

Platinum plans

	KP CO Platinum 0/10 Rx Copay KP Select CO Platinum 0/10 Rx Copay	KP CO Platinum 400/10 KP Select CO Platinum 400/10	KP CO Platinum DHMO PLUS 250/20	KP CO Platinum ¹ 3T POS 0/10		
Product type	HMO	DHMO	DHMO PLUS	Point of Service Tier 1 (HMO) In-Network Provider	Point of Service Tier 2 Participating Provider	Point of Service Tier 3 Non-Participating Provider
Deductible Individual/Family	\$0	\$400/\$800	\$250/\$500	\$0	\$500/\$1,000	\$2,000/\$4,000
Out-of-pocket maximum Individual/Family	\$3,000/\$6,000	\$4,500/\$9,000	\$4,500/\$9,000	\$2,500/\$5,000	\$5,500/\$11,000	\$10,000/\$20,000
Coinsurance (member's cost)	10%	15%	15% KP/25% PLUS	10%	25%	50%
Emergency room	\$300	\$400	\$400	\$400	\$400	\$400
Urgent care	\$75	\$75	\$75	\$75	\$75	\$75
Inpatient hospital	\$500 per day (Days 1 through 3)	15% after deductible	15% after deductible KP Not covered PLUS	10%	25% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) ²	No charge	No charge	No charge KP See EOC PLUS	No charge	See COI	See COI
PCP office visit	\$10	\$10	\$20 KP \$40 PLUS ³	\$10	\$35 ³	50% after deductible
Specialist office visit	\$40	\$55 ³	\$45 KP ³ \$65 PLUS ³	\$55 ³	\$85 ³	50% after deductible
Outpatient mental health	\$10	\$10	\$20 KP/\$40 PLUS	\$10 after deductible	\$35 after deductible	50% after deductible
MRI, CT, and PET	\$200	15% after deductible	15% after deductible KP Not covered PLUS	10%	25% after deductible	50% after deductible
Lab & X-ray	10%	15% after deductible	15% after deductible KP 25% coin PLUS	10%	25% after deductible	50% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ⁴	\$300 ASC \$500 Hosp	5% after deductible ASC 15% after deductible Hosp	5% after deductible ASC KP 15% after deductible Hosp KP Not covered PLUS	\$300 ASC \$500 Hosp	15% after deductible ASC 25% after deductible Hosp	50% after deductible for both ASC and Hosp
Prescription Drugs⁵						
Generic	\$10	\$10	\$10 KP/50% PLUS	\$10	\$25	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$35	\$40	\$40 KP/50% PLUS	\$40	\$60	
Brand non-preferred	\$200	15%	15% KP/50% PLUS	10%	25% after deductible	
Specialty	\$250	15%	15% KP/50% PLUS	10%	25% after deductible	
Pharmacy deductible	\$0	\$0	\$0	\$0	Medical deductible	N/A
Relativity to KP CO Platinum 0/10 Rx Copay	0%	-6%	-2%	20%		

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit kp.org/sbc to view the Summary of Benefits and Coverage.

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1. Kaiser Foundation Health Plan of Colorado, Inc. (KFHP), underwrites the HMO In-Network Tier and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and Non-Participating Provider Tier of the 3-Tier POS plan.
2. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.
3. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.
4. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
5. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail order program or the maintenance medication will not be covered. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.

