

## EPO plans

	KPLF 0/10/1500	KPLF 0/20/3000	KPLF 0/30/4000
Product type	LFEP0	LFEP0	LFEP0
Deductible (Individual)	NA	NA	NA
Deductible (Family)	NA	NA	NA
Out-of-pocket max (Individual)	\$1,500	\$3,000	\$4,000
Out-of-pocket max (Family)	\$3,000	\$6,000	\$8,000
Coinsurance (Member's cost)	10%	20%	20%
Primary care (OVP)	\$10	\$20	\$30
Specialty care (OVS)	\$30	\$40	\$50
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0
Hospital inpatient	\$500 per day (3 days)	\$750 per day (3 days)	\$750 per day (3 days)
Outpatient surgery	\$500	\$500	\$500
Emergency care	\$250	\$250	\$300
Ambulance	\$250	\$250	\$300
Urgent Care	\$50	\$50	\$75
Lab	\$0	\$0	\$0
X-ray	\$0	\$0	\$0
CT/PET/MRI	\$100	\$150	\$200
MH/CD outpatient	\$10	\$20	\$30
MH/CD inpatient	\$500 per day (3 days)	\$750 per day (3 days)	\$750 per day (3 days)
PT/ST/OT	\$10	\$20	\$30
<b>Prescription drugs<sup>2</sup></b>			
Generic	\$5	\$5	\$5
Brand	\$30	\$30	\$30
Brand non-preferred	\$45	\$45	\$45
Specialty	\$500	\$500	\$500
Pharmacy deductible	NA	NA	NA

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PT, physical therapy; ST, speech therapy

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<sup>2</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

**Questions?** Contact your broker or your Small Business team at **202-570-5755**.

## Deductible EPO plans

	KPLF 250/10%/3000	KPLF 500/10%/3000	KPLF KPLF 500/20%/3000	KPLF KPLF 750/20%/3000	KPLF KPLF 1000/10%/3000	KPLF KPLF 1000/20%/4000
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$250	\$500	\$500	\$750	\$1,000	\$1,000
Deductible (Family)	\$500	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000
Out-of-pocket max (Individual)	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$4,000
Out-of-pocket max (Family)	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$8,000
Coinsurance (Member's cost)	10%	10%	20%	20%	10%	20%
Primary care (OVP)	\$20	\$20	\$30	\$20	\$20	\$30
Specialty care (OVS)	\$40	\$40	\$50	\$50	\$50	\$50
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	10% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Outpatient surgery	10% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Emergency care	\$300	\$300	\$300	\$300	\$300	\$300
Ambulance	10% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50
Lab	\$0	10% after deductible	\$0	20% after deductible	10% after deductible	20% after deductible
X-ray	\$0	10% after deductible	\$0	20% after deductible	10% after deductible	20% after deductible
CT/PET/MRI	\$200	\$200	\$200	\$200	\$200	\$200
MH/CD outpatient	\$20	\$20	\$30	\$20	\$20	\$30
MH/CD inpatient	10% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
PT/ST/OT	\$20	\$20	\$30	\$20	\$20	\$30
<b>Prescription drugs<sup>2</sup></b>						
Generic	\$5	\$5	\$5	\$10	\$10	\$10
Brand	\$30	\$30	\$30	\$35	\$35	\$35
Brand non-preferred	\$45	\$45	\$45	\$60	\$60	\$60
Specialty	\$500	\$500	\$500	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PT, physical therapy; ST, speech therapy

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## Deductible EPO plans *(continued)*

	KPLF 1500/10%/4000	KPLF 1500/20%/4000	KPLF 2000/0%/4500	KPLF 2000/20%/4500	KPLF 2000/30%/4500
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
Deductible (Family)	\$3,000	\$3,000	\$4,000	\$4,000	\$4,000
Out-of-pocket max (Individual)	\$4,000	\$4,000	\$4,500	\$4,500	\$4,500
Out-of-pocket max (Family)	\$8,000	\$8,000	\$9,000	\$9,000	\$9,000
Coinsurance (Member's cost)	10%	20%	0%	20%	30%
Primary care (OVP)	\$20	\$30	\$20	\$30	\$30
Specialty care (OVS)	\$40	\$50	\$40	\$50	\$50
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	10% after deductible	20% after deductible	0% after deductible	20% after deductible	30% after deductible
Outpatient surgery	10% after deductible	20% after deductible	0% after deductible	20% after deductible	30% after deductible
Emergency care	\$300	\$300	\$300	\$300	\$300
Ambulance	10% after deductible	20% after deductible	\$300	20% after deductible	30% after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50
Lab	10% after deductible	20% after deductible	\$0	20% after deductible	30% after deductible
X-ray	10% after deductible	20% after deductible	\$0	20% after deductible	30% after deductible
CT/PET/MRI	\$200	\$200	\$200	\$200	\$200
MH/CD outpatient	\$20	\$30	\$20	\$30	\$30
MH/CD inpatient	10% after deductible	20% after deductible	0% after deductible	20% after deductible	30% after deductible
PT/ST/OT	\$20	\$30	\$20	\$30	\$30
<b>Prescription drugs<sup>2</sup></b>					
Generic	\$10	\$10	\$15	\$15	\$15
Brand	\$35	\$35	\$50	\$50	\$50
Brand non-preferred	\$60	\$60	\$75	\$75	\$75
Specialty	\$500	\$500	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PT, physical therapy; ST, speech therapy

