2026 Level Funded Product Portfolio Colorado

KAISER PERMANENTE®
Kaiser Permanente Insurance Company

	KPLF 0/10/1500	KPLF 0/20/1500	KPLF 0/15/3000	KPLF 0/20/3000	KPLF 0/30/4000
Product type	EPO	EPO	EPO	EPO	EPO
Deductible Individual/Family	$0	$0	$0	$0	$0
Out-of-pocket maximum Individual/Family	$1,500/$3,000	$1500/$3000	$3000/$6000	$3,000/$6,000	$4,000/$8,000
Coinsurance (member's cost)	10%	10%	20%	20%	20%
Emergency room	$250	$250	$250	$250	$300
Urgent care	$50	$50	$50	$50	$75
Inpatient hospital	$500 per day (3 days)	$500 per day (3 days)	$750 per day (3 days)	$750 per day (3 days)	$750 per day (3 days)
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$10	$20	$15	$20	$30
Specialist office visit	$30	$30	$25	$40	$50
Mental health outpatient	$10	$20	$15	$20	$30
MRI, CT, and PET	$100	$100	$150	$150	$200
Lab & X-ray	$0	$0	$0	$0	$0
Outpatient surgery	$500	$500	$500	$500	$500
Prescription drugs[2]					
Generic	$5	$5	$5	$5	$5
Brand	$30	$30	$30	$30	$30
Brand non-preferred	$45	$45	$45	$45	$45
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

* Plus is available on EPO/DEPO, except where coinsurance is 50%; Plus is not available on HDHP, Everyday Care (EDC), POS or PPO.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit coloradolevelfunded.kp.org to view the Summary of Benefits and Coverage (SBC). Standard plans shown here. Plan documents will reflect final benefits resulting from any customization. Kaiser Permanente Insurance Company (KPIC) provides administrative services and underwrites stop loss insurance for the Kaiser Permanente Level Funded program. Plan availability is subject to change and is controlled via the quoting process.

1. Chat, video, and phone services are offered at no additional cost for most plans. For these services, some POS, PPO, or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost. **2.** Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail-order program or the maintenance medication will not be covered. Some prescriptions are not eligible to be mailed or delivered.

