

2026 Cost Share Changes and Plan Mapping

Compare the benefits between your 2025 plan and the most similar 2026 plan

	2025 Plan	2026 Plan
Core Network	Bronze HSA	KP Bronze Core HSA 6000
Deductible	\$6,000 Individual/\$12,000 Family	\$6,000 Individual/\$12,000 Family
Member coinsurance	40%	40%
Out-of-pocket maximum	\$7,000 Individual/\$14,000 Family	\$7,500 Individual/\$15,000 Family
Office visit	40% after deductible	40% after deductible
Urgent care	40% after deductible	40% after deductible
Retail prescription drugs ¹	45%/50%/50%/50% all after deductible	45%/50%/50%/50% all after deductible
Lab and basic X-ray	40% after deductible	40% after deductible
Core Network	Silver HSA	KP Silver Core HSA 3500
Deductible	\$3,500 Individual/\$7,000 Family	\$3,500 Individual/\$7,000 Family
Member coinsurance	20%	20%
Out-of-pocket maximum	\$7,000 Individual/\$14,000 Family	\$8,000 Individual/\$16,000 Family
Office visit	20% after deductible	20% after deductible
Urgent care	20% after deductible	20% after deductible
Retail prescription drugs ¹	20%/40%/50%/50% all after deductible	20%/40%/50%/50% all after deductible
Lab and basic X-ray	20% after deductible	20% after deductible
Core Network	KP Silver Core HSA 4500	KP Silver Core HSA 4500
Deductible		\$4,500 Individual/\$9,000 Family
Member coinsurance		25%
Out-of-pocket maximum		\$8,000 Individual/\$16,000 Family
Office visit		25% after deductible
Urgent care		25% after deductible
Retail prescription drugs ¹		25%/40%/50%/50% all after deductible
Lab and basic X-ray		25% after deductible
Core Network	KP Silver Core 5000	KP Silver Core 5000
Deductible		\$5,000 Individual/ \$10,000 Family
Member coinsurance		30%
Out-of-pocket maximum		\$10,000 Individual/\$20,000 Family
Office visit		Primary: \$40 Specialty: \$75
Urgent care		\$75
Retail prescription drugs ¹		\$35/\$75 no deductible All 50% after deductible all after deductible
Lab and basic X-ray		\$65

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Core Network	Silver	KP Silver Core 1800
Deductible	\$1,800 Individual/\$3,600 Family	\$1,800 Individual/\$3,600 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,250 Individual/\$16,500 Family
Office visit	Primary: \$30 after deductible Specialty: \$60 after deductible	Primary: \$30 after deductible Specialty: \$60 after deductible
Urgent care	\$60 after deductible	\$60 after deductible
Retail prescription drugs ¹	\$30/\$60/50% ² /50% ²	\$30/\$60/50% ² /50% ²
Lab and basic X-ray	30% after deductible	30% after deductible
Core Network	Core VisitsPlus Silver LX	KP Silver Core 2500 LX
Deductible	\$2,500 Individual/\$5,000 Family	\$2,500 Individual/\$5,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,500 Individual/\$17,000 Family
Office visit	Primary: \$30/Specialty: \$65	Primary: \$30/Specialty: \$75
Urgent care	\$65	\$75
Retail prescription drugs ¹	\$30/\$65/50% ² /50% ²	\$30/\$75/50% ² /50% ²
Lab and basic X-ray	\$55	\$55
Core Network	Core VisitsPlus Silver LX - EO	KP Silver Core 2500 LX - EO
Deductible	\$2,500 Individual/\$5,000 Family	\$2,500 Individual/\$5,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,500 Individual/\$17,000 Family
Office visit	Primary: \$30/Specialty: \$65	Primary: \$30/Specialty: \$75
Urgent care	\$65	\$75
Retail prescription drugs ¹	\$30/\$65/50% ² /50% ²	\$30/\$75/50% ² /50% ²
Lab and basic X-ray	\$55	\$55
Core Network		KP Gold Core 2000 LX
Deductible		\$2,000 Individual/\$4,000 Family
Member coinsurance		30%
Out-of-pocket maximum		\$7500 Individual/ \$15,000 Family
Office visit		\$25 Primary/ \$45 Specialty
Urgent care		\$45
Retail prescription drugs ¹		\$20/\$45/40% ² /40% ² all after deductible
Lab and basic X-ray		\$25

