



2026 PLANS AND PRODUCTS | COLORADO



## 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.

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

We've compiled our small business plans in this interactive plan comparison chart, which allows you to easily compare plan benefits.

## 2026 Small Business Portfolio

### New additions:

- **KP CO Gold 5000/10 Rx Copay/KP Select CO Gold 5000/10 Rx Copay:** This new plan offers employees access to low-cost services like preventive care, urgent care, and generic prescriptions before they reach their deductible. The transparency of this plan makes it easier for them to stay on top of their health.
- **KP CO Gold 4150/0% HSA/KP Select CO Gold 4150/0% HSA:** This new plan offers a lower premium than other Gold plans and allows employees to leverage their HSA accounts to pay for care until they meet their deductible. Once they meet the deductible, the plan pays a 100% of their care.
- **Kaiser Permanente Select plans:** KP Select is expanding beyond the Colorado Springs area and will now be available to employees living in the Denver/Boulder area. KP Select offers affordable plans that provide access to our high-quality physicians and specialists, convenient virtual care services, and a tailored network of affiliated plan providers and hospitals.

### Plan changes:

- All metal tier plans – out-of-pocket maximum increased
- HDHP HSA-qualified plans – deductibles have been adjusted to follow the 2026 IRS minimum deductible requirements
- All Platinum plans – Emergency services copays increased to \$500
- Gold HMO and DHMO plans – copays increased for PCP office visit, specialist office visit, and outpatient mental health visit
- Gold Plus and PPO plans – copays for specialist office visit increased
- Silver HSA and Plus HSA – deductible increased
- Silver DHMO (except Virtual Complete), Plus, POS, and Silver 3800/30/HSA – copays for specialist office visit increased
- Bronze Virtual Complete and Bronze 8000/100%/HSA plans – deductible increased

## 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, and 2 POS/PPO plans with enrollment required in each plan.

## How to compare plans

With our 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, 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. To go back to the full list of 2026 small business plans, 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.

## ➤ Ready to connect?

Check out our 2026 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 Denver/Boulder and Colorado Springs 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](http://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

## 2026 small business plans

Select the plans that you want to compare. You can choose up to 3 at a time.

### Platinum Plan Options

KP CO Platinum 0/10 RX Copay KP Select CO Platinum 0/10 RX Copay
KP CO Platinum 400/15 KP Select CO Platinum 400/15
KP CO Platinum DHMO Plus 250/20
KP CO Platinum 3T POS 0/10

### Gold Plan Options

KP CO Gold 0/30 RX Copay KP Select CO Gold 0/30 RX Copay
KP CO Gold 500/30 KP Select CO Gold 500/30
KP CO Gold 1500/30 RX Copay KP Select CO Gold 1500/30 RX Copay
KP CO Gold 2500/15 KP Select CO Gold 2500/15
NEW KP CO Gold 5000/10 Rx Copay NEW KP Select CO Gold 5000/10 Rx Copay
KP CO Gold DHMO Plus 1500/35
KP CO Gold DHMO Plus 2000/40
KP CO Gold 1750/30/HSA KP Select CO Gold 1750/30/HSA
NEW KP CO Gold 4150/0% HSA NEW KP Select CO Gold 4150/0% HSA
KP CO Gold 3T POS 1500/30
KP CO Gold PPO 1500/35 RX Copay

### 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
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
KP CO Silver 3800/30/HSA KP Select CO Silver 3800/30/HSA
KP CO Silver 4500/30/HSA KP Select CO Silver 4500/30/HSA
KP CO Silver HSA Plus 3750/30%
KP CO Silver 3T POS 2800/45 RX Copay
KP CO Silver 3T POS HDHP 3500/30%
KP CO Silver PPO 4000/50 RX Copay
KP CO Silver PPO HDHP 5500/40%

### Bronze Plan Options

KP CO Bronze 7000/60 RX Copay KP Select CO Bronze 7000/60 RX Copay
KP CO Virtual Complete Bronze 9700/40 KP Select CO Virtual Complete Bronze 9700/40
KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA
KP CO Bronze 8000/100%/HSA KP Select CO Bronze 8000/100%/HSA
KP CO Bronze PPO 7000/60 RX Copay