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	KPLF 250/10%/3000	KPLF 500/10%/3000	KPLF 500/20%/3000	KPLF 750/10%/3000	KPLF 750/20%/3000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$250/$500	$500/$1,000	$500/$1,000	$750/$1500	$750/$1,500
Out-of-pocket maximum Individual/Family	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$3000/$6000	$3,000/$6,000
Coinsurance (member's cost)	10%	10%	20%	10%	20%
Emergency room	$300	$300	$300	$300	$300
Urgent care	$50	$50	$50	$50	$50
Inpatient hospital	10% after deductible	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$20	$20	$30	$15	$20
Specialist office visit	$40	$40	$50	$25	$50
Outpatient mental health	$20	$20	$30	$15	$20
MRI, CT, and PET	$200	$200	$200	$200	$200
Lab & X-ray	$0	10% after deductible	$0	10% after deductible	20% after deductible
Outpatient surgery	10% after deductible	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Prescription drugs[2]					
Generic	$5	$5	$5	$5	$10
Brand	$30	$30	$30	$30	$35
Brand non-preferred	$45	$45	$45	$45	$60
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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	KPLF 1000/10%/3000	KPLF 1000/20%/3500	KPLF 1000/20%/4000	KPLF 1500/10%/4000	KPLF 1500/20%/4000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$1,000/$2,000	$1000/$2000	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000
Out-of-pocket maximum Individual/Family	$3,000/$6,000	$3500/$7000	$4,000/$8,000	$4,000/$8,000	$4,000/$8,000
Coinsurance (member's cost)	10%	20%	20%	10%	20%
Emergency room	$300	$300	$300	$300	$300
Urgent care	$50	$50	$50	$50	$50
Inpatient hospital	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$20	$25	$30	$20	$30
Specialist office visit	$50	$75	$50	$40	$50
Outpatient mental health	$20	$25	$30	$20	$30
MRI, CT, and PET	$200	$200	$200	$200	$200
Lab & X-ray	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Outpatient surgery	10% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Prescription drugs[2]					
Generic	$10	$10	$10	$10	$10
Brand	$35	$35	$35	$35	$35
Brand non-preferred	$60	$60	$60	$60	$60
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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	KPLF 2000/0%/4500	KPLF 2000/20%/4500	KPLF 2000/30%/4500	KPLF 2500/0%/4500	KPLF 2500/20%/4500
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000	$2,500/$5,000	$2,500/$5,000
Out-of-pocket maximum Individual/Family	$4,500/$9,000	$4,500/$9,000	$4,500/$9,000	$4,500/$9,000	$4,500/$9,000
Coinsurance (member's cost)	0%	20%	30%	0%	20%
Emergency room	$300	$300	$300	$300	$300
Urgent care	$50	$50	$50	$50	$50
Inpatient hospital	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$20	$30	$30	$20	$30
Specialist office visit	$40	$50	$50	$40	$50
Outpatient mental health	$20	$30	$30	$20	$30
MRI, CT, and PET	$200	$200	$200	$200	$200
Lab & X-ray	$0	20% after deductible	30% after deductible	$0	20% after deductible
Outpatient surgery	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible
Prescription drugs[2]					
Generic	$15	$15	$15	$15	$15
Brand	$50	$50	$50	$50	$50
Brand non-preferred	$75	$75	$75	$75	$75
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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	KPLF 2500/20%/10000	**KPLF** 2500/30%/6000	**KPLF** 3000/0%/6000	**KPLF** 3000/20%/6000	**KPLF** 3000/30%/6000	**KPLF** 3000/30%/6500
Product type	DEPO	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$2500/$5000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000
Out-of-pocket maximum Individual/Family	$10,000/$20,000	$6,000/$12,000	$6,000/$12,000	$6,000/$12,000	$6,000/$12,000	$$6,500/$13,000
Coinsurance (member's cost)	20%	30%	0%	20%	30%	30%
Emergency room	$300	$300	$400	$400	$400	$400
Urgent care	$75	$50	$75	$75	$75	$75
Inpatient hospital	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0	$0
PCP office visit	$30	$30	$30	$30	$40	$25
Specialist office visit	$60	$50	$50	$50	$60	$75
Outpatient mental health	$30	$30	$30	$30	$40	$25
MRI, CT, and PET	$200	$200	$300	$300	$300	$300
Lab & X-ray	20% after deductible	30% after deductible	$0	20% after deductible	30% after deductible	30% after deductible
Outpatient surgery	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible	30% after deductible
Prescription drugs[2]						
Generic	$15	$15	$15	$15	$15	$15
Brand	$50	$50	$50	$50	$50	$50
Brand non-preferred	$75	$75	$75	$75	$75	$75
Specialty	$500	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A	N/A