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## Deductible EPO plans *(continued)*

	KPLF 2500/0%/4500	KPLF 2500/20%/4500	KPLF 2500/30%/6000	KPLF 3000/0%/6000	KPLF 3000/20%/6000	KPLF 3000/30%/6000
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$3,000
Deductible (Family)	\$5,000	\$5,000	\$5,000	\$6,000	\$6,000	\$6,000
Out-of-pocket max (Individual)	\$4,500	\$4,500	\$6,000	\$6,000	\$6,000	\$6,000
Out-of-pocket max (Family)	\$9,000	\$9,000	\$12,000	\$12,000	\$12,000	\$12,000
Coinsurance (Member's cost)	0%	20%	30%	0%	20%	30%
Primary care (OVP)	\$20	\$30	\$30	\$30	\$30	\$40
Specialty care (OVS)	\$40	\$50	\$50	\$50	\$50	\$60
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Outpatient surgery	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Emergency care	\$300	\$300	\$300	\$400	\$400	\$400
Ambulance	\$300	20% after deductible	30% after deductible	\$400	20% after deductible	30% after deductible
Urgent Care	\$50	\$50	\$50	\$75	\$75	\$75
Lab	\$0	20% after deductible	30% after deductible	\$0	20% after deductible	30% after deductible
X-ray	\$0	20% after deductible	30% after deductible	\$0	20% after deductible	30% after deductible
CT/PET/MRI	\$200	\$200	\$200	\$300	\$300	\$300
MH/CD outpatient	\$20	\$30	\$30	\$30	\$30	\$40
MH/CD inpatient	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
PT/ST/OT	\$20	\$30	\$30	\$30	\$30	\$40
<b>Prescription drugs<sup>2</sup></b>						
Generic	\$15	\$15	\$15	\$15	\$15	\$15
Brand	\$50	\$50	\$50	\$50	\$50	\$50
Brand non-preferred	\$75	\$75	\$75	\$75	\$75	\$75
Specialty	\$500	\$500	\$500	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PT, physical therapy; ST, speech therapy

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## Deductible EPO plans *(continued)*

	KPLF 3500/0%/6500	KPLF 3500/20%/6500	KPLF 3500/30%/6500	KPLF 4000/0%/6500	KPLF 4000/20%/8000	KPLF 4000/30%/8000
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$3,500	\$3,500	\$3,500	\$4,000	\$4,000	\$4,000
Deductible (Family)	\$7,000	\$7,000	\$7,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (Individual)	\$6,500	\$6,500	\$6,500	\$6,500	\$8,000	\$8,000
Out-of-pocket max (Family)	\$13,000	\$13,000	\$13,000	\$13,000	\$16,000	\$16,000
Coinsurance (Member's cost)	0%	20%	30%	0%	20%	30%
Primary care (OVP)	\$30	\$30	\$40	\$30	\$30	\$40
Specialty care (OVS)	\$50	\$50	\$60	\$50	\$50	\$60
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Outpatient surgery	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Emergency care	\$500	\$500	\$500	\$500	\$500	\$500
Ambulance	\$500	20% after deductible	30% after deductible	\$500	20% after deductible	30% after deductible
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100
Lab	\$0	20% after deductible	30% after deductible	\$0	20% after deductible	30% after deductible
X-ray	\$0	20% after deductible	30% after deductible	\$0	20% after deductible	30% after deductible
CT/PET/MRI	\$300	\$300	\$300	\$300	\$300	\$300
MH/CD outpatient	\$30	\$30	\$40	\$30	\$30	\$40
MH/CD inpatient	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
PT/ST/OT	\$30	\$30	\$40	\$30	\$30	\$40
<b>Prescription drugs<sup>2</sup></b>						
Generic	\$15	\$15	\$15	\$20	\$20	\$20
Brand	\$50	\$50	\$50	\$65	\$65	\$65
Brand non-preferred	\$75	\$75	\$75	\$90	\$90	\$90
Specialty	\$500	\$500	\$500	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0

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## Deductible EPO plans *(continued)*