Questions? Contact your broker or your Small Business team at **1-866-331-2091**

kp.org/choosebetter



Gold plans

	KP CO Gold 0/20 Rx Copay KP Select CO Gold 0/20 Rx Copay	KP CO Gold 500/25 KP Select CO Gold 500/25	KP CO Gold 1500/25 Rx Copay KP Select CO Gold 1500/25 Rx Copay	KP CO Gold 2500/10 KP Select CO Gold 2500/10	KP CO Gold DHMO PLUS 1250/35	KP CO Gold DHMO PLUS 2000/40	KP CO Gold 1750/30/HSA KP Select CO Gold 1750/30/HSA	KP CO Gold ¹ 3T POS 1500/30			KP CO Gold ² PPO 2000/35 Rx Copay	
Product type	HMO	DHMO	DHMO	DHMO	DHMO PLUS	DHMO PLUS	HSA	POS Tier 1 (DHMO) In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	\$0	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$5,000	\$1,250 /\$2,500	\$2,000/\$4,000	\$1,750/\$3,500 (aggregate)	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000	\$2,000/\$4,000	\$6,000/\$12,000
Out-of-pocket maximum Individual/Family	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$4,100/\$8,200 (aggregate)	\$4,000/\$8,000	\$7,000/\$14,000	\$15,000/\$30,000	\$7,500/\$15,000	\$22,500/\$45,000
Coinsurance (member's cost)	20%	20%	20%	20%	20% KP 40% PLUS	25% KP 40% PLUS	15%	20%	35%	50%	25%	50%
Emergency room	\$750	\$750	20% after deductible	20% after deductible	20% after deductible	25% after deductible	15% after deductible	20% after deductible	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Urgent care	\$75	\$75	\$75	\$85	\$85	\$85	\$75 after deductible	\$85	\$85	\$85	\$85	\$250
Inpatient hospital	\$750 per day (Days 1 through 4)	20% after deductible	20% after deductible	20% after deductible	20% after deductible KP Not covered PLUS	25% after deductible KP Not covered PLUS	15% after deductible	20% after deductible	35% after deductible	50% after deductible	25% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) ³	No charge	No charge	No charge	No charge	No charge KP See EOC PLUS	No charge KP See EOC PLUS	No charge	No charge	See COI	See COI	See COI	See COI
PCP office visit	\$20	\$25	\$25	\$10	\$35 KP \$65 PLUS ⁴	\$40 KP \$70 PLUS ⁴	\$30 after deductible	\$30	\$65 ⁴	50% after deductible	\$35 ⁴	50% after deductible
Specialist office visit	\$65	\$65 ⁴	\$65 ⁴	\$75 ⁴	\$70 KP ⁴ \$90 PLUS ⁴	\$75 KP ⁴ \$95 PLUS ⁴	\$60 after deductible ⁴	\$70 ⁴	\$100 ⁴	50% after deductible	\$70 ⁴	50% after deductible
Outpatient mental health	\$20	\$25	\$25	\$10	\$35 KP/\$65 PLUS	\$40 KP/\$70 PLUS	\$30 after deductible	\$30	\$65	50% after deductible	\$35	50% after deductible
MRI, CT, and PET	\$500	20% after deductible	20% after deductible	20% after deductible	20% after deductible KP Not covered PLUS	25% after deductible KP Not covered PLUS	15% after deductible	20% after deductible	35% after deductible	50% after deductible	25% after deductible	50% after deductible
Lab & X-ray	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible KP 40% after deductible PLUS	25% after deductible KP 40% after deductible PLUS	15% after deductible	20% after deductible	35% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ⁵	\$625 ASC \$750 Hosp	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC KP 20% after deductible Hosp KP Not covered PLUS	15% after deductible ASC KP 25% after deductible Hosp KP Not covered PLUS	5% after deductible ASC 15% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	50% after deductible for both ASC and Hosp	25% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription Drugs⁶												
Generic	\$15	\$15	\$15	\$10	\$15 KP 50% PLUS	\$15 KP 50% PLUS	\$15 after deductible	\$15	\$45	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$15	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$70	\$75	\$80	\$70	\$75 KP 50% PLUS	\$75 KP 50% PLUS	\$50 after deductible	\$75	\$100		\$75	
Brand non-preferred	\$350	20% after Rx deductible	\$400	20% after deductible	20% KP 50% PLUS	25% KP 50% PLUS	15% after deductible	20%	35% after Rx deductible		\$350	
Specialty	\$400	20% after Rx deductible	\$500	20% after deductible	20% KP 50% PLUS	25% KP 50% PLUS	15% after deductible	20%	35% after Rx deductible		\$500	
Pharmacy deductible	\$0	\$300 individual deductible/ No family deductible	\$0	Medical deductible ⁷	\$0	\$0	Medical deductible ⁷	\$0	\$500 individual deductible/ No family deductible	\$0	\$0	\$0
Relativity to KP CO Platinum 0/10 Rx Copay	-12%	-15%	-18%	-21%	-16%	-20%	-18%	2%			19%	

