

A BETTER WAY TO TAKE CARE OF BUSINESS

	KP/0/0/20/S11 PLATINUM	KP/500/20/20/S11 PLATINUM	KP/0/0/30/S11 Gold	KP/0/0/40/S11 Gold
KP PLANS				
Deductible (2x Family)	None	\$500	None	None
Coinsurance (after deductible)	0%	20%	0%	0%
Out-of-pocket Maximum (2x Family)	\$2,500	\$4,500	\$8,700	\$8,700
Teleheath Visits¹	\$0	\$0	\$0	\$0
Primary Care	\$20	\$20	\$30	\$40
Specialty Care	\$40	\$40	\$60	\$70
Laboratory Services	\$0	\$0	\$0 / \$50	\$0 / \$50
MRI, CT, & PET	\$100	\$100	\$500	\$550
Urgent Care	\$40	\$40	\$60	\$80
Emergency Room	\$350	\$350	\$650	\$650
Outpatient surgery	\$250	20%	\$550	\$700
Inpatient Hospital	\$500 per day	20%	\$900 per day	\$950 per day, first 3 days
PHARMACY SERVICES				
Tier 1 Generic Drugs	\$5	\$5	\$5	\$5
Tier 2 Generic Drugs	\$10	\$10	\$10	\$10
Tier 3 Preferred Brand Drugs	\$40	\$40	\$50	\$60
Tier 4 Non-Preferred Drugs	\$60	\$60	\$80	\$100
Tier 5 Specialty Drugs	25%	25%	35%	35%
Relativity to KP/0/0/20/S11 Platinum	0.0%	-2.4%	-7.2%	-7.7%

	KP/1000/20/30/S11 Gold	KP/2000/0/30/S11 Gold	KP/2250/20/30/S11 Gold	KP/2500/0/30/S11 Gold
KP PLANS				
Deductible (2x Family)	\$1,000	\$2,000	\$2,250	\$2,500
Coinsurance (after deductible)	20%	0%	20%	0%
Out-of-pocket Maximum (2x Family)	\$8,500	\$8,900	\$8,500	\$8,900
Teleheath Visits¹	\$0	\$0	\$0	\$0
Primary Care	\$30	\$30	\$30	\$30
Specialty Care	\$60	\$60	\$60	\$60
Laboratory Services	\$0/\$60	\$0/0% after ded	\$0/\$60	\$0/0% after deductible
MRI, CT, & PET	\$400	\$600	20%	\$600
Urgent Care	\$60	\$60	\$60	\$60
Emergency Room	\$550	\$650	\$550	\$650
Outpatient surgery	20%	\$0	20%	0%
Inpatient Hospital	20%	\$0	20%	0%
PHARMACY SERVICES				
Tier 1 Generic Drugs	\$5	\$5	\$5	\$5
Tier 2 Generic Drugs	\$10	\$20	\$10	\$20
Tier 3 Preferred Brand Drugs	\$40 (\$250 ded)	\$50	\$40 (\$250 ded)	\$50
Tier 4 Non-Preferred Drugs	\$60 (\$250 ded)	\$80	\$60 (\$250 ded)	\$80
Tier 5 Specialty Drugs	25% (\$250 ded)	25%	25% (\$250 ded)	25%
Relativity to KP/0/0/20/S11 Platinum	-9.1%	-9.6%	-13.4%	-11.0%

KP and HDHP Plans are also available on the SHOP (with the exception of Platinum KP/0/0/20/S11 and KP/500/20/20/S11). KP Plus plans are not available on the SHOP. For more detailed benefit summaries, visit *Selling Plans* on account.kp.org.

