

	Deductible (x2 family)	Coinsurance (after deductible)	Out-of-Pocket Maximum (x2 family)	Telehealth Visits ¹	PCP	Specialist	Lab/X-ray	MRI, CT, & PET	Urgent Care	Emergency Room	Outpatient Surgery	Inpatient Hospital	Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	Relativity to KP/0/0/20/S10 Platinum
KP Plans														
KP/0/0/20/S10 Platinum	None	0%	\$2,500	\$0	\$20	\$40	\$0	\$100	\$40	\$350	\$250	\$500 per day	\$5/\$10/\$40/\$60/25%	0%
KP/500/20/20/S10 Platinum	\$500	20%	\$4,500	\$0	\$20	\$40	\$0	\$100	\$40	\$350	20%	20%	\$5/\$10/\$40/\$60/25%	-2%
KP/0/0/30/S10 Gold	None	0%	\$8,700	\$0	\$30	\$60	\$0/\$20	\$400	\$60	\$550	\$550	\$800 per day	\$5/\$10/\$50/\$80/35%	-5%
KP/0/0/40/S10 Gold	None	0%	\$8,700	\$0	\$40	\$70	\$0/\$50	\$550	\$80	\$650	\$700	\$950 per day, first 3 days	\$5/\$10/\$60/\$100/35%	-8%
KP/1000/20/30/S10 Gold	\$1,000	20%	\$8,500	\$0	\$30	\$60	\$0/\$60	\$400	\$60	\$550	20%	20%	\$250 Rx deductible (except Tier 1 and Tier 2 Generics) \$5/\$10/\$40/\$60/25%	-9%
KP/2250/20/30/S10 Gold	\$2,250	20%	\$8,500	\$0	\$30	\$60	\$0/\$60	20%	\$60	\$550	20%	20%	\$250 Rx deductible (except Tier 1 and Tier 2 Generics) \$5/\$10/\$40/\$60/25%	-12%
KP/2500/0/30/S10 Gold	\$2,500	0%	\$8,900	\$0	\$30	\$60	\$0/0% after deductible	\$600	\$60	\$650	0%	0%	\$5/\$20/\$50/\$80/25%	-11%
KP/3500/0/30/S10 Gold	\$3,500	0%	\$8,900	\$0	\$30	\$60	\$0/0% after deductible	\$600	\$60	\$650	0%	0%	\$5/\$20/\$50/\$80/25%	-14%
KP/3750/20/30/S10 Gold	\$3,750	20%	\$6,200	\$0	\$30	\$60	20%	20%	\$60	20%	20%	20%	\$5/\$10/\$50/\$80/25%	-18%
KP/4500/0/30/S10 Gold	\$4,500	0%	\$8,900	\$0	\$30	\$60	\$0/0% after deductible	\$600	\$60	\$650	0%	0%	\$5/\$20/\$50/\$80/25%	-17%
KP/2700/35/50/S10 Silver	\$2,700	35%	\$8,900	\$0	\$50	\$80	35%	\$550 after deductible	\$100	35%	35%	35%	\$450 Rx deductible (except Tier 1 and Tier 2 Generics) \$5/\$20/\$50/\$80/35%	-18%
KP/3700/35/50/S10 Silver	\$3,700	35%	\$9,000	\$0	\$50	\$80	35%	\$550 after deductible	\$100	35%	35%	35%	\$5/\$20/\$50/\$80/35%	-21%
KP/4700/35/50/S10 Silver	\$4,700	35%	\$9,000	\$0	\$50	\$80	35%	\$550 after deductible	\$100	35%	35%	35%	\$5/\$20/\$50/\$80/35%	-23%
KP/5500/0/50/S10 Silver	\$5,500	0%	\$8,500	\$0	\$50	\$80	\$0 after deductible/\$50	\$450 after deductible	\$100	\$600 after deductible	\$200 after deductible	\$500 after deductible	\$5/\$20/\$50/\$80/30%	-21%

KP and HDHP Plans are also available on the SHOP (with the exception of Platinum KP/0/0/20/S10 and KP/500/20/20/S10). KP Plus plans are not available on the SHOP. For more detailed benefit summaries, visit *Selling Plans* on [brokernet.kp.org](https://www.brokernet.kp.org).

