

PLAN UPDATES

VIRGINIA
2026

What's new for Virginia small business group plans with coverage effective on or after January 1, 2026



This booklet contains a summary of important information about our Virginia small group plans. For more details on plan information, see the *Administrative Guide for Off-Exchange Plans*.

Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

What's new at Kaiser Permanente

Updated **kp.org** website and app experience



Our members can expect a newly modernized digital experience with the addition of MyChart by Epic on **kp.org** and the Kaiser Permanente app. The latest MyChart features give members easier access to their favorite self-service tools and greater compatibility with outside care providers.

NEW – Walk-ins accepted at 2 of our After Hours Care locations: Ashburn and Fredericksburg



Our After Hours Care locations are designed to care for minor health concerns like:

- Ear pain
- Cold, sinus, and flu-like symptoms
- Rash
- Minor injuries
- Neck pain
- Urinary tract infection (UTI)
- And more

External behavioral health care providers

The following behavioral health care providers in our contracted network offer app-based teletherapy services to Kaiser Permanente members at no additional cost:



- Grow Therapy
- Headway
- NOCD (No to Compulsive Disorder)
- Open Mind Health
- Rula
- SonderMind
- UpLift

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Skip the appointment line with our wait list service¹

Kaiser Permanente now offers an automated wait list option that can get members in to their physician's office sooner (by 21 days on average) if an appointment becomes available. NOTE: The new appointment will be for the same service and same clinician as initially booked.



Top-rated health plans

Out of more than 1,200 health plans evaluated in 2024, Kaiser Permanente of the Mid-Atlantic States received the region's highest rating from the National Committee for Quality Assurance for every commercial, Medicare, and Medicaid plan we offer.²



Going all in against cancer

Our cancer care team leads the way in early detection, clinical trials, and innovative treatments, giving patients more options in the fight against cancer.



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2023 alone, we invested nearly \$200 million in the community.³



High marks in the industry

In the **Insure.com** survey *Best Health Insurance Company of 2025*, Kaiser Permanente as a national enterprise is tied for #1 overall among 65 competitors. We also received top marks in their 2025 health insurance customer survey: We earned the top rating for affordability and customer satisfaction.

¹ Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.

² NCQA evaluated over 1,200 health plans based on clinical performance, member satisfaction, and NCQA Accreditation. In the NCQA Commercial Health Plan Ratings 2024, our commercial plan is rated 5 out of 5, the highest rating in the region; our Medicare plan is rated 4.5 out of 5, the highest rating in the region; and our Medicaid plan is rated 4.5 out of 5, the highest rating in the region.

³ According to year-end financial result, 2023 at mykp.kp.org.

2026 Medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all four metal levels. We've made necessary cost-sharing changes to keep plans within their respective metal levels. A few plans have been discontinued: Virtual Forward products, Virtual Complete products, and the Select delivery system version of the Bronze 6500 Deductible plan. Two higher-deductible options have been added in the Gold and Silver tiers. For regulatory reasons, our plan naming convention has been updated to include the "SEL" suffix with plans in the Select delivery system. New plan names and specific cost-sharing changes for each plan are provided under 2026 medical plan changes on pages 7 through 14. Groups may choose to renew with their current plan or select any other plan in our portfolio.

2026 Dental plan portfolio

At Kaiser Permanente, we believe dental care is a vital part of living a balanced, healthy life. We've teamed with LIBERTY Dental Plan to offer Kaiser Permanente Smile—a suite of dental plans available for purchase as riders for those aged 19 and above.

For off-exchange plans in Maryland and Virginia, employers can enhance medical coverage with one of five dental options. All the plans share a robust network with no need for referrals for specialist procedures. There are no office visit charges and no waiting periods. Each plan includes comprehensive coverage of the full range of common dental procedures, including preventive, diagnostic, and restorative services. Each plan can be paired with the Kaiser Permanente OrthoPlus enhanced dental benefit—which includes cosmetic orthodontia, implants, veneers, and teeth whitening—at a discount to the market rate. When added to an adult dental rider, employers can choose to have OrthoPlus cover all family members or only children. It's also available for children under age 19 without the purchase of an adult dental plan. For more information, visit kp.org/dental/mas.

Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all our medical plans are offered along with an ACA-compliant pediatric dental plan. The KP Smile Kids Embedded Dental C-POS is included with Kaiser Permanente's Flexible Choice and Added Choice POS medical plans, and can only be paired with adult dental C-POS or POS plans. The KP Smile Kids Dental Copay is included with Kaiser Permanente HMO/DHMO medical plans.

Both plans include preventive care procedures—such as oral evaluations, routine cleanings, bitewing X-rays, and topical fluoride treatments—every 6 months, at no additional cost. Additional diagnostic and restorative services and medically necessary orthodontia are also covered. For more information, visit kp.org/dental/mas.

Automatic renewals

Your coverage will renew automatically at the 2026 rates and plan changes unless you notify us at least 30 days prior to November 1, 2025. Your acceptance of this renewal also confirms that you meet the definition of small employer as defined by applicable federal and state law.

2026 Plan highlights and reminders

Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient prescription drugs. All prescription drug plans have a four-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only two times the 30-day supply copay when using Kaiser Permanente Mail Order Pharmacy.¹ We can mail most prescription medications to you within 3 to 5 days, and you don't pay anything extra for standard U.S. postage.

Employee assistance program

We've teamed with a national vendor to deliver nonclinical support for mental health by offering an optional employee assistance program for small and mid-size employees. Please reach out to your account manager for more information.

Routine adult vision eye exam and hardware benefits

All our plans include an adult vision benefit at Vision Essentials by Kaiser Permanente (located in many of our medical centers). Routine eye exams with an optometrist are available at each plan's primary care office visit cost share. A discount of \$125 is offered off the retail price of combined frames and lenses once per year. The discount may be applied to contact lenses; it may also be applied to initial fit and the first purchase of contact lenses at Vision Essentials. Go to kp2020.org for more information, including our optical locations.

Pediatric vision coverage on all medical plans

All our plans cover routine pediatric vision exams and one pair of standard frames from a select group with lenses per year, at no additional charge. Regular contacts may be substituted for pediatric frames and lenses once per contract year. Go to kp2020.org for more information, including our optical locations.

Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or family has reached that maximum.

¹ Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

Summary of 2026 plan changes for Virginia

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and Kaiser Permanente Insurance Company (KPIC)¹ are making to your small group plan offerings effective upon your group's 2025 renewal date.

For more information, please refer to your Summary of Benefits and Coverage (SBC) and/or your *Evidence of Coverage (EOC)*.



Travel dialysis

The limit for travel dialysis is being changed from 60 travel days per year to 26 dialysis sessions per year. This change applies to the in-network HMO tier (Tier 1).



Breast cancer screening

A Virginia mandate for breast cancer screening prohibits cost shares for diagnostic and supplemental examinations, including MRIs and ultrasounds. The cost share will be no charge for all plans except Plus plans out-of-network.

Plus plans (out-of-network): The cost share is no charge for ultrasound only as part of the 10 out-of-network visit limit. All other services are not covered.



Mail order (Kaiser Permanente plan pharmacy) Added Choice plans

Out-of-network: Mail delivery for prescription drugs changed from covered to not covered.



All plans

The specialty drug maximum changed from "up to \$300" to "up to \$350."

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

Summary of 2026 plan changes for Virginia (cont)



Mental health and chemical dependency

The applicable cost shares have been changed for the following services: crisis intervention, electroconvulsive therapy, partial hospitalization, psychological and neuropsychological testing, and all other outpatient services (non-office visits).

Plan-specific changes:

In-network (Tier 1)

- HMO/DHMO: No charge
- HDHP/HSA: No charge after deductible

Flexible Choice plans:

- Option 2: HMO/DHMO: No charge
- Option 2: HDHP/HSA: No charge after deductible
- Option 3: Coinsurance applies after deductible

Gold Added Choice plans: Out-of-network

- No charge after deductible

Plus plans: Out-of-network:

- Psychological and neuropsychological testing: Not covered

Crisis intervention and stabilization: Out-of-network

- Plus plans: Changed from “not covered” to “covered in plan”
- Added Choice plans: Applicable plan-specific cost shares changed to “covered in plan”

Psychological and neuropsychological testing: Out-of-network

- Plus plans: Not covered

2026 Medical plan changes

VA HMO plans

YEAR	2025	2026
Plan name	KP VA Platinum 0 Ded/Vision	KP VA Platinum 0 Ded/Vision
Emergency services	\$150	\$200
Hospital inpatient facility care, skilled nursing facility care	\$150 per admission	\$200 per admission
Inpatient physician and surgical fees	No charge	\$30 per admission
Outpatient surgery physician services	No charge	\$30
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$5, \$25, \$50	\$10, \$45, \$65
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$10, \$50, \$100	\$20, \$90, \$130
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 90-day supply	\$8, \$38, \$75	\$15, \$68, \$98
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$15, \$35, \$60	\$20, \$55, \$75
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$30, \$70, \$120	\$40, \$110, \$150
Plan name	KP VA Gold 0 Ded/Vision	KP VA Gold 0 Ded/Vision
Self-only out-of-pocket maximum	\$8,600	\$9,000
Family out-of-pocket maximum	\$8,600 individual / \$17,200 family	\$9,000 individual / \$18,000 family
Inpatient physician and surgical fees	No charge	\$50 per admission
Emergency services	\$300	\$500
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50	\$55

2026 Medical plan changes (continued)

YEAR	2025	2026
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$50	\$55
Outpatient surgery facility fee	\$150	\$250
Outpatient surgery physician services	No charge	\$50
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50, \$70
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100, \$140
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75, \$105
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$25, \$60, \$80
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$50, \$120, \$160

2026 Medical plan changes (continued)

VA HMO Plus plans

YEAR	2025	2026
Plan name	KP VA Platinum Plus 0 Ded/Vision	KP VA Platinum Plus 0 Ded/Vision
In-plan changes	The following changes apply	
Emergency services	\$150	\$200
Hospital inpatient facility care, skilled nursing facility care	\$150 per admission	\$200 per admission
Inpatient physician and surgical fees	No charge	\$30 per admission
Outpatient surgery physician services	No charge	\$30
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$5, \$25, \$50	\$10, \$45, \$65
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$10, \$50, \$100	\$20, \$90, \$130
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$8, \$38, \$75	\$15, \$68, \$98
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$15, \$35, \$60	\$20, \$55, \$75
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$30, \$70, \$120	\$40, \$110, \$150
Out-of-plan changes	The following changes apply	
Prescription drugs		
Tier 1, Tier 2, Tier 3 (non-participating pharmacy)	\$25, \$45, \$70	\$30, \$65, \$85
Plan name	KP VA Gold Plus 0 Ded/Vision	KP VA Gold Plus 0 Ded/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$8,600	\$9,000
Family out-of-pocket maximum	\$8,600 individual / \$17,200 family	\$9,000 individual / \$18,000 family
Emergency services	\$300	\$500
Inpatient physician and surgical fees	No charge	\$50 per admission
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25