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	KPLF 3500/0%/6500	**KPLF** 3500/20%/6500	**KPLF** 3500/30%/6000	**KPLF** 3500/30%/6500	**KPLF** 4000/0%/6500
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$3,500/$7,000	$3,500/$7,000	$3,500/$7,000	$3,500/$7,000	$4,000/$8,000
Out-of-pocket maximum Individual/Family	$6,500/$13,000	$6,500/$13,000	$6,000/$12,000	$6,500/$13,000	$6,500/$13,000
Coinsurance (member's cost)	0%	20%	30%	30%	0%
Emergency room	$500	$500	$400	$500	$500
Urgent care	$100	$100	$75	$100	$100
Inpatient hospital	0% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$30	$30	$30	$40	$30
Specialist office visit	$50	$50	$60	$60	$50
Outpatient mental health	$30	$30	$30	$40	$30
MRI, CT, and PET	$300	$300	$300	$300	$300
Lab & X-ray	$0	20% after deductible	30% after deductible	30% after deductible	$0
Outpatient surgery	0% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Prescription drugs[2]					
Generic	$15	$15	$15	$15	$20
Brand	$50	$50	$50	$50	$65
Brand non-preferred	$75	$75	$75	$75	$90
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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	KPLF 4000/20%/8000	**KPLF** 4000/30%/8000	**KPLF** 4000/40%/8000	**KPLF** 4000/50%/8000	**KPLF** 5000/0%/8000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$4,000/$8,000	$4,000/$8,000	$4,000/$8,000	$4,000/$8,000	$5,000/$10,000
Out-of-pocket maximum Individual/Family	$8,000/$16,000	$8,000/$16,000	$8,000/$16,000	$8,000/$16,000	$8,000/$16,000
Coinsurance (member's cost)	20%	30%	40%	50%	0%
Emergency room	$500	$500	$500	$500	$500
Urgent care	$100	$100	$100	$100	$100
Inpatient hospital	20% after deductible	30% after deductible	40% after deductible	50% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$30	$40	$50	$50	$40
Specialist office visit	$50	$60	$70	$70	$60
Outpatient mental health	$30	$40	$50	$50	$40
MRI, CT, and PET	$300	$300	$300	$300	$300
Lab & X-ray	20% after deductible	30% after deductible	40% after deductible	50% after deductible	$0
Outpatient surgery	20% after deductible	30% after deductible	40% after deductible	50% after deductible	0% after deductible
Prescription drugs[2]					
Generic	$20	$20	$20	$20	$20
Brand	$65	$65	$65	$65	$65
Brand non-preferred	$90	$90	$90	$90	$90
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000
Out-of-pocket maximum Individual/Family	$9,000/$18,0000	$9,000/$18,000	$9,000/$18,000	$9,000/$18,000	$9,000/$18,000
Coinsurance (member's cost)	20%	30%	40%	50%	40%
Emergency room	20% after deductible	30% after deductible	40% after deductible	50% after deductible	40% after deductible
Urgent care	$100	$100	$100	$100	$100
Inpatient hospital	20% after deductible	30% after deductible	40% after deductible	50% after deductible	40% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0	$0
PCP office visit	$40	$50	$50	$50	$50
Specialist office visit	$60	$70	$70	$70	$70
Outpatient mental health	$40	$50	$50	$50	$50
MRI, CT, and PET	20% after deductible	30% after deductible	40% after deductible	50% after deductible	40% after deductible
Lab & X-ray	20% after deductible	30% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient surgery	20% after deductible	30% after deductible	40% after deductible	50% after deductible	40% after deductible
Prescription drugs[2]					
Generic	$20	$20	$20	$20	$20
Brand	$65	$65	$65	$65	$65
Brand non-preferred	$90	$90	$90	$90	$90
Specialty	$500	$500	$500	$500	$500
Pharmacy deductible	N/A	N/A	N/A	N/A	N/A

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	KPLF 6000/50%/9000	**KPLF** 6000/50%/9500
Product type	DEPO	DEPO
Deductible Individual/Family	$6,000/$12,000	$6,000/$12,000
Out-of-pocket maximum Individual/Family	$9,000/$18,000	$9,500/$19,000
Coinsurance (member's cost)	50%	50%
Emergency room	50% after deductible	50% after deductible
Urgent care	$100	$100
Inpatient hospital	50% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0
PCP office visit	$50	$50
Specialist office visit	$70	$80
Outpatient mental health	$50	$50
MRI, CT, and PET	50% after deductible	50% after deductible
Lab & X-ray	50% after deductible	50% after deductible
Outpatient surgery	50% after deductible	50% after deductible
Prescription drugs[2]		
Generic	$20	$20
Brand	$65	$65
Brand non-preferred	$90	$90
Specialty	$500	$500
Pharmacy deductible	N/A	N/A

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	KPLF Everyday Care 4000/0%/4000	KPLF Everyday Care 5000/0%/5000	KPLF Everyday Care 7000/0%/7000	KPLF Everyday Care 9000/0%/9000
Product type	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$4,000/$8,000	$5,000/$10,000	$7,000/$14,000	$9,000/$18,000
Out-of-pocket maximum Individual/Family	$4,000/$8,000	$5,000/$10,000	$7,000/$14,000	$9,000/$18,000
Coinsurance (member's cost)	0%	0%	0%	0%
Emergency room	$500	$500	$500	$500
Urgent care	$0	$0	$0	$0
Inpatient hospital	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0
PCP office visit	$0	$0	$0	$0
Specialist office visit	$0	$0	$0	$0
Outpatient mental health	$0	$0	$0	$0
MRI, CT, and PET	$500	$500	$500	$500
Lab & X-ray	$0	$0	$0	$0
Outpatient surgery	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription drugs[2]				
Generic	$0	$0	$0	$0
Brand	$50	$50	$50	$50
Brand non-preferred	$125	$125	$125	$125
Specialty	$300	$300	$300	$300
Pharmacy deductible	N/A	N/A	N/A	N/A