	KP/3500/0/30/S11 Gold	KP/3750/20/30/S11 Gold	KP/4500/0/30/S11 Gold	KP/2700/35/50/S11 Silver
KP PLANS				
Deductible (2x Family)	\$3,500	\$3,750	\$4,500	\$2,700
Coinsurance (after deductible)	0%	20%	0%	35%
Out-of-pocket Maximum (2x Family)	\$8,900	\$6,200	\$8,900	\$8,900
Teleheath Visits¹	\$0	\$0	\$0	\$0
Primary Care	\$30	\$30	\$30	\$50
Specialty Care	\$60	\$60	\$60	\$80
Laboratory Services	\$0/0% after deductible	20%	\$0/0% after deductible	35%
MRI, CT, & PET	\$600	20%	\$600	\$550 after deductible
Urgent Care	\$60	\$60	\$60	\$100
Emergency Room	\$650	20%	\$650	35%
Outpatient surgery	0%	20%	0%	35%
Inpatient Hospital	0%	20%	0%	35%
PHARMACY SERVICES				
Tier 1 Generic Drugs	\$5	\$5	\$5	\$5
Tier 2 Generic Drugs	\$20	\$10	\$20	\$20
Tier 3 Preferred Brand Drugs	\$50	\$50	\$50	\$50 (\$450 ded)
Tier 4 Non-Preferred Drugs	\$80	\$80	\$80	\$80 (\$450 ded)
Tier 5 Specialty Drugs	25%	25%	25%	35% (\$450 ded)
Relativity to KP/0/0/20/S11 Platinum	-14.0%	-16.0%	-16.8%	-19.9%

	KP/3700/35/50/S11 Silver	KP/4700/35/50/S11 Silver	KP/5500/0/50/S11 Silver	KP/6000/30/50/S11 Silver
KP PLANS				
Deductible (2x Family)	\$3,700	\$4,700	\$5,500	\$6,000
Coinsurance (after deductible)	35%	35%	0%	30%
Out-of-pocket Maximum (2x Family)	\$9,100	\$9,100	\$9,000	\$8,800
Teleheath Visits¹	\$0	\$0	\$0	\$0
Primary Care	\$50	\$50	\$50	\$50
Specialty Care	\$80	\$80	\$80	\$80
Laboratory Services	35%	35%	\$550 after deductible	30%
MRI, CT, & PET	\$550 after deductible	\$550 after deductible	\$450 after deductible	30%
Urgent Care	\$100	\$100	\$100	\$100
Emergency Room	35%	35%	\$600 after deductible	30%
Outpatient surgery	35%	35%	\$200 after deductible	30%
Inpatient Hospital	35%	35%	\$500 after deductible	30%
PHARMACY SERVICES				
Tier 1 Generic Drugs	\$5	\$5	\$5	\$5
Tier 2 Generic Drugs	\$20	\$20	\$20	\$20
Tier 3 Preferred Brand Drugs	\$50	\$50	\$50	\$50 (Medical ded applies)
Tier 4 Non-Preferred Drugs	\$80	\$80	\$80	\$80 (Medical ded applies)
Tier 5 Specialty Drugs	35%	35%	30%	45% (Medical ded applies)
Relativity to KP/0/0/20/S11 Platinum	-22.3%	-24.4%	-21.1%	-26.5%

¹ Phone visits are available for many specialties and primary care. For members who are registered on kp.org and have seen their doctor in the past year.