2026 Medical plan changes (continued)

YEAR	2025	2026
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50	\$55
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$50	\$55
Outpatient surgery facility fee	\$150	\$250
Outpatient surgery physician services	No charge	\$50
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50, \$70
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100, \$140
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75, \$105
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$25, \$60, \$80
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$50, \$120, \$160

2026 Medical plan changes (continued)

YEAR	2025	2026
Out-of-plan changes	The following changes apply	
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$40	\$45
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$70	\$75
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$70	\$75
Prescription drugs		
Tier 1, Tier 2, Tier 3 (non-participating pharmacy)	\$40, \$90, \$120	\$35, \$70, \$90

2026 Medical plan changes (continued)

VA DHMO plans

YEAR	2025	2026
Plan name	KP VA Platinum 500 Ded/Vision	KP VA Platinum 500 Ded/Vision
Self-only out-of-pocket maximum	\$2,500	\$2,700
Family out-of-pocket maximum	\$2,500 individual / \$5,000 family	\$2,700 individual / \$5,400 family
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$5, \$25, \$50	\$10, \$45, \$65
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$10, \$50, \$100	\$20, \$90, \$130
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$8, \$38, \$75	\$15, \$68, \$98
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$15, \$35, \$60	\$20, \$55, \$75
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$30, \$70, \$120	\$40, \$110, \$150
Plan name	KP VA Gold 500 Ded/Vision	KP VA Gold 500 Ded/Vision
Self-only out-of-pocket maximum	\$6,600	\$8,500
Family out-of-pocket maximum	\$6,600 individual / \$13,200 family	\$8,500 individual / \$17,000 family
Emergency services	\$300	\$500 after deductible
Inpatient physician and surgical fees	\$40 per admission after deductible	\$50 per admission after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Outpatient surgery physician services	\$40 after deductible	\$50 after deductible
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50, \$70
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100, \$140
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75, \$105
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$25, \$60, \$80
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$50, \$120, \$160

2026 Medical plan changes (continued)

YEAR	2025	2026
Plan name	KP VA Gold 1000 Ded/Vision	KP VA Gold 1000 Ded/100 RxDed/ Vision
Self-only out-of-pocket maximum	\$6,900	\$7,000
Family out-of-pocket maximum	\$6,900 individual / \$13,800 family	\$7,000 individual / \$14,000 family
Emergency services	\$350 after deductible	\$500 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Prescription drugs		
Prescription drug deductible	None	\$100
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50 after Rx deductible, \$65 after Rx deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100 after Rx deductible, \$130 after Rx deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75 after Rx deductible, \$98 after Rx deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$30, \$60 after Rx deductible, \$75 after Rx deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$60, \$120 after Rx deductible, \$150 after Rx deductible
Plan name	KP VA Gold 1500 Ded/150 RxDed/ Vision	KP VA Gold 1500 Ded/200 RxDed/ Vision
Self-only out-of-pocket maximum	\$6,350	\$7,500
Family out-of-pocket maximum	\$6,350 individual / \$12,700 family	\$7,500 individual / \$15,000 family
Emergency services	\$350 after deductible	\$500 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Prescription drugs		
Prescription drug deductible	\$150	\$200
Tier 1, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$100 after Rx deductible	\$15, \$65 after Rx deductible
Tier 1, Tier 3 (plan pharmacy) 90-day supply	\$40, \$200 after Rx deductible	\$30, \$130 after Rx deductible
Tier 1, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$150 after Rx deductible	\$23, \$98 after Rx deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Tier 1, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$110 after Rx deductible	\$25, \$75 after Rx deductible
Tier 1, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$220 after Rx deductible	\$50, \$150 after Rx deductible
Plan name	KP VA Gold Virtual Complete 2000 Ded	KP VA Gold 3000 Ded/250 RxDed/ Vision
Self-only deductible	\$2,000	\$3,000
Family deductible	\$2,000 individual / \$4,000 family	\$3,000 individual / \$6,000 family
Self-only out-of-pocket maximum	\$4,800	\$7,300
Family out-of-pocket maximum	\$4,800 individual / \$9,600 family	\$7,300 individual / \$14,600 family
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20 for the first three visits, then \$20 after deductible	\$30
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50 after deductible	\$55
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/ osteopathic/manipulation therapy, pulmonary rehabilitation	\$50 after deductible	No charge after deductible
Laboratory outpatient and professional services	\$50	\$30
X-rays and diagnostic imaging	20% after deductible	\$45
Prescription drugs		
Prescription drug deductible	Medical	\$250
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, 20% after deductible, 20% after deductible	\$15, \$50 after Rx deductible, \$65 after Rx deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, 20% after deductible, 20% after deductible	\$30, \$100 after Rx deductible, \$130 after Rx deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, 20% after deductible, 20% after deductible	\$23, \$75 after Rx deductible, \$98 after Rx deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, 20% after deductible, 20% after deductible	\$25, \$60 after Rx deductible, \$75 after Rx deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, 20% after deductible, 20% after deductible	\$50, \$120 after Rx deductible, \$150 after Rx deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Plan name	KP VA Silver 1800 Ded/300 RxDed/ Vision	KP VA Silver 1800 Ded/300 RxDed/ Vision
Emergency room	\$450 after deductible	\$500 after deductible
Hospital inpatient facility care, skilled nursing facility care	\$500 per admission after deductible	\$500 per day not to exceed \$2,500 per admission after deductible
Inpatient physician and surgical fees	\$60 per admission after deductible	\$50 per day not to exceed \$250 per admission after deductible
Plan name	KP VA Silver 2750 Ded/500 RxDed/ Vision	KP VA Silver 2750 Ded/500 RxDed/ Vision
Self-only out-of-pocket maximum	\$9,100	\$9,400
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$9,400 individual / \$18,800 family
Emergency room	\$450 after deductible	\$500 after deductible
Hospital inpatient facility care, skilled nursing facility care	\$500 per day not to exceed \$1,500 per admission after deductible	\$500 per day not to exceed \$2,500 per admission after deductible
Inpatient physician and surgical fees	\$60 per day not to exceed \$180 per admission after deductible	\$60 per day not to exceed \$300 per admission after deductible
Plan name	KP VA Silver Virtual Forward 3000 Ded	KP VA Silver 5000 Ded/500 RxDed/ Vision
Self-only deductible	\$3,000	\$5,000
Family deductible	\$3,000 individual / \$6,000 family	\$5,000 individual / \$10,000 family
Self-only out-of-pocket maximum	\$8,800	\$9,000
Family out-of-pocket maximum	\$8,800 individual / \$17,600 family	\$9,000 individual / \$18,000 family
Emergency services	\$450 after deductible	30% after deductible
Hospital inpatient facility care, skilled nursing facility care	\$500 per day not to exceed \$1,500 per admission after deductible	30% after deductible
Inpatient physician and surgical services	\$60 per day not to exceed \$180 per admission after deductible	30% after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	No charge for the first visit, then \$40 after deductible	\$50