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	Current 2025 Plan	2026 Plan
Core Network	Core VisitsPlus Gold HD LX	KP Gold Core 1500 LX
Deductible	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$6,500 individual/\$13,000 family	\$6,500 individual/\$13,000 family
Office visit	Primary: \$25/Specialty: \$60	Primary: \$25/Specialty: \$60
Urgent care	\$60	\$60
Retail prescription drugs ¹	\$20/\$45/40% ² /40% ²	\$20/\$45/40% ² /40% ²
Lab and basic X-ray	\$20	\$20
Core Network	Core VisitsPlus Gold LX	KP Gold Core 600 LX
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,500 individual/\$15,000 family	\$7,500 individual/\$15,000 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$20/Specialty: \$45
Urgent care	\$35	\$45
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$20/\$45/40% ² /40% ²
Lab and basic X-ray	\$25	\$25
Core Network	Core VisitsPlus Gold LX - EO	KP Gold Core 600 LX - EO
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,500 individual/\$15,000 family	\$7,500 individual/\$15,000 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$20/Specialty: \$45
Urgent care	\$35	\$45
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$20/\$45/40% ² /40% ²
Lab and basic X-ray	\$25	\$25
Core Network	Core VisitsPlus Platinum LX	KP Platinum Core 250 LX
Deductible	\$250 individual/\$500 family	\$250 individual/\$500 family
Member coinsurance	10%	10%
Out-of-pocket maximum	\$2,500 individual/\$5,000 family	\$2,500 individual/\$5,000 family
Office visit	Primary: \$5/Specialty: \$20	Primary: \$5/Specialty: \$20
Urgent care	\$20	\$20
Retail prescription drugs ¹	\$5/\$20/40% ² /40% ²	\$5/\$30/40% ² /40% ²
Lab and basic X-ray	\$10	\$10

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	Current 2025 Plan	2026 Plan
Options Network	Kaiser Permanente Plus™ Silver	Kaiser Permanente Plus™ Silver 2500
Deductible	In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None	In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None
Member coinsurance	In-network: 30% Out-of-network: 40%	In-network: 30% Out-of-network: 40%
Out-of-pocket maximum	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: None	In-network: \$8,500 Individual/\$17,000 Family Out-of-network: None
Office visit	In-network: \$30 primary/\$65 specialty Out-of-network ¹ : \$50 primary/\$85 specialty	In-network: \$30 primary/\$75 specialty Out-of-network ¹ : \$50 primary/\$95 specialty
Urgent care	In-network: \$65 Out-of-network: 30% after in-network deductible	In-network: \$75 Out-of-network: 30% after in-network deductible
Retail prescription drugs ²	In-network: \$30/\$65/50% ³ /50% ³ Out-of-network ¹ : \$50/\$85/50%/not covered	In-network: \$30/\$75/50% ³ /50% ³ Out-of-network ¹ : \$50/\$95/50%/not covered
Lab and basic X-ray	In-network: \$55 Out-of-network ¹ : \$75	In-network: \$55 Out-of-network ¹ : \$75
Options Network	Kaiser Permanente Plus™ Gold	Kaiser Permanente Plus™ Gold 600 LX
Deductible	In-network: \$600 Individual/\$1,200 Family Out-of-network: None	In-network: \$600 Individual/\$1,200 Family Out-of-network: None
Member coinsurance	In-network: 25% Out-of-network: 35%	In-network: 25% Out-of-network: 35%
Out-of-pocket maximum	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: None	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: None
Office visit	In-network: \$15 primary/\$35 specialty Out-of-network ¹ : \$35 primary/\$55 specialty	In-network: \$20 primary/\$45 specialty Out-of-network ¹ : \$40 primary/\$65 specialty
Urgent care	In-network: \$35 Out-of-network: 25% after in-network deductible	In-network: \$45 Out-of-network: 25% after in-network deductible
Retail prescription drugs ²	In-network: \$15/\$45/40% ³ /40% ³ Out-of-network ¹ : \$35/\$65/50%/not covered	In-network: \$20/\$45/40% ³ /40% ³ Out-of-network ¹ : \$40/\$65/50%/not covered
Lab and basic X-ray	In-network: \$25 Out-of-network ¹ : \$45	In-network: \$25 Out-of-network ¹ : \$45

