



2024 LARGE GROUP PLANS AND PRODUCTS | COLORADO



Complete Suite plan comparison chart

Use this overview of our Complete Suite portfolio to easily explore a wide range of Kaiser Permanente plans. This interactive tool also enables you to get quick side-by-side comparisons of the different plans we have to offer.

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Complete Suite plan pairings and plan comparisons

Kaiser Permanente Choice PPO plans must be paired with a traditional, deductible, or HSA-qualified high deductible base plan.

**Traditional copay, deductible,
and HSA-qualified plans
(including new Everyday Care plans)**



**Kaiser Permanente
Choice PPO**



Note: Deductible and traditional copay plans are designed with embedded accumulations. High deductible health plans using aggregate accumulation have been specifically noted. All other high deductible health plans are designed with embedded accumulations.

How to compare plans

With our Complete Suite interactive plan comparison chart, you can choose up to 3 plans at a time and get as many comparisons as you'd like.

To get a comparison:

1. Click the **Overview** tab at the top of the page.
2. Check the box next to each plan you'd like to compare, then click the **Compare plans** button at the top-right corner of the page.
3. To remove a plan from your comparison, click the checked box to clear it.
To remove all plans selected, click the **Reset** button at the top of the page.

You can also get more detailed information about each plan type by clicking the tabs at the top of the page. To go back to the plan comparison page at any time, simply click the **Overview** tab at the top-left corner of the page.

Are you viewing this on a mobile device?

The interactive features work best when you download to a desktop or use an application such as Adobe Reader.

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate *Evidence of Coverage* or *Certificate of Insurance* booklet or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

> Ready to connect?

Check out our 2024 plans and request a quote from your Kaiser Permanente representative today.

Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the In-Network and Out-of-Network Tiers of the PPO plan.

–Cathleen Rempt (KPIC)

Plans selected:

☐

Compare plans

Reset

Plan Options	HMO			
	<input type="checkbox"/> HMO PLAN A 15	<input type="checkbox"/> HMO PLAN B 20	<input type="checkbox"/> HMO PLAN C 25	<input type="checkbox"/> HMO PLAN D 30
Individual deductible (multiply by two for family)	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A
Individual out-of-pocket maximum (multiply by two for family)	\$2,000	\$3,000	\$3,500	\$4,000
Primary care visit	\$15	\$20	\$25	\$30
Specialty care visit	\$35	\$40	\$50	\$60
Hospital inpatient (per admission)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Outpatient surgery (per procedure)	\$200 ASC / \$500 hospital	\$200 ASC / \$500 hospital	\$200 ASC / \$500 hospital	\$200 ASC / \$500 hospital
Lab (per encounter)	\$15	\$20	\$25	\$30
X-ray (per encounter)	\$15 office / \$40 hospital	\$20 office / \$40 hospital	\$25 office / \$40 hospital	\$30 office / \$40 hospital
CT/PET/MRI (per procedure)	\$200	\$200	\$200	\$200
Urgent care	\$50	\$50	\$50	\$50
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Mental health - outpatient	\$15	\$20	\$25	\$30
Mental health - inpatient	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)	\$250 per day (up to 3 days)
Physical therapy/occupational therapy/speech therapy	\$15	\$20	\$25	\$30
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$10	\$10	\$10	\$10
Brand preferred	\$40	\$40	\$40	\$40
Non-preferred	\$60	\$60	\$60	\$60
Specialty	30% to \$300	30% to \$300	30% to \$300	30% to \$300





