specialty	40% AD	50% AD

AD= After deductible

Compare plans - HMO, DHMO, VC and HDHP

Plan Options			
Individual deductible (multiply by two for family)			
Coinsurance			
Out-of-pocket maximum (multiply by two for family)			
Primary care visit			
Specialty care visit			
Hospital inpatient (per admission)			
Outpatient surgery (per procedure)			
Lab (per encounter)			
X-ray (per encounter)			
CT/PET/MRI (per procedure)			
Urgent care			
Emergency care			
Ambulance services (per trip)			
Skilled nursing facility			
Mental health - outpatient			
Mental health - inpatient			
Physical therapy/occupational therapy/speech therapy			
Prescription drugs			
Rx deductible			
Generic preferred			
Brand preferred			
Non-preferred			
Specialty			

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate Evidence of Coverage or Certificate of Insurance, or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

Start over

Compare plans - HDHP and EC

Plan Options									
Individual deductible (multiply by two for family)									
Coinsurance									
Individual out-of-pocket maximum (multiply by two for family)									
Primary care visit									
Specialty care visit									
Hospital inpatient (per admission)									
Outpatient surgery (per procedure)									
Lab (per encounter)									
X-ray (per encounter)									
CT/PET/MRI (per procedure)									
Urgent care									
Emergency care									
Ambulance services (per trip)									
Skilled nursing facility									
Mental health - outpatient									
Mental health - inpatient									
Physical therapy/occupational therapy/speech therapy									
Prescription drugs									
Rx deductible									
Generic preferred									
Brand preferred									
Non-preferred									
Specialty									

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate Evidence of Coverage or Certificate of Insurance, or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

Compare plans - PPO and PPO HDHP

Plan Options						
Individual deductible (multiply by two for family)						
Coinsurance						
Individual out-of-pocket maximum (multiply by two for family)						
Primary care visit ++						
Specialty care visit++						
Hospital inpatient (per admission)						
Outpatient surgery (per procedure)						
Lab (per encounter)						
X-ray (per encounter)						
CT/PET/MRI (per procedure)						
Urgent care						
Emergency care						
Ambulance services (per trip)						
Skilled nursing facility						
Mental health - outpatient						
Mental health - inpatient						
Physical therapy/occupational therapy/speech therapy						
Prescription drugs						
Deductible						
Generic preferred						
Brand preferred						
Non-preferred						
Specialty						

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate Evidence of Coverage or Certificate of Insurance, or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.