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	Current 2025 Plan	2026 Plan
Options Network	Kaiser Permanente Plus™ Platinum	Kaiser Permanente Plus™ Platinum 250
Deductible	In-network: \$250 Individual/\$500 Family Out-of-network: None	In-network: \$250 Individual/\$500 Family Out-of-network: None
Member coinsurance	In-network: 10% Out-of-network: 20%	In-network: 10% Out-of-network: 20%
Out-of-pocket maximum	In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None	In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None
Office visit	In-network ¹ : \$5 primary/\$20 specialty Out-of-network: \$25 primary/\$40 specialty	In-network ¹ : \$5 primary/\$20 specialty Out-of-network: \$25 primary/\$40 specialty
Urgent care	In-network: \$20 Out-of-network: 10% after in-network deductible	In-network: \$20 Out-of-network: 10% after in-network deductible
Retail prescription drugs ²	In-network: \$5/\$20/40% ³ /40% ³ Out-of-network ¹ : \$25/\$40/50%/not covered	In-network: \$5/\$20/40% ³ /40% ³ Out-of-network ¹ : \$25/\$40/50%/not covered
Lab and basic X-ray	In-network: \$10 Out-of-network ¹ : \$30	In-network: \$10 Out-of-network ¹ : \$30

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	Current 2025 Plan	2026 Plan
Access PPO Network	Access PPO Bronze HSA	KP Bronze Access PPO HSA 6000
Deductible	In-network: \$6,000 Individual/\$12,000 Family Out-of-network: \$12,000 Individual/\$24,000 Family	In-network: \$6,000 Individual/\$12,000 Family Out-of-network: \$12,000 Individual/\$24,000 Family
Member coinsurance	In-network: 40% Out-of-network: 50%	In-network: 40% Out-of-network: 50%
Out-of-pocket maximum	In-network: 7,000 Individual/\$14,000 Family Out-of-network: No limit	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit
Office visit	In-network: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
Urgent care	In-network: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: 30%/30%/40%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered	In-network – Enhanced: 30%/30%/40%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray	In-network: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
		KP Bronze Access PPO 8000 LX
Deductible		In-network: \$8,000 individual/\$16,000 family Out-of-network: \$16,000 individual/\$32,000 family
Member coinsurance		In-network: 40% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$10,150 Individual/\$20,300 Family Out-of-network: No limit
Office visit		In-network: \$50 primary/\$100 specialty Out-of-network: 50% after deductible
Urgent care		In-network: \$100 Out-of-network: Not Covered
Retail prescription drugs ¹		In-network – Enhanced: \$35/30% ² /40% ² /50% ² In-network – Standard: \$55/50% ² /50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray		In-network: 40% after deductible Out-of-network: 50% after deductible
Access PPO Network	Access PPO Silver HSA	KP Silver Access PPO HSA 4000
Deductible	In-network: \$3,300 Individual/\$6,600 Family Out-of-network: \$7,000 Individual/\$14,000 Family	In-network: \$4,000 Individual/\$8,000 Family Out-of-network: \$8,000 Individual/\$16,000 Family
Member coinsurance	In-network: 35% Out-of-network: 50%	In-network: 35% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$7,000 Individual/\$14,000 Family Out-of-network: No limit	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit
Office visit	In-network: 35% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible
Urgent care	In-network: 35% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: 10%/20%/40%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered	In-network – Enhanced: 10%/20%/40%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray	In-network: 35% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible

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	Current 2025 Plan	2026 Plan
Access PPO Network	Access PPO VisitsPlus Silver HD	KP Silver Access PPO 5000
Deductible	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family	In-network: \$5,000 individual/\$10,000 family Out-of-network: \$10,000 individual/\$20,000 family
Member coinsurance	In-network: 40%/Out-of-network: 50%	In-network: 35%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit	In-network: \$8,750 Individual/\$17,500 Family Out-of-network: No limit
Office visit	In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network - Enhanced: \$25/\$60/45% ² /50% ² In-network - Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered	In-network - Enhanced: \$25/\$60/45% ² /50% ² In-network - Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: 40% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LD LX	KP Silver Access PPO 2500 LX
Deductible	In-network: \$2,500 individual/\$5,000 family Out-of-network: \$5,000 individual/\$10,000 family	In-network: \$2,500 individual/\$5,000 family Out-of-network: \$5,000 individual/\$10,000 family
Member coinsurance	In-network: 35%/Out-of-network: 50%	In-network: 35%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit	In-network: \$8,400 Individual/\$16,800 Family Out-of-network: No limit
Office visit	In-network: \$35 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network - Enhanced: \$20/\$60/40% ² /50% ² In-network - Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered	In-network - Enhanced: \$20/\$60/40% ² /50% ² In-network - Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$55 Out-of-network: 50% after deductible	In-network: \$55 Out-of-network: 50% after deductible

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Access PPO Network	Access PPO VisitsPlus Silver LX	KP Silver Access PPO 3500 LX
Deductible	In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family	In-network: \$3,500 individual/\$7,000 family Out-of-network: \$7,000 individual/\$14,000 family
Member coinsurance	In-network: 35%/ Out-of-network: 50%	In-network: 35%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit
Office visit	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered	In-network – Enhanced: \$25/\$55/40% ² /50% ² In-network – Standard: \$35/\$65/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LX-EO	KP Silver Access PPO 3500 LX - EO
Deductible	In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family	In-network: \$3,500 individual/\$7,000 family Out-of-network: \$7,000 individual/\$14,000 family
Member coinsurance	In-network: 35%/ Out-of-network: 50%	In-network: 35%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit
Office visit	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered	In-network – Enhanced: \$25/\$55/40% ² /50% ² In-network – Standard: \$35/\$65/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible

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Access PPO Network	Access PPO VisitsPlus Gold LX	KP Gold Access PPO 600 LX
Deductible	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family
Member coinsurance	In-network: 20%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$5,500 individual/\$11,000 family Out-of-network: No limit	In-network: \$6,500 individual/\$13,000 family Out-of-network: No limit
Office visit	In-network: \$25 primary/\$50 specialty Out-of-network: 50% after deductible	In-network: \$25 primary/\$50 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$15/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered	In-network – Enhanced: \$10/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$40 Out-of-network: 50% after deductible	In-network: \$40 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Gold HD LX	KP Gold Access PPO 1500 LX
Deductible	In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family	In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family
Member coinsurance	In-network: 20%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,500 Individual/\$13,000 Family Out-of-network: No limit	In-network: \$6,500 Individual/\$13,000 Family Out-of-network: No limit
Office visit	In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible	In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$15/\$25/30% ² /40% ² In-network – Standard: \$20/50/40% ² /40% ² Out-of-network: Not covered	In-network – Enhanced: \$10/\$25/30% ² /40% ² In-network – Standard: \$20/50/40% ² /40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$30 Out-of-network: 50% after deductible	In-network: \$30 Out-of-network: 50% after deductible
Access PPO Network	KP Gold Access PPO 2000 LX	KP Gold Access PPO 2000 LX
Deductible		In-network: \$2,000 individual/\$4,000 family Out-of-network: \$4,000 individual/\$8,000 family
Member coinsurance		In-network: 25% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$7,000 Individual/\$14,000 Family Out-of-network: No limit
Office visit		In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible
Urgent care		In-network: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹		In-network - Enhanced: \$10/\$25/30% ² /40% ² In-network - Standard: \$20/\$50/40% ² /40% ² Out-of-network: Not covered
Lab and basic X-ray		In-network: \$30 Out-of-network: 50% after deductible