ASC= Ambulatory surgery center

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected: ☐

Compare plans

Reset

Plan Options	DHMO			
	 DHMO PLAN A 500/10%/3000	 DHMO PLAN B 750/20%/3500	 DHMO PLAN C 1000/20%/4000	 DHMO PLAN D 1500/20%/4500
Individual deductible (multiply by two for family)	\$500	\$750	\$1,000	\$1,500
Coinsurance	10%	20%	20%	20%
Individual out-of-pocket maximum (multiply by two for family)	\$3,000	\$3,500	\$4,000	\$4,500
Primary care visit	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
Specialty care visit	\$40 office visit 10% AD other services	\$40 office visit 20% AD other services	\$50 office visit 20% AD other services	\$60 office visit 20% AD other services
Hospital inpatient (per admission)	10% AD	20% AD	20% AD	20% AD
Outpatient surgery (per procedure)	5% AD ASC 10% AD hospital	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital
Lab (per encounter)	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
X-ray (per encounter)	5% AD office 10% AD hospital	10% AD office 20% AD hospital	10% AD office 20% AD hospital	10% AD office 20% AD hospital
CT/PET/MRI (per procedure)	10% AD	20% AD	20% AD	20% AD
Urgent care	\$50 all inclusive	\$50 all inclusive	\$50 all inclusive	\$50 all inclusive
Emergency care	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500
Skilled nursing facility	10% AD	20% AD	20% AD	20% AD
Mental health - outpatient	\$20 all inclusive	\$20 all inclusive	\$25 all inclusive	\$30 all inclusive
Mental health - inpatient	10% AD	20% AD	20% AD	20% AD
Physical therapy/occupational therapy/speech therapy	\$20	\$20	\$25	\$30
Prescription drugs				
Rx deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible




Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

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Compare plans

Reset

Plan Options	DHMO		
	 DHMO PLAN E 2000/30%/5000	 DHMO PLAN F 2500/20%/5500	 DHMO PLAN G 3000/30%/6000
Individual deductible (multiply by two for family)	\$2,000	\$2,500	\$3,000
Coinsurance	30%	20%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$5,500	\$6,000
Primary care visit	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
Specialty care visit	\$60 office visit 30% AD other services	\$60 office visit 20% AD other services	\$60 office visit 30% AD other services
Hospital inpatient (per admission)	30% AD	20% AD	30% AD
Outpatient surgery (per procedure)	20% AD ASC 30% AD hospital	10% AD ASC 20% AD hospital	20% AD ASC 30% AD hospital
Lab (per encounter)	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
X-ray (per encounter)	20% AD office 30% AD hospital	10% AD office 20% AD hospital	20% AD office 30% AD hospital
CT/PET/MRI (per procedure)	30% AD	20% AD	30% AD
Urgent care	\$50 all inclusive	\$50 all inclusive	\$75 all inclusive
Emergency care	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500
Skilled nursing facility	30% AD	20% AD	30% AD
Mental health - outpatient	\$30 all inclusive	\$30 all inclusive	\$30 all inclusive
Mental health - inpatient	30% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy	\$30	\$30	\$30
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible




Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

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Compare plans

Reset

Plan Options	DHMO		
	 DHMO PLAN H 4000/20%/6500	 DHMO PLAN H 4000/30%/6500	 DHMO PLAN I 5000/20%/7000
Individual deductible (multiply by two for family)	\$4,000	\$4,000	\$5,000
Coinsurance	20%	30%	20%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$6,500	\$7,000
Primary care visit	\$30 all inclusive	\$30 all inclusive	\$40 all inclusive
Specialty care visit	\$60 office visit 20% AD other services	\$60 office visit 30% AD other services	\$80 office visit 20% AD other services
Hospital inpatient (per admission)	20% AD	30% AD	20% AD
Outpatient surgery (per procedure)	10% AD ASC 20% AD hospital	20% AD ASC 30% AD hospital	10% AD ASC 20% AD hospital
Lab (per encounter)	\$30 all inclusive	30% AD	20% AD
X-ray (per encounter)	10% AD office 20% AD hospital	20% AD office 30% AD hospital	10% AD office 20% AD hospital
CT/PET/MRI (per procedure)	20% AD	30% AD	20% AD
Urgent care	\$75 all inclusive	\$75 all inclusive	\$100 all inclusive
Emergency care	\$500	30% AD	20% AD
Ambulance services (per trip)	\$500	30% AD	20% AD
Skilled nursing facility	20% AD	30% AD	20% AD
Mental health - outpatient	\$30 all inclusive	\$30 all inclusive	\$40 all inclusive
Mental health - inpatient	20% AD	30% AD	20% AD
Physical therapy/occupational therapy/speech therapy	\$30	\$30	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center




AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

Compare plans

Reset

Plan Options	DHMO		
	 DHMO PLAN I 5000/30%/7000	 DHMO PLAN J 6000/30%/8000	 DHMO PLAN J 6000/40%/8000
Individual deductible (multiply by two for family)	\$5,000	\$6,000	\$6,000
Coinsurance	30%	30%	40%
Individual out-of-pocket maximum (multiply by two for family)	\$7,000	\$8,000	\$8,000
Primary care visit	\$40 all inclusive	\$40 all inclusive	\$40 all inclusive
Specialty care visit	\$80 office visit 30% AD other services	\$80 office visit 30% AD other services	\$80 office visit 40% AD other services
Hospital inpatient (per admission)	30% AD	30% AD	40% AD
Outpatient surgery (per procedure)	20% AD ASC 30% AD hospital	20% AD ASC 30% AD hospital	30% AD ASC 40% AD hospital
Lab (per encounter)	30% AD	30% AD	40% AD
X-ray (per encounter)	20% AD office 30% AD hospital	20% AD office 30% AD hospital	30% AD office 40% AD hospital
CT/PET/MRI (per procedure)	30% AD	30% AD	40% AD
Urgent care	\$100 all inclusive	\$100 all inclusive	\$100 all inclusive
Emergency care	30% AD	30% AD	40% AD
Ambulance services (per trip)	30% AD	30% AD	40% AD
Skilled nursing facility	30% AD	30% AD	40% AD
Mental health - outpatient	\$40 all inclusive	\$40 all inclusive	\$40 all inclusive
Mental health - inpatient	30% AD	30% AD	40% AD
Physical therapy/occupational therapy/speech therapy	\$40	\$40	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred	\$15	\$15	\$15
Brand preferred	\$50	\$50	\$50
Non-preferred	\$75	\$75	\$75
Specialty	30% to \$300	30% to \$300	30% to \$300

ASC= Ambulatory surgery center

AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	VIRTUAL COMPLETE		
	<input type="checkbox"/> VIRTUAL PLAN A 2000/30%/5000	<input type="checkbox"/> VIRTUAL PLAN B 2500/20%/5500	<input type="checkbox"/> VIRTUAL PLAN C 3000/30%/6000
Individual out-of-pocket maximum (multiply by two for family)	\$2,000	\$2,500	\$3,000
Coinsurance	30%	20%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$5,500	\$6,000
Primary care visit	\$30 - deductible waived for first 3 visits, \$30 AD all inclusive	\$40 - deductible waived for first 3 visits, \$40 AD all inclusive	\$40 - deductible waived for first 3 visits, \$40 AD all inclusive
Specialty care visit	\$30 office visit AD 30% AD other services	\$40 office visit AD 20% AD other services	\$40 office visit AD 30% AD other services
Hospital inpatient (per admission)	30% AD	20% AD	30% AD
Outpatient surgery (per procedure)	30% AD	20% AD	30% AD
Lab* (per encounter)	\$15	\$15	\$15
X-ray (per encounter)	30% AD	20% AD	30% AD
CT/PET/MRI (per procedure)	30% AD	20% AD	30% AD
Urgent care	30% AD	20% AD	30% AD
Emergency care	30% AD	20% AD	30% AD
Ambulance services (per trip)	30% AD	20% AD	30% AD
Skilled nursing facility	30% AD	20% AD	30% AD
Mental health - outpatient*	\$30 all inclusive	\$40 all inclusive	\$40 all inclusive
Mental health - inpatient*	30% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy*	\$30	\$40	\$40
Prescription drugs			
Rx deductible	N/A	N/A	N/A
Generic preferred*	\$15	\$15	\$15
Brand preferred	30% AD	20% AD	30% AD
Non-preferred	30% AD	20% AD	30% AD
Specialty	30% AD to \$250	20% AD to \$250	30% AD to \$250

*Virtual care/Lab/Generic Rx, Mental health outpatient, not subject to deductible

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.



