

Kaiser Permanente HMOs 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, 2024**, and will continue through **June 30, 2025**.

Note: Certain services – such as private duty nursing, physical therapy, massage therapy or acupuncture – may be covered differently or may not be covered. There are coverage variations from state to state. For more information about the Kaiser Permanente coverage available to you, please refer to the Summary of Benefits and Coverage (SBC) available at [MyWSIBenefits.com](https://www.kaiserpermanente.org/MyWSIBenefits.com).

Find a Provider

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

NORTHERN/SOUTHERN CALIFORNIA		COLORADO • GEORGIA MID-ATLANTIC STATES NORTHWEST • WASHINGTON
IN-NETWORK		IN-NETWORK
Deductible (what you pay first for some services)		
Individual	\$250	\$250
Family	\$500	\$500
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)		
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Preventive Care		
Well-adult visits, well-child visits and immunizations	\$0	\$0
Office Visits/Telehealth		
PCP/specialist	\$20/\$40	\$20/\$40
Telehealth	\$0	\$0
Chiropractic care (up to 20 visits per plan year)	\$15	\$20
Lab/X-ray		
Office, independent lab, outpatient and inpatient	10% after deductible	10% after deductible
Emergency Services		
Ambulance ²	10% after deductible	10% after deductible
Emergency room	10% after deductible	10% after deductible
Urgent care	\$20	\$40 (Washington only: \$20)
Convenience care	\$20	\$40
Inpatient Services		
Hospital and physician services	10% after deductible	10% after deductible
Mental Health/Substance Abuse		
Inpatient care	10% after deductible	10% after deductible
Outpatient care	\$20 copay for individual therapy visits \$10 copay for group therapy visits	\$20 copay for individual therapy visits \$10 copay for group therapy visits (Washington only: \$0 for group therapy visits)

Note: Vision services are not included. Please review vision benefits available through VSP on page 19.

1 Out-of-pocket maximums include deductibles, copays and coinsurance.

2 Non-emergency ambulance transportation is not covered.

How the Kaiser Permanente HMOs Work

- No deductible to meet
- 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

Kaiser Permanente HMO 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 for your HMO, shown on the inside back cover of this guide.

NORTHERN/SOUTHERN CALIFORNIA		COLORADO • GEORGIA MID-ATLANTIC STATES • NORTHWEST WASHINGTON	
RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 100-DAY SUPPLY)	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)
Deductible (what you pay first for some services)			
Individual/ Family	N/A	N/A	
Out-of-Pocket Maximum (the most you have to pay for eligible services)			
Individual/ Family	Combined with medical		Combined with medical
What You Pay			
Preventive drugs	\$0	\$0	\$0
Generic	\$10	\$20	\$10
Brand	\$50	\$100	\$50
Non-preferred brand	\$50	\$100	\$75
Specialty	\$150	N/A	\$150

Prescription Drugs

Save With Mail Order

If you take ongoing maintenance medications, using mail order can save you money. Plus, you get the convenience of having your prescriptions delivered right to your door.

