# 2026 Level Funded Product Portfolio Georgia

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 | $1,500/$3,000 | $3,000/$6,000 | $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 levelfunded.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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## Deductible EPO plans*

| | 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/$1,500 | $750/$1,500 |
| Out-of-pocket maximum Individual/Family | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $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 |

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

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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 | $1,000/$2,000 | $1,000/$2,000 | $1,500/$3,000 | $1,500/$3,000 |
| Out-of-pocket maximum Individual/Family | $3,000/$6,000 | $3,500/$7,000 | $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 |

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

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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 | $2,500/$5,000 | $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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| | KPLF 5000/20%/9000 | KPLF 5000/30%/9000 | KPLF 5000/40%/9000 | KPLF 5000/50%/9000 | KPLF 6000/40%/9000 |
|---|---|---|---|---|---|
| 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 |

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

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**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 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 |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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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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**1.** Aggregate accumulation applies. All other plans utilize Embedded accumulation. **2.** 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. **3.** 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 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 |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 0/40/6500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $0 | | $2,000 |
| **Deductible (Family)** | $0 | | $4,000 |
| **Out-of-Pocket Max (Individual)** | $6,500 | | $19,500 |
| **Out-of-Pocket Max (Family)** | $13,000 | | $39,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$120 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $100 | $120 | 40% after deductible |
| **Hospital Inpatient** | $950 per day for 1st 3 days | | 40% after deductible |
| **Outpatient Surgery** | $700 | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | $500 | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | $950 per day for 1st 3 days | | 40% after deductible |
| **PT/ST/OT** | $100 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $40 | $60 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $70 | $100 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $20/$20/$80/$140/20% *KP*<br>$60/$60/$180/$300/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO 500/20%/4500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $500 | | $1,500 |
| **Deductible (Family)** | $1,000 | | $3,000 |
| **Out-of-Pocket Max (Individual)** | $4,500 | | $13,500 |
| **Out-of-Pocket Max (Family)** | $9,000 | | $27,000 |
| **Telehealth Visit** | Primary: $0 KP/$40 Network<br>Specialty: $0 KP/$60 Network | | 40% after deductible |
| **Primary Care** | $20 | $40 | 40% after deductible |
| **Specialty Care** | $40 | $60 | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $40 | $80 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $20 | $40 | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | $40 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $40 | $60 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $70 | $100 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $20/$20/$80/$140/20% *KP*<br>$60/$60/$180/$300/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO<br>1000/20%/5000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $1,000 | | $3,000 |
| **Deductible (Family)** | $2,000 | | $6,000 |
| **Out-of-Pocket Max (Individual)** | $5,000 | | $15,000 |
| **Out-of-Pocket Max (Family)** | $10,000 | | $30,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)**<br>(OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Generic Drugs (Preferred)**<br>(OptumRx Formulary Tier 1) | $10 | $20 | 40% after deductible |
| **Preferred Brand Drugs**<br>(OptumRx Formulary Tier 2) | $40 | $60 | 40% after deductible |
| **Non-Preferred Drugs**<br>(OptumRx Formulary Tier 3) | $70 | $100 | 40% after deductible |
| **Specialty Drugs**<br>(OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $20/$20/$80/$140/20% *KP*<br>$60/$60/$180/$300/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO<br>1500/20%/6000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $1,500 | | $4,500 |
| **Deductible (Family)** | $3,000 | | $9,000 |
| **Out-of-Pocket Max (Individual)** | $6,000 | | $18,000 |
| **Out-of-Pocket Max (Family)** | $12,000 | | $36,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs**<br>(OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs**<br>(OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs**<br>(OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO 1500/30%/6000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $1,500 | | $4,500 |
| **Deductible (Family)** | $3,000 | | $9,000 |
| **Out-of-Pocket Max (Individual)** | $6,000 | | $18,000 |
| **Out-of-Pocket Max (Family)** | $12,000 | | $36,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.** Available 90 day supply through Kaiser Permanente Pharmacy and OptumRx Retail Pharmacies. 30 day supply available for Out-of-Network.

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

| | KPLF DC PPO 2000/10%/7000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $2,000 | | $6,000 |
| **Deductible (Family)** | $4,000 | | $12,000 |
| **Out-of-Pocket Max (Individual)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Family)** | $14,000 | | $42,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 10% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 10% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | $500 | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 10% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.** Available 90 day supply through Kaiser Permanente Pharmacy and OptumRx Retail Pharmacies. 30 day supply available for Out-of-Network.

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

| | KPLF DC PPO<br>2500/30%/7000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $2,500 | | $4,500 |
| **Deductible (Family)** | $5,000 | | $9,000 |
| **Out-of-Pocket Max (Individual)** | $7,000 | | $18,000 |
| **Out-of-Pocket Max (Family)** | $14,000 | | $36,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$80 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $60 | $80 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $60 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs**<br>(OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs**<br>(OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs**<br>(OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.** Available 90 day supply through Kaiser Permanente Pharmacy and OptumRx Retail Pharmacies. 30 day supply available for Out-of-Network.

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

| | KPLF DC PPO 3000/20%/7000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $3,000 | | $9,000 |
| **Deductible (Family)** | $6,000 | | $18,000 |
| **Out-of-Pocket Max (Individual)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Family)** | $14,000 | | $42,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$80 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $60 | $80 | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | $500 | | $500 |
| **Ambulance** | $500 | | $500 |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | $60 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 3500/30%/7500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $3,500 | | $10,500 |
| **Deductible (Family)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Individual)** | $7,500 | | $22,500 |
| **Out-of-Pocket Max (Family)** | $15,000 | | $45,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$80 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $60 | $80 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | 30% after deductible | | 30% after deductible |
| **Ambulance** | 30% after deductible | | 30% after deductible |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $60 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 4000/20%/8000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $4,000 | | $12,000 |
| **Deductible (Family)** | $8,000 | | $24,000 |
| **Out-of-Pocket Max (Individual)** | $8,000 | | $24,000 |
| **Out-of-Pocket Max (Family)** | $16,000 | | $48,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$80 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $60 | $80 | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | 20% after deductible | | 20% after deductible |
| **Ambulance** | 20% after deductible | | 20% after deductible |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | $60 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 4000/30%/8000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $4,000 | | $12,000 |
| **Deductible (Family)** | $8,000 | | $24,000 |
| **Out-of-Pocket Max (Individual)** | $8,000 | | $24,000 |
| **Out-of-Pocket Max (Family)** | $16,000 | | $48,000 |
| **Telehealth Visit** | Primary: $0 KP/$60 Network<br>Specialty: $0 KP/$80 Network | | 40% after deductible |
| **Primary Care** | $40 | $60 | 40% after deductible |
| **Specialty Care** | $60 | $80 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | 30% after deductible | | 30% after deductible |
| **Ambulance** | 30% after deductible | | 30% after deductible