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 400/15 KP Select CO Platinum 400/15	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)	\$3,250/\$6,500	\$4,750/\$9,500	\$4,750/\$9,500
Primary care visit	\$10	\$15	\$20 KP \$40 Plus <sup>1</sup>
Specialty care visit	\$40	\$55 <sup>1</sup>	\$50 KP <sup>1</sup> \$70 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	\$500	\$500	\$500
Skilled nursing facility	\$500 per day (up to 3 days)	15% AD	15% AD KP Not covered Plus
Mental health outpatient	\$10	\$15	\$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
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$10	\$10	\$10 KP/50% Plus
Brand	\$35	\$40	\$50 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs 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)	\$3,000/\$6,000	\$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		\$500	
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
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$10	\$25	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	\$40	\$60	
Brand nonpreferred	10%	25% AD	
Specialty	10%	25% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

Plans selected: 

Compare plans

Reset

Gold Plan Options	KP CO Gold 0/30 RX Copay KP Select CO Gold 0/30 RX Copay	KP CO Gold 500/30 KP Select CO Gold 500/30	KP CO Gold 1500/30 RX Copay KP Select CO Gold 1500/30 RX Copay	KP CO Gold 2500/15 KP Select CO Gold 2500/15
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	\$7,750/\$15,500	\$7,750/\$15,500	\$7,750/\$15,500
Primary care visit	\$30	\$30	\$30	\$15
Specialty care visit	\$80	\$80 <sup>1</sup>	\$80 <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	\$30	\$30	\$30	\$15
Physical therapy/occupational therapy/speech therapy	\$40	\$40	\$40	\$20
<b>Prescription drugs</b>				
Pharmacy deductible	\$0	\$300 individual/no family	\$0	Medical deductible
Preventive <sup>2</sup>	\$0	\$0	\$0	\$0
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

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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

Plans selected: 

Compare plans

Reset

Gold Plan Options	NEW KP CO Gold 5000/10 RX Copay KP Select CO Gold 5000/10 RX Copay	KP CO Gold DHMO Plus 1500/35	KP CO Gold DHMO Plus 2000/40
Product Type	DHMO	DHMO Plus	DHMO Plus
Medical deductible (individual/family)	\$5,000/\$10,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance (member's cost)	0%	20% KP 40% Plus	25% KP 40% Plus
Out-of-pocket maximum (individual/family)	\$9,500/\$19,000	\$7,750/\$15,500	\$7,750/\$15,500
Primary care visit	\$10	\$35 KP \$65 Plus <sup>1</sup>	\$40 KP \$70 Plus <sup>1</sup>
Specialty care visit	\$10 <sup>1</sup>	\$80 KP <sup>1</sup> \$100 Plus <sup>1</sup>	\$80 KP <sup>1</sup> \$100 Plus <sup>1</sup>
Virtual care services	No charge	No charge KP See EOC Plus	No charge KP See EOC Plus
Hospital inpatient (per admission)	\$500 per day for 5 days AD	20% AD KP Not covered Plus	25% AD KP Not covered Plus
Outpatient surgery (per procedure)	\$500 AD	10% AD ASC KP 20% AD Hospital KP Not covered Plus	15% AD ASC KP 25% AD Hospital KP Not covered Plus
Lab & X-ray	\$10	20% AD KP 40% AD Plus	25% AD KP 40% AD Plus
Imaging (MRI/CT/PET)	\$500 AD	20% AD KP Not covered Plus	25% AD KP Not covered Plus
Urgent care	\$50	\$85	\$85
Emergency care	\$500 AD	20% AD	25% AD
Skilled nursing facility	\$500 per day for 5 days AD	20% AD KP Not covered Plus	25% AD KP Not covered Plus
Mental health outpatient	\$10	\$35 KP \$65 Plus	\$40 KP \$70 Plus
Physical therapy/occupational therapy/speech therapy	\$10	\$45 KP \$65 Plus	\$50 KP \$70 Plus
<b>Prescription drugs</b>			
Pharmacy deductible	\$0	\$0	\$0
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$10	\$15 KP 50% Plus	\$15 KP 50% Plus
Brand	\$50	\$75 KP 50% Plus	\$75 KP 50% Plus
Brand nonpreferred	\$125	20% KP 50% Plus	25% KP 50% Plus
Specialty	\$500	20% KP 50% Plus	25% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

Plans selected:

Compare plans

Reset

Gold Plan Options	KP CO Gold 1750/30/HSA KP Select CO Gold 1750/30/HSA	NEW KP CO Gold 4150/0% HSA KP Select CO Gold 4150/0% HSA
Product Type	HDHP	HDHP
Medical deductible (individual/family)	\$1,750/\$3,500 (Aggregate)	\$4,150/\$8,300
Coinsurance (member's cost)	15%	0%
Out-of-pocket maximum (individual/family)	\$5,000 Ind/\$10,000 Fam (Aggregate)	\$4,150/\$8,300
Primary care visit	\$30 AD	0% AD
Specialty care visit	\$60 AD	0% AD
Virtual care services	No charge	No charge
Hospital inpatient (per admission)	15% AD	0% AD
Outpatient surgery (per procedure)	5% AD ASC 15% AD Hospital	0% AD
Lab & X-ray	15% AD	0% AD
Imaging (MRI/CT/PET)	15% AD	0% AD
Urgent care	\$75 AD	0% AD
Emergency care	15% AD	0% AD
Skilled nursing facility	15% AD	0% AD
Mental health outpatient	\$30 AD	0% AD
Physical therapy/occupational therapy/speech therapy	\$30 AD	0% AD
<b>Prescription drugs</b>		
Pharmacy deductible	Medical deductible	Medical deductible
Preventive <sup>2</sup>	\$0	\$0
Generic	\$15 AD	0% AD
Brand	\$50 AD	0% AD
Brand nonpreferred	15% AD	0% AD
Specialty	15% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

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)	\$4,750/\$9,500	\$7,750/\$15,500	\$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
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$15	\$35	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	\$75	\$100	
Brand nonpreferred	20%	35% after RX deductible	
Specialty	20%	35% after RX deductible	

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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

Plans selected: 

Compare plans

Reset

Gold Plan Options	KP CO Gold PPO 1500/35 RX Copay	
	PPO Participating provider	PPO 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)	\$7,750/\$15,500	\$22,500/\$45,000
Primary care visit	\$35 <sup>1</sup>	50% AD
Specialty care visit	\$80 <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
Preventive <sup>2</sup>	\$0	\$0
Generic	\$15	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	\$75	
Brand nonpreferred	\$350	
Specialty	\$500	

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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

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	KP CO Silver 5000/10 KP Select CO Silver 5000/10
Product Type	DHMO	DHMO	DHMO
Medical deductible (individual/family)	\$2,800/\$5,600	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance (member's cost)	35%	35%	35%
Out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$9,850/\$19,700	\$9,850/\$19,700
Primary care visit	\$45	\$50	\$10
Specialty care visit	\$90 <sup>1</sup>	\$90 <sup>1</sup>	\$90 <sup>1</sup>
Virtual care services	No charge	No charge	No charge
Hospital inpatient (per admission)	35% AD	35% AD	35% AD
Outpatient surgery (per procedure)	25% AD ASC 35% AD Hospital	25% AD ASC 35% AD Hospital	25% AD ASC 35% AD Hospital
Lab & X-ray	35% AD	35% AD	35% AD
Imaging (MRI/CT/PET)	35% AD	35% AD	35% AD
Urgent care	\$100	\$100	\$100
Emergency care	35% AD	35% AD	35% AD
Skilled nursing facility	35% AD	35% AD	35% AD
Mental health outpatient	\$45	\$50	\$10
Physical therapy/occupational therapy/speech therapy	\$45	\$50	\$20
<b>Prescription drugs</b>			
Pharmacy deductible	\$500 individual/no family	\$0	Medical deductible
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$15	\$15	\$15
Brand	\$65 after RX deductible	\$75	35% AD
Brand nonpreferred	35% after RX deductible	\$450	35% AD
Specialty	35% after RX deductible	\$500	35% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

Plans selected: 

Compare plans

Reset

Silver Plan Options	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 Plus
Medical deductible (individual/family)	\$6,000/\$12,000	\$3,500/\$7,000
Coinsurance (member's cost)	35%	30% KP 50% Plus
Out-of-pocket maximum (individual/family)	\$9,500/\$19,000	\$9,900/\$19,800
Primary care visit	First 3 visits \$50; additional visits \$50 AD	\$45 KP \$80 Plus <sup>1</sup>
Specialty care visit	\$75 AD <sup>1</sup>	\$85 KP <sup>1</sup> \$100 Plus <sup>1</sup>
Virtual care services	No charge	No charge KP See EOC Plus
Hospital inpatient (per admission)	35% AD	30% AD KP Not covered Plus
Outpatient surgery (per procedure)	25% AD ASC 35% AD Hospital	20% AD ASC KP 30% AD Hospital KP Not covered Plus
Lab & X-ray	Lab: \$30 X-ray: 35% AD	30% AD KP 50% AD Plus
Imaging (MRI/CT/PET)	35% AD	30% AD KP Not covered Plus
Urgent care	First 3 visits \$100; additional visits 35% AD	\$100
Emergency care	35% AD	30% AD
Skilled nursing facility	35% AD	30% AD KP Not covered Plus
Mental health outpatient	\$50	\$45 KP \$80 Plus
Physical therapy/occupational therapy/speech therapy	\$50	\$45 KP \$80 Plus
Prescription drugs		
Pharmacy deductible	\$0	\$500 individual/ no family
Preventive <sup>2</sup>	\$0	\$0
Generic	\$15	\$15 KP 50% Plus
Brand	\$75	\$75 KP 50% Plus
Brand nonpreferred	\$600	30% after RX Ded KP 50% after RX Ded Plus
Specialty	\$700	30% after RX Ded KP 50% after RX Ded 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

