KAISER PERMANENTE®

# Plan Comparison

2024–2025

| | 2024 | 2025 |
|---|---|---|
| | **SILVER 70 HMO 1900/65* + CHILD DENTAL ALT†** | **SILVER 70 HMO 1900/65 PCP* + CHILD DENTAL ALT†** |
| **FEATURES** | **Deductible HMO Plan Member Pays** | **Deductible HMO Plan Member Pays** |
| **PLAN DEDUCTIBLE** Embedded | Individual $1,900 [1] / Family $3,800 [1] | Individual $1,900 [1] / Family $3,800 [1] |
| **OUT-OF-POCKET MAXIMUM** Embedded | Individual $8,750 [1, 2] / Family $17,500 [1, 2] | Individual $8,750 [1, 2] / Family $17,500 [1, 2] |
| **IN THE MEDICAL OFFICE** Primary care visits | $65 | $65 |
| Urgent care visits | $65 | $65 |
| Specialty office visits | $100 | $100 |
| Most laboratory tests | $30 [3] | $30 [3] |
| Most X-rays and diagnostic testing | $75 [3] | $75 [3] |
| Most MRI / CT / PET scans | $400 (after plan deductible) [3] | $400 (after plan deductible) [3] |
| Outpatient surgery (per procedure) | 45% (after plan deductible) | 45% (after plan deductible) |
| **EMERGENCY SERVICES** Emergency department visits (waived if admitted directly to hospital) | 45% (after plan deductible) | 45% (after plan deductible) |
| **PRESCRIPTIONS** (up to 30-day supply) Generic (Tier 1) | $20 [4, 5] | $20 [4, 5] |
| Brand-name (Tier 2) | $100 [4, 5] | $100 [4, 5] |
| Specialty drugs (Tier 4) | 20% per prescription up to $250 maximum (after plan deductible) [4, 5] | 20% per prescription up to $250 maximum (after plan deductible) [4, 5] |
| **HOSPITAL INPATIENT CARE** Physicians' services, room and board, tests, medications, supplies, therapies, birth services | 45% (after plan deductible) | 45% (after plan deductible) |
| **MENTAL HEALTH SERVICES** Outpatient (in the medical office) | $0 | $0 |
| Inpatient (in the hospital) | 45% (after plan deductible) | 45% (after plan deductible) |
| **SUBSTANCE USE DISORDER SERVICES** Outpatient (in the medical office) | $0 | $0 |
| Inpatient (in the hospital) - detoxification only | 45% (after plan deductible) | 45% (after plan deductible) |
| **OTHER** Virtual care | $0 | $0 |
| Chiropractic and acupuncture | $15 per visit (self-referral; 20 combined visits per year) | $15 per visit (self-referral; 20 combined visits per year) |
| Certain durable medical equipment (DME) (supplemental and base) | 45% [6] | 45% [6] |

* The plan is also offered at Covered California for Small Business and CaliforniaChoice®.

† The abbreviation "ALT," in certain plan names, indicates Kaiser Permanente developed plans.

**1.** 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. **2.** Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. **3.** Laboratory and diagnostic test, x-rays and MRI/CT/PET scans related to preventive services are no charge. **4.** 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 or call our Member Service Contact Center. **5.** Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. **6.** 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*.