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	KP Virtual Complete 3000/20/40/S11 Gold	KP Virtual Complete 5000/30/40/S11	KP Virtual Complete 6300/20/60/S11
KP VIRTUAL COMPLETE PLANS			
Deductible (2x Family)	\$3,000	\$5,000	\$6,300
Coinsurance (after deductible)	20%	30%	20%
Out-of-pocket Maximum (2x Family)	\$4,900	\$9,000	\$9,000
Teleheath Visits¹	\$0	\$0	\$0
Primary Care	\$40 after deductible (ded waived for the first 3 visits)	\$40 after deductible (ded waived for the first 3 visits)	\$60 after deductible (ded waived for the first 3 visits)
Specialty Care	\$60 after ded	\$60 after ded	80 after ded
Laboratory Services	\$0/20%	\$0/30%	\$0/20% after ded
MRI, CT, & PET	20%	30%	20%
Urgent Care	\$80 after ded	\$80 after ded	\$120 after deductible (ded waived for the first 3 visits)
Emergency Room	20%	30%	20%
Outpatient surgery	20%	30%	20%
Inpatient Hospital	20%	30%	20%
PHARMACY SERVICES			
Tier 1 Generic Drugs	\$5	\$5	\$5
Tier 2 Generic Drugs	\$25	\$25	\$30
Tier 3 Preferred Brand Drugs	20% (Medical ded applies)	30% (Medical ded applies)	\$60 (Medical ded applies)
Tier 4 Non-Preferred Drugs	45% (Medical ded applies)	50% (Medical ded applies)	\$100 (Medical ded applies)
Tier 5 Specialty Drugs	45% (Medical ded applies)	50% (Medical ded applies)	20% (Medical ded applies)
Relativity to KP/0/0/20/S11 Platinum	-18.2%	-29.7%	-32.0%

	HDHP/3500/20/S11 Silver	HDHP/5000/20/S11 Silver	HDHP/7250/0/S11 Bronze
HDHP PLANS			
Deductible (2x Family)	\$3,500	\$5,000	\$7,250
Coinsurance (after deductible)	20%	20%	0%
Out-of-pocket Maximum (2x Family)	\$6,900	\$6,900	\$7,250
Teleheath Visits¹	20%	20%	0%
Primary Care	20%	20%	0%
Specialty Care	20%	20%	0%
Laboratory Services	20%	20%	0%
MRI, CT, & PET	20%	20%	0%
Urgent Care	20%	20%	0%
Emergency Room	20%	20%	0%
Outpatient surgery	20%	20%	0%
Inpatient Hospital	20%	20%	0%
PHARMACY SERVICES			
Tier 1 Generic Drugs	\$5	\$5	\$25
Tier 2 Generic Drugs	20% (Medical ded applies)	20% (Medical ded applies)	0% (Medical ded applies)
Tier 3 Preferred Brand Drugs	20% (Medical ded applies)	20% (Medical ded applies)	0% (Medical ded applies)
Tier 4 Non-Preferred Drugs	20% (Medical ded applies)	20% (Medical ded applies)	0% (Medical ded applies)
Tier 5 Specialty Drugs	20% (Medical ded applies)	20% (Medical ded applies)	0% (Medical ded applies)
Relativity to KP/0/0/20/S11 Platinum	-23.6%	-30.2%	-33.2%

¹ Phone visits are available for many specialities and primary care. For members who are registered on **kp.org** and have seen their doctor in the past year.

	KP Plus 0/0/20/S11 Platinum		KP Plus 0/0/30/S11 Gold		KP Plus 1000/20/30/S11 Gold	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
KP PLUS PLANS						
Deductible (2x Family)	None	N/A	None	N/A	\$1,000	N/A
Coinsurance (after deductible)	0%	N/A	0%	N/A	20%	N/A
Out-of-pocket Maximum (2x Family)	\$2,500	N/A	\$8,700	N/A	\$8,500	N/A
Telehealth² Visits¹	\$0	\$20	\$0	\$20	\$0	\$20
Primary Care²	\$20	\$40	\$30	\$50	\$30	\$50
Specialty Care²	\$40	\$60	\$60	\$80	\$60	\$80
Laboratory Services²	\$0	\$20	\$0/\$50	\$20/\$70	\$0/\$60	\$20/\$80
MRI, CT, & PET	\$100	N/A	\$500	N/A	\$400	N/A
Urgent Care	\$40	N/A	\$60	N/A	\$60	N/A
Emergency Room	\$350	\$350	\$650	\$650	\$550	\$550
Outpatient surgery	\$250	N/A	\$550	N/A	20%	N/A
Inpatient Hospital	\$500 per day	N/A	\$900 per day	N/A	20%	N/A
PHARMACY SERVICES						
Tier 1 Generic Drugs	\$5 KP \$15 Network	\$25	\$5 KP \$15 Network	\$25	\$5 KP \$15 Network	\$25
Tier 2 Generic Drugs	\$10 KP \$20 Network	\$30	\$10 KP \$20 Network	\$30	\$10 KP \$20 Network	\$30
Tier 3 Preferred Brand Drugs	\$40 KP \$60 Network	\$60	\$50 KP \$70 Network	\$70	\$40 KP \$60 Network \$250 Rx ded	\$60
Tier 4 Non-Preferred Drugs	\$60 KP \$90 Network	\$90	\$80 KP \$110 Network	\$110	\$60 KP \$90 Network \$250 Rx ded	\$90
Tier 5 Specialty Drugs	25% KP 35% Network	35%	35% KP 45% Network	45%	25% KP 35% Network \$250 Rx ded	35%