	KPLF 4000/40%/8000	KPLF 4000/50%/8000	KPLF 5000/0%/8000	KPLF 5000/20%/9000	KPLF 5000/30%/9000	KPLF 5000/40%/9000
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$4,000	\$4,000	\$5,000	\$5,000	\$5,000	\$5,000
Deductible (Family)	\$8,000	\$8,000	\$10,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (Individual)	\$8,000	\$8,000	\$8,000	\$9,000	\$9,000	\$9,000
Out-of-pocket max (Family)	\$16,000	\$16,000	\$16,000	\$18,000	\$18,000	\$18,000
Coinsurance (Member's cost)	40%	50%	0%	20%	30%	40%
Primary care (OVP)	\$50	\$50	\$40	\$40	\$50	\$50
Specialty care (OVS)	\$70	\$70	\$60	\$60	\$70	\$70
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	40% after deductible	50% after deductible	0% after deductible	20% after deductible	30% after deductible	40% after deductible
Outpatient surgery	40% after deductible	50% after deductible	0% after deductible	20% after deductible	30% after deductible	40% after deductible
Emergency care	\$500	\$500	\$500	20% after deductible	30% after deductible	40% after deductible
Ambulance	40% after deductible	50% after deductible	\$500	20% after deductible	30% after deductible	40% after deductible
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100
Lab	40% after deductible	50% after deductible	\$0	20% after deductible	30% after deductible	40% after deductible
X-ray	40% after deductible	50% after deductible	\$0	20% after deductible	30% after deductible	40% after deductible
CT/PET/MRI	\$300	\$300	\$300	20% after deductible	30% after deductible	40% after deductible
MH/CD outpatient	\$50	\$50	\$40	\$40	\$50	\$50
MH/CD inpatient	40% after deductible	50% after deductible	0% after deductible	20% after deductible	30% after deductible	40% after deductible
PT/ST/OT	\$50	\$50	\$40	\$40	\$50	\$50
<b>Prescription drugs<sup>2</sup></b>						
Generic	\$20	\$20	\$20	\$20	\$20	\$20
Brand	\$65	\$65	\$65	\$65	\$65	\$65
Brand non-preferred	\$90	\$90	\$90	\$90	\$90	\$90
Specialty	\$500	\$500	\$500	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0

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## Deductible EPO plans *(continued)*

	KPLF 5000/50%/9000	KPLF 6000/40%/9000	KPLF 6000/50%/9000
Product type	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$5,000	\$6,000	\$6,000
Deductible (Family)	\$10,000	\$12,000	\$12,000
Out-of-pocket max (Individual)	\$9,000	\$9,000	\$9,000
Out-of-pocket max (Family)	\$18,000	\$18,000	\$18,000
Coinsurance (Member's cost)	50%	40%	50%
Primary care (OVP)	\$50	\$50	\$50
Specialty care (OVS)	\$70	\$70	\$70
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0
Hospital inpatient	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery	50% after deductible	40% after deductible	50% after deductible
Emergency care	50% after deductible	40% after deductible	50% after deductible
Ambulance	50% after deductible	40% after deductible	50% after deductible
Urgent Care	\$100	\$100	\$100
Lab	50% after deductible	40% after deductible	50% after deductible
X-ray	50% after deductible	40% after deductible	50% after deductible
CT/PET/MRI	50% after deductible	40% after deductible	50% after deductible
MH/CD outpatient	\$50	\$50	\$50
MH/CD inpatient	50% after deductible	40% after deductible	50% after deductible
PT/ST/OT	\$50	\$50	\$50
<b>Prescription drugs<sup>2</sup></b>			
Generic	\$20	\$20	\$20
Brand	\$65	\$65	\$65
Brand non-preferred	\$90	\$90	\$90
Specialty	\$500	\$500	\$500
Pharmacy deductible	\$0	\$0	\$0

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## Kaiser Permanente Everyday Care plans

	KPLF Everyday Care 4000/0%/4000	KPLF Everyday Care 5000/0%/5000	KPLF Everyday Care 7000/0%/7000	KPLF Everyday Care 9000/0%/9000
Product type	LFDEPO	LFDEPO	LFDEPO	LFDEPO
Deductible (Individual)	\$4,000	\$5,000	\$7,000	\$9,000
Deductible (Family)	\$8,000	\$10,000	\$14,000	\$18,000
Out-of-pocket max (Individual)	\$4,000	\$5,000	\$7,000	\$9,000
Out-of-pocket max (Family)	\$8,000	\$10,000	\$14,000	\$18,000
Coinsurance (Member's cost)	0%	0%	0%	0%
Primary care (OVP)	\$0	\$0	\$0	\$0
Specialty care (OVS)	\$0	\$0	\$0	\$0
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0
Hospital inpatient	No cost after OOPM/deductible	No cost after OOPM/deductible	No cost after OOPM/deductible	No cost after OOPM/deductible
Outpatient surgery	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency care	\$500	\$500	\$500	\$500
Ambulance	\$500	\$500	\$500	\$500
Urgent Care	\$0	\$0	\$0	\$0
Lab	\$0	\$0	\$0	\$0
X-ray	\$0	\$0	\$0	\$0
CT/PET/MRI	\$500	\$500	\$500	\$500
MH/CD outpatient	\$0	\$0	\$0	\$0
MH/CD inpatient	No cost after OOPM/deductible	No cost after OOPM/deductible	No cost after OOPM/deductible	No cost after OOPM/deductible
PT/ST/OT	\$0	\$0	\$0	\$0
<b>Prescription drugs<sup>2</sup></b>				
Generic	\$0	\$0	\$0	\$0
Brand	\$50	\$50	\$50	\$50
Brand non-preferred	\$125	\$125	\$125	\$125
Specialty	\$300	\$300	\$300	\$300
Pharmacy deductible	\$0	\$0	\$0	\$0