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² Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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2026 Cost Share Changes and Plan Mapping

Compare the benefits between your 2025 plan and the most similar 2026 plan

	Current 2025 Plan	2026 Plan
Access PPO Network	Access PPO VisitsPlus Platinum HD LX	KP Platinum Access PPO 500 LX
Deductible	In-network: \$500 individual/\$1,000 family Out-of-network: \$1,000 individual/\$2,000 family	In-network: \$500 individual/\$1,000 family Out-of-network: \$1,000 individual/\$2,000 family
Member coinsurance	In-network: 20%/ Out-of-network: 50%	In-network: 20%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$3,000 Individual/\$6,000 Family Out-of-network: No limit	In-network: \$3,500 Individual/\$7,000 Family Out-of-network: No limit
Office visit	In-network: \$10 primary/\$25 specialty Out-of-network: 50% after deductible	In-network: \$10 primary/\$25 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$25 Out-of-network: 50% after deductible	In-network: \$25 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$30/40%/40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$20 Out-of-network: 50% after deductible	In-network: \$20 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Platinum LX	KP Platinum Access PPO 250 LX
Deductible	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family
Member coinsurance	In-network: 10%/ Out-of-network: 50%	In-network: 10%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit	In-network: \$2,750 individual/\$5,500 family Out-of-network: No limit
Office visit	In-network: \$20 primary/\$35 specialty Out-of-network: 50% after deductible	In-network: \$20 primary/\$35 specialty Out-of-network: 50% after deductible
Urgent care	In-network: \$35 Out-of-network: 50% after deductible	In-network: \$35 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$30/40%/40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: \$20 Out-of-network: 50% after deductible	In-network: \$20 Out-of-network: 50% after deductible

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2026 Cost Share Changes and Plan Mapping

Compare the benefits between your 2025 plan and the most similar 2026 plan

	Current 2025 Plan	2026 Plan
Summit PPO Network	Summit PPO Bronze HSA	KP Bronze Summit PPO HSA 6500
Deductible	In-network: \$6,500 Individual/\$13,000 Family Out-of-network: \$13,000 Individual/\$26,000 Family	In-network: \$6,500 Individual/\$13,000 Family Out-of-network: \$13,000 Individual/\$26,000 Family
Member coinsurance	In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%	In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$7,250 Individual/\$14,500 Family Out-of-network: No limit	In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit
Office visit	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Urgent care	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network Tier 1: 20%/20%/40%/50% all after deductible In-network Tier 2: 50%/50%/50%/50% all after deductible Out-of-network: Not covered	In-network Tier 1: 20%/20%/40%/50% all after deductible In-network Tier 2: 50%/50%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible	In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Summit PPO Network	Summit PPO VisitsPlus Silver LX	KP Silver Summit PPO 3500 LX
Deductible	In-network: \$3,500 Individual/\$7,000 Family Out-of-network: \$7,000 Individual/\$14,000 Family	In-network: \$3,500 Individual/\$7,000 Family Out-of-network: \$7,000 Individual/\$14,000 Family
Member coinsurance	In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%	In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit	In-network: \$8,500 Individual/\$17,000 Family Out-of-network: No limit
Office visit	In-network Tier 1: \$25 Primary/\$45 Specialty In-network Tier 2: \$45 Primary/\$65 Specialty Out-of-network: 50% after deductible	In-network Tier 1: \$25 Primary/\$45 Specialty In-network Tier 2: \$45 Primary/\$65 Specialty Out-of-network: 50% after deductible
Urgent care	In-network Tier 1: \$45 In-network Tier 2: \$65 Out-of-network: 50% after deductible	In-network Tier 1: \$45 In-network Tier 2: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network Tier 1: \$20/\$50/30% ² /50% ² In-network Tier 2: \$40/\$70/50% ² /50% ² Out-of-network: Not covered	In-network Tier 1: \$25/\$55/30% ² /50% ² In-network Tier 2: \$45/\$75/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible	In-network Tier 1: \$40 In-network Tier 2: \$60 Out-of-network: 50% after deductible