2026 Medical plan changes (continued)

YEAR	2025	2026
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$60 after deductible	\$75
Outpatient surgery facility fee	\$250 after deductible	30% after deductible
Outpatient surgery physician services	\$60 after deductible	30% after deductible
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$60 after deductible	\$25 after deductible
Laboratory outpatient and professional services	\$60 after deductible	\$25 after deductible
X-rays and diagnostic imaging	\$60 after deductible	\$50 after deductible
Specialty imaging, sleep laboratory, and interventional radiology	\$400 after deductible	30% after deductible
Blood, blood products and their administration, durable medical equipment, medical foods, TMJ appliances, prosthetic and orthotic devices	No charge after deductible	30% after deductible
Diabetic equipment and supplies	No charge after deductible	30% after deductible
Glucose-monitoring equipment and supplies, peak flow meters	No charge	30%
Prescription drugs		
Prescription drug deductible	Medical	\$500
Tier 1 (plan pharmacy and mail delivery) 30-day supply	\$20 after deductible	\$20
Tier 1 (plan pharmacy) 90-day supply	\$40 after deductible	\$40
Tier 1 (plan pharmacy mail delivery) 90-day supply	\$30 after deductible	\$30
Tier 1 (participating network pharmacy) 30-day supply	\$30 after deductible	\$30
Tier 1 (participating network pharmacy) 90-day supply	\$60 after deductible	\$60

2026 Medical plan changes (continued)

YEAR	2025	2026
Plan name	KP VA Bronze 6500 Ded/Vision	KP VA Bronze 6500 Ded/Vision (Signature Only)
Self-only out-of-pocket maximum	\$9,100	\$10,000
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$10,000 individual / \$20,000 family
Emergency room	\$550 after deductible	40% after deductible
Inpatient hospital services and skilled nursing facility care	\$500 per day not to exceed \$2,500 per admission after deductible	40% after deductible
Inpatient physician and surgical fees	\$100 per day not to exceed \$500 per admission after deductible	40% after deductible
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$100	\$80
Specialty imaging, sleep laboratory, and interventional radiology	\$500 after deductible	\$450 after deductible
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$100 after deductible	\$80 after deductible
Laboratory outpatient and professional services	\$50 after deductible	\$60 after deductible
Outpatient surgery facility fee	\$300 after deductible	\$400 after deductible
Outpatient surgery physician services	\$100 after deductible	\$60 after deductible
Blood, blood products and their administration, durable medical equipment, medical foods, TMJ appliances, prosthetic and orthotic devices	No charge after deductible	40% after deductible
Diabetic equipment and supplies	No charge after deductible	40% after deductible
Glucose-monitoring equipment and supplies, peak flow meters	No charge	40%

2026 Medical plan changes (continued)

YEAR	2025	2026
Prescription drugs		
Tier 1, Tier 2 (plan pharmacy and mail delivery) 30-day supply	\$35, \$80 after deductible	\$30, \$65 after deductible
Tier 1, Tier 2 (plan pharmacy) 90-day supply	\$70, \$160 after deductible	\$60, \$130 after deductible
Tier 1, Tier 2 (plan pharmacy mail delivery) 90-day supply	\$53, \$120 after deductible	\$45, \$98 after deductible
Tier 1, Tier 2 (participating network pharmacy) 30-day supply	\$45, \$90 after deductible	\$40, \$75 after deductible
Tier 1, Tier 2 (participating network pharmacy) 90-day supply	\$90, \$180 after deductible	\$80, \$150 after deductible

2026 Medical plan changes (continued)

2026 VA DHMO Plus Plans

YEAR	2025	2026
Plan name	KP VA Gold Plus 1500 Ded/150 RxDed/Vision	KP VA Gold Plus 1500 Ded/200 RxDed/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$6,350	\$7,500
Family out-of-pocket maximum	\$6,350 individual / \$12,700 family	\$7,500 individual / \$15,000 family
Emergency services	\$350 after deductible	\$500 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Prescription drugs		
Prescription drug deductible	\$150	\$200
Tier 1, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$100 after Rx deductible	\$15, \$65 after Rx deductible
Tier 1, Tier 3 (plan pharmacy) 90-day supply	\$40, \$200 after Rx deductible	\$30, \$130 after Rx deductible
Tier 1, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$150 after Rx deductible	\$23, \$98 after Rx deductible
Tier 1, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$110 after Rx deductible	\$25, \$75 after Rx deductible
Tier 1, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$220 after Rx deductible	\$50, \$150 after Rx deductible
Out-of-plan changes	The following changes apply	
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$40	\$45
Prescription drugs		
Tier 1 (non-participating pharmacy)	\$40	\$35
Plan name	KP VA Silver Plus 1800 Ded/300 RxDed/Vision	KP VA Silver Plus 1850 Ded/300 RxDed/Vision
In-plan changes	The following changes apply	
Self-only deductible	\$1,800	\$1,850