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	KPLF Everyday Care $10/$4000	KPLF Everyday Care $10/$5000	KPLF Everyday Care $10/$6000	KPLF Everyday Care $10/$7000
Product type	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$7,000/$14,000
Out-of-pocket maximum Individual/Family	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$7,000/$14,000
Coinsurance (member's cost)	0%	0%	0%	0%
Emergency room	$500	$500	$500	$500
Urgent care	$10	$10	$10	$10
Inpatient hospital	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible
Virtual care services (Chat, video visit, email, phone)[1]	$0	$0	$0	$0
PCP office visit	$10	$10	$10	$10
Specialist office visit	$10	$10	$10	$10
Outpatient mental health	$10	$10	$10	$10
MRI, CT, and PET	$500	$500	$500	$500
Lab/X-ray	$10/$50	$10/$50	$10/$50	$10/$50
Outpatient surgery	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription drugs[2]				
Generic	$10	$10	$10	$10
Brand	$50	$50	$50	$50
Brand non-preferred	$125	$125	$125	$125
Specialty	$300	$300	$300	$300
Pharmacy deductible	N/A	N/A	N/A	N/A

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	KPLF HDHP 1700/20%/3500	KPLF HDHP 2500/20%/5000	KPLF HDHP 3000/0%/3000	KPLF HDHP 3500/20%/6000	KPLF HDHP 4000/0%/4000
Product type	HSA	HSA	HSA	HSA	HSA
Deductible Individual/Family	$1,700[1]/$3,400	$2,500[1]/$5,000	$3,000[1]/$6,000	$3,500/$7,000	$4,000/$8,000
Out-of-pocket maximum Individual/Family	$3,500[1]/$7,000	$5,000[1]/$10,000	$3,000[1]/$6,000	$6,000/$12,000	$4,000/$8,000
Coinsurance (member's cost)	20%	20%	0%	20%	0%
Emergency room	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Urgent care	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Inpatient hospital	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone)[2]	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
PCP office visit	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Specialist office visit	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Outpatient mental health	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
MRI, CT, and PET	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Lab & X-ray	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Outpatient surgery	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Prescription drugs[3]					
Generic	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Brand	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Brand non-preferred	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Specialty	20% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible	Medical deductible

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	KPLF HDHP 5000/30%/7000	KPLF HDHP 6000/50%/8000
Product type	HSA	HSA
Deductible Individual/Family	$5,000/$10,000	$6,000/$12,000
Out-of-pocket maximum Individual/Family	$7,000/$14,000	$8,000/$16,000
Coinsurance (member's cost)	30%	50%
Emergency room	30% after deductible	50% after deductible
Urgent care	30% after deductible	50% after deductible
Inpatient hospital	30% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone)[2]	No charge after deductible	No charge after deductible
PCP office visit	30% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible
Outpatient mental health	30% after deductible	50% after deductible
MRI, CT, and PET	30% after deductible	50% after deductible
Lab & X-ray	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Prescription drugs[3]		
Generic	30% after deductible	50% after deductible
Brand	30% after deductible	50% after deductible
Brand non-preferred	30% after deductible	50% after deductible
Specialty	30% after deductible	50% after deductible
Pharmacy deductible	Medical deductible	Medical deductible

