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

Deductible S6,000 Individual/S12,000 Family S6,000 Individual/S12,000 Family A0%		2025 Plan	2026 Plan
Member coinsurance 40% 40% 57,000 Individual/S14,000 Family 57,500 Individual/S15,000 Family 58,000	Core Network	Bronze HSA	KP Bronze Core HSA 6000
Dut-of-pocket maximum 57,000 Individual/\$14,000 Family 40% after deductible 53,500 Individual/\$7,000 Family 53,500 Individual/\$7,000 Family 57,000 Individual/\$14,000 Family 57,000 Individual/\$14,000 Family 57,000 Individual/\$16,000 Family 58,000 Individual/\$16,000 Family 58,000 Individual/\$16,000 Family 58,000 Individual/\$16,000 Family 57,000 Indi	Deductible	\$6,000 Individual/\$12,000 Family	\$6,000 Individual/\$12,000 Family
Office visit 40% after deductible 53,500 Individual/57,000 Family 53,500 Individual/57,000 Family 53,500 Individual/57,000 Family 53,500 Individual/516,000 Family 54,000 Individual/516,000 Family 55,000 Individual/516,000 Family 56,000 Individual/516,000 Family 57,000 Individual/516,000 Family 57,000 Individual/516,000 Family 57,000 Individual/516,000 Family 58,000 Individual/516,000 Family 59,000 Individual/516,000 Family 50,000 Individual/516,000 Family 51,000 Family 51,000 Family 51,000 Family 51,000 Family 51,000 Family	Member coinsurance	40%	40%
Description care	Out-of-pocket maximum	\$7,000 Individual/\$14,000 Family	\$7,500 Individual/\$15,000 Family
Retail prescription drugs¹ 45%/50%/50%/50% all after deductible 45%/50%/50%/50% all after deductible 40% after deductible 53,500 Individual/\$7,000 Family 53,500 Individual/\$7,000 Family 53,500 Individual/\$7,000 Family 53,500 Individual/\$16,000 Family 54,000 Individual/\$16,000 Family 55,000 Individual/\$16,000 Family 56,000 Individual/\$16,000 Fa	Office visit	40% after deductible	40% after deductible
Lab and basic X-ray A0% after deductible \$3,500 Individual/\$7,000 Family Member coinsurance 20% 20% 20% 20% 20% 20% 20% 20	Urgent care	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 \$3,500 Individual/\$7,000 Family \$3,500 Individual/\$16,000 Family \$4,000 Individual/\$16,000 Family \$5,000 Individual/\$16,000 Family \$5,000 Individual/\$16,000 Family \$5,000 Individual/\$16,000 Family 20% after deductible Core Network KP Silver Core HSA 4500 EXP Silver Core 5000 EXP Silver	Retail prescription drugs ¹	45%/50%/50%/50% all after deductible	45%/50%/50%/50% all after deductible
Deductible \$3,500 Individual/\$7,000 Family \$3,500 Individual/\$7,000 Family 20% Dut-of-pocket maximum \$7,000 Individual/\$14,000 Family \$8,000 Individual/\$16,000 Family 20% after deductible 25% 25% 2000 Family 25% 25% 2000 Family 25% after deductible 25% after d	Lab and basic X-ray	40% after deductible	40% after deductible
Member coinsurance 20% 20% 20% Out-of-pocket maximum \$7,000 Individual/\$14,000 Family \$8,000 Individual/\$16,000 Family 20% after deductible 20% af	Core Network	Silver HSA	KP Silver Core HSA 3500
Out-of-pocket maximum \$7,000 Individual/\$14,000 Family \$8,000 Individual/\$16,000 Family 20% after deductible Core Network KP Silver Core HSA 4500 KP Silver Core HSA 4500 Deductible \$8,000 Individual/\$9,000 Family Experiments 25% after deductible Urgent care Retail prescription drugs¹ 25% after deductible 25% after deductible 25% after deductible Core Network KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 Core Network KP Silver Core 5000 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ \$35575 no deductible All 50% after deductible all after deductible all after deductible All 50% after deductible All 50% after deductible all after deductible All 50% after deductible All 50% after deductible all after deductible All 50% after deductible All 50% after deductible all after deductible All 50% after deductible	Deductible	\$3,500 Individual/\$7,000 Family	\$3,500 Individual/\$7,000 Family
Office visit 20% after deductible 25% afte	Member coinsurance	20%	20%
