

FEATURES	In Network	Out of Network ⁴
DEDUCTIBLE (Individual/Family)	\$5,500 / \$11,000	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$10,000/\$20,000	N/A
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited	Unlimited
COINSURANCE (after deductible)	0%	N/A
OFFICE SERVICES		
Telehealth Visits	\$0	\$20
Primary Care	\$50	\$70
Specialty Care	\$80	\$100
Mental Health/Chemical Dependency	\$50	\$70
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$80	\$100
Vision Exam	\$50	\$70
Laboratory Services	\$0	\$20
Radiology Services	\$50	\$70
High Tech Radiology Services (MRI, CT, PET, others)	\$450 after deductible	Not Covered
Preventive Services	\$0	\$0
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	\$600 after deductible	Covered in Plan
Ambulance (per trip)	\$350 after deductible	Covered in Plan
Urgent Care (per visit)	\$100	Not Covered
OUTPATIENT SERVICES		
Laboratory Services	\$0	\$20
Radiology Services	\$50	\$70
High Tech Radiology Services (MRI, CT, PET, others)	\$450 after deductible	Not Covered
Outpatient Hospital or Surgical Facility	\$300 after deductible	Not Covered
Physician and Other Professional Fees	\$0 after deductible	Not Covered
INPATIENT SERVICES		
Hospital (facility)	\$600 after deductible	Not Covered
Physician and Other Professional Fees	0%	Not Covered
Mental Health/Chemical Dependency	\$600 after deductible	Not Covered
PHARMACY SERVICES		
Prescription Drug Deductible	N/A	N/A
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated	\$25
Tier 2 Generic Drugs	\$20 KP / \$30 Affiliated	\$40
Tier 3 Preferred Brand Drugs	\$70 KP / \$90 Affiliated	\$90
Tier 4 Non-Preferred Drugs	\$120 KP / \$150 Affiliated	\$150
Tier 5 Specialty Drugs ²	30% KP / 40% Affiliated	40%
Mail Order ³	\$10/\$40/\$140/\$240/30%	N/A

KP Plus plans are not available on the SHOP.

1 Some benefits may have limitations.

2 To pay the in-network member cost-share, specialty medications must be filled at an in-network Specialty Pharmacy. For a current listing of in-network pharmacies that dispense Specialty Drugs call Customer Service at 1-855-364-3185.

3 Available 90-day supply through Kaiser Permanente Pharmacy and Affiliated Pharmacies.

4 Services covered out of network are subject to

10 visits/services and 5 Rx fill/refill per year

Phone visits are available for many specialties and primary care for members who are

registered on kp.org and have seen their doctor in the past year.

Coinurance amounts shown are subject to the deductible (if there is a deductible).

This is a summary description and is not intended to replace the Group Policy, and/or Certificate of Insurance, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