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	KPLF POS 500/10%/3000			KPLF POS 1500/20%/4000		
Product type	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider
Deductible Individual/Family	$500/$1,000	$1,500/$3,000	$4,500/$9,000	$1,500/$3,000	$3,000/$6,000	$9,000/$18,000
Out-of-pocket maximum Individual/Family	$3,000/$6,000	$4,500/$9,000	$13,500/$27,000	$4,000/$8,000	$6,000/$12,000	$18,000/$36,000
Coinsurance (member's cost)	10%	25%	50%	20%	35%	50%
Emergency room	$400			20% after deductible		
Urgent care	$75			$85		
Inpatient hospital	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Virtual care services						
Telephone/video	$0	$50	50% coinsurance	$0	$65	50% coinsurance
Chat/email	$0	$0	50% coinsurance	$0	$0	50% coinsurance
PCP office visit	$25 all-inclusive	$50 office visit 25% after deductible for other services	50% after deductible	$30 all-inclusive	$65 office visit 35% after deductible for other services	50% after deductible
Specialist office visit	$55 office visit 10% after deductible for other services	$85 office visit 25% after deductible for other services	50% after deductible	$70 office visit 20% after deductible for other services	$100 office visit 35% after deductible for other services	50% after deductible
Outpatient mental health	$25 all-inclusive	$50 all-inclusive	50% after deductible	$30 all-inclusive	$65 all-inclusive	50% after deductible
MRI, CT, and PET	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Lab & X-ray	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp)[1]	$300 ASC $500 Hosp	25% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	10% after deductible ASC 20% after deductible Hosp	35% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs[2]						
Generic	$10	$20	50% after deductible	$15	$20	50% after deductible
Brand	$35	$60	50% after deductible	$50	$60	50% after deductible
Brand non-preferred	$60	50% after deductible	50% after deductible	$75	50% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
Pharmacy deductible	$0	$200	Medical deductible	$0	$500	Medical deductible

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POS HDHP plans

	KPLF POS 3000/30%/5000			KPLF POS HDHP 3500/30%/5000		
Product type	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider
Deductible Individual/Family	$3,000/$6,000	$5,000/$10,000	$15,000/$30,000	$3,500/$7,000	$5,000/$10,000	$15,000/$30,000
Out-of-pocket maximum Individual/Family	$5,000/$10,000	$8,000/$16,000	$24,000/$48,000	$5,000/$10,000	$7,000/$14,000	$21,000/$42,000
Coinsurance (member's cost)	30%	40%	50%	30%	40%	50%
Emergency room	30% after deductible			30% after deductible		
Urgent care	$100			30% after deductible		
Inpatient hospital	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Virtual care services						
Telephone/video	$0	$75	50% coinsurance	$0	40% coinsurance	50% coinsurance
Chat/email	$0	$0	50% coinsurance	$0	$0	50% coinsurance
PCP office visit	$45 all-inclusive	$75 office visit 40% after deductible for other services	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Specialist office visit	$85 office visit 30% after deductible for other services	$100 office visit 40% after deductible for other services	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient mental health	$45 all-inclusive	$75 all-inclusive	50% after deductible	30% after deductible	40% after deductible	50% after deductible
MRI, CT, and PET	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Lab & X-ray	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp)[1]	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs[2]						
Generic	$15	$20	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Brand	$50	$60	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Brand non-preferred	$75	50% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Pharmacy deductible	$0	$500	Medical deductible	Medical deductible	Medical deductible	Medical deductible

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	KPLF POS HDHP 5000/30%/6500			KPLF POS 5000/30%/7000		
Product type	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider
Deductible Individual/Family	$5,000/$10,000	$6,000/$12,000	$18,000/$36,000	$5,000/$10,000	$7,000/$14,000	$21,000/$42,000
Out-of-pocket maximum Individual/Family	$6,500/$13,000	$7,500/$15,000	$22,500/$45,000	$7,000/$14,000	$9,000/$18,000	$27,000/$54,000
Coinsurance (member's cost)	30%	40%	50%	30%	40%	50%
Emergency room		30% after deductible			30% after deductible	
Urgent care		30% after deductible			$100	
Inpatient hospital	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Virtual care services						
Telephone/video	$0	40% coinsurance	50% coinsurance	$0	$75	50% coinsurance
Chat/email	$0	$0	50% coinsurance	$0	$0	50% coinsurance
PCP office visit	30% after deductible	40% after deductible	50% after deductible	$50 all-inclusive	$75 office visit 40% after deductible for other services	50% after deductible
Specialist office visit	30% after deductible	40% after deductible	50% after deductible	$85 office visit 30% after deductible for other services	$100 office visit 40% after deductible for other services	50% after deductible
Outpatient mental health	30% after deductible	40% after deductible	50% after deductible	$50 all-inclusive	$75 all-inclusive	50% after deductible
MRI, CT, and PET	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Lab & X-ray	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient surgery : Ambulatory surgical center (ASC)/ hospital outpatient department (Hosp)[1]	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs[2]						
Generic	30% after deductible	40% after deductible	50% after deductible	$20	$45	50% after deductible
Brand	30% after deductible	40% after deductible	50% after deductible	$65	$100	50% after deductible
Brand non-preferred	30% after deductible	40% after deductible	50% after deductible	$90	50% after deductible	50% after deductible
Specialty	30% after deductible	40% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
Pharmacy deductible	Medical deductible	Medical deductible	Medical deductible	$0	$500	Medical deductible