Urgent care 20% after deductible 20%/40%/50%/50% all after deductible 20%/40%/50%/50% all after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible Core Network KP Silver Core HSA 4500 Eductible Core Network KP Silver Core HSA 4500 Eductible Core Network KP Silver Core HSA 4500 Eductible Core Network Eductible Core Network Core Network Core Network Core Network Core Network KP Silver Core Souo Eductible Core Network KP Silver Core Souo Core Network KP Silver Core Souo Eductible Core Network Core Souo Core Network Core Souo Individual/\$10,000 Family Core Network Core Network Core Network Core Souo Individual/\$20,000 Family Core Network Core Network Core Network Core Souo Individual/\$20,000 Family Core Sout-of-pocket maximum Sout-of-pocket maximum Core Sout-of-pocket maximum Core Sout-of-pocket maximum Sout-of-pocket maximum Core Sout-of-pocket maximum Core Sout-of-pocket maximum Core Sout-of-pocket maximum Sout-of-pocket ma	Out-of-pocket maximum	\$7,000 Individual/\$14,000 Family	\$8,000 Individual/\$16,000 Family
Retail prescription drugs¹ 20%/40%/50%/50% all after deductible 20% after deductible 20% after deductible Core Network Core Network Deductible Member coinsurance Out-of-pocket maximum Office visit Lab and basic X-ray Core Network Retail prescription drugs¹ Lab and basic X-ray Core Network Retail prescription drugs¹ Deductible Retail prescription drugs¹ Defuctible Retail prescription drugs¹ Defuctible Retail prescription drugs¹ Defuctible Retail prescription drugs¹ Retail prescription drugs¹ Defuctible Retail prescription drugs¹ Says after deductible All 50% after deductible all after deductible all after deductible	Office visit	20% after deductible	20% after deductible
Lab and basic X-ray 20% after deductible Core Network KP Silver Core HSA 4500 KP Silver Core HSA 4500 KP Silver Core HSA 4500 S4,500 Individual/\$9,000 Family Member coinsurance 25% Out-of-pocket maximum Office visit Urgent care Retail prescription drugs¹ Lab and basic X-ray Core Network KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 Core Network KP Silver Core 5000 S5,000 Individual/\$10,000 Family Member coinsurance Out-of-pocket maximum \$10,000 Individual/\$20,000 Family Primary: \$40 Specialty: \$75 Urgent care \$35/\$75 no deductible All 50% after deductible all after deductible All 50% after deductible all after deductible all after deductible	Urgent care	20% after deductible	20% after deductible
Core Network Deductible Retail prescription drugs¹ Core Network KP Silver Core HSA 4500 KP Silver Core HSA 4500 S4,500 Individual/\$9,000 Family S8,000 Individual/\$16,000 Family 25% after deductible Retail prescription drugs¹ Core Network KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 Core Network KP Silver Core 5000 Specialty: \$75 S35/\$75 no deductible Retail prescription drugs¹ All 50% after deductible S30% after deductible S10,000 Individual/\$20,000 Family	Retail prescription drugs ¹	20%/40%/50%/50% all after deductible	20%/40%/50%/50% all after deductible
Member coinsurance 25% Out-of-pocket maximum Office visit Core Network Member coinsurance XP Silver Core 5000 KP Silver Core 5000 Core Network Member coinsurance Application of pocket maximum Member coinsurance Start deductible Core Network KP Silver Core 5000 KP Silver Core 5000 Core Network Member coinsurance Start deductible	Lab and basic X-ray	20% after deductible	20% after deductible
Member coinsurance 25% Out-of-pocket maximum 25% after deductible Urgent care Retail prescription drugs¹ Lab and basic X-ray Core Network KP Silver Core 5000 KP Silver Core 5000 Core Network Member coinsurance 30% Out-of-pocket maximum Office visit Primary: \$40 Specialty: \$75 Urgent care \$35/\$75 no deductible \$35/\$75 no deductible All 50% after deductible \$11,000 all office deductible \$35/\$75 no deductible All 50% after deductible \$35/\$75 no deductible All 50% after deductible \$30% after deductible \$35/\$75 no deductible All 50% after deductible All 50% after deductible All 50% after deductible	Core Network	KP Silver Core HSA 4500	KP Silver Core HSA 4500