2026 Medical plan changes (continued)

YEAR	2025	2026
Family deductible	\$1,800 individual / \$3,600 family	\$1,850 individual / \$3,700 family
Emergency services	\$450 after deductible	\$500 after deductible
Inpatient hospital services and skilled nursing facility care	\$500 per admission after deductible	\$500 per day not to exceed \$2,500 per admission after deductible
Inpatient physician and surgical fees	\$60 per admission after deductible	\$50 per day not to exceed \$250 per admission after deductible
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50 after deductible	\$65
Out-of-plan changes	The following changes apply	
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$80	\$85
Plan name	KP VA Bronze Plus 6500 Ded/Vision	KP VA Bronze Plus 6500 Ded/Vision
In-plan changes	The following changes apply	
Member coinsurance	0%	40%
Self-only out-of-pocket maximum	\$9,100	\$10,000
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$10,000 individual / \$20,000 family
Emergency services	\$550 after deductible	40% after deductible
Inpatient hospital services and skilled nursing facility care	\$500 per day not to exceed \$2,500 after deductible	40% after deductible
physician and surgical fees	\$100 per day not to exceed \$500 after deductible	40% after deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$100	\$80
Specialty imaging, sleep laboratory, and interventional radiology	\$500 after deductible	\$450 after deductible
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$100 after deductible	\$80 after deductible
Laboratory outpatient and professional services	\$50 after deductible	\$60 after deductible
Outpatient surgery facility fee	\$300 after deductible	\$400 after deductible
Outpatient surgery physician services	\$100 after deductible	\$60 after deductible
Blood, blood products and their administration, durable medical equipment, medical foods, TMJ appliances, prosthetic and orthotic devices	No charge after deductible	40% after deductible
Diabetic equipment and supplies	No charge after deductible	40% after deductible
Glucose-monitoring equipment and supplies, peak flow meters	No charge	40% after deductible
Prescription drugs		
Tier 1, Tier 2 (plan pharmacy and mail delivery) 30-day supply	\$35, \$80 after deductible	\$30, \$65 after deductible
Tier 1, Tier 2 (plan pharmacy) 90-day supply	\$70, \$160 after deductible	\$60, \$130 after deductible
Tier 1, Tier 2 (plan pharmacy mail delivery) 90-day supply	\$53, \$120 after deductible	\$45, \$98 after deductible
Tier 1, Tier 2 (participating network pharmacy) 30-day supply	\$45, \$90 after deductible	\$40, \$75 after deductible
Tier 1, Tier 2 (participating network pharmacy) 90-day supply	\$90, \$180 after deductible	\$80, \$150 after deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Out-of-plan changes	The following changes apply	
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$120	\$100
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$120	\$100
Laboratory outpatient and professional services	\$70	\$80
Prescription drugs		
Tier 1 (non-participating pharmacy)	\$55	\$50

2026 Medical plan changes (continued)

VA HDHP plans

YEAR	2025	2026
Plan name	KP VA Gold 1650 Ded/HSA/Vision	KP VA Gold 1700 Ded/HSA/Vision
Self-only deductible	\$1,650	\$1,700
Family deductible	Individual N/A / \$3,300 family	Individual N/A / \$3,400 family
Self-only out-of-pocket maximum	\$5,000	\$5,500
Family out-of-pocket maximum	\$5,000 individual / \$10,000 family	\$5,500 individual / \$11,100 family
Emergency services	\$350 after deductible	\$250 after deductible
Inpatient hospital services and skilled nursing facility care	No charge after deductible	\$200 per admission after deductible
Inpatient physician and surgical services	No charge after deductible	\$30 per admission after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine) sleep laboratory interventional radiology	No charge after deductible	\$75 after deductible
Outpatient surgery physician services	\$10 after deductible	\$30 after deductible
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20 after deductible, \$50 after deductible, \$75 after deductible	\$10 after deductible, \$45 after deductible, \$65 after deductible,
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40 after deductible, \$100 after deductible, \$150 after deductible	\$20 after deductible, \$90 after deductible, \$130 after deductible,
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30 after deductible, \$75 after deductible, \$113 after deductible	\$15 after deductible, \$68 after deductible, \$98 after deductible,
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30 after deductible, \$60 after deductible, \$85 after deductible	\$20 after deductible, \$55 after deductible, \$75 after deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60 after deductible, \$120 after deductible, \$170 after deductible	\$40 after deductible, \$110 after deductible, \$150 after deductible
Plan name	KP VA Silver 2000 Ded/HSA/Vision	KP VA Silver 2000 Ded/HSA/Vision
Self-only out-of-pocket maximum	\$7,550	\$8,500
Family out-of-pocket maximum	\$7,550 Individual; \$15,100 family	\$8,500 Individual; \$17,000 family
Inpatient hospital services and skilled nursing facility care	\$500 per day not to exceed \$1,500 per admission after deductible	\$500 per admission after deductible
Inpatient physician and surgical fees	\$40 per day not to exceed \$120 per admission after deductible	\$50 per admission after deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$40 after deductible	\$50 after deductible
X-rays and diagnostic imaging	\$40 after deductible	\$50 after deductible
Outpatient surgery facility fee	\$250 after deductible	\$300 after deductible
Outpatient surgery physician services	\$40 after deductible	\$50 after deductible
Plan name	KP VA Silver 3000 Ded/HSA/Vision	KP VA Silver 3000 Ded/HSA/Vision
Self-only out-of-pocket maximum	\$7,550	\$8,000
Family out-of-pocket maximum	\$7,550 individual / \$15,100 family	\$8,000 individual / \$16,000 family
Inpatient hospital services and skilled nursing facility care	\$500 per day not to exceed \$2,500 per admission after deductible	\$500 per day not to exceed \$1,500 per admission after deductible
Inpatient physician and surgical fees	\$50 per day not to exceed \$250 per admission after deductible	\$50 per day not to exceed \$150 per admission after deductible
Outpatient surgery facility fee	\$250 after deductible	\$300 after deductible
Plan name	KP VA Silver 4000 Ded/HSA/Vision	KP VA Silver 4000 Ded/HSA/Vision
Hospital inpatient facility care, skilled nursing facility care	No charge after deductible	\$500 per day not to exceed \$2,500 per admission after deductible
Outpatient surgery facility fee	\$25 after deductible	\$250 after deductible
Plan name	KP VA Bronze 6000 Ded/HSA/Vision	KP VA Bronze 6100 Ded/HSA/Vision
Self-only deductible	\$6,000	\$6,100
Family deductible	\$6,000 individual / \$12,000 family	\$6,100 individual / \$12,200 family
Self-only out-of-pocket maximum	\$7,200	\$7,600
Family out-of-pocket maximum	\$7,200 individual / \$14,400 family	\$7,600 individual / \$15,200 family
Emergency services	\$250 after deductible	\$350 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$30 after deductible	\$40 after deductible