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	KPLF PPO 2000/25%/7500		KPLF PPO 3500/35%/9000		KPLF PPO 5000/40%/9000		KPLF PPO 7000/40%/9000	
Product type	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	$2,000/$4,000	$6,000/$12,000	$3,500/$7,000	$10,500/$21,000	$5,000/$10,000	$15,000/$30,000	$7,000/$14,000	$21,000/$42,000
Out-of-pocket maximum Individual/Family	$7,500/$15,000	$22,500/$45,000	$9,000/$18,000	$27,000/$54,000	$9,000/$18,000	$27,000/$54,000	$9,000/$18,000	$27,000/$54,000
Coinsurance (member's cost)	25%	50%	35%	50%	40%	50%	40%	50%
Emergency room	25% after deductible		35% after deductible		40% after deductible		40% after deductible	
Urgent care	$85	$250	$100	$250	$150	$250	$150	$250
Inpatient hospital	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Virtual care services								
Telephone/video	$35	50% coinsurance	$50	50% coinsurance	$60	50% coinsurance	$60	50% coinsurance
Chat/email	$0	50% coinsurance	$0	50% coinsurance	$0	50% coinsurance	$0	50% coinsurance
PCP office visit	$35	50% after deductible	$50	50% after deductible	$60	50% after deductible	$60	50% after deductible
Specialist office visit	$70	50% after deductible	$90	50% after deductible	$90	50% after deductible	$90	50% after deductible
Outpatient mental health	$35	50% after deductible	$50	50% after deductible	$60	50% after deductible	$60	50% after deductible
MRI, CT, and PET	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Lab & X-ray	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Prescription drugs[1]								
Generic	$15	50% after deductible	$15	50% after deductible	$20	50% after deductible	$20	50% after deductible
Brand	$50	50% after deductible	$50	50% after deductible	$65	50% after deductible	$65	50% after deductible
Brand non-preferred	$75	50% after deductible	$75	50% after deductible	$90	50% after deductible	$90	50% after deductible
Specialty	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Pharmacy deductible	$0	Medical deductible	$0	Medical deductible	$0	Medical deductible	$0	Medical deductible

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	KPLF PPO HDHP 5500/40%/7000	
Product type	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	$5,500/$11,000	$16,500/$33,000
Out-of-pocket maximum Individual/Family	$7,000/$14,000	$21,000/$42,000
Coinsurance (member's cost)	40%	50%
Emergency room	40% after deductible	
Urgent care	$150 after deductible	$250 after deductible
Inpatient hospital	40% after deductible	50% after deductible
Virtual care services		
Telephone/video	40% coinsurance	50% coinsurance
Chat/email	$0	50% coinsurance
PCP office visit	40% after deductible	50% after deductible
Specialist office visit	40% after deductible	50% after deductible
Outpatient mental health	40% after deductible	50% after deductible
MRI, CT, and PET	40% after deductible	50% after deductible
Lab & X-ray	40% after deductible	50% after deductible
Outpatient surgery	40% after deductible	50% after deductible
Pharmacy[1]		
Generic	40% after deductible	50% after deductible
Brand	40% after deductible	50% after deductible
Brand non-preferred	40% after deductible	50% after deductible
Specialty	40% after deductible	50% after deductible
Pharmacy deductible	Medical deductible	Medical deductible

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit coloradolevelfunded.kp.org to view the Summary of Benefits and Coverage (SBC). Standard plans shown here. Plan documents will reflect final benefits resulting from any customization. Kaiser Permanente Insurance Company (KPIC) provides administrative services and underwrites stop loss insurance for the Kaiser Permanente Level Funded program. Plan availability is subject to change and is controlled via the quoting process.

1. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan Medical Office pharmacies or through the Kaiser Permanente mail-order program or the maintenance medication will not be covered. Some prescriptions are not eligible to be mailed or delivered.

Questions? Contact Kaiser Permanente at **levelfunded@kp.org** or 855-336-4995 or call your broker.

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