Abbreviations: CD, chemical dependency; MH, mental health; OOPM, out-of-pocket maximum; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](http://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

**Available in service area only. Standard plans shown here. Plan documents will reflect final benefits resulting from any customization. Kaiser Permanente Insurance Company (KPIC) provides after deductive services and underwrites stop loss insurance for the Kaiser Permanente Level Funded program.**

<sup>1</sup> Chat, video, and phone services are offered at no additional cost for most plans. For these services, some POS, PPO, or high-deductible health plans are subject to a copayment, coinsurance (member's cost), or deductible first before being provided at no additional cost.

<sup>2</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## HDHP plans

	KPLF HDHP 1700/20%/3500	KPLF HDHP 2500/20%/5000	KPLF HDHP 3000/0%/3000	KPLF HDHP 3500/20%/6000	KPLF HDHP 4000/0%/4000
Product type	LFDPHSA	LFDPHSA	LFDPHSA	LFDPHSA	LFDPHSA
Deductible (Individual)	\$1,700 <sup>1</sup>	\$2,500 <sup>1</sup>	\$3,000 <sup>1</sup>	\$3,500	\$4,000
Deductible (Family)	\$3,400	\$5,000	\$6,000	\$7,000	\$8,000
Out-of-pocket max (Individual)	\$3,500 <sup>1</sup>	\$5,000 <sup>1</sup>	\$3,000 <sup>1</sup>	\$6,000	\$4,000
Out-of-pocket max (Family)	\$7,000	\$10,000	\$6,000	\$12,000	\$8,000
Coinsurance (Member's cost)	20%	20%	0%	20%	0%
Primary care (OVP)	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Specialty care (OVS)	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>2</sup>	\$0	\$0	\$0	\$0	\$0
Hospital inpatient	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Outpatient surgery	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Emergency care	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Ambulance	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Urgent Care	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Lab	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
X-ray	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
CT/PET/MRI	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
MH/CD outpatient	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
MH/CD inpatient	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
PT/ST/OT	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
<b>Prescription drugs<sup>3</sup></b>					
Generic	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Brand	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Brand non-preferred	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Specialty	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit - primary care physician; OVS, office visit - specialist; PT, physical therapy; ST, speech therapy

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<sup>1</sup> Aggregate accumulation applies. All other plans utilize embedded accumulation.

<sup>2</sup> Chat, video, and phone services are offered at no additional cost for most plans. For these services, some POS, PPO, or high-deductible health plans are subject to a copayment, coinsurance (member's cost), or deductible first before being provided at no additional cost.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## HDHP plans *(continued)*

	KPLF HDHP 5000/30%/7000	KPLF HDHP 6000/50%/8000
Product type	LFDPHSA	LFDPHSA
Deductible (Individual)	\$5,000	\$6,000
Deductible (Family)	\$10,000	\$12,000
Out-of-pocket max (Individual)	\$7,000	\$8,000
Out-of-pocket max (Family)	\$14,000	\$16,000
Coinsurance (Member's cost)	30%	50%
Primary care (OVP)	30% after deductible	50% after deductible
Specialty care (OVS)	30% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0
Hospital inpatient	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Emergency care	30% after deductible	50% after deductible
Ambulance	30% after deductible	50% after deductible
Urgent Care	30% after deductible	50% after deductible
Lab	30% after deductible	50% after deductible
X-ray	30% after deductible	50% after deductible
CT/PET/MRI	30% after deductible	50% after deductible
MH/CD outpatient	30% after deductible	50% after deductible
MH/CD inpatient	30% after deductible	50% after deductible
PT/ST/OT	30% after deductible	50% after deductible
<b>Prescription drugs<sup>2</sup></b>		
Generic	30% after deductible	50% after deductible
Brand	30% after deductible	50% after deductible
Brand non-preferred	30% after deductible	50% after deductible
Specialty	30% after deductible	50% after deductible
Pharmacy deductible	Medical deductible	Medical deductible

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit - primary care physician; OVS, office visit - specialist; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](http://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

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<sup>1</sup> Chat, video, and phone services are offered at no additional cost for most plans. For these services, some POS, PPO, or high-deductible health plans are subject to a copayment, coinsurance (member's cost), or deductible first before being provided at no additional cost.

<sup>2</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

**Questions?** Contact your broker or your Small Business team at **202-570-5755**.

## Added Choice

	MAS LF Added Choice Plan 1		MAS LF Added Choice Plan 2		MAS LF Deductible Added Choice Plan 1		MAS LF Deductible Added Choice Plan 2	
	In-plan	Out-of-network	In-plan	Out-of-network	In-plan	Out-of-network	In-plan	Out-of-network
Deductible (Individual/Family)	\$0/\$0	\$500/\$1,000	\$0/\$0	\$2,500/\$5,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-pocket maximum (Individual/Family)	\$2,250/\$4,500	\$5,000/\$10,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's cost)	0%	20%	0%	20%	0%	20%	0%	20%
Emergency room	\$100		\$100		\$100 after deductible (waived if admitted)		\$100 after deductible (waived if admitted)	
Urgent care	\$40	20% after deductible	\$40	20% after deductible	\$50	20% after deductible	\$50	20% after deductible
Inpatient hospital	\$500/day up to 3 days	20% after deductible	\$750/day up to 3 days	20% after deductible	\$400 per admission after deductible	20% after deductible	\$400 per admission after deductible	20% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$20	20% after deductible	\$30	20% after deductible	\$25	20% after deductible	\$25	20% after deductible
PCP office visit	\$20	20% after deductible	\$30	20% after deductible	\$25	20% after deductible	\$25	20% after deductible
Specialist office visit	\$40	20% after deductible	\$40	20% after deductible	\$50	20% after deductible	\$50	20% after deductible
Outpatient mental health	\$20 individual \$10 group	20% after deductible	\$30 individual \$15 group	20% after deductible	\$25 individual \$12 group	20% after deductible	\$25 individual \$12 group	20% after deductible
MRI, CT, and PET	\$100	20% after deductible	\$100	20% after deductible	\$100 after deductible	20% after deductible	\$100 after deductible	20% after deductible
Lab and X-ray	\$0	20% after deductible	\$0	20% after deductible	\$0	20% after deductible	\$0	20% after deductible
Outpatient surgery <sup>2</sup>	\$400	20% after deductible	\$500	20% after deductible	\$100 after deductible	20% after deductible	\$100 after deductible	20% after deductible
<b>Prescription drugs<sup>3</sup></b>								
Generic	\$10	\$30	\$10	\$30	\$10	\$30	\$10	\$30
Brand	\$35	\$55	\$35	\$55	\$35	\$55	\$35	\$55
Brand non-preferred	\$60	\$80	\$60	\$80	\$60	\$80	\$60	\$80
Specialty	\$500	50%	\$500	50%	\$500	50%	\$500	50%
Pharmacy deductible	NA	NA	NA	NA	NA	NA	NA	NA

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](http://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Added Choice *(continued)*

	MAS LF Deductible Added Choice Plan 3		MAS LF Deductible Added Choice Plan 4	
	In-plan	Out-of-network	In-plan	Out-of-network
Deductible (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-pocket maximum (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance (Member's cost)	0%	20%	0%	30%
Emergency room	\$100 after deductible (waived if admitted)		\$100 after deductible (waived if admitted)	
Urgent care	\$40	20% after deductible	\$40	30% after deductible
Inpatient hospital	\$500 per admission after deductible	20% after deductible	\$500 per admission after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$30	20% after deductible	\$30	30% after deductible
PCP office visit	\$30	20% after deductible	\$30	30% after deductible
Specialist office visit	\$40	20% after deductible	\$40	30% after deductible
Outpatient mental health	\$30 Indiv / \$15 Group	20% after deductible	\$30 Indiv / \$15 Group	30% after deductible
MRI, CT, and PET	\$100 after deductible	20% after deductible	\$100 after deductible	30% after deductible
Lab and X-ray	\$0	20% after deductible	\$0	30% after deductible
Outpatient surgery <sup>2</sup>	\$100 after deductible	20% after deductible	\$100 after deductible	30% after deductible
<b>Prescription drugs<sup>3</sup></b>				
Generic	\$15	\$35	\$15	\$35
Brand	\$50	\$70	\$50	\$70
Brand non-preferred	\$75	\$95	\$75	\$95
Specialty	\$500	50%	\$500	50%
Pharmacy deductible	NA	NA	NA	NA

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Flexible Choice

	MAS LF Flexible Choice Plan A			MAS LF Flexible Choice Plan B		
	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS
Deductible (Individual/Family)	\$0/\$0	\$0/\$0	\$600/\$1,200	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000
Out-of-pocket maximum (Individual/Family)	\$2,250/\$4,500	\$3,000/\$6,000	\$6,000/\$12,000	\$2,250/\$4,500	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's cost)	0%	10%	30%	0%	10%	30%
Emergency room	\$100 (waived if admitted)			\$100 (waived if admitted)		
Urgent care	\$25	\$40	30% after deductible	\$25	\$55	30% after deductible
Inpatient hospital	\$500/day up to 3 days	10%	30% after deductible	\$500/day up to 3 days	10% after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$15	\$30	30% after deductible	\$15	\$45	30% after deductible
PCP office visit	\$15	\$30	30% after deductible	\$15	\$45	30% after deductible
Specialist office visit	\$25	\$40	30% after deductible	\$25	\$55	30% after deductible
Outpatient mental health	\$15 individual \$7 group	\$30 individual \$30 group	30% after deductible	\$15 individual \$7 group	\$45 individual \$45 group	30% after deductible
MRI, CT, and PET	\$100	10%	30% after deductible	\$100	10% after deductible	30% after deductible
Lab and X-ray	\$0	10%	30% after deductible	\$0	10% after deductible	30% after deductible
Outpatient surgery <sup>2</sup>	\$400	10%	30% after deductible	\$400	10% after deductible	30% after deductible
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$30	30% after deductible	\$10	\$30	30% after deductible
Brand	\$35	\$55	30% after deductible	\$35	\$55	30% after deductible
Brand non-preferred	\$60	\$80	50% after deductible	\$60	\$80	50% after deductible
Specialty	\$500	50%	50% after deductible	\$500	50%	50% after deductible
Pharmacy deductible	NA	NA	Medical	NA	NA	Medical