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	KP Plus 2500/0/30/S11 Gold		KP Plus 2700/35/50/S11 Silver		KP Plus 3700/35/50/S11 Silver	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
KP PLUS PLANS						
Deductible (2x Family)	\$2,500	N/A	\$2,700	N/A	\$3,700	N/A
Coinsurance (after deductible)	0%	N/A	35%	N/A	35%	N/A
Out-of-pocket Maximum (2x Family)	\$8,900	N/A	\$8,900	N/A	\$9,100	N/A
Telehealth² Visits¹	\$0	\$20	\$0	\$20	\$0	\$20
Primary Care²	\$30	\$50	\$50	\$70	\$50	\$70
Specialty Care²	\$60	\$80	\$80	\$100	\$80	\$100
Laboratory Services²	\$0/0% after ded	\$20/10%	35%	45%	35%	45%
MRI, CT, & PET	\$600	N/A	\$550 after ded	N/A	\$550 after ded	N/A
Urgent Care	\$60	N/A	\$100	N/A	\$100	N/A
Emergency Room	\$650	\$650	35%	35%	35%	35%
Outpatient surgery	0%	N/A	35%	N/A	35%	N/A
Inpatient Hospital	0%	N/A	35%	N/A	35%	N/A
PHARMACY SERVICES						
Tier 1 Generic Drugs	\$5 KP	\$25	\$5 KP	\$25	\$5 KP	\$25
	\$15 Network		\$15 Network		\$15 Network	
Tier 2 Generic Drugs	\$20 KP	\$40	\$10 KP	\$40	\$20 KP	\$40
	\$30 Network		\$20 Network		\$30 Network	
Tier 3 Preferred Brand Drugs	\$50 KP	\$70	\$40 KP	\$70	\$50 KP	\$70
	\$70 Network		\$60 Network		\$70 Network	
Tier 4 Non-Preferred Drugs	\$80 KP	\$110	\$60 KP	\$110	\$80 KP	\$110
	\$110 Network		\$90 Network		\$110 Network	
Tier 5 Specialty Drugs	25% KP	35%	25% KP	45%	35% KP	45%
	35% Network		35% Network		45% Network	
			\$450 Rx ded			
			\$450 Rx ded			
			\$450 Rx ded			

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² Services covered out of network are subject to 10 visits/services and 5 Rx fill/refill per year.