Out-of-pocket maximum \$8,000 Individual/\$16,000 Family 25% after deductible 25% after deductible 25% after deductible 25%/40%/50%/50% all after deductible 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 Office visit Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ All 50% after deductible all after deductible all after deductible	Deductible		\$4,500 Individual/\$9,000 Family
Office visit Urgent care Retail prescription drugs¹ Lab and basic X-ray Core Network Peductible Remail prescription KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 Specialty \$10,000 Family Member coinsurance 30% Out-of-pocket maximum Office visit Urgent care \$75 Retail prescription drugs¹ Retail prescription drugs¹ 25% after deductible KP Silver Core 5000 KP Silver Core 5000 Fore 5000 KP Silver Core 5000 Fore 5000 Fore 5000 Specialty \$10,000 Family Primary: \$40 Specialty: \$75 \$35/\$75 no deductible All 50% after deductible all after deductible	Member coinsurance		25%
Urgent care Retail prescription drugs¹ Lab and basic X-ray Core Network KP Silver Core 5000 KP Silver Core 5000 Member coinsurance 30% Out-of-pocket maximum Office visit Urgent care Retail prescription drugs¹ Retail prescription drugs¹ 25% after deductible KP Silver Core 5000 KP Silver Core 5000 S5,000 Individual/ \$10,000 Family Primary: \$40 Specialty: \$75 Urgent care \$75 \$35/\$75 no deductible All 50% after deductible all after deductible	Out-of-pocket maximum		\$8,000 Individual/\$16,000 Family
Retail prescription drugs¹ Lab and basic X-ray Core Network KP Silver Core 5000 KP Silver Core 5000 KP Silver Core 5000 Member coinsurance 30% Out-of-pocket maximum Office visit Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ Retail prescription drugs¹ 25%/40%/50%/50% all after deductible 125% after deductible \$10,000 Individual/\$20,000 Family Primary: \$40 Specialty: \$75 \$35/\$75 no deductible All 50% after deductible all after deductible	Office visit		25% after deductible
Lab and basic X-ray Core Network KP Silver Core 5000 KP Silver Core 5000 \$5,000 Individual/\$10,000 Family Member coinsurance 30% Out-of-pocket maximum \$10,000 Individual/\$20,000 Family Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ All 50% after deductible all after deductible all after deductible	Urgent care		25% after deductible
Core Network KP Silver Core 5000 \$5,000 Individual/ \$10,000 Family Member coinsurance 30% Out-of-pocket maximum Office visit Primary: \$40 Specialty: \$75 Urgent care \$35/\$75 no deductible All 50% after deductible all after deductible	Retail prescription drugs ¹		25%/40%/50%/50% all after deductible
Member coinsurance 30% Out-of-pocket maximum Office visit Primary: \$40 Specialty: \$75 Urgent care \$35/\$75 no deductible All 50% after deductible all after deductible	Lab and basic X-ray		25% after deductible
Member coinsurance 30% Out-of-pocket maximum \$10,000 Individual/\$20,000 Family Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ \$35/\$75 no deductible All 50% after deductible all after deductible	Core Network	KP Silver Core 5000	KP Silver Core 5000
Out-of-pocket maximum S10,000 Individual/\$20,000 Family Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ All 50% after deductible all after deductible all after deductible	Deductible		\$5,000 Individual/ \$10,000 Family
Primary: \$40 Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ All 50% after deductible all after deductible all after deductible	Member coinsurance		30%
Specialty: \$75 Urgent care \$75 Retail prescription drugs¹ \$15/\$75 no deductible All 50% after deductible all after deductible	Out-of-pocket maximum		\$10,000 Individual/\$20,000 Family
\$35/\$75 no deductible All 50% after deductible all after deductible	Office visit		
Retail prescription drugs ¹ All 50% after deductible all after deductible	Urgent care		\$75
Lab and basic X-ray \$65	Retail prescription drugs ¹		All 50% after deductible
	Lab and basic X-ray		\$65