Plans selected:

☐

Compare plans

Reset

Plan Options	VIRTUAL COMPLETE	
	VIRTUAL PLAN D 4000/30%/6500	VIRTUAL PLAN E 5000/30%/7000
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$5,000
Coinsurance	30%	30%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$7,000
Primary care visit	\$50 - deductible waived for first 3 visits \$50 AD all inclusive	\$60 - deductible waived for first 3 visits \$60 AD all inclusive
Specialty care visit	\$50 office visit AD 30% AD other services	\$60 office visit AD 30% AD other services
Hospital inpatient (per admission)	30% AD	30% AD
Outpatient surgery (per procedure)	30% AD	30% AD
Lab* (per encounter)	\$15	\$15
X-ray (per encounter)	30% AD	30% AD
CT/PET/MRI (per procedure)	30% AD	30% AD
Urgent care	30% AD	30% AD
Emergency care	30% AD	30% AD
Ambulance services (per trip)	30% AD	30% AD
Skilled nursing facility	30% AD	30%
Mental health - outpatient*	\$50 all inclusive	\$60 all inclusive
Mental health - inpatient*	30% AD	30% AD
Physical therapy/occupational therapy/speech therapy*	\$50	\$60
Prescription drugs		
Rx deductible	N/A	N/A
Generic preferred*	\$15	\$15
Brand preferred	30% AD	30% AD
Non-preferred	30% AD	30% AD
Specialty	30% AD to \$250	30% AD to \$250

*Virtual care/Lab/Generic Rx, Mental health outpatient, not subject to deductible

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP PLAN A 1750/20%/3000	HDHP PLAN B 2000/20%/4000	HDHP PLAN C 2500/30%/4000	HDHP PLAN D 3500/0%/3500
Individual deductible (multiply by two for family)	\$1,750*	\$2,000*	\$2,500*	\$3,500
Coinsurance	20%	20%	30%	0%
Out-of-pocket maximum (multiply by two for family)	\$3,500*	\$4,000*	\$4,000*	\$3,500
Primary care visit	20% AD	20% AD	30% AD	0% AD
Specialty care visit	20% AD	20% AD	30% AD	0% AD
Hospital inpatient (per admission)	20% AD	20% AD	30% AD	0% AD
Outpatient surgery (per procedure)	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital	20% AD ASC 30% AD hospital	0% AD ASC 0% AD hospital
Lab (per encounter)	20% AD	20% AD	30% AD	0% AD
X-ray (per encounter)	20% AD	20% AD	30% AD	0% AD
CT/PET/MRI (per procedure)	20% AD	20% AD	30% AD	0% AD
Urgent care	20% AD	20% AD	30% AD	0% AD
Emergency care	20% AD	20% AD	30% AD	0% AD
Ambulance services (per trip)	20% AD	20% AD	30% AD	0% AD
Skilled nursing facility	20% AD	20% AD	30% AD	0% AD
Mental health - outpatient	20% AD	20% AD	30% AD	0% AD
Mental health - inpatient	20% AD	20% AD	30% AD	0% AD
Physical therapy/occupational therapy/speech therapy	20% AD	20% AD	30% AD	0% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	\$15 AD	\$15 AD	0% AD
Brand preferred	\$50 AD	\$50 AD	\$50 AD	0% AD
Non-preferred	\$75 AD	\$75 AD	\$75 AD	0% AD
Specialty	20% AD	20% AD	30% AD	0% AD

ASC= Ambulatory surgery center; AD= After deductible

*Deductible is aggregate for these plans.

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP PLAN D 3500/10%/6000	HDHP PLAN D 3500/20%/6000	HDHP PLAN E 4000/20%/6500	HDHP PLAN E 4000/30%/6500
Individual deductible (multiply by two for family)	\$3,500	\$3,500	\$4,000	\$4,000
Coinsurance	10%	20%	20%	30%
Out-of-pocket maximum (multiply by two for family)	\$6,000	\$6,000	\$6,500	\$6,500
Primary care visit	10% AD	20% AD	20% AD	30% AD
Specialty care visit	10% AD	20% AD	20% AD	30% AD
Hospital inpatient (per admission)	10% AD	20% AD	20% AD	30% AD
Outpatient surgery (per procedure)	5% AD ASC 10% AD hospital	10% AD ASC 20% AD hospital	10% AD ASC 20% AD hospital	20% AD ASC 30% AD hospital
Lab (per encounter)	10% AD	20% AD	20% AD	30% AD
X-ray (per encounter)	10% AD	20% AD	20% AD	30% AD
CT/PET/MRI (per procedure)	10% AD	20% AD	20% AD	30% AD
Urgent care	10% AD	20% AD	20% AD	30% AD
Emergency care	10% AD	20% AD	20% AD	30% AD
Ambulance services (per trip)	10% AD	20% AD	20% AD	30% AD
Skilled nursing facility	10% AD	20% AD	20% AD	30% AD
Mental health - outpatient	10% AD	20% AD	20% AD	30% AD
Mental health - inpatient	10% AD	20% AD	20% AD	30% AD
Physical therapy/occupational therapy/speech therapy	10% AD	20% AD	20% AD	30% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	\$15 AD	20% AD	30% AD
Brand preferred	\$50 AD	\$50 AD	20% AD	30% AD
Non-preferred	\$75 AD	\$75 AD	20% AD	30% AD
Specialty	10% AD	20% AD	20% AD	30% AD