Deductible (x2 family)	Coinsurance (after deductible)	Out-of-Pocket Maximum (x2 family)	Telehealth Visits ¹	PCP	Specialist	Lab/X-ray	MRI, CT, & PET	Urgent Care	Emergency Room	Outpatient Surgery	Inpatient Hospital	Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	Relativity to KP/0/0/20/S10 Platinum
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KP Plans continued														
KP/6000/30/50/S10 Silver	\$6,000	30%	\$8,500	\$0	\$50	\$80	30%	30%	\$100	30%	30%	30%	Medical ded applies (except Tier 1 and Tier 2 Generics) \$5/\$20/\$50/\$80/45%	-26%

KP Virtual Complete Plans														
KP Virtual Complete 3000/20/40/S10 Gold	\$3,000	20%	\$4,800	\$0	\$40 after deductible (ded waived for the first 3 visits)	\$60 after ded	\$0/20%	20%	\$80 after ded	20%	20%	20%	Medical ded applies (except Tier 1 and Tier 2 Generics) \$5/\$25/20%/45%/45%	-18%
KP Virtual Complete 5000/30/40/S10 Silver	\$5,000	30%	\$8,700	\$0	\$40 after deductible (ded waived for the first 3 visits)	\$60 after ded	\$0/30%	30%	\$80 after ded	30%	30%	30%	Medical ded applies (except Tier 1 and Tier 2 Generics) \$5/\$25/30%/50%/50%	-28%
KP Virtual Complete 6300/20/60/S10 Bronze	\$6,300	20%	\$9,000	\$0	\$60 after deductible (ded waived for the first 3 visits)	\$80 after ded	\$0/20% after ded	20%	\$120 after deductible (ded waived for the first 3 visits)	20%	20%	20%	Medical ded applies (except Tier 1 and Tier 2 Generics) \$5/\$30/\$60/\$100/20%	-31%

Deductible (x2 family)	Coinsurance (after deductible)	Out-of-Pocket Maximum (x2 family)	Telehealth Office Visits ¹	PCP	Specialist	Lab/X-ray	MRI, CT, & PET	Urgent Care	Emergency Room	Outpatient Surgery	Inpatient Hospital	Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	Relativity to KP/0/0/20/S10 Platinum
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HDHP plans														
HDHP/3200/20/S10 Silver	\$3,200	20%	\$6,900	20%	20%	20%	20%	20%	20%	20%	20%	20%	Medical ded applies (except Tier 1 Generics) \$5/20%/20%/20%/20%	-20%
HDHP/5000/20/S10 Silver	\$5,000	20%	\$6,900	20%	20%	20%	20%	20%	20%	20%	20%	20%	Medical ded applies (except Tier 1 Generics) \$5/20%/20%/20%/20%	-28%
HDHP/6850/0/S10 Bronze	\$6,850	0%	\$6,850	0%	0%	0%	0%	0%	0%	0%	0%	0%	Medical ded applies (except Tier 1 Generics) \$25/0%/0%/0%/0%	-32%

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.

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Deductible (x2 family)		Coinsurance (after deductible)		Out-of-Pocket Maximum (x2 family)		PCP ²		Specialist ²		Telehealth ² Visits ¹		Lab/X-ray ²		MRI, CT, & PET		Urgent Care		Emergency Room		Outpatient Surgery		Inpatient Hospital		Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty ²	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

KP Plus																											
KP Plus 0/0/20/S10 Platinum		None	N/A	0%	N/A	\$2,500	N/A	\$20	\$40	\$40	\$60	\$0	\$20	\$0	\$20	\$100	N/A	\$40	N/A	\$350	\$350	\$250	N/A	\$500 per day	N/A	\$5/\$10/\$40/ \$60/25% (KP Pharmacies) \$15/\$20/\$60 \$90/35% (Network Pharmacies)	\$25/\$30/\$60 \$90/35%
KP Plus 0/0/30/S10 Gold		None	N/A	0%	N/A	\$8,700	N/A	\$30	\$50	\$60	\$80	\$0	\$20	\$0/\$20	\$20/ \$40	\$400	N/A	\$60	N/A	\$550	\$550	\$550	N/A	\$800 per day	N/A	\$5/\$10/\$50 \$80/35% (KP Pharmacies) \$15/\$20/\$70 \$110/45% (Network Pharmacies)	\$25/\$30/\$70 \$110/45%
KP Plus 1000/20/30/S10 Gold		\$1,000	N/A	20%	N/A	\$8,500	N/A	\$30	\$50	\$60	\$80	\$0	\$20	\$0/ \$60	\$20/ \$80	\$400	N/A	\$60	N/A	\$550	\$550	20%	N/A	20%	N/A	\$250 Rx Ded (except Tier 1 and Tier 2 Generics) \$5/\$10/\$40 \$60/25% (KP Pharmacies) \$15/\$20/\$60 \$90/35% (Network Pharmacies)	\$25/\$30/\$60 \$90/35%

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.

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

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Deductible (x2 family)		Coinsurance (after deductible)		Out-of-Pocket Maximum (x2 family)		PCP ²		Specialist ²		Telehealth ² Visits ¹		Lab/X-ray ²		MRI, CT, & PET		Urgent Care		Emergency Room		Outpatient Surgery		Inpatient Hospital		Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty ²	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

KP Plus																											
KP Plus 2500/0/30/S10 Gold		\$2,500	N/A	0%	N/A	\$8,900	N/A	\$30	\$50	\$60	\$80	\$0	\$20	\$0/0% after ded	\$20/20%	\$600	N/A	\$60	N/A	\$650	\$650	0%	N/A	0%	N/A	\$5/\$20/\$50 \$80/25% (KP Pharmacies) \$15/\$30/ \$70/\$110/35% (Network Pharmacies)	\$25/\$40/\$70 \$110/35%
KP Plus 2700/35/50/S10 Silver		\$2,700	N/A	35%	N/A	\$8,900	N/A	\$50	\$70	\$80	\$100	\$0	\$20	35%	45%	\$550 after deductible	N/A	\$100	N/A	35%	35%	35%	N/A	35%	N/A	\$250 Rx Ded (except Tier 1 and Tier 2 Generics) \$5/\$10/\$40 \$60/25% (KP Pharmacies) \$15/\$20/\$60 \$90/35% (Network Pharmacies)	\$25/\$40/\$70 \$110/45%
KP Plus 3700/35/50/S10 Silver		\$3,700	N/A	35%	N/A	\$9,000	N/A	\$50	\$70	\$80	\$100	\$0	\$20	35%	45%	\$550 after deductible	N/A	\$100	N/A	35%	35%	35%	N/A	35%	N/A	\$5/\$20/\$50/ \$80/35% (KP Pharmacies) \$15/\$30/\$70/ \$110/45% (Network Pharmacies)	\$25/\$40/\$70 \$110/45%

¹Phone 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.

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

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Deductible (x2 family)		Coinsurance (after deductible)		Out-of-Pocket Maximum (x2 family)		PCP		Specialist		Telehealth Visits		Lab/X-ray		MRI, CT, & PET		Urgent Care		Emergency Room		Outpatient Surgery		Inpatient Hospital		Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

Dual Choice PPO ¹																										
PPO/0/0/20/S10 Platinum	None	\$2,000	\$0	30%	\$2,500	\$7,500	\$20 KP Providers	30%	\$40 KP Providers	30%	Primary \$0 KP Providers	30%	\$0	30%	\$100	30%	\$40 KP Providers	30%	\$350	\$350	\$250	30%	\$500 per day	30%	\$5/\$10/ \$40/\$60/ 25% (KP Pharmacies)	Medical ded applies
PPO/1000/20/30/S10 Gold	\$1,000	\$3,000	20%	30%	\$8,700	\$17,400	\$30 KP Providers	30%	\$60 KP Providers	30%	Primary \$0 KP Providers	30%	\$0/\$60	30%	\$400	30%	\$60 KP Providers	30%	\$550	\$550	20%	30%	20%	30%	\$250 Rx ded (except Tier 1 and Tier 2 Generics)	Medical ded applies
PPO/2500/10/30/S10 Gold	\$2,500	\$5,000	10%	30%	\$9,100	\$18,200	\$30 KP Providers	30%	\$60 KP Providers	30%	Primary \$0 KP Providers	30%	\$0/ 0% after deductible	30%	\$600	30%	\$60 KP Providers	30%	\$650	\$650	10%	30%	10%	30%	\$5/\$20/ \$50/\$80/ 25% (KP Pharmacies)	Medical ded applies

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Deductible (x2 family)		Coinsurance (after deductible)		Out-of-Pocket Maximum (x2 family)		PCP		Specialist		Telehealth Visits		Lab/X-ray		MRI, CT, & PET		Urgent Care		Emergency Room		Outpatient Surgery		Inpatient Hospital		Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