Plans selected: 

Compare plans

Reset

Silver Plan Options	KP CO Silver 3800/30/HSA KP Select CO Silver 3800/30/HSA	KP CO Silver 4500/30/HSA KP Select CO Silver 4500/30/HSA	KP CO Silver HSA Plus 3750/30%
Product Type	HDHP	HDHP	HDHP Plus
Medical deductible (individual/family)	\$3,800/\$7,600	\$4,500/\$9,000	\$3,750/\$7,500
Coinsurance (member's cost)	25%	30%	30% KP 50% Plus
Out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$8,300/\$16,600	\$8,300/\$16,600
Primary care visit	\$30 AD	\$30 AD	30% AD KP 50% AD Plus
Specialty care visit	\$70 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
Prescription drugs			
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible
Preventive <sup>2</sup>	\$0	\$0	\$0
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

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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

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)	\$7,500/\$15,000	\$9,750/\$19,500	\$20,000/\$40,000
Primary care visit	\$45	\$70 <sup>1</sup>	50% AD
Specialty care visit	\$90 <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	\$1000 individual/no family	\$0
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	\$20	\$45	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	\$85	\$100	
Brand nonpreferred	\$500	45% after RX deductible	
Specialty	\$565	45% after RX deductible	

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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

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)	\$5,500/\$11,000	\$8,000/\$16,000	\$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
Preventive <sup>2</sup>	\$0	\$0	\$0
Generic	30% AD	40% AD	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	30% AD	40% AD	
Brand nonpreferred	30% AD	40% AD	
Specialty	30% AD	40% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

Plans selected: 

Compare plans

Reset

Silver Plan Options	KP CO Silver PPO 4000/50 RX Copay		KP CO Silver PPO HDHP 5500/40%	
	PPO Participating provider	PPO Nonparticipating provider	PPO HDHP Participating provider	PPO HDHP Nonparticipating provider
Medical deductible (individual/family)	\$4,000/\$8,000	\$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)	\$9,750/\$19,500	\$28,350/\$56,700	\$6,200/\$12,400	\$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
Preventive <sup>2</sup>	\$0	\$0	\$0	\$0
Generic	\$20	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies	40% AD	Covered in-network only except oral chemotherapy, medical foods & diabetic supplies
Brand	\$90		40% AD	
Brand nonpreferred	\$525		40% AD	
Specialty	\$600		40% 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

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 9700/40 KP Select CO Virtual Complete Bronze 9700/40
Product Type	DHMO	DHMO
Medical deductible (individual/family)	\$7,000/\$14,000	\$9,700/\$19,400
Coinsurance (member's cost)	40%	0%
Out-of-pocket maximum (individual/family)	\$10,150/\$20,300	\$9,700/19,400
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
Preventive <sup>2</sup>	\$0	\$0
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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs 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 8000/100%/HSA KP Select CO Bronze 8000/100%/HSA
Product Type	HDHP	HDHP
Medical deductible (individual/family)	\$6,250/\$12,500	\$8,000/\$16,000
Coinsurance (member's cost)	35%	0%
Out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$8,000/\$16,000
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
Prescription drugs		
Pharmacy deductible	Medical deductible	Medical deductible
Preventive <sup>2</sup>	\$0	\$0
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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

KP Select plans are only offered in the Denver/Boulder and Colorado Springs area.

Plans selected:

Compare plans

Reset

Bronze Plan Options	KP CO Bronze PPO 7000/60 RX Copay	
	Participating provider	Non participating 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)	\$10,150/\$20,300	\$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
Preventive <sup>2</sup>	\$0	\$0
Generic	\$30	Covered in-network only except 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.

2. Preventive care drugs covered at no cost under the Affordable Care Act.

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			
Preventive			
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 Denver/Boulder and Colorado Springs 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									
Preventive									
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.

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						
Preventive						
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