

Benefit Summary

2027 Benefit Plan 10230

**Principal Benefits for
Kaiser Permanente PPO Plan**The **Accumulation Period** for this plan is **Calendar Year**.

	Member Pays	
	Participating Provider Tier	Non-Participating Provider Tier
Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Provider Office Visits		
Physician Office Visits	\$20	40%
Specialty Care	\$20	40%
Telehealth Visits	\$20	40%
Preventive Screenings	No Charge	40%
Adult Routine Physical Exam (limit 1 every 12 months)	No Charge	40%
Well-child Preventive Care Visits	No Charge	40%
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible
Outpatient Services		
Outpatient Surgery (per procedure)	\$100, then 20% after deductible	\$150, then 40% after deductible
X-rays and Lab Tests	20% after deductible	40% after deductible
CT/PET scans and MRIs	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Services (Copayment waived if admitted directly to hospital)	\$100, then 20% after deductible	
Emergency Ambulance Service	40% after deductible	40% after deductible
Hospital Inpatient Care (per admission) (Room and board, surgery, birth services, anesthesia, X-rays, laboratory tests, and drugs)	\$250, then 20% after deductible	\$500, then 40% after deductible
Mental Health Services		
Inpatient Hospitalization (per admission)	\$250, then 20% after deductible	\$500, then 40% after deductible
Individual Outpatient Visits	\$20	40%
Group Outpatient Visits	\$10	40%
Substance Use Disorder Treatment		
Inpatient Hospitalization (per admission)	\$250, then 20% after deductible	\$500, then 40% after deductible
Individual Outpatient Visits	\$20	40%
Group Outpatient Visits	\$10	40%
Additional Benefits		
Durable Medical Equipment (limits apply, see COI)	30% after deductible	50% after deductible
Prosthetic and Orthotics (limits apply, see COI)	20% after deductible	40% after deductible
Skilled Nursing Facility Care (per admission) (60-day limit per benefit period)	\$250, then 20% after deductible	\$500, then 40% after deductible
Home Health Care (100-visit limit per accumulation period)	20%	20%
Hospice Care	20% after deductible	40% after deductible
Fertility Services (limits apply, see COI) (Cost shares equal to services to treat any other condition)	Same as medical benefit	Same as medical benefit

Prescription Drug Coverage (30-day supply)	MedImpact Pharmacies	Non-Participating Pharmacies
Generic drugs	\$15	Not covered
Brand drugs	\$40	Not covered
Contraceptive drugs	No charge	Not covered
Specialty tier	30% up to \$250	Not covered
Mail-order Prescriptions (Maximum 100-day supply)	MedImpact Pharmacies	Non-Participating Pharmacies
Generic Drugs	\$30	Not covered
Brand Preferred Drugs	\$80	

Notes:

These benefits are subject to regulatory approval. The table above describes a summary of the benefits of the plan. For a complete understanding of benefits, cost shares, exclusions, and limitations, please read the Kaiser Permanente Insurance Company Certificate of Insurance (COI).

Deductibles contribute towards satisfying the Out-of-Pocket Maximum. This plan carries an embedded Deductible and Out-of-Pocket Maximum. Benefits become payable for each family member after their individual annual Deductible is met, or when the family Deductible is satisfied. A family member can meet the individual annual Out-of-Pocket Maximum before the family Out-of-Pocket Maximum is satisfied.

Covered Charges incurred toward satisfaction of the Deductible or Out-of-Pocket Maximum at the Participating Provider Tier will accumulate toward satisfaction of the Deductible or Out-of-Pocket Maximum at the Participating Provider Tier. Likewise, Covered Charges incurred toward satisfaction of the Deductible or Out-of-Pocket Maximum at the Non-Participating Provider Tier will accumulate toward satisfaction of the Deductible or Out-of-Pocket Maximum on the Non-Participating Provider Tier. The Deductible, Copayments, and Coinsurance paid for most covered services contribute towards the satisfaction of the Out-of-Pocket Maximum.

MedImpact Pharmacy Copayments and Coinsurance are not subject to, nor do they contribute toward satisfaction of the Deductible. However, they do contribute toward the satisfaction of the Out-of-Pocket Maximum.

Precertification is required before having certain services. For a complete understanding of precertification requirements, please refer to your Schedule of Coverage and Certificate of Insurance.

PPO Benefits are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP)