

## 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 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% IN / 25% OUT	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 IN Not covered OUT	10%	25% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No charge IN See EOC OUT	No charge	See COI	See COI
PCP office visit	\$10 KP \$30 Affiliated Provider <sup>1</sup>	\$10 KP \$30 Affiliated Provider <sup>1</sup>	\$20 KP \$40 OUT <sup>2</sup>	\$10 KP \$30 Affiliated Provider <sup>1</sup>	\$35 <sup>2</sup>	50% after deductible
Specialist office visit	\$40	\$55 <sup>2</sup>	\$45 IN <sup>2</sup> \$65 OUT <sup>2</sup>	\$55 <sup>2</sup>	\$85 <sup>2</sup>	50% after deductible
MRI, CT, and PET	\$200	15% after deductible	15% after deductible IN Not covered OUT	10%	25% after deductible	50% after deductible
Lab & X-ray	10%	15% after deductible	15% after deductible IN 25% coin OUT	10%	25% after deductible	50% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital (Hosp)	\$300 ASC \$500 Hosp <sup>3</sup>	5% after deductible ASC 15% after deductible Hosp <sup>3</sup>	5% after deductible ASC 15% after deductible Hosp <sup>3</sup> Not covered OUT	\$300 ASC \$500 Hosp <sup>3</sup>	15% after deductible ASC 25% after deductible Hosp	50% after deductible ASC 50% after deductible Hosp
<b>Prescription Drugs<sup>4</sup></b>						
Generic	\$10	\$10	\$10 IN / 50% OUT	\$10	\$25	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$35	\$40	\$40 IN / 50% OUT	\$40	\$60	
Brand non-preferred	\$200	15%	15% IN / 50% OUT	10%	25% after deductible	
Specialty	\$250	15%	15% IN / 50% OUT	10%	25% after deductible	
Pharmacy deductible	\$0	\$0	\$0	\$0	Medical deductible	N/A
Relativity to KP CO Platinum 0/15 Rx Copay	0%	-5%	-2%	20%		

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- In addition to the copay, the visit may have a charge for services performed during the visit.
- The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. the outpatient department of a hospital.
- 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](https://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 PPO 2000/35 Rx Copay		KP CO Gold 3T POS 1500/30		
Product type	HMO	DHMO	DHMO	DHMO	DHMO PLUS	DHMO PLUS	HSA	PPO <i>In-network</i>	PPO <i>Out-of-network</i>	POS Tier 1 <i>(DHMO) In-Network Provider</i>	POS Tier 2 <i>Participating Provider</i>	POS Tier 3 <i>Non-Participating Provider</i>
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)	\$2,000/\$4,000	\$6,000/\$12,000	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-pocket maximum Individual/Family	\$7,000/\$14,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,800/\$15,600	\$4,100/\$8,200 (aggregate)	\$7,500/\$15,000	\$22,500/\$45,000	\$4,000/\$8,000	\$7,000/\$14,000	\$15,000/\$30,000
Coinsurance (member's cost)	20%	20%	20%	20%	20% IN 40% OUT	25% IN 40% OUT	15%	25%	50%	20%	35%	50%
Emergency room	\$750	\$750	20% after deductible	20% after deductible	20% after deductible	25% after deductible	15% after deductible	25% after deductible	25% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent care	\$75	\$75	\$75	\$85	\$85	\$85	\$75 after deductible	\$85	\$250	\$85	\$85	\$85
Inpatient hospital	\$750 per day (Days 1 through 4)	20% after deductible	20% after deductible	20% after deductible	20% after deductible IN Not covered OUT	25% after deductible IN Not covered OUT	15% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No charge	No charge	No charge IN See EOC OUT	No charge IN See EOC OUT	No charge <sup>1</sup>	See COI <sup>1</sup>	See COI <sup>1</sup>	No charge	See COI <sup>1</sup>	See COI <sup>1</sup>
PCP office visit	\$20 KP \$40 Affiliated Provider <sup>2</sup>	\$25 KP \$45 Affiliated Provider <sup>2</sup>	\$25 KP \$45 Affiliated Provider <sup>2</sup>	\$10 KP \$30 Affiliated Provider <sup>2</sup>	\$35 KP \$65 OUT <sup>3</sup>	\$40 KP \$70 OUT <sup>3</sup>	\$30 after deductible KP \$50 after deductible Affiliated Provider <sup>2</sup>	\$35 <sup>3</sup>	50% after deductible	\$30 KP \$50 Affiliated Provider <sup>2</sup>	\$65 <sup>3</sup>	50% after deductible
Specialist office visit	\$60	\$65 <sup>3</sup>	\$65 <sup>3</sup>	\$75 <sup>3</sup>	\$70 IN <sup>3</sup> \$90 OUT <sup>3</sup>	\$75 IN <sup>3</sup> \$95 OUT <sup>3</sup>	\$60 after deductible <sup>3</sup>	\$70 <sup>3</sup>	50% after deductible	\$70 <sup>3</sup>	\$100 <sup>3</sup>	50% after deductible
MRI, CT, and PET	\$500	20% after deductible	20% after deductible	20% after deductible	20% after deductible IN Not covered OUT	25% after deductible IN Not covered OUT	15% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Lab & X-ray	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible IN 40% after deductible OUT	25% after deductible IN 40% after deductible OUT	15% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient surgery/ Ambulatory surgical center (ASC)/ outpatient department of hospital (Hosp)	\$500 ASC \$750 Hosp <sup>4</sup>	10% after deductible ASC 20% after deductible Hosp <sup>4</sup>	10% after deductible ASC 20% after deductible Hosp <sup>4</sup>	10% after deductible ASC 20% after deductible Hosp <sup>4</sup>	10% after deductible ASC 20% after deductible IN <sup>4</sup> Not covered OUT	15% after deductible ASC 25% after deductible IN <sup>4</sup> Not covered OUT	5% after deductible ASC 15% after deductible Hosp <sup>4</sup>	25% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	10% after deductible ASC 20% after deductible Hosp <sup>4</sup>	25% after deductible ASC 35% after deductible Hosp	50% after deductible for both ASC and Hosp
<b>Prescription Drugs<sup>5</sup></b>												
Generic	\$15	\$15	\$15	\$15	\$15 IN 50% OUT	\$15 IN 50% OUT	\$15 after deductible	\$15	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$15	\$45	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$65	\$75	\$80	\$75	\$75 IN 50% OUT	\$75 IN 50% OUT	\$50 after deductible	\$75		\$75	\$100	
Brand non-preferred	\$300	20% after Rx deductible	\$400	20% after deductible	20% IN 50% OUT	25% IN 50% OUT	15% after deductible	\$350		20%	35% after Rx deductible	
Specialty	\$350	20% after Rx deductible	\$500	20% after deductible	20% IN 50% OUT	25% IN 50% OUT	15% after deductible	\$500		20%	35% after Rx deductible	
Pharmacy deductible	\$0	\$300	\$0	Medical deductible <sup>6</sup>	\$0	\$0	Medical deductible <sup>6</sup>	\$0	\$0	\$0	\$500	\$0
Relativity to KP CO Platinum 0/15 Rx Copay	-10%	-14%	-17%	-21%	-15%	-20%	-18%	31%		4%		

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2. Affiliated providers are providers that practice outside Kaiser Permanente medical offices. Visit [kp.org/doctors](http://kp.org/doctors) for a list of participating providers.
3. In addition to a copay, the visit may have a charge for services performed during the visit.

4. For most plans, the outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. the outpatient department of a hospital.
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.
6. 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 3000/30/HSA KP Select CO Silver 3000/30/HSA	KP CO Silver 4400/30/HSA KP Select CO Silver 4400/30/HSA	KP CO Silver HSA Plus 3500/30%	NEW KP CO Silver 3T POS 3000/45 Rx Copay			KP CO Silver PPO 3500/50 Rx Copay		
Product type	DHMO	DHMO	DHMO	DHMO	DHMO Plus	HSA	HSA	HSA Plus	POS Tier 1 (DHMO)	POS Tier 2 (DHMO)	POS Tier 3 (DHMO)	PPO In-network	PPO Out-of-network	
Deductible Individual/Family	\$2,800/\$5,600	\$4,000/\$8,000	\$5,000/\$10,000	\$6,300/\$12,600	\$3,500/\$7,000	\$3,000/\$6,000	\$4,400/\$8,800	\$3,500/\$7,000	\$3,000/\$6,000	\$7,500/\$15,000	\$12,000/\$24,000	\$3,500/\$7,000	\$10,500/\$21,000	
Out-of-pocket maximum Individual/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,500/\$15,000	\$9,100/\$18,200	\$20,000/\$40,000	\$9,100/\$18,200	\$27,300/\$54,600	
Coinsurance (member's cost)	35%	35%	35%	35%	30%/50%	20%	30%	30% IN 50% OUT	35%	45%	50%	35%	50%	
Emergency room	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible	20% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% 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	\$100	\$100	\$100	\$100 <sup>3</sup>	\$250 <sup>3</sup>	
Inpatient hospital	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible IN Not covered OUT	20% after deductible	30% after deductible	30% after deductible IN Not covered OUT	35% after deductible	45% after deductible	50% after deductible	35% after deductible	50% after deductible	
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No charge	No charge	No charge IN See EOC OUT	No charge <sup>1</sup>	No charge <sup>1</sup>	No charge IN <sup>1</sup> See EOC OUT	No charge	See COI <sup>1</sup>	See COI <sup>1</sup>	See COI <sup>1</sup>	See COI <sup>1</sup>	
PCP office visit	\$45 KP \$65 Affiliated Provider <sup>2</sup>	\$50 KP \$70 Affiliated Provider <sup>2</sup>	\$10 KP \$30 Affiliated Provider <sup>2</sup>	First 3 visits \$50 KP/ \$70 Affiliated Provider <sup>2</sup> ; additional visits \$50/ \$70 after deductible	\$45 KP/\$80 OUT <sup>3</sup>	\$30 after deductible KP \$50 after deductible Affiliated Provider <sup>2</sup>	\$30 after deductible KP \$50 after deductible Affiliated Provider <sup>2</sup>	30% after deductible KP/ 50% after deductible OUT	\$45 KP \$65 Affiliated Provider <sup>2</sup>	\$80	50% after deductible	\$50 <sup>3</sup>	50% after deductible	
Specialist office visit	\$85 <sup>3</sup>	\$85 <sup>3</sup>	\$85 <sup>3</sup>	\$75 after deductible <sup>3</sup>	\$75 IN <sup>3</sup> \$95 OUT <sup>3</sup>	\$60 after deductible <sup>3</sup>	\$60 after deductible <sup>3</sup>	30% after deductible IN 50% after deductible OUT	\$85 <sup>3</sup>	\$100 after deductible	50% after deductible	\$90 <sup>3</sup>	50% after deductible	
MRI, CT, and PET	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible IN Not covered OUT	20% after deductible	30% after deductible	30% after deductible IN Not covered OUT	35% after deductible	45% after deductible	50% after deductible	35% after deductible	50% after deductible	
Lab & X-ray	35% after deductible	35% after deductible	35% after deductible	Lab: \$30 / X-ray: 35% after deductible	30% after deductible IN 50% after deductible OUT	20% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT	35% after deductible	45% after deductible	50% after deductible	35% after deductible	50% after deductible	
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital (Hosp)	25% after deductible ASC 35% after deductible Hosp <sup>4</sup>	25% after deductible ASC 35% after deductible Hosp <sup>4</sup>	25% after deductible ASC 35% after deductible Hosp <sup>4</sup>	25% after deductible ASC 35% after deductible Hosp <sup>4</sup>	20% after deductible ASC 30% after deductible Hosp IN <sup>4</sup> Not covered OUT	10% after deductible ASC 20% after deductible Hosp <sup>4</sup>	20% after deductible ASC 30% after deductible Hosp <sup>4</sup>	20% after deductible ASC 30% after deductible Hosp <sup>4</sup> Not covered OUT	25% after deductible ASC 35% after deductible Hosp <sup>4</sup>	45% 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	
<b>Prescription Drugs<sup>5</sup></b>														
Generic	\$15	\$15	\$15	\$15	\$15 IN 50% OUT	\$10 after deductible	\$10 after deductible	\$10 after deductible IN 50% after deductible OUT	\$20	\$45	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	
Brand	\$65 after Rx deductible	\$75	35% after deductible	\$75	\$75 IN 50% OUT	\$45 after deductible	\$45 after deductible	\$30 after deductible IN 50% after deductible OUT	\$85	\$100		\$90		
Brand non-preferred	35% after Rx deductible	\$450	35% after deductible	\$600	30% after Rx deductible IN 50% after Rx deductible OUT	20% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT	\$550	45% after Rx deductible		\$525		
Specialty	35% after Rx deductible	\$500	35% after deductible	\$700	30% after Rx deductible IN 50% after Rx deductible OUT	20% after deductible	30% after deductible	30% after deductible IN 50% after deductible OUT	\$625	45% after Rx deductible		\$600		
Pharmacy deductible	\$500	\$0	Medical deductible <sup>6</sup>	\$0	\$500	Medical deductible <sup>6</sup>	Medical deductible <sup>6</sup>	Medical deductible <sup>6</sup>	\$0	\$1,000	\$0	\$0	\$0	
Relativity to KP CO Platinum 0/15 Rx Copay	-29%	-28%	-35%	-33%	-27%	-28%	-33%	-27%	-10%			19%		

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4. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. the outpatient department of a hospital.

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.

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## Bronze plans

	KP CO Bronze 7000/60 Rx Copay KP Select CO Bronze 7000/60 Rx Copay	KP CO Virtual Complete Bronze 9100/40 KP Select CO Virtual Complete Bronze 9100/40	KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA	KP CO Bronze 7000/100%/HSA KP Select CO Bronze 7000/100%/HSA	KP CO Bronze PPO 7000/60 Rx Copay	
Product type	DHMO	DHMO	HSA	HSA	PPO In-network	PPO Out-of-network
Deductible Individual/Family	\$7,000/\$14,000	\$9,100/\$18,200	\$6,250/\$12,500	\$7,000/\$14,000	\$7,000/\$14,000	\$21,000/\$42,000
Out-of-pocket maximum Individual/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$7,000/\$14,000	\$7,000/\$14,000	\$9,100/\$18,200	\$27,300/\$54,600
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)	No charge	No charge	No charge <sup>1</sup>	No charge <sup>1</sup>	See COI <sup>1</sup>	See COI <sup>1</sup>
PCP office visit	First 2 visits \$60 KP/ \$80 Affiliated Provider <sup>2</sup> ; additional visits 40% after deductible	First visit \$40 KP/ \$60 Affiliated Provider <sup>2</sup> ; additional visits 0% after deductible	\$50 after deductible KP/ \$70 after deductible Affiliated Provider <sup>2</sup>	No charge after deductible	First 2 visits \$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
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)/ outpatient department of hospital (Hosp)	30% after deductible ASC 40% after deductible Hosp <sup>3</sup>	No charge after deductible ASC/ No charge after deductible Hosp <sup>3</sup>	25% after deductible ASC 35% after deductible Hosp <sup>3</sup>	No charge after deductible ASC No charge after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
<b>Prescription Drugs<sup>4</sup></b>						
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	\$210	0% after deductible	35% after deductible	No charge after deductible	\$210	
Brand non-preferred	\$525	0% after deductible	35% after deductible	No charge after deductible	\$525	
Specialty	\$600	0% after deductible	35% after deductible	No charge after deductible	\$600	
Pharmacy deductible	\$0	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	\$0	\$0
Relativity to KP CO Platinum 0/15 Rx Copay	-34%	-39%	-35%	-35%	12%	

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