Dual Choice PPO ¹																										
PPO/3850/30/50/S10 Silver	\$3,850	\$7,700	30%	40%	\$9,100	\$18,200	\$50 KP Providers	40%	\$80 KP Providers	40%	Primary \$0 KP Providers	40%	30%	40%	\$550 after deductible	40%	\$100 KP Providers	40%	30%	30%	30%	40%	30%	40%	\$5/\$20/\$50/\$80/30% (KP Pharmacies)	Medical ded applies
							\$70 Network Providers		\$100 Network Providers		\$70 Network Providers						\$140 Network Providers							\$15/\$30/\$70/\$110/35% (MedImpact Pharmacies)	40%/40%/40%/40%	
PPO/4850/30/50/S10 Silver	\$4,850	\$9,700	30%	40%	\$9,100	\$18,200	\$50 KP Providers	40%	\$80 KP Providers	40%	Primary \$0 KP Providers	40%	30%	40%	\$550 after deductible	40%	\$100 KP Providers	40%	30%	30%	30%	40%	30%	40%	\$5/\$20/\$50/\$80/30% (KP Pharmacies)	Medical ded applies
							\$70 Network Providers		\$100 Network Providers		\$70 Network Providers						\$140 Network Providers							\$15/\$30/\$70/\$110/35% (MedImpact Pharmacies)	40%/40%/40%/40%	
PPO HDHP/3500/20/S10 Silver	\$3,500	\$7,000	20%	40%	\$7,000	\$14,000	20% KP Providers	40%	20% KP Providers	40%	Primary 20% KP Providers	40%	20%	40%	20%	40%	20% KP Providers	40%	20%	20%	20%	40%	20%	40%	Med ded applies (except Tier 1 Generics)	Medical ded applies
							30% Network Providers		30% Network Providers		30% Network Providers						30% Network Providers							\$5/20%/20%/20%/20% (KP Pharmacies)	40%/40%/40%/40%	
											Specialty 20% KP Providers													\$15/30%/30%/30%/30% (MedImpact Pharmacies)	40%/40%/40%/40%	

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Deductible (x2 family)		Coinsurance (after deductible)		Out-of-Pocket Maximum (x2 family)		PCP		Specialist		Telehealth Visits		Lab/X-ray		MRI, CT, & PET		Urgent Care		Emergency Room		Outpatient Surgery		Inpatient Hospital		Prescription Drugs Tier 1 Generic/Tier 2 Generic/ Tier 3 Preferred Brand/ Tier 4 Non-Preferred/ Tier 5 Specialty	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

Dual Choice PPO¹

PPO HDHP/5000/20/S10 Silver	\$5,000	\$10,000	20%	40%	\$7,000	\$14,000	20% KP Providers 30% Network Providers	40%	20% KP Providers 30% Network Providers	40%	Primary 20% KP Providers 30% Network Providers Specialty 20% KP Providers 30% Network Providers	40%	20%	40%	20%	40%	20% KP Providers 30% Network Providers	40%	20%	20%	20%	40%	20%	40%	20%	40%	Med ded applies (except Tier 1 Generics) \$5/20%/20%/20%/20% (KP Pharmacies) \$15/30%/30%/30% (MedImpact Pharmacies)	Medical ded applies 40%/40%/40%/40%
PPO 6500/20/60/S10 Bronze	\$6,500	\$13,000	20%	40%	\$9,000	\$18,000	\$60 after ded KP Providers (ded waived for first 3 visits) \$80 after ded Network Providers (ded waived for first 3 visits)	40%	\$80 after ded KP Providers \$100 after ded Network Providers	40%	Primary \$0 KP Providers \$80 after ded Network Providers (ded waived for first 3 visits) Specialty \$0 KP Providers \$100 after ded Network Providers	40%	20%	40%	20%	40%	\$120 after ded KP Providers (ded waived for first 3 visits) \$160 after ded Network Providers (ded waived for first 3 visits)	40%	20%	20%	20%	40%	20%	40%	20%	40%	Med ded applies (except Tier 1 and Tier 2 Generics) \$5/\$30/\$60/\$100/20% (KP Pharmacies) \$15/\$40/\$80/\$130/30% (MedImpact Pharmacies)	Medical ded applies 40%/40%/40%/40%
PPO HDHP/6850/10/S10 Bronze	\$6,850	\$13,700	10%	40%	\$6,900	\$13,800	10% KP Providers 20% Network Providers	40%	10% KP Providers 20% Network Providers	40%	Primary 10% KP Providers 20% Network Providers Specialty 10% KP Providers 20% Network Providers	40%	10%	40%	10%	40%	10% KP Providers 20% Network Providers	40%	10%	10%	10%	40%	10%	40%	20%	40%	Med ded applies (except Tier 1 Generics) \$25/10%/10%/10%/10% (KP Pharmacies) \$35/20%/20%/20%/20% (MedImpact Pharmacies)	Medical ded applies 40%/40%/40%/40%

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