This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply.

Plans offered and underwritten by Kaiser Foundation Health Plan of Washington.



 $^{^{\}mathrm{1}}$ Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

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

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 Primary: \$30 after deductible Secality: \$60 after deductible \$60 after deductible Retail prescription drugs* \$30/\$60/50%/50%/2 \$30/\$60/50%/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/\$pecialty: \$65 Primary: \$30/\$50/\$pow/\$150%/* Lab and basic X-ray \$55 \$75 Retail prescription drugs* \$30/\$65/50%/50%/* \$8,300 Individual/\$1,000 Family Member coinsurance 30% 30% <t< th=""><th></th><th>2025 Plan</th><th>2026 Plan</th></t<>		2025 Plan	2026 Plan
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 Urgent care \$60 after deductible \$60 after deductible Retail prescription drugs¹ \$30/\$60/\$50%/\$50%² \$30/\$60/\$50%/\$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/\$5,000 Family \$8,500 Individual/\$1,000 Family Office visit Primary: \$30/\$pecialty: \$65 Primary: \$30/\$57550%/\$50%² Urgent care \$65 \$75 Lab and basic X-ray \$55 \$55 Core Network Core VisitsPlus Silver LX = EO KP Silver Core 2500 LX = EO Peductible \$2,500 Individual/\$5,000 Family \$2,500 Individual/\$5,000 Family Member coinsurance 30% 30	Core Network	Silver	KP Silver Core 1800
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 Retail prescription drugs¹ \$30/\$60/\$50%/\$50%/\$2 \$30/\$60/\$50%/\$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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$30/\$65/50%/\$50%/\$2 \$30/\$75/50%/\$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 Wember coinsurance 30% 30% 30% <tr< td=""><td>Deductible</td><td>\$1,800 Individual/\$3,600 Family</td><td>\$1,800 Individual/\$3,600 Family</td></tr<>	Deductible	\$1,800 Individual/\$3,600 Family	\$1,800 Individual/\$3,600 Family
Office visit Primary: \$30 after deductible Specialty: \$60 after deductible Primary: \$30 after deductible Urgent care \$60 after deductible \$60 after deductible Retail prescription drugs¹ \$30/\$60/\$50%/\$50%² \$30/\$60/\$50%/\$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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$30/\$65/50%/50%/2 \$30/\$75/50%/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/\$15,000 Family	Member coinsurance	30%	30%
Office visit Specialty: \$60 after deductible Specialty: \$60 after deductible Retail prescription drugs¹ \$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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$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 Peductible \$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/\$pecialty: \$65 Pr	Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,250 Individual/\$16,500 Family
Retail prescription drugs¹ \$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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$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/\$5,000 Family \$8,500 Individual/\$17,000 Family Office visit Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ <	Office visit		Primary: \$30 after deductible Specialty: \$60 after deductible
Lab and basic X-ray 30% after deductible Core Network Core VisitsPlus Silver LX Peductible \$2,500 Individual/\$5,000 Family Member coinsurance 30% 30% Out-of-pocket maximum \$8,000 Individual/\$16,000 Family S8,500 Individual/\$17,000 Family S8,500 Individual/\$17,000 Family S8,500 Individual/\$17,000 Family Primary: \$30/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$2,500 Individual/\$15,000 Family S2,500 Individual/\$15,000 Family S2,500 Individual/\$15,000 Family S2,500 Individual/\$15,000 Family S2,500 Individual/\$5,000 Family S2,500 Individual/\$5,000 Family S2,500 Individual/\$16,000 Family S8,500 Individual/\$16,000 Family S8,500 Individual/\$16,000 Family S8,500 Individual/\$17,000 Family S8,500 Individual/\$16,000 Family S8,500 Individual/\$17,000 Family S8,500 Individual/\$17,000 Family S8,500 Individual/\$15,000 Family S9,500 Individual/\$15,000 Family S9,500 Individual/\$15,000 Family S9,500 Individual/\$15,000 Family Member coinsurance 30% Out-of-pocket maximum S7,500 Individual/\$15,000 Family S7,500 Individual/\$15,000 Family S7,500 Individual/\$15,000 Family S9,500 In	Urgent care	\$60 after deductible	\$60 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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$30/\$65/50%²/50%² \$30/\$75/50%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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$30/\$65/50%²/50%² \$30/\$75/50%²/50%² Lab and basic X-ray \$55 \$55 Core Network KP G	Retail prescription drugs ¹	\$30/\$60/50%²/50%²	\$30/\$60/50%²/50%²
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 drugs¹ \$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 drugs¹ \$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	Lab and basic X-ray	30% after deductible	30% after deductible
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 drugs¹ \$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 drugs¹ \$30/\$65/50%²/50%² \$30/\$575/50%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 I	Core Network	Core VisitsPlus Silver LX	KP Silver Core 2500 LX
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 drugs¹ \$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 drugs¹ \$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 Pri	Deductible	\$2,500 Individual/\$5,000 Family	\$2,500 Individual/\$5,000 Family