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

☐

Compare plans

Reset

Plan Options	HDHP			
	HDHP PLAN F 5000/0%/5000	HDHP PLAN F 5000/30%/6500	HDHP PLAN G 6000/0%/6000	HDHP PLAN G 6000/40%/6500
Individual deductible (multiply by two for family)	\$5,000	\$5,000	\$6,000	\$6,000
Coinsurance	0%	30%	0%	40%
Out-of-pocket maximum (multiply by two for family)	\$5,000	\$6,500	\$6,000	\$6,500
Primary care visit	0% AD	30% AD	0% AD	40% AD
Specialty care visit	0% AD	30% AD	0% AD	40% AD
Hospital inpatient (per admission)	0% AD	30% AD	0% AD	40% AD
Outpatient surgery (per procedure)	0% AD ASC 0% AD hospital	20% AD ASC 30% AD hospital	0% AD ASC 0% AD hospital	30% AD ASC 40% AD hospital
Lab (per encounter)	0% AD	30% AD	0% AD	40% AD
X-ray (per encounter)	0% AD	30% AD	0% AD	40% AD
CT/PET/MRI (per procedure)	0% AD	30% AD	0% AD	40% AD
Urgent care	0% AD	30% AD	0% AD	40% AD
Emergency care	0% AD	30% AD	0% AD	40% AD
Ambulance services (per trip)	0% AD	30% AD	0% AD	40% AD
Skilled nursing facility	0% AD	30% AD	0% AD	40% AD
Mental health - outpatient	0% AD	30% AD	0% AD	40% AD
Mental health - inpatient	0% AD	30% AD	0% AD	40% AD
Physical therapy/occupational therapy/speech therapy	0% AD	30% AD	0% AD	40% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	0% AD	30% AD	0% AD	40% AD
Brand preferred	0% AD	30% AD	0% AD	40% AD
Non-preferred	0% AD	30% AD	0% AD	40% AD
Specialty	0% AD	30% AD	0% AD	40% AD

ASC= Ambulatory surgery center; AD= After deductible

Each HMO, DHMO, Virtual Complete and HDHP plan can be offered with a full or "Select" network.

Plans selected:

Compare plans

Reset

Plan Options	EVERYDAY CARE					
	Everyday Care Plan A	Everyday Care Plan B	Everyday Care Plan C	Everyday Care Plan D	Everyday Care Plan E	Everyday Care Plan F
Individual deductible (multiply by two for family)	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
Primary care visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialty care visit	\$0	\$0	\$0	\$0	\$0	\$0
Hospital inpatient (per admission)	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Outpatient surgery (per procedure)	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Lab (per encounter)	\$0	\$0	\$0	\$0	\$0	\$0
X-ray (per encounter)	\$0	\$0	\$0	\$0	\$0	\$0
CT/PET/MRI (per procedure)	\$500	\$500	\$500	\$500	\$500	\$500
Urgent care	\$0	\$0	\$0	\$0	\$0	\$0
Emergency care	\$500	\$500	\$500	\$500	\$500	\$500
Ambulance services (per trip)	\$500	\$500	\$500	\$500	\$500	\$500
Skilled nursing facility	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Mental health - outpatient	\$0	\$0	\$0	\$0	\$0	\$0
Mental health - inpatient	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded	No cost after OOPM/Ded
Physical therapy/occupational therapy/speech therapy	\$0	\$0	\$0	\$0	\$0	\$0
Prescription drugs						
Rx deductible	N/A	N/A	N/A	N/A	N/A	N/A
Generic preferred	\$0	\$0	\$0	\$0	\$0	\$0
Brand preferred	\$50	\$50	\$50	\$50	\$50	\$50
Non-preferred	\$125	\$125	\$125	\$125	\$125	\$125
Specialty	\$300	\$300	\$300	\$300	\$300	\$300

