

## Plan Comparison

2024-2025

2024

2025

	<b>GOLD 80 HRA HMO 2250/35 + CHILD DENTAL</b>	<b>GOLD 80 HRA HMO 2250/35 PCP + CHILD DENTAL</b>
	HRA employer contribution \$200 - \$400 per employee	HRA employer contribution \$200 or \$400 per employee
<b>FEATURES</b>	<b>Deductible HMO with HRA Plan <sup>1</sup> (HRA can be administered through Kaiser Permanente)</b>	<b>Deductible HMO with HRA Plan <sup>1</sup> (HRA can be administered through Kaiser Permanente)</b>
<b>PLAN DEDUCTIBLE</b> Embedded	Individual \$2,250 <sup>2</sup> / Family \$4,500 <sup>2</sup>	Individual \$2,250 <sup>2</sup> / Family \$4,500 <sup>2</sup>
<b>OUT-OF-POCKET MAXIMUM</b> Embedded	Individual \$8,500 <sup>2,3</sup> / Family \$17,000 <sup>2,3</sup>	Individual \$8,500 <sup>2,3</sup> / Family \$17,000 <sup>2,3</sup>
<b>IN THE MEDICAL OFFICE</b> Primary care visits	\$35	\$35
Urgent care visits	\$35	\$35
Specialty office visits	\$50	\$50
Most laboratory tests	25% (after plan deductible) <sup>4</sup>	25% (after plan deductible) <sup>4</sup>
Most X-rays and diagnostic testing	25% (after plan deductible) <sup>4</sup>	25% (after plan deductible) <sup>4</sup>
Most MRI / CT / PET scans	25% (after plan deductible) <sup>4</sup>	25% (after plan deductible) <sup>4</sup>
Outpatient surgery (per procedure)	25% (after plan deductible)	25% (after plan deductible)
<b>EMERGENCY SERVICES</b> Emergency department visits (waived if admitted directly to hospital)	25% (after plan deductible)	25% (after plan deductible)
<b>PRESCRIPTIONS</b> (up to 30-day supply) Generic (Tier 1)	\$15 <sup>5,7</sup>	\$15 <sup>5,7</sup>
Brand-name (Tier 2)	\$30 (after \$100/\$200 drug deductible) <sup>5,6,7</sup>	\$30 (after \$100/\$200 drug deductible) <sup>5,6,7</sup>
Specialty drugs (Tier 4)	20% per perscription up to \$250 maximum (after \$100/\$200 drug deductible) <sup>5,6,7</sup>	20% per perscription up to \$250 maximum (after \$100/\$200 drug deductible) <sup>5,6,7</sup>
<b>HOSPITAL INPATIENT CARE</b> Physicians' services, room and board, tests, medications, supplies, therapies, birth services	25% (after plan deductible)	25% (after plan deductible)
<b>MENTAL HEALTH SERVICES</b> Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital)	25% (after plan deductible)	25% (after plan deductible)
<b>SUBSTANCE USE DISORDER SERVICES</b> Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital) - detoxification only	25% (after plan deductible)	25% (after plan deductible)
<b>OTHER</b> Virtual care	\$0	\$0
Chiropractic and acupuncture	\$35 per visit after deductible for physician-referred acupuncture only	\$35 per visit after deductible for physician-referred acupuncture only
Certain durable medical equipment (DME) (supplemental and base)	50% <sup>8</sup>	50% <sup>8</sup>

**1.** Groups selecting the Gold HRA HMO 2250/35 Deductible HMO with HRA plan must establish and fund an HRA for each enrolled employee. The allowable funding options are \$200 or \$400 per employee and \$400 or \$800 respectively per family, if the group covers dependents. **2.** This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. **3.** Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. **4.** Laboratory and diagnostic test, x-rays and MRI/CT/PET scans related to preventive services are no charge. **5.** Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copays. For information on our formulary, including the drugs on the specialty tier, go to [kp.org/formulary](http://kp.org/formulary) or call our Member Service Contact Center. **6.** This plan has a drug deductible of \$100 per individual and \$200 for family for prescription costs and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual drug deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. **7.** Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. **8.** Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services (after plan deductible). Refer to the *Evidence of Coverage* for information on what's included in your DME benefit.

This is a summary of benefits only and is subject to change. The KFHP *Evidence of Coverage* and the KPIC *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided isn't intended to describe all the benefits included in each plan, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.