2026 Medical plan changes (continued)

YEAR	2025	2026
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50 after deductible	\$60 after deductible
Specialty imaging, sleep laboratory, and interventional radiology	\$500 after deductible	\$400 after deductible
Outpatient surgery facility fee	\$300 after deductible	\$350 after deductible
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$10 after deductible, \$40 after deductible, \$75 after deductible	\$20 after deductible, \$50 after deductible, \$80 after deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$20 after deductible, \$80 after deductible, \$150 after deductible	\$40 after deductible, \$100 after deductible, \$160 after deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$15 after deductible, \$60 after deductible, \$113 after deductible	\$30 after deductible, \$75 after deductible, \$120 after deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$20 after deductible, \$50 after deductible, \$85 after deductible	\$30 after deductible, \$60 after deductible, \$90 after deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$40 after deductible, \$100 after deductible, \$170 after deductible	\$60 after deductible, \$120 after deductible, \$180 after deductible
Plan name	KP VA Bronze 7000 Ded/HSA/Vision	KP VA Bronze 7100 Ded/HSA/Vision
Self-only deductible	\$7,000	\$7,100
Family deductible	\$7,000 individual / \$14,000 family	\$7,100 individual / \$14,200 family
Self-only out-of-pocket maximum	\$7,000	\$7,100
Family out-of-pocket maximum	\$7,000 individual / \$14,000 family	\$7,100 individual / \$14,200 family

2026 Medical plan changes (continued)

VA POS plans

YEAR	2025	2026
Plan name	KP VA Gold Added Choice 0 Ded/Vision	KP VA Gold Added Choice 0 Ded/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$8,600	\$9,000
Family out-of-pocket maximum	\$8,600 individual / \$17,200 family	\$9,000 individual / \$18,000 family
Emergency services	\$300	\$500
Inpatient physician and surgical services	No charge	\$50 per admission
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$50	\$55
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/ osteopathic/manipulation therapy, pulmonary rehabilitation	\$50	\$55
Outpatient surgery facility fee	\$150	\$250
Outpatient surgery physician services	No charge	\$50
Prescription drugs		
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50, \$70
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100, \$140
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75, \$105
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$25, \$60, \$80
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$50, \$120, \$160

2026 Medical plan changes (continued)

YEAR	2025	2026
Out-of-network changes	The following changes apply	
Self-only out-of-pocket maximum	\$17,200	\$18,000
Family out-of-pocket maximum	\$17,200 individual / \$34,400 family	\$18,000 individual / \$36,000 family
Inpatient physician and surgical services	\$45 per admission after deductible	\$60 per admission after deductible
Outpatient surgery physician services	\$45 after deductible	\$60 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$40 after deductible	\$45 after deductible
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$55 after deductible	\$60 after deductible
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/ osteopathic/manipulation therapy, pulmonary rehabilitation	\$55 after deductible	\$60 after deductible
Prescription drugs		
Tier 1, Tier 2, Tier 3 (non-participating pharmacy) 30-day supply	\$30 after deductible, \$80 after deductible, \$110 after deductible	\$25 after deductible, \$60 after deductible, \$75 after deductible
Tier 1, Tier 2, Tier 3 (non-participating pharmacy) 90-day supply	\$60 after deductible, \$160 after deductible, \$220 after deductible	\$50 after deductible, \$120 after deductible, \$150 after deductible
Tier 1, Tier 2, Tier 3 (mail order)	\$40 after deductible, \$120 after deductible, \$165 after deductible	Not covered
Plan name	KP VA Gold Added Choice 1000 Ded/ Vision	KP VA Gold Added Choice 1000 Ded/100 RxDed/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$6,900	\$7,000
Family out-of-pocket maximum	\$6,900 individual / \$13,800 family	\$7,000 individual / \$14,000 family
Emergency services	\$350 after deductible	\$500 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$20	\$25