Office visit Primary: \$30/Specialty: \$65 Primary: \$30/Specialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$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: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$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/\$5,000 Family Office visit \$25 Primary! \$45 Specialty Urgent care \$45 Retail prescription drugs¹ \$20/\$45/40%²/40%² all after deducti	Member coinsurance	30%	30%
Urgent care \$65 \$75 Retail prescription drugs¹ \$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 drugs¹ \$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 drugs¹ \$20/\$45/40%²/40%² all after deductible	Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,500 Individual/\$17,000 Family
Retail prescription drugs¹ \$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/\$pecialty: \$65 Primary: \$30/\$pecialty: \$75 Urgent care \$65 \$75 Retail prescription drugs¹ \$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 drugs¹ \$20/\$45/40%² all after deductible	Office visit	Primary: \$30/Specialty: \$65	Primary: \$30/Specialty: \$75
Lab and basic X-ray Core Network Core VisitsPlus Silver LX - EO Eductible \$2,500 Individual/\$5,000 Family Member coinsurance 30% 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 drugs¹ \$30/\$65/50%²/50%² \$30/\$75/50%²/50%² \$30/\$75/50%²/50%² \$55 Core Network Deductible \$2,000 Individual/\$4,000 Family Member coinsurance 30% Out-of-pocket maximum \$7500 Individual/\$4,000 Family Office visit \$25 Primary: \$30/Specialty \$25 Primary: \$45 Specialty	Urgent care	\$65	\$75
Core NetworkCore VisitsPlus Silver LX - EOKP Silver Core 2500 LX - EODeductible\$2,500 Individual/\$5,000 Family\$2,500 Individual/\$5,000 FamilyMember coinsurance30%30%Out-of-pocket maximum\$8,000 Individual/\$16,000 Family\$8,500 Individual/\$17,000 FamilyOffice visitPrimary: \$30/Specialty: \$65Primary: \$30/Specialty: \$75Urgent care\$65\$75Retail prescription drugs¹\$30/\$65/50%²/50%²\$30/\$75/50%²/50%²Lab and basic X-ray\$55\$55Core NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Retail prescription drugs ¹	\$30/\$65/50%²/50%²	\$30/\$75/50%²/50%²
Deductible\$2,500 Individual/\$5,000 Family\$2,500 Individual/\$5,000 FamilyMember coinsurance30%30%Out-of-pocket maximum\$8,000 Individual/\$16,000 Family\$8,500 Individual/\$17,000 FamilyOffice visitPrimary: \$30/Specialty: \$65Primary: \$30/Specialty: \$75Urgent care\$65\$75Retail prescription drugs¹\$30/\$65/50%²/50%²\$30/\$75/50%²/50%²Lab and basic X-ray\$55KP Gold Core 2000 LXCore NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Lab and basic X-ray	\$55	\$55
Member coinsurance30%30%Out-of-pocket maximum\$8,000 Individual/\$16,000 Family\$8,500 Individual/\$17,000 FamilyOffice visitPrimary: \$30/Specialty: \$65Primary: \$30/Specialty: \$75Urgent care\$65\$75Retail prescription drugs¹\$30/\$65/50%²/50%²\$30/\$75/50%²/50%²Lab and basic X-ray\$55\$55Core NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Core Network	Core VisitsPlus Silver LX - EO	KP Silver Core 2500 LX - EO
Out-of-pocket maximum\$8,000 Individual/\$16,000 Family\$8,500 Individual/\$17,000 FamilyOffice visitPrimary: \$30/Specialty: \$65Primary: \$30/Specialty: \$75Urgent care\$65\$75Retail prescription drugs¹\$30/\$65/50%²/50%²\$30/\$75/50%²/50%²Lab and basic X-ray\$55\$55Core NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/ \$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Deductible	\$2,500 Individual/\$5,000 Family	\$2,500 Individual/\$5,000 Family
Office visitPrimary: \$30/Specialty: \$65Primary: \$30/Specialty: \$75Urgent care\$65\$75Retail prescription drugs¹\$30/\$65/50%²/50%²\$30/\$75/50%²/50%²Lab and basic X-ray\$55\$55Core NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Member coinsurance	30%	30%
Urgent care \$65 \$75 Retail prescription drugs¹ \$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 drugs¹ \$20/\$45/40%²/40%² all after deductible	Out-of-pocket maximum	\$8,000 Individual/\$16,000 Family	\$8,500 Individual/\$17,000 Family
Retail prescription drugs¹ \$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 drugs¹ \$20/\$45/40%²/40%² all after deductible	Office visit	Primary: \$30/Specialty: \$65	Primary: \$30/Specialty: \$75
Lab and basic X-ray \$55 Core Network 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 drugs¹ \$20/\$45/40%²/40%² all after deductible	Urgent care	\$65	\$75
Core NetworkKP Gold Core 2000 LXDeductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Retail prescription drugs ¹	\$30/\$65/50%²/50%²	\$30/\$75/50%²/50%²
Deductible\$2,000 Individual/\$4,000 FamilyMember coinsurance30%Out-of-pocket maximum\$7500 Individual/\$15,000 FamilyOffice visit\$25 Primary/\$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Lab and basic X-ray	\$55	\$55
Member coinsurance30%Out-of-pocket maximum\$7500 Individual/ \$15,000 FamilyOffice visit\$25 Primary/ \$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Core Network		KP Gold Core 2000 LX
Out-of-pocket maximum\$7500 Individual/ \$15,000 FamilyOffice visit\$25 Primary/ \$45 SpecialtyUrgent care\$45Retail prescription drugs¹\$20/\$45/40%²/40%² all after deductible	Deductible		\$2,000 Individual/\$4,000 Family
Office visit \$25 Primary/ \$45 Specialty Urgent care \$45 Retail prescription drugs¹ \$20/\$45/40%²/40%² all after deductible	Member coinsurance		30%
Urgent care \$45 Retail prescription drugs¹ \$20/\$45/40%²/40%² all after deductible	Out-of-pocket maximum		\$7500 Individual/ \$15,000 Family
Retail prescription drugs¹ \$20/\$45/40%²/40%² all after deductible	Office visit		\$25 Primary/ \$45 Specialty
	Urgent care		\$45
Lab and basic X-ray \$25	Retail prescription drugs ¹		\$20/\$45/40% ² /40% ² all after deductible
	Lab and basic X-ray		\$25