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Flexible Choice *(continued)*

	MAS LF Flexible Choice Plan C			MAS LF Flexible Choice Plan D		
	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS
Deductible (Individual/Family)	\$0/\$0	\$1,000/\$2,000	\$2,000/\$4,000	\$0/\$0	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-pocket maximum (Individual/Family)	\$2,250/\$4,500	\$3,000/\$6,000	\$6,000/\$12,000	\$2,250/\$4,500	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's cost)	0%	20%	40%	0%	20%	40%
Emergency room	\$100 (waived if admitted)			\$100 (waived if admitted)		
Urgent care	\$40	\$55	40% after deductible	\$40	\$55	40% after deductible
Inpatient hospital	\$750/day up to 3 days	20% after deductible	40% after deductible	\$750/day up to 3 days	20% after deductible	40% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$30	\$45	40% after deductible	\$30	\$45	40% after deductible
PCP office visit	\$30	\$45	40% after deductible	\$30	\$45	40% after deductible
Specialist office visit	\$40	\$55	40% after deductible	\$40	\$55	40% after deductible
Outpatient mental health	\$30 individual \$15 group	\$45 individual \$45 group	40% after deductible	\$30 individual \$15 group	\$45 individual \$45 group	40% after deductible
MRI, CT, and PET	\$100	20% after deductible	40% after deductible	\$100	20% after deductible	40% after deductible
Lab and X-ray	\$0	20% after deductible	40% after deductible	\$0	20% after deductible	40% after deductible
Outpatient surgery <sup>2</sup>	\$500	20% after deductible	40% after deductible	\$500	20% after deductible	40% after deductible
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$30	40% after deductible	\$10	\$30	40% after deductible
Brand	\$35	\$55	40% after deductible	\$35	\$55	40% after deductible
Brand non-preferred	\$60	\$80	50% after deductible	\$60	\$80	50% after deductible
Specialty	\$500	50%	50% after deductible	\$500	50%	50% after deductible
Pharmacy deductible	NA	NA	Medical	NA	NA	Medical

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Flexible Choice *(continued)*

	MAS LF Flexible Choice Plan E			MAS LF Flexible Choice Plan F		
	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS
Deductible (Individual/Family)	\$0/\$0	\$1,500/\$3,000	\$3,000/\$6,000	\$0/\$0	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-pocket maximum (Individual/Family)	\$2,250/\$4,500	\$3,000/\$6,000	\$6,000/\$12,000	\$2,250/\$4,500	\$6,000/\$12,000	\$8,000/\$16,000
Coinsurance (Member's cost)	0%	30%	50%	0%	0%	30%
Emergency room	\$100 (waived if admitted)			\$100 (waived if admitted)		
Urgent care	\$40	\$55	50% after deductible	\$25	\$55	30% after deductible
Inpatient hospital	\$750/day up to 3 days	30% after deductible	50% after deductible	\$500/day up to 3 days	\$250 after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$30	\$45	50% after deductible	\$15	\$45	30% after deductible
PCP office visit	\$30	\$45	50% after deductible	\$15	\$45	30% after deductible
Specialist office visit	\$40	\$55	50% after deductible	\$25	\$55	30% after deductible
Outpatient mental health	\$30 individual \$15 group	\$45 individual \$45 group	50% after deductible	\$15 individual \$7 group	\$45 individual \$45 group	30% after deductible
MRI, CT, and PET	\$100	30% after deductible	50% after deductible	\$100	\$200 after deductible	30% after deductible
Lab and X-ray	\$0	30% after deductible	50% after deductible	\$0	\$20 after deductible	30% after deductible
Outpatient surgery <sup>2</sup>	\$500	30% after deductible	50% after deductible	\$400	\$100 after deductible	30% after deductible
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$30	50% after deductible	\$10	\$30	30% after deductible
Brand	\$35	\$55	50% after deductible	\$35	\$55	30% after deductible
Brand non-preferred	\$60	\$80	50% after deductible	\$60	\$80	50% after deductible
Specialty	\$500	50%	50% after deductible	\$500	50%	50% after deductible
Pharmacy deductible	NA	NA	Medical	NA	NA	Medical

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Flexible Choice *(continued)*