OOPM = Out of pocket maximum

Ded = Deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan A 500/10%/3000		Choice PPO Plan B 750/20%/3500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$500	\$2,000	\$750	\$3,000
Coinsurance	10%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$3,000	\$12,000	\$3,500	\$14,000
Primary care visit ++	\$20 all inclusive	50% AD	\$20 all inclusive	50% AD
Specialty care visit++	\$40 office visit 10% AD other services	50% AD	\$40 office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	10% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	10% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$20	50% AD	\$20	50% AD
X-ray (per encounter)	10% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	10% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	10% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$20 all inclusive	50% AD	\$20 all inclusive	50% AD
Mental health - inpatient	10% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$20	50% AD	\$20	50% AD
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	50%	\$15	50%
Brand preferred	\$50	50%	\$50	50%
Non-preferred	\$75	50%	\$75	50%
Specialty	30% to \$300	50%	30% to \$300	50%

++ For primary care and specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan C 1000/20%/4000		Choice PPO Plan D 1500/20%/4500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$1,000	\$4,000	\$1,500	\$6,000
Coinsurance	20%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$4,000	\$16,000	\$4,500	\$18,000
Primary care visit ++	\$25 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$50 office visit 20% AD other services	50% AD	\$60 office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$25	50% AD	\$30	50% AD
X-ray (per encounter)	20% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	20% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$25 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	20% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$25	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	50%	\$15	50%
Brand preferred	\$50	50%	\$50	50%
Non-preferred	\$75	50%	\$75	50%
Specialty	30% to \$300	50%	30% to \$300	50%

++ For primary care and specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan E 2000/30%/5000		Choice PPO Plan F 2500/20%/5500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$2,000	\$8,000	\$2,500	\$10,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$5,000	\$20,000	\$5,500	\$22,000
Primary care visit ++	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$60 office visit 30% AD other services	50% AD	\$60 office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$30	50% AD	\$30	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	\$50 all inclusive	50% AD	\$50 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$30	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	50%	\$15	50%
Brand preferred	\$50	50%	\$50	50%
Non-preferred	\$75	50%	\$75	50%
Specialty	30% to \$300	50%	30% to \$300	50%

++ For primary care and specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected: ☐

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan G 3000/30%/6000		Choice PPO Plan H 4000/20%/6500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$3,000	\$12,000	\$4,000	\$16,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$6,000	\$24,000	\$6,500	\$26,000
Primary care visit ++	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Specialty care visit++	\$60 office visit 30% AD other services	50% AD	\$60 office visit 20% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	\$30	50% AD	\$30	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	\$75 all inclusive	50% AD	\$75 all inclusive	50% AD
Emergency care	\$500		\$500	
Ambulance services (per trip)	\$500		\$500	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	\$30 all inclusive	50% AD	\$30 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$30	50% AD	\$30	50% AD
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	50%	\$15	50%
Brand preferred	\$50	50%	\$50	50%
Non-preferred	\$75	50%	\$75	50%
Specialty	30% to \$300	50%	30% to \$300	50%

++ For primary care and specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO			
	Choice PPO Plan I 5000/30%/7000		Choice PPO Plan J 6000/30%/8000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$5,000	\$20,000	\$6,000	\$24,000
Coinsurance	30%	50%	30%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$7,000	\$28,000	\$8,000	\$32,000
Primary care visit ++	\$40 all inclusive	50% AD	\$40 all inclusive	50% AD
Specialty care visit++	\$80 office visit 30% AD other services	50% AD	\$80 office visit 30% AD other services	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	30% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	30% AD	50% AD
Lab (per encounter)	30% AD	50% AD	30% AD	50% AD
X-ray (per encounter)	30% AD	50% AD	30% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	30% AD	50% AD
Urgent care	\$100 all inclusive	50% AD	\$100 all inclusive	50% AD
Emergency care	30% AD		30% AD	
Ambulance services (per trip)	30% AD		30% AD	
Skilled nursing facility	30% AD	50% AD	30% AD	50% AD
Mental health - outpatient	\$40 all inclusive	50% AD	\$40 all inclusive	50% AD
Mental health - inpatient	30% AD	50% AD	30% AD	50% AD
Physical therapy/occupational therapy/speech therapy	\$40	50% AD	\$40	50% AD
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Generic preferred	\$15	50%	\$15	50%
Brand preferred	\$50	50%	\$50	50%
Non-preferred	\$75	50%	\$75	50%
Specialty	30% to \$300	50%	30% to \$300	50%

++ For primary care and specialty care office visits, the copayment is for the office visit and other services received during the office visit will be at plan coinsurance.

