

Product	Plan	Plan Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Primary Care Office Visit	Specialist Office Visit	Hospital Inpatient Care	Prescription Drugs (Generic/Brand/Specialty)	Available in Covered California for Small Business and CaliforniaChoice®
Copay HMO plans	Platinum 90 HMO 0/10 + Child Dental Alt	\$0/\$0	\$3,000/\$6,000	\$10	\$20	\$500 per admission	\$5 \$15 10% per prescription up to \$250 maximum	Yes
	Platinum 90 HMO 0/20 + Child Dental	\$0/\$0	\$4,500/\$9,000	\$20	\$30	\$250/day up to 5 days per admission	\$5 \$20 10% per prescription up to \$250 maximum	Yes
	Gold 80 HMO 0/30 + Child Dental Alt	\$0/\$0	\$7,500/\$15,000	\$30	\$50	\$600/day up to 5 days per admission	\$15 \$50 20% per prescription up to \$250 maximum	Yes
Deductible HMO plans	Gold 80 HMO 250/35 + Child Dental	\$250/\$500	\$7,800/\$15,600	\$35	\$55	\$600/day up to 5 days per admission (after plan deductible)	\$15 \$40 20% per prescription up to \$250 maximum	Yes
	Gold 80 HMO 1000/40 + Child Dental Alt	\$1,000/\$2,000	\$7,800/\$15,600	\$40	\$60	\$600/day up to 5 days per admission (after plan deductible)	\$20 \$50 (after \$250 drug deductible) 20% per prescription up to \$250 maximum (after \$250 drug deductible)	Yes
	Silver 70 HMO 1900/65 + Child Dental Alt	\$1,900/\$3,800	\$8,750/\$17,500	\$65	\$100	45% (after plan deductible)	\$20 \$100 20% per prescription up to \$250 maximum (after plan deductible)	Yes
	Silver 70 HMO 2300/65 + Child Dental Alt	\$2,300/\$4,600	\$8,750/\$17,500	\$65	\$100	45% (after plan deductible)	\$20 \$100 (after \$500 drug deductible) 20% per prescription up to \$250 maximum (after \$500 drug deductible)	Yes
	Silver 70 HMO 2500/55 + Child Dental	\$2,500/\$5,000	\$8,750/\$17,500	\$55	\$90	40% (after plan deductible)	\$19 \$85 (after \$370 drug deductible) 30% per prescription up to \$250 maximum (after \$370 drug deductible)	Yes
	Silver 70 HMO 2800/65 + Child Dental Alt	\$2,800/\$5,600	\$8,750/\$17,500	\$65	\$100	45% (after plan deductible)	\$20 \$100 (after plan deductible) 45% per prescription up to \$250 maximum (after plan deductible)	Yes
	Bronze 60 HMO 5400/60 + Child Dental Alt	\$5,400/\$10,800	\$8,300/\$16,600	\$60 (after plan deductible)	\$80 (after plan deductible)	50% (after plan deductible)	\$20 50% per prescription up to \$500 maximum (after plan deductible) 50% per prescription up to \$500 maximum (after plan deductible)	Yes
	Bronze 60 HMO 6300/65 + Child Dental	\$6,300/\$12,600	\$8,600/\$17,200	\$65 (after plan deductible)	\$95 (after plan deductible)	40% (after plan deductible)	\$18 (after \$500 drug deductible) 40% per prescription up to \$500 maximum (after \$500 drug deductible) 40% per prescription up to \$500 maximum (after \$500 drug deductible)	Yes

This is only a summary. It doesn't fully describe benefit coverage for every plan. For complete coverage details, including exclusions, limitations, and plan terms, contact a Kaiser Permanente representative or refer to your service agreement.