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2. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider Tier of the PPO plan.
3. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

4. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share. Plus Benefit offers a set number of visits to see an out-of-network provider for certain covered outpatient services.
5. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
6. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail order program or the maintenance medication will not be covered. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.
7. Pharmacy costs are subject to medical deductible.

Silver plans

	KP CO Silver 2800/45 KP Select CO Silver 2800/45	KP CO Silver 4000/50 Rx Copay KP Select CO Silver 4000/50 Rx Copay	KP CO Silver 5000/10 KP Select CO Silver 5000/10	KP CO Virtual Complete Silver 6300/50 Rx Copay KP Select CO Virtual Complete Silver 6300/50 Rx Copay	KP CO Silver DHMO PLUS 3500/45	KP CO Silver 3200/30/HSA KP Select CO Silver 3200/30/HSA	KP CO Silver 4400/30/HSA KP Select CO Silver 4400/30/HSA	KP CO Silver HSA Plus 3500/30%
Product type	DHMO	DHMO	DHMO	DHMO	DHMO Plus	HSA	HSA	HSA Plus
Deductible Individual/Family	\$2,800/\$5,600	\$4,000/\$8,000	\$5,000/\$10,000	\$6,300/\$12,600	\$3,500/\$7,000	\$3,200/\$6,400	\$4,400/\$8,800	\$3,500/\$7,000
Out-of-pocket maximum Individual/Family	\$8,500/\$17,000	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000
Coinsurance (member's cost)	35%	35%	35%	35%	30% KP 50% PLUS	25%	30%	30% IN 50% OUT
Emergency room	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible	25% after deductible	30% after deductible	30% after deductible
Urgent care	\$100	\$100	\$100	First 3 visits \$100; additional visits 35% after deductible	\$100	\$100 after deductible	\$100 after deductible	30% after deductible
Inpatient hospital	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible KP Not covered PLUS	25% after deductible	30% after deductible	30% after deductible IN Not covered OUT
Virtual care services (Chat, video visit, email, phone) ¹	No charge	No charge	No charge	No charge	No charge KP See EOC PLUS	No charge	No charge	No charge IN See EOC OUT
PCP office visit	\$45	\$50	\$10	First 3 visits \$50; additional visits \$50 after deductible	\$45 KP \$80 PLUS ²	\$30 after deductible	\$30 after deductible	30% after deductible IN 50% after deductible OUT
Specialist office visit	\$85 ²	\$85 ²	\$85 ²	\$75 after deductible ²	\$75 KP ² \$95 PLUS ²	\$60 after deductible ²	\$60 after deductible ²	30% after deductible IN 50% after deductible OUT
Outpatient mental health	\$45	\$50	\$10	\$50	\$45 KP \$80 PLUS	\$30 after deductible	\$30 after deductible	30% after deductible IN 50% after deductible OUT
MRI, CT, and PET	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible KP Not covered PLUS	25% after deductible	30% after deductible	30% after deductible IN Not covered OUT
Lab & X-ray	35% after deductible	35% after deductible	35% after deductible	Lab: \$30 X-ray: 35% after deductible	30% after deductible KP 50% after deductible PLUS	25% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT
Outpatient surgery/Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ³	25% after deductible ASC 35% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	20% after deductible ASC KP 30% after deductible Hosp KP Not covered PLUS	10% after deductible ASC 20% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp IN Not covered OUT
Prescription Drugs⁴								
Generic	\$15	\$15	\$15	\$15	\$15 KP 50% PLUS	\$15 after deductible	\$10 after deductible	\$10 after deductible IN 50% after deductible OUT
Brand	\$65 after Rx deductible	\$75	35% after deductible	\$75	\$75 KP 50% PLUS	\$45 after deductible	\$45 after deductible	\$30 after deductible IN 50% after deductible OUT
Brand non-preferred	35% after Rx deductible	\$450	35% after deductible	\$600	30% after Rx deductible KP 50% after Rx deductible PLUS	25% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT
Specialty	35% after Rx deductible	\$500	35% after deductible	\$700	30% after Rx deductible KP 50% after Rx deductible PLUS	25% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT
Pharmacy deductible	\$500	\$0	Medical deductible ⁵	\$0	\$500 individual deductible No family deductible	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵
Relativity to KP CO Platinum 0/10 Rx Copay	-29%	-30%	-35%	-35%	-28%	-31%	-34%	-28%