	MAS LF Deductible Flexible Choice Plan L			MAS LF Deductible Flexible Choice Plan M		
	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-pocket maximum (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$8,000/\$16,000	\$3,000/\$6,000	\$3,850/\$7,700	\$8,000/\$16,000
Coinsurance (Member's cost)	10%	20%	40%	10%	20%	40%
Emergency room	\$200 after deductible (waived if admitted)			\$200 after deductible (waived if admitted)		
Urgent care	\$30	\$40	40% after deductible	\$30	\$40	40% after deductible
Inpatient hospital	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$20	\$30	40% after deductible	\$20	\$30	40% after deductible
PCP office visit	\$20	\$30	40% after deductible	\$20	\$30	40% after deductible
Specialist office visit	\$30	\$40	40% after deductible	\$30	\$40	40% after deductible
Outpatient mental health	\$20 individual \$10 group	\$30 individual \$30 group	40% after deductible	\$20 individual \$10 group	\$30 individual \$30 group	40% after deductible
MRI, CT, and PET	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible
Lab and X-ray	\$20	\$30	40% after deductible	\$20	\$30	40% after deductible
Outpatient surgery <sup>2</sup>	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$30	40% after deductible	\$10	\$30	40% after deductible
Brand	\$35	\$55	40% after deductible	\$35	\$55	40% after deductible
Brand non-preferred	\$60	\$80	50% after deductible	\$60	\$80	50% after deductible
Specialty	\$500	50%	50% after deductible	\$500	50%	50% after deductible
Pharmacy deductible	NA	NA	Medical	NA	NA	Medical

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](http://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

**Available in service area only. Standard plans shown here. Plan documents will reflect final benefits resulting from any customization. Kaiser Permanente Insurance Company (KPIC) provides after administrative services and underwrites stop loss insurance for the Kaiser Permanente Level Funded program.**

<sup>1</sup> Chat, video, and phone services are offered at no additional cost for most plans. For these services, some POS, PPO, or high-deductible health plans are subject to a copayment, coinsurance (member's cost), or deductible first before being provided at no additional cost.

<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Flexible Choice *(continued)*

	MAS LF HSA Flexible Choice Plan S		
	Tier 1 of 3TPOS	Tier 2 of 3TPOS	Tier 3 of 3TPOS
Deductible (Individual/Family)	\$2,000/\$4,000	\$3,500/\$7,000	\$6,000/\$12,000
Out-of-pocket maximum (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,500/\$13,000
Coinsurance (Member's cost)	10%	20%	40%
Emergency room	10% after deductible		
Urgent care	10% after deductible	20% after deductible	40% after deductible
Inpatient hospital	10% after deductible	20% after deductible	40% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	10% after deductible	20% after deductible	40% after deductible
PCP office visit	10% after deductible	20% after deductible	40% after deductible
Specialist office visit	10% after deductible	20% after deductible	40% after deductible
Outpatient mental health	10% after deductible	20% after deductible	40% after deductible
MRI, CT, and PET	10% after deductible	20% after deductible	40% after deductible
Lab and X-ray	10% after deductible	20% after deductible	40% after deductible
Outpatient surgery <sup>2</sup>	10% after deductible	20% after deductible	40% after deductible
<b>Prescription drugs<sup>3</sup></b>			
Generic	10% after deductible	20% after deductible	40% after deductible
Brand	10% after deductible	20% after deductible	40% after deductible
Brand non-preferred	10% after deductible	20% after deductible	40% after deductible
Specialty	10% after deductible	20% after deductible	40% after deductible
Pharmacy deductible	Medical	Medical	Medical

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Out-of-Area PPO

	MAS LF OOA-PPO Plan 1		MAS LF OOA-PPO Plan 2		MAS LF OOA-PPO Plan 3	
	In-plan	Out-of-network	In-plan	Out-of-network	In-plan	Out-of-network
Deductible (Individual/Family)	\$300/\$600	\$600/\$1,200	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-pocket maximum (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance (Member's cost)	10%	30%	20%	40%	20%	40%
Emergency room	\$100		\$100		\$100	
Urgent care	\$25	30% after deductible	\$30	40% after deductible	\$40	40% after deductible
Inpatient hospital	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$15	30% after deductible	\$20	40% after deductible	\$30	40% after deductible
PCP office visit	\$15	30% after deductible	\$20	40% after deductible	\$30	40% after deductible
Specialist office visit	\$25	30% after deductible	\$30	40% after deductible	\$40	40% after deductible
Outpatient mental health	\$15 individual \$15 group	30% after deductible	\$20 individual \$10 group	40% after deductible	\$30 individual \$10 group	40% after deductible
MRI, CT, and PET	\$50	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lab and X-ray	10% after deductible	30% after deductible	\$20	40% after deductible	\$30	40% after deductible
Outpatient surgery <sup>2</sup>	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$20	\$15	\$25	\$20	\$35
Brand	\$20	\$35	\$35	\$50	\$40	\$55
Brand non-preferred	\$35	\$50	\$60	\$80	\$65	\$85
Specialty	50%	50%	50%	50%	50%	50%
Pharmacy deductible	NA	NA	NA	NA	NA	NA