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<b>HSA-qualified High Deductible Health Plans</b>	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Self only-\$1,600 Individual-\$3,000 Family-\$3,200	\$3,550/\$7,100	15% (after plan deductible)	15% (after plan deductible)	15% (after plan deductible)	\$15 (after plan deductible) \$45 (after plan deductible) 15%pr prescription up to \$250 maximum (after plan deductible)	Yes
	Silver 70 HDHP HMO 2700/25% + Child Dental	Self/Individual/Family \$2,700/\$3,000/\$5,400	\$7,200/\$14,400	25% (after plan deductible)	25% (after plan deductible)	25% (after plan deductible)	25% per prescription up to \$250 maximum (after plan deductible)	Yes
	Bronze 60 HDHP HMO 7000/0 + Child Dental	\$7,000/\$14,000	\$7,000/\$14,000	\$0 (after plan deductible)	\$0 (after plan deductible)	\$0 (after plan deductible)	\$0 (after plan deductible)	Yes
<b>Deductible HMO with Health Reimbursement Arrangement plan</b>	Gold 80 HRA HMO 2250/35 + Child Dental	\$2,250/\$4,500	\$8,500/\$17,000	\$35	\$50	25% (after plan deductible)	\$15 \$30 (after \$100 drug deductible) 20% per prescription up to \$250 maximum (after \$100 drug deductible)	No
<b>PPO plans<sup>1</sup></b>	Platinum 90 PPO 0/15 + Child Dental	In-network: \$0/\$0 Out-of-network: \$500/\$1,000	In-network: \$4,500/\$9,000 Out-of-network: \$9,000/\$18,000	In-network: \$15 Out-of-network: 30% (after plan deductible)	In-network: \$30 Out-of-network: 30% (after plan deductible)	In-network: 10% Out-of-network: 30% (after plan deductible)	\$10 \$25 10% per prescription up to \$250 maximum	No
	Gold 80 PPO 350/25 + Child Dental	In-network: \$350/\$700 Out-of-network: \$1,000/\$2,000	In-network: \$7,800/\$15,600 Out-of-network: \$15,600/\$31,200	In-network: \$25 Out-of-network: 40% (after plan deductible)	In-network: \$50 Out-of-network: 40% (after plan deductible)	In-network: 20% (after plan deductible) Out-of-network: 40% (after plan deductible)	\$15 \$50 20% per prescription up to \$250 maximum	No
	Silver 70 PPO 2500/55 + Child Dental	In-network: \$2,500/\$5,000 Out-of-network: \$5,000/\$10,000	In-network: \$8,750/\$17,500 Out-of-network: \$17,500/\$35,000	In-network: \$55 Out-of-network: 40% (after plan deductible)	In-network: \$90 Out-of-network: 40% (after plan deductible)	In-network: 40% (after plan deductible) Out-of-network: 50% (after plan deductible)	\$19 \$85 (after \$300 drug deductible) 30% per prescription up to \$250 maximum (after \$300 drug deductible)	No
	Bronze 60 PPO 6300/65 + Child Dental	In-network: \$6,300/\$12,600 Out-of-network: \$12,600/\$25,200	In-network: \$8,200/\$16,400 Out-of-network: \$16,400/\$32,800	In-network: \$65 (after plan deductible) Out-of-network: 100% up to out-of-pocket maximum <sup>2</sup>	In-network: \$95 (after plan deductible) Out-of-network: 100% up to out-of-pocket maximum <sup>2</sup>	In-network: 40% (after plan deductible) Out-of-network: 100% up to out-of-pocket maximum <sup>2</sup>	\$18 (after \$500 drug deductible) 40% per prescription up to \$500 maximum (after \$500 drug deductible) 40% per prescription up to \$500 maximum (after \$500 drug deductible)	No

<sup>1</sup>The Kaiser Permanente PPO Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

<sup>2</sup>Even when the deductible is met, members will still pay 100% coinsurance for select benefits until the out-of-pocket maximum has been met. Once the out-of-pocket maximum is met, there is no charge for covered services.

Information may have changed since publication.