	PPO/0/0/20/S11 Platinum		PPO/1000/20/30/S11 Gold		PPO/2500/10/30/S11 Gold	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Dual Choice PPO¹						
Deductible (2x Family)	None	\$2,000	\$1,000	\$3,000	\$2,500	\$5,000
Coinsurance (after deductible)	\$0	30%	20%	30%	10%	30%
Out-of-pocket Maximum (2x Family)	\$2,500	\$7,500	\$8,700	\$17,400	\$9,100	\$18,200
Telehealth Visits	Primary \$0 KP \$40 Network	30%	Primary \$0 KP \$40 Network	30%	Primary \$0 KP \$40 Network	30%
	Specialty \$0 KP \$60 Network		Specialty \$0 KP \$60 Network		Specialty \$0 KP \$60 Network	
Primary Care	\$20 KP \$40 Network	30%	\$30 KP \$50 Network	30%	\$30 KP \$50 Network	30%
Specialty Care	\$40 KP \$60 Network	30%	\$60 KP \$80 Network	30%	\$60 KP \$80 Network	30%
Laboratory Services	\$0	30%	\$0/\$60	30%	\$0/0% after ded	30%
MRI, CT, & PET	\$100	30%	\$400	30%	\$600	30%
Urgent Care	\$40 KP \$80 Network	30%	\$60 KP \$100 Network	30%	\$60 KP \$100 Network	30%
Emergency Room	\$350	\$350	\$550	\$550	\$650	\$650
Outpatient surgery	\$250	30%	20%	30%	10%	30%
Inpatient Hospital	\$500 per day	30%	20%	30%	10%	30%
PHARMACY SERVICES						
Tier 1 Generic Drugs	\$5 KP \$15 Network	30% medical ded applies	\$5 KP \$15 MedImpact	30% medical ded applies	\$5 KP \$15 MedImpact	30% medical ded applies
Tier 2 Generic Drugs	\$10 KP \$20 MedImpact	30% medical ded applies	\$10 KP \$20 MedImpact	30% medical ded applies	\$20 KP \$30 MedImpact	30% medical ded applies
Tier 3 Preferred Brand Drugs	\$40 KP \$60 MedImpact	30% medical ded applies	\$40 KP \$60 MedImpact	30% medical ded applies	\$50 KP \$70 MedImpact	30% medical ded applies
Tier 4 Non-Preferred Drugs	\$60 KP \$90 MedImpact	30% medical ded applies	\$60 KP \$90 MedImpact	30% medical ded applies	\$80 KP \$110 MedImpact	30% medical ded applies
Tier 5 Specialty Drugs	25% KP 30% MedImpact	30% medical ded applies	25% KP 30% MedImpact	30% medical ded applies	25% KP 30% MedImpact	30% medical ded applies

¹ The Dual Choice PPO is fully underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP), Inc.

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	PPO/3850/30/50/S11 Silver		PPO/4850/30/50/S11 Silver		PPO HDHP/3800/20/S11 Silver	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Dual Choice PPO¹						
Deductible (2x Family)	\$3,850	\$7,700	\$4,850	\$9,700	\$3,800	\$7,600
Coinsurance (after deductible)	30%	40%	30%	40%	20%	40%
Out-of-pocket Maximum (2x Family)	\$9,200	\$18,400	\$9,200	\$18,400	\$9,100	\$14,000
Teleheath Visits	Primary \$0 KP \$70 Network	40%	Primary \$0 KP \$70 Network	40%	Primary 20% KP 30% Network	40%
	Specialty \$0 KP \$100 Network		Specialty \$0 KP \$100 Network		Specialty 20% KP 30% Network	
Primary Care	\$50 KP \$70 Network	40%	\$50 KP \$70 Network	40%	20% KP 30% Network	40%
Specialty Care	\$80 KP \$100 Network	40%	\$80 KP \$100 Network	40%	20% KP 30% Network	40%
Laboratory Services	30%	40%	\$0/\$60	40%	20%	40%
MRI, CT, & PET	\$550 after ded	40%	\$400	40%	20%	40%
Urgent Care	\$100 KP \$140 Network	40%	\$100 KP \$140 Network	40%	20% KP 30% Network	40%
Emergency Room	30%	30%	\$550	30%	20%	20%
Outpatient surgery	30%	40%	20%	40%	20%	40%
Inpatient Hospital	30%	40%	20%	40%	20%	40%
PHARMACY SERVICES						
Tier 1 Generic Drugs	\$5 KP \$15 Network	40% medical ded applies	\$5 KP \$15 Network	40% medical ded applies	\$5 KP \$15 Network	40% medical ded applies
Tier 2 Generic Drugs	\$20 KP \$30 MedImpact	40% medical ded applies	\$20 KP \$30 MedImpact	40% medical ded applies	20% KP 30% MedImpact (Med ded applies)	40% medical ded applies
Tier 3 Preferred Brand Drugs	\$50 KP \$70 MedImpact	40% medical ded applies	\$50 KP \$70 MedImpact	40% medical ded applies	20% KP 30% MedImpact (Med ded applies)	40% medical ded applies
Tier 4 Non-Preferred Drugs	\$80 KP \$110 MedImpact	40% medical ded applies	\$80 KP \$110 MedImpact	40% medical ded applies	20% KP 30% MedImpact (Med ded applies)	40% medical ded applies
Tier 5 Specialty Drugs	30% KP 35% MedImpact	40% medical ded applies	30% KP 35% MedImpact	40% medical ded applies	20% KP 30% MedImpact (Med ded applies)	40% medical ded applies