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Plans offered and underwritten by Kaiser Foundation Health Plan of Washington.



¹ Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

 $^{^{\}rm 2}$ Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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

	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	\$5/\$30/40%²/40%²

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Plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

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¹ Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

 $^{^{\}rm 2}$ Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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

	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-network¹: \$50 primary/\$85 specialty	In-network: \$30 primary/\$75 specialty Out-of-network¹: \$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-network¹: \$75	In-network: \$55 Out-of-network¹: \$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-network¹: \$35 primary/\$55 specialty	In-network: \$20 primary/\$45 specialty Out-of-network¹: \$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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Plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

¹ Out-of-network is limited to 10 covered services per year, combined; and 5 prescription fills up to a 30 day supply.

² Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty. Specialty tier is not covered out-of-network.

 $^{^3}$ Tiers 3 and 4 in-network prescription drugs are subject to deductible. No deductible applies out of network.

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

	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-network¹:\$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-network¹: \$30	In-network: \$10 Out-of-network¹: \$30

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¹ Out-of-network is limited to 10 covered services per year, combined; and 5 prescription fills up to a 30 day supply.

 $^{^2}$ Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty. Specialty tier is not covered out-of-network.

³ Tiers 3 and 4 in-network prescription drugs are subject to deductible. No deductible applies out of network.

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

	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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1 Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

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

	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/\$10,000family 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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 $Plans\ of fered\ and\ under written\ by\ Kaiser\ Foundation\ Health\ Plan\ of\ Washington\ Options, Inc.$

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 $^{^{2}}$ Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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

	Current 2025 Plan	2026 Plan
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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²Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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

	Current 2025 Plan	2026 Plan
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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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%²/40%² In-network – Standard: \$10/\$20/40%²/40%² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%²/40%² In-network – Standard: \$10/\$30/40%²/40%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%²/40%² In-network – Standard: \$10/\$20/40%²/40%² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%²/40%² In-network – Standard: \$10/\$30/40%²/40%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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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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²Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

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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 $^{^2\}mbox{Tier}\,3$ and 4 prescription drug cost shares are subject to plan deductible.