AD = After deductible

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan A 1500/20%/3000		Choice PPO HDHP Plan B 2000/20%/4000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$1,750*	\$7,000	\$2,000*	\$8,000
Coinsurance	20%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$3,500*	\$14,000	\$4,000*	\$16,000
Primary care visit	20% AD	50% AD	20% AD	50% AD
Specialty care visit	20% AD	50% AD	20% AD	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	20% AD	50% AD
Lab (per encounter)	20% AD	50% AD	20% AD	50% AD
X-ray (per encounter)	20% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	20% AD	50% AD
Urgent care	20% AD	50% AD	20% AD	50% AD
Emergency care	20% AD		20% AD	
Ambulance services (per trip)	20% AD		20% AD	
Skilled nursing facility	20% AD	50% AD	20% AD	50% AD
Mental health - outpatient	20% AD	50% AD	20% AD	50% AD
Mental health - inpatient	20% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	20% AD	50% AD	20% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	50% AD	\$15 AD	50% AD
Brand preferred	\$50 AD	50% AD	\$50 AD	50% AD
Non-preferred	\$75 AD	50% AD	\$75 AD	50% AD
Specialty	20% AD	50% AD	20% AD	50% AD

AD= After deductible

*Deductible is aggregate for these plans.

Plans selected: ☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan C 2500/30%/5000		Choice PPO HDHP Plan D 3500/20%/6000	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$2,500*	\$10,000	\$3,500	\$12,000
Coinsurance	30%	50%	20%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$4,000*	\$16,000	\$6,000	\$24,000
Primary care visit	30% AD	50% AD	20% AD	50% AD
Specialty care visit	30% AD	50% AD	20% AD	50% AD
Hospital inpatient (per admission)	30% AD	50% AD	20% AD	50% AD
Outpatient surgery (per procedure)	30% AD	50% AD	20% AD	50% AD
Lab (per encounter)	30% AD	50% AD	20% AD	50% AD
X-ray (per encounter)	30% AD	50% AD	20% AD	50% AD
CT/PET/MRI (per procedure)	30% AD	50% AD	20% AD	50% AD
Urgent care	30% AD	50% AD	20% AD	50% AD
Emergency care	30% AD		20% AD	
Ambulance services (per trip)	30% AD		20% AD	
Skilled nursing facility	30% AD	50% AD	20% AD	50% AD
Mental health - outpatient	30% AD	50% AD	20% AD	50% AD
Mental health - inpatient	30% AD	50% AD	20% AD	50% AD
Physical therapy/occupational therapy/speech therapy	30% AD	50% AD	20% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	\$15 AD	50% AD	\$15 AD	50% AD
Brand preferred	\$50 AD	50% AD	\$50 AD	50% AD
Non-preferred	\$75 AD	50% AD	\$75 AD	50% AD
Specialty	30% AD	50% AD	20% AD	50% AD

AD= After deductible

*Deductible is aggregate for these plans.

Plans selected:

☐

Compare plans

Reset

Plan Options	Choice PPO HDHP			
	Choice PPO HDHP Plan E 4000/20%/6500		Choice PPO HDHP Plan F 5000/30%/6500	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$4,000	\$16,000	\$5,000	\$20,000
Coinsurance	20%	50%	30%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$6,500	\$26,000	\$6,500	\$26,000
Primary care visit	20% AD	50% AD	30% AD	50% AD
Specialty care visit	20% AD	50% AD	30% AD	50% AD
Hospital inpatient (per admission)	20% AD	50% AD	30% AD	50% AD
Outpatient surgery (per procedure)	20% AD	50% AD	30% AD	50% AD
Lab (per encounter)	20% AD	50% AD	30% AD	50% AD
X-ray (per encounter)	20% AD	50% AD	30% AD	50% AD
CT/PET/MRI (per procedure)	20% AD	50% AD	30% AD	50% AD
Urgent care	20% AD	50% AD	30% AD	50% AD
Emergency care	20% AD		30% AD	
Ambulance services (per trip)	20% AD		30% AD	
Skilled nursing facility	20% AD	50% AD	30% AD	50% AD
Mental health - outpatient	20% AD	50% AD	30% AD	50% AD
Mental health - inpatient	20% AD	50% AD	30% AD	50% AD
Physical therapy/occupational therapy/speech therapy	20% AD	50% AD	30% AD	50% AD
Prescription drugs				
Rx deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible
Generic preferred	20% AD	50% AD	30% AD	50% AD
Brand preferred	20% AD	50% AD	30% AD	50% AD
Non-preferred	20% AD	50% AD	30% AD	50% AD
Specialty	20% AD	50% AD	30% AD	50% AD

AD= After deductible

Plans selected:

Compare plans

Reset

Plan Options	Choice PPO HDHP	
	Choice PPO HDHP Plan G 6000/40%/7500	
	In-Network Provider	Out-of-Network Provider
Individual deductible (multiply by two for family)	\$6,000	\$24,000
Coinsurance	40%	50%
Individual out-of-pocket maximum (multiply by two for family)	\$7,500	\$30,000
Primary care visit	40% AD	50% AD
Specialty care visit	40% AD	50% AD
Hospital inpatient (per admission)	40% AD	50% AD
Outpatient surgery (per procedure)	40% AD	50% AD
Lab (per encounter)	40% AD	50% AD
X-ray (per encounter)	40% AD	50% AD
CT/PET/MRI (per procedure)	40% AD	50% AD
Urgent care	40% AD	50% AD
Emergency care	40% AD	
Ambulance services (per trip)	40% AD	
Skilled nursing facility	40% AD	50% AD
Mental health - outpatient	40% AD	50% AD
Mental health - inpatient	40% AD	50% AD
Physical therapy/occupational therapy/speech therapy	40% AD	50% AD
Prescription drugs		
Rx deductible	Medical deductible	Medical deductible
Generic preferred	40% AD	50% AD
Brand preferred	40% AD	50% AD
Non-preferred	40% AD	50% AD
Specialty	40% AD	50% AD

AD= After deductible

Compare plans - HMO, DHMO, VC, HDHP and EC

Plan Options			
Individual deductible (multiply by two for family)			
Coinsurance			
Out-of-pocket maximum (multiply by two for family)			
Primary care visit			
Specialty care visit			
Hospital inpatient (per admission)			
Outpatient surgery (per procedure)			
Lab (per encounter)			
X-ray (per encounter)			
CT/PET/MRI (per procedure)			
Urgent care			
Emergency care			
Ambulance services (per trip)			
Skilled nursing facility			
Mental health - outpatient			
Mental health - inpatient			
Physical therapy/occupational therapy/speech therapy			
Prescription drugs			
Rx deductible			
Generic preferred			
Brand preferred			
Non-preferred			
Specialty			

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate Evidence of Coverage or Certificate of Insurance, or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

Compare plans - PPO and PPO HDHP

Plan Options						
Individual deductible (multiply by two for family)						
Coinsurance						
Individual out-of-pocket maximum (multiply by two for family)						
Primary care visit ++						
Specialty care visit++						
Hospital inpatient (per admission)						
Outpatient surgery (per procedure)						
Lab (per encounter)						
X-ray (per encounter)						
CT/PET/MRI (per procedure)						
Urgent care						
Emergency care						
Ambulance services (per trip)						
Skilled nursing facility						
Mental health - outpatient						
Mental health - inpatient						
Physical therapy/occupational therapy/speech therapy						
Prescription drugs						
Deductible						
Generic preferred						
Brand preferred						
Non-preferred						
Specialty						

The plan summary highlights the most frequently asked-about benefits and is for illustration purposes only. For a complete description, please refer to the appropriate Evidence of Coverage or Certificate of Insurance, or contact your broker or Kaiser Permanente account manager.

Information may have changed since publication.

Start over