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	PPO HDHP/5000/20/S11 Silver		PPO 6500/20/60/S11 Bronze		PPO HDHP/7250/10/S11 Bronze	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Dual Choice PPO¹						
Deductible (2x Family)	\$5,000	\$10,000	\$6,500	\$13,000	\$7,250	\$14,500
Coinsurance (after deductible)	20%	40%	20%	40%	10%	40%
Out-of-pocket Maximum (2x Family)	\$7,000	\$14,000	\$9,000	\$18,000	\$7,300	\$14,600
Teleheath Visits	Primary 20% KP 30% Network	40%	Primary \$0 KP \$80 after ded Network (ded waived for first 3 visits)	40%	Primary 10% KP 20% Network	40%
Primary Care	Specialty 20% KP 30% Network 20% KP 30% Network	40%	Specialty \$0 KP \$100 after ded Network \$60 after ded KP (ded waived for first 3 visits)	40%	Specialty 10% KP 20% Network 10% KP 20% Network	40%
Specialty Care	20% KP 30% Network	40%	\$80 after ded KP \$100 after ded Network	40%	10% KP 20% Network	40%
Laboratory Services	30%	40%	20%	40%	20%	40%
MRI, CT, & PET	\$550 after ded	40%	20%	40%	20%	40%
Urgent Care	\$100 KP \$140 Network	40%	\$120 after ded KP (ded waived for first 3 visits) \$160 after ded Network (ded waived for first 3 visits)	40%	10% KP 20% Network	40%
Emergency Room	30%	30%	\$550	30%	10%	10%
Outpatient surgery	30%	40%	20%	40%	10%	40%
Inpatient Hospital	30%	40%	20%	40%	10%	40%
PHARMACY SERVICES						
Tier 1 Generic Drugs	\$5 KP \$15 Network	40% medical ded applies	\$5 KP \$15 Network	40% medical ded applies	\$25 KP \$15 Network	40% medical ded applies
Tier 2 Generic Drugs	20% KP 30% MedImpact med ded applies	40% medical ded applies	\$30 KP \$40 MedImpact	40% medical ded applies	10% KP 20% MedImpact med ded applies	40% medical ded applies
Tier 3 Preferred Brand Drugs	20% KP 30% MedImpact med ded applies	40% medical ded applies	\$60 KP \$80 MedImpact med ded applies	40% medical ded applies	10% KP 20% MedImpact med ded applies	40% medical ded applies
Tier 4 Non-Preferred Drugs	20% KP 30% MedImpact med ded applies	40% medical ded applies	\$100 KP \$130 MedImpact med ded applies	40% medical ded applies	10% KP 20% MedImpact med ded applies	40% medical ded applies
Tier 5 Specialty Drugs	20% KP 30% MedImpact med ded applies	40% medical ded applies	20% KP 30% MedImpact med ded applies	40% medical ded applies	10% KP 20% MedImpact med ded applies	40% medical ded applies

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