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2026 Cost Share Changes and Plan Mapping

Compare the benefits between your 2025 plan and the most similar 2026 plan

	Current 2025 Plan	2026 Plan
Summit PPO Network	Summit PPO VisitsPlus Gold LX	KP Gold Summit PPO 1500 LX
Deductible	In-network: \$1,500 Individual/\$3,000 Family Out-of-network: \$3,000 Individual/\$6,000 Family	In-network: \$1,500 Individual/\$3,000 Family Out-of-network: \$3,000 Individual/\$6,000 Family
Member coinsurance	In-network Tier 1: 10% In-network Tier 2: 30% Out-of-network: 50%	In-network Tier 1: 10% In-network Tier 2: 30% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,000 Individual/\$12,000 Family Out-of-network: No limit	In-network: \$7,000 Individual/\$14,000 Family Out-of-network: No limit
Office visit	In-network Tier 1: \$10 Primary/\$30 Specialty In-network Tier 2: \$30 Primary/\$50 Specialty Out-of-network: 50% after deductible	In-network Tier 1: \$10 Primary/\$30 Specialty In-network Tier 2: \$30 Primary/\$50 Specialty Out-of-network: 50% after deductible
Urgent care	In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible	In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network Tier 1: \$10/\$30/25% ² /45% ² In-network Tier 2: \$20/\$50/45% ² /45% ² Out-of-network: Not covered	In-network Tier 1: \$10/\$30/25% ² /45% ² In-network Tier 2: \$20/\$50/45% ² /45% ² Out-of-network: Not covered
Lab and basic X-ray	In-network Tier 1: \$20 In-network Tier 2: \$40 Out-of-network: 50% after deductible	In-network Tier 1: \$20 In-network Tier 2: \$40 Out-of-network: 50% after deductible
Summit PPO Network	Summit PPO VisitsPlus Platinum LX	KP Platinum Summit PPO 300 LX
Deductible	In-network: \$300 Individual/\$600 Family Out-of-network: \$600 Individual/\$1,200 Family	In-network: \$300 Individual/\$600 Family Out-of-network: \$600 Individual/\$1,200 Family
Member coinsurance	In-network Tier 1: 5% In-network Tier 2: 25% Out-of-network: 50%	In-network Tier 1: 5% In-network Tier 2: 25% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$2,450 Individual/\$4,900 Family Out-of-network: No limit	In-network: \$2,750 Individual/\$5,500 Family Out-of-network: No limit
Office visit	In-network Tier 1: \$5 Primary/\$25 Specialty In-network Tier 2: \$25 Primary/\$40 Specialty Out-of-network: 50% after deductible	In-network Tier 1: \$5 Primary/\$25 Specialty In-network Tier 2: \$25 Primary/\$40 Specialty Out-of-network: 50% after deductible
Urgent care	In-network Tier 1: \$25 In-network Tier 2: \$40 Out-of-network: 50% after deductible	In-network Tier 1: \$25 In-network Tier 2: \$40 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network Tier 1: \$5/\$10/30% ² /30% ² In-network Tier 2: \$25/\$30/50% ² /30% ² Out-of-network: Not covered	In-network Tier 1: \$5/\$10/30% ² /30% ² In-network Tier 2: \$25/\$30/50% ² /30% ² Out-of-network: Not covered
Lab and basic X-ray	In-network Tier 1: \$5 In-network Tier 2: \$25 Out-of-network: 50% after deductible	In-network Tier 1: \$5 In-network Tier 2: \$25 Out-of-network: 50% after deductible

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