

Kaiser Permanente Plans at a Glance

Here's a look at what you'll pay when you need care. Generally, there are no out-of-network benefits (you must use providers and facilities in the Kaiser Permanente network). However, emergency services are covered by any provider.

You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2025**, and will continue through **June 30, 2026**.

Access care 24/7 through your kp.org account or the Kaiser Permanente app, and get medical advice from licensed professionals by phone, video or e-visit. For urgent and emergency care anywhere in the world, you can file a claim for reimbursement. KP partners with Cigna PPO Network providers, MinuteClinic and Concentra clinics. For support while you're away, call the Away from Home Travel Line at 951.268.3900 or visit kp.org/travel.

Find a Provider

Visit kp.org and select Doctors & Locations. You can also call the phone number, shown on the inside back cover of this guide.

HIGH DEDUCTIBLE HSA		HMOs
IN-NETWORK ONLY		IN-NETWORK ONLY
2025-2026 HSA Contribution from WSI (only if enrolled in High Deductible HSA)		
Individual	\$500	No contribution
Family	\$1,000	
Deductible (what you pay first for some services)		
Individual	\$1,650	\$350
Family	\$3,300	\$700
Out-of-Pocket Maximum ¹ (the most you have to pay for eligible services)		
Individual	\$4,000	\$2,000
Family	\$8,000	\$4,000
Preventive Care		
Well-adult visits, well-child visits and immunizations ²	\$0	\$0
Office Visits/Telehealth		
PCP/specialist ²	20% after deductible	\$25/\$50
Telehealth ²	\$0 after deductible (Georgia only: 20% after deductible)	\$0
Chiropractic care (up to 20 visits per plan year)	20% after deductible	\$25
Lab/X-Ray		
Office, independent lab, outpatient and inpatient	20% after deductible	20% after deductible (Georgia only: Lab \$0 after deductible)
Emergency Services		
Ambulance ³	20% after deductible	20% after deductible
Emergency room	20% after deductible	\$200, waived if admitted
Urgent care	20% after deductible	\$50 (Northern and Southern California: \$25)
Inpatient Services		
Hospital and physician services	20% after deductible	20% after deductible
Mental Health/Substance Abuse		
Inpatient care	20% after deductible	20% after deductible
Outpatient care ²	20% after deductible	\$25 for individual therapy visits; \$12 for group therapy visits (Washington only: \$0 for group therapy visit)

1 Out-of-pocket maximums include deductibles, copays (if applicable) and coinsurance.

2 **Please note for the Northwest region, Senate Bill 1529 mandate would apply.** No charge for first 3 visits per year (subject to deductible in High Deductible HSA). First 3 visits are any combination of primary care non-specialty medical services, mental health outpatient services, naturopathic medicine visits, substance use disorder outpatient services, or telemedicine services.

3 Non-emergency ambulance transportation is not covered.

How the Kaiser Permanente Plans Work

HIGH DEDUCTIBLE HSA	HMOs
If you haven't met your medical plan deductible, you pay 100% of the cost for prescription drugs (except for certain preventive drugs).	There's no deductible to meet.
After you meet the deductible, you pay coinsurance, up to a maximum amount. You can use your HSA to help pay for qualified expenses.	You pay set copays for prescriptions.
If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

Kaiser Permanente Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled. For more information, visit kp.org. You can also call the phone number, shown on the inside back cover of this guide.

HIGH DEDUCTIBLE HSA			HMOs	
RETAIL AND SPECIALTY ¹		MAIL ORDER ²	RETAIL AND SPECIALTY ¹	MAIL ORDER ²
Deductible (what you pay first for some services)				
Individual/ Family	Combined with medical: \$1,650/\$3,300		N/A	
Out-of-Pocket Maximum ¹ (the most you have to pay for eligible services)				
Individual/ Family	Combined with medical		Combined with medical	
What You Pay ³				
Preventive drugs	\$0, no deductible		\$0	\$0
Generic	15% after deductible (\$10 maximum)	15% after deductible (\$25 maximum; Northern and Southern California: \$10 maximum)	\$10	\$20
Brand	15% after deductible (\$40 maximum)	15% after deductible (\$100 maximum; Northern and Southern California: \$40 maximum)	\$50	\$100
Non-preferred brand	15% after deductible (\$60 maximum; Northern and Southern California: \$40 maximum)	15% after deductible (\$150 maximum; Northern and Southern California: \$40 maximum)	\$75 (Northern and Southern California: \$50)	\$150 (Northern and Southern California: \$100)
Specialty	Applicable cost for generic, brand or non-preferred brand after deductible	N/A	\$150	N/A

1 Up to a 30-day supply.
2 Up to a 90-day supply. Northern and Southern California only: Up to a 100-day supply.
3 Georgia and Mid-Atlantic only: Community pharmacies are available in areas where there is no Kaiser Permanente facility. Your costs may differ from what is shown here. For more details, please see the Summary of Benefits and Coverage on MyWSIBenefits.com.