2026 Medical plan changes (continued)

YEAR	2025	2026
Prescription drugs		
Prescription drug deductible	None	\$100
Tier 1, Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$20, \$70, \$100	\$15, \$50 after Rx deductible, \$65 after deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$40, \$140, \$200	\$30, \$100 after Rx deductible, \$130 after Rx deductible
Tier 1, Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$30, \$105, \$150	\$23, \$75 after Rx deductible, \$98 after Rx deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 30-day supply	\$30, \$80, \$110	\$30, \$60 after Rx deductible, \$75 after deductible
Tier 1, Tier 2, Tier 3 (participating network pharmacy) 90-day supply	\$60, \$160, \$220	\$60, \$120 after Rx deductible, \$150 after deductible
Out-of-network changes	The following changes apply	
Self-only out-of-pocket maximum	\$13,800	\$14,000
Family out-of-pocket maximum	\$13,800 individual / \$27,600 family	\$14,000 individual / \$28,000 family
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, mental health office visits, eye exam by an optometrist	\$45 after deductible	\$50 after deductible
Specialty imaging, sleep laboratory, and interventional radiology	\$400 after deductible	\$450 after deductible
Prescription drugs		
Prescription drug deductible	None	\$100
Tier 1, Tier 2, Tier 3 (non-participating pharmacy) 30-day supply	\$30 after deductible, \$80 after deductible, \$110 after deductible	\$25 after deductible, \$60 after deductible, \$75 after deductible
Tier 1, Tier 2, Tier 3 (non-participating pharmacy) 90-day supply	\$60 after deductible, \$160 after deductible, \$220 after deductible	\$50 after deductible, \$120 after deductible, \$150 after deductible
Tier 1, Tier 2, Tier 3 (mail order)	\$45 after deductible, \$120 after deductible, \$165 after deductible	Not covered

2026 Medical plan changes (continued)

YEAR	2025	2026
Plan name	KP VA Silver Added Choice 2750 Ded/500 RxDed	KP VA Silver Added Choice 2750 Ded/500 RxDed
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$9,100	\$9,400
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$9,400 individual / \$18,800 family
Emergency services	\$450 after deductible	\$500
Inpatient hospital admission, skilled nursing facility services	\$500 per day not to exceed \$1,800 per admission after deductible	\$500 per day not to exceed \$2,500 per admission after deductible
Inpatient physician and surgical services	\$60 per day not to exceed \$210 per admission after deductible	\$60 per day not to exceed \$300 per admission after deductible
Out-of-network changes	The following changes apply	
Self-only out-of-pocket maximum	\$18,200	\$18,800
Family out-of-pocket maximum	\$18,200 individual / \$36,400 family	\$18,800 individual / \$37,600 family
Inpatient hospital admission, skilled nursing facility services	\$600 per day not to exceed \$1,800 per admission after deductible	\$600 per day not to exceed \$3,000 per admission after deductible
Inpatient physician and surgical services	\$70 per day not to exceed \$210 per admission after deductible	\$70 per day not to exceed \$350 per admission after deductible
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$70 after deductible	\$80 after deductible
Outpatient surgery physician services	\$70 after deductible	\$80 after deductible
Laboratory outpatient and professional services	\$70 after deductible	\$80 after deductible
X-rays and diagnostic imaging	\$70 after deductible	\$80 after deductible

2026 Medical plan changes (continued)

VA 3TPOS plans¹

YEAR	2025	2026
Plan name	KP VA Gold Flexible Choice 0 Ded/300 RxDed	KP VA Gold Flexible Choice 0 Ded/300 RxDed
Option 1	The following changes apply	
Self-only out-of-pocket maximum	\$4,450	\$4,900
Family out-of-pocket maximum	\$4,450 individual / \$8,900 family	\$4,900 individual / \$9,800 family
Emergency services	\$350	\$500
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$40	\$50
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/osteopathic/manipulation therapy, pulmonary rehabilitation	\$40	\$50
Laboratory outpatient and professional services	\$25	\$30
Prescription drugs		
Tier 2, (plan pharmacy and mail delivery) 30-day supply	\$60 after Rx deductible	\$50 after Rx deductible
Tier 2, (plan pharmacy) 90-day supply	\$120 after Rx deductible	\$100 after Rx deductible
Tier 2 (plan pharmacy mail delivery) 90-day supply	\$90 after Rx deductible	\$75 after Rx deductible
Option 2	The following changes apply	
Self-only out-of-pocket maximum	\$4,650	\$5,050
Family out-of-pocket maximum	\$4,650 individual / \$9,300 family	\$5,050 individual / \$10,100 family
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$55	\$60