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](http://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Out-of-Area PPO

	MAS LF OOA-PPO Plan 4		MAS LF MV OOA-PPO Plan 1	
	In-plan	Out-of-network	In-plan	Out-of-network
Deductible (Individual/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000	\$6,000/\$12,000
Out-of-pocket maximum (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$14,000	\$10,000/\$20,000
Coinsurance (Member's cost)	20%	40%	30%	50%
Emergency room	\$100		\$100	
Urgent care	\$40	40% after deductible	\$60	50% after deductible
Inpatient hospital	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$30	40% after deductible	\$50	50% after deductible
PCP office visit	\$30	40% after deductible	\$50	50% after deductible
Specialist office visit	\$40	40% after deductible	\$60	50% after deductible
Outpatient mental health	\$30 individual \$15 group	40% after deductible	\$50 individual \$25 group	50% after deductible
MRI, CT, and PET	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Lab and X-ray	\$40	40% after deductible	30% after deductible	50% after deductible
Outpatient surgery <sup>2</sup>	20% after deductible	40% after deductible	30% after deductible	50% after deductible
<b>Prescription drugs<sup>3</sup></b>				
Generic	\$25	\$40	\$25	\$40
Brand	\$40	\$55	\$40	\$55
Brand non-preferred	\$65	\$85	\$65	\$85
Specialty	50%	50%	50%	50%
Pharmacy deductible	NA	NA	NA	NA

Abbreviations: CD, chemical dependency; MH, mental health; OT, occupational therapy; OVP, office visit – primary care physician; OVS, office visit – specialist; PCP, primary care physician; PT, physical therapy; ST, speech therapy

This plan summary highlights the benefits, copays, coinsurance (member's cost), and deductibles that are most frequently asked about. For a more detailed list, visit [levelfunded.kp.org](https://levelfunded.kp.org) to view the Summary of Benefits and Coverage (SBC).

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<sup>2</sup> The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

<sup>3</sup> Cost shares shown apply to a 30-day supply of prescriptions filled at Kaiser Permanente plan pharmacies and mail order only. Depending on your specific plan provisions, a \$10 after additional differential typically applies to prescriptions filled at community pharmacies. See the table on page 20 for examples.

## Examples of prescription cost share differences by pharmacy network

	EPO 0/10/1500	DEPO 5000/50%/9000	HDHP 1700/20%/3500
Rx – Generic Preferred–Kaiser Permanente Pharmacy – 30-day supply	\$5	\$20	20% after deductible
Rx – Generic Preferred–Community Pharmacy – 30-day supply	\$15	\$30	20% after deductible
Rx – Generic Preferred Kaiser Permanente Pharmacies and Community Pharmacies – outpatient retail up to 90-day supply	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	20% after deductible
Rx – Generic Preferred–Mail-Order Drug (KP MOD) – up to a 90-day supply	Cost sharing = 2x copay; \$10	Cost sharing = 2x copay; \$40	20% after deductible
Rx – Brand Preferred–Kaiser Permanente Pharmacy – 30-day supply	\$30	\$65	20% after deductible
Rx – Brand Preferred–Community Pharmacy – 30-day supply	\$40	\$75	20% after deductible
Rx – Brand Preferred–Kaiser Permanente Pharmacies and Community Pharmacies – outpatient retail up to 90-day supply	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	20% after deductible
Rx – Brand Preferred–MOD (KP MOD) – up to a 90-day supply	Cost sharing = 2x copay; \$60	Cost sharing = 2x copay; \$130	20% after deductible
Rx – Non-Preferred–Kaiser Permanente Pharmacy – 30-day supply	\$45	\$90	20% after deductible
Rx – Non-Preferred–Community Pharmacy – 30-day supply	\$55	\$100	20% after deductible
Rx – Non-Preferred–Kaiser Permanente Pharmacies and Community Pharmacies – outpatient retail up to 90-day supply	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	1 copay per each 30-day supply dispensed; copay based upon pharmacy location	20% after deductible
Rx – Non-Preferred–MOD (KP MOD) – up to a 90-day supply	Cost sharing = 2x copay; \$90	Cost sharing = 2x copay; \$180	20% after deductible
Rx – Specialty–Kaiser Permanente Pharmacy	\$500	\$500	20% after deductible
Rx – Specialty–Community Pharmacy	\$510	\$510	20% after deductible

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### NOTES

For copay based drug benefits, we will assume differential between Kaiser Permanente Pharmacies and Community Pharmacies is +\$10 for all four tiers.

For coinsurance (member's cost) benefits, the same coinsurance (member's cost) percentage will be used for Kaiser Permanente Pharmacies and Community Pharmacies.

With the Level Funded program, National Plans (EPO, DEPO, EC, HDHP EPO), and POS Tier 3 plans, MOD is only offered through Kaiser Permanente Mail Order Pharmacy.

Mail-order drug incentive will apply for Level Funded.