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2. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share. Plus Benefit offers a set number of visits to see an out-of-network provider for certain covered outpatient services.
3. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.

4. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail order program or the maintenance medication will not be covered. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.
5. Pharmacy costs are subject to medical deductible.

Silver plans continued

Product type	KP CO Silver ¹ 3T POS 3000/45 Rx Copay			NEW KP CO Silver ¹ 3T POS HDHP 3500/30%			KP CO Silver ² PPO 3500/50 Rx Copay		NEW KP CO Silver ² PPO HDHP 5500/40%	
	POS Tier 1 (DHMO) In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 (HSA) In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider	PPO (HSA) Participating Provider	PPO (HSA) Non-Participating Provider
Deductible Individual/Family	\$3,000/\$6,000	\$7,500/\$15,000	\$12,000/\$24,000	\$3,500/\$7,000	\$5,000/\$10,000	\$15,000/\$30,000	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$11,000	\$16,500/\$33,000
Out-of-pocket maximum Individual/Family	\$7,500/\$15,000	\$9,450/\$18,900	\$20,000/\$40,000	\$5,000/\$10,000	\$7,000/\$14,000	\$21,000/\$42,000	\$9,450/\$18,900	\$28,350/\$56,700	\$5,700/\$11,400	\$21,000/\$42,000
Coinsurance (member's cost)	35%	45%	50%	30% after deductible	40% after deductible	50% after deductible	35%	50%	40% after deductible	50% after deductible
Emergency room	35% after deductible	35% after deductible	35% after deductible	30% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible	40% after deductible	40% after deductible
Urgent care	\$100	\$100	\$100	30% after deductible	30% after deductible	30% after deductible	\$100 ⁴	\$250 ⁴	\$150 after deductible ⁴	\$250 after deductible ⁴
Inpatient hospital	35% after deductible	45% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone ³)	No charge	See COI	See COI	No charge	See COI ⁴	See COI ⁴	See COI	See COI	See COI ⁴	See COI ⁴
PCP office visit	\$45	\$80 ⁴	50% after deductible	30% after deductible	40% after deductible	50% after deductible	\$50	50% after deductible	40% after deductible	50% after deductible
Specialist office visit	\$85 ⁴	\$100 ⁴	50% after deductible	30% after deductible	40% after deductible	50% after deductible	\$90 ⁴	50% after deductible	40% after deductible	50% after deductible
Outpatient mental health	\$45	\$80	50% after deductible	30% after deductible	40% after deductible	50% after deductible	\$50	50% after deductible	40% after deductible	50% after deductible
MRI, CT, and PET	35% after deductible	45% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible
Lab & X-ray	35% after deductible	45% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ⁵	25% after deductible ASC 35% after deductible Hosp	45% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	25% after deductible ASC 35% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	35% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription Drugs⁶										
Generic	\$20	\$45	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	30% after deductible	40% after deductible	Covered in-network only, except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$20	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	40% after deductible	Covered in-network only, except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$85	\$100		30% after deductible	40% after deductible		\$90		40% after deductible	
Brand non-preferred	\$550	45% after Rx deductible		30% after deductible	40% after deductible		\$525		40% after deductible	
Specialty	\$625	45% after Rx deductible		30% after deductible	40% after deductible		\$600		40% after deductible	
Pharmacy deductible	\$0	\$1,000 individual deductible/No family deductible	\$0	Medical deductible ⁷	Medical deductible ⁷	Medical deductible ⁷	\$0	\$0	\$0	\$0
Relativity to KP CO Platinum 0/10 Rx Copay	-14%			-13%			7%		5%	