2026 Medical plan changes (continued)

YEAR	2025	2026
Laboratory outpatient and professional services	\$45	\$40
X-rays and diagnostic imaging	\$60	\$50
Outpatient surgery physician services	\$55 after deductible	\$50 after deductible
Option 3	The following changes apply	
Self-only out-of-pocket maximum	\$9,100	\$10,150
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$10,150 individual / \$20,300 family
Plan name	KP VA Gold Flexible Choice 500 Ded/300 RxDed	KP VA Gold Flexible Choice 500 Ded/300 RxDed
Option 1	The following changes apply	
Self-only out-of-pocket maximum	\$4,450	\$5,000
Family out-of-pocket maximum	\$4,450 individual / \$8,900 family	\$5,000 individual / \$10,000 family
Emergency room	\$350 after deductible	\$500 after deductible
Prescription drugs		
Tier 2, (plan pharmacy and mail delivery) 30-day supply	\$60 after Rx deductible	\$50 after Rx deductible
Tier 2, (plan pharmacy) 90-day supply	\$120 after Rx deductible	\$100 after Rx deductible
Tier 2 (plan pharmacy mail delivery) 90-day supply	\$90 after Rx deductible	\$75 after Rx deductible
Option 2	The following changes apply	
Self-only out-of-pocket maximum	\$4,650	\$5,100
Family out-of-pocket maximum	\$4,650 individual / \$9,300 family	\$5,100 individual / \$10,200 family
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$55	\$50
Therapy; habilitative and rehabilitative services - outpatient, chiropractic/ osteopathic/manipulation therapy, pulmonary rehabilitation	\$60	\$50
Laboratory outpatient and professional services	\$45	\$35
X-rays and diagnostic imaging	\$60	\$50

2026 Medical plan changes (continued)

YEAR	2025	2026
Option 3	The following changes apply	
Self-only out-of-pocket maximum	\$9,100	\$10,150
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$10,150 individual / \$20,300 family
Plan name	KP VA Gold Flexible Choice 1000 Ded/300 RxDed	KP VA Gold Flexible Choice 1000 Ded/300 RxDed
Option 1	The following changes apply	
Self-only out-of-pocket maximum	\$4,450	\$5,000
Family out-of-pocket maximum	\$4,450 individual / \$8,900 family	\$5,000 individual / \$10,000 family
Emergency services	\$400 after deductible	\$500 after deductible
Option 2	The following changes apply	
Self-only out-of-pocket maximum	\$4,650	\$5,150
Family out-of-pocket maximum	\$4,650 individual / \$9,300 family	\$5,150 individual / \$10,300 family
Specialty care office visit, accidental dental injury services office visit, allergy services - evaluation and treatment, dialysis services - outpatient care, early intervention services, hearing aid exam visits, private duty nursing, radiation therapy, chemotherapy, routine foot care, transplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$65	\$60
Therapy; habilitative and rehabilitative services- outpatient, chiropractic/ osteopathic/manipulation therapy	\$70	\$60
Laboratory outpatient and professional services	\$55	\$45
X-rays and diagnostic imaging	\$70	\$60
Option 3	The following changes apply	
Self-only out-of-pocket maximum	\$9,100	\$10,150
Family out-of-pocket maximum	\$9,100 individual / \$18,200 family	\$10,150 individual / \$20,300 family

2026 Medical plan changes (continued)

YEAR	2025	2026
Plan name	KP VA Gold Flexible Choice 1650 Ded/HSA/Vision	KP VA Gold Flexible Choice 1750 Ded/HSA/Vision
Option 1	The following changes apply	
Self-only deductible	\$1,650	\$1,750
Family deductible	Individual N/A / \$3,300 family	Individual N/A / \$3,500 family
Self-only out-of-pocket maximum	\$3,400	\$3,850
Family out-of-pocket maximum	\$3,400 individual / \$6,800 family	\$3,850 individual / \$7,700 family
Emergency services	\$350 after deductible	\$400 after deductible
Laboratory outpatient and professional services	No charge after deductible	\$5 after deductible
Prescription drugs		
Tier 2, Tier 3 (plan pharmacy and mail delivery) 30-day supply	\$30 after deductible, \$50 after deductible	\$35 after deductible, \$55 after deductible
Tier 2, Tier 3 (plan pharmacy) 90-day supply	\$60 after deductible, \$100 after deductible	\$70 after deductible, \$110 after deductible
Tier 2, Tier 3 (plan pharmacy mail delivery) 90-day supply	\$45 after deductible, \$75 after deductible	\$53 after deductible, \$83 after deductible
Option 2	The following changes apply	
Self-only deductible	\$3,300	\$3,500
Family deductible	\$3,300 individual / \$6,600 family	\$3,500 individual / \$7,000 family
Self-only out-of-pocket maximum	\$4,650	\$4,550
Family out-of-pocket maximum	\$4,650 individual / \$9,300 family	\$4,550 individual / \$9,100 family
Option 3	The following changes apply	
Self-only out-of-pocket maximum	\$8,050	\$8,400
Family out-of-pocket maximum	\$8,050 individual / \$16,100 family	\$8,400 individual / \$16,800 family

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille and accessible electronic formats
- Provides no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆኑ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Bàsòwò Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tson ni sonj, niñ ma kénjèn yé, mbi èyem. Wò nàñ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)-এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-777-7902** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-800-777-7902** (TTY: **711**) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou ed ak sèvis konplemantè adapte gratis. Rele **1-800-777-7902** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएं मुफ्त उपलब्ध हैं। **1-800-777-7902** पर कॉल करें (TTY: **711**).

Igbo (Igbo) TINYE UCHE: O buru na i na-asu Igbo, Oru enyemaka nke asusu gunyere udi enyemaka na oru kwesiri ekwesị, n'efu, di nye gi. Kpọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902** (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-777-7902** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902** 로 전화해 주세요 (TTY: **711**).

Naabeehó (Navajo) Díí BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'l bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiiik'eh, éí ná hóló, koji' hódíílnih **1-800-777-7902** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-777-7902** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

أردو (Urdu) توجه: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-800-777-7902** (TTY: **711**)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá n sọ èdè Yorùbá, àwọn isẹ̀ ìrànlọ́wọ̀ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ̀ tó yẹ àti àwọn isẹ̀ láísí idiyelé wà fún ọ. Pe **1-800-777-7902** (TTY: **711**).

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