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2. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider Tier of the PPO plan.
3. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

4. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share. Plus Benefit offers a set number of visits to see an out-of-network provider for certain covered outpatient services.
5. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
6. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail order program or the maintenance medication will not be covered. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.
7. Pharmacy costs are subject to medical deductible.

Bronze plans

	KP CO Bronze 7000/60 Rx Copay KP Select CO Bronze 7000/60 Rx Copay	KP CO Virtual Complete Bronze 9450/40 KP Select CO Virtual Complete Bronze 9450/40	KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA	KP CO Bronze 7500/100%/HSA KP Select CO Bronze 7500/100%/HSA	KP CO Bronze ¹ PPO 7000/60 Rx Copay	
Product type	DHMO	DHMO	HSA	HSA	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	\$7,000/\$14,000	\$9,450/\$18,900	\$6,250/\$12,500	\$7,500/\$15,000	\$7,000/\$14,000	\$21,000/\$42,000
Out-of-pocket maximum Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	\$7,500/\$15,000	\$7,500/\$15,000	\$9,450/\$18,900	\$28,350/\$56,700
Coinsurance (member's cost)	40%	0%	35%	0%	40%	50%
Emergency room	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible	40% after deductible	40% after deductible
Urgent care	First 2 visits \$150; additional visits 40% after deductible	First visit \$150; additional visits no charge after deductible	\$150 after deductible	No charge after deductible	First 2 visits \$150; additional visits 40% after deductible	First 2 visits \$250; additional visits 50% after deductible
Inpatient hospital	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) ²	No charge	No charge	No charge	No charge	See COI	See COI
PCP office visit	First visit \$60; additional visits 40% after deductible	First visit \$40; no charge after deductible	\$50 after deductible	No charge after deductible	First visit \$60; additional visits 40% after deductible	50% after deductible
Specialist office visit	40% after deductible	No charge after deductible	\$70 after deductible	No charge after deductible	40% after deductible	50% after deductible
Outpatient mental health	\$0	No charge after deductible	\$50 after deductible	No charge after deductible	\$0	50% after deductible
MRI, CT, and PET	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible	40% after deductible	50% after deductible
Lab & X-ray	40% after deductible	Lab: \$50 / X-ray: no charge after deductible	35% after deductible	No charge after deductible	40% after deductible	50% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ³	30% after deductible ASC 40% after deductible Hosp	No charge after deductible for both ASC and Hosp	25% after deductible ASC 35% after deductible Hosp	No charge after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription Drugs⁴						
Generic	\$30	\$30	35% after deductible	No charge after deductible	\$30	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$225	No charge after deductible	35% after deductible	No charge after deductible	\$210	
Brand non-preferred	\$525	No charge after deductible	35% after deductible	No charge after deductible	\$525	
Specialty	\$600	No charge after deductible	35% after deductible	No charge after deductible	\$600	
Pharmacy deductible	\$0	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	\$0	\$0
Relativity to KP CO Platinum 0/10 Rx Copay	-37%	-40%	-37%	-37%	-1%	

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit kp.org/sbc to view the Summary of Benefits and Coverage.

KP Select Plans ONLY offered in Colorado Springs and surrounding areas.

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider Tier of the PPO plan.
2. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.
3. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
4. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail order program or the maintenance medication will not be covered. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.
5. Pharmacy costs are subject to medical deductible.

Questions? Contact your broker or your Small Business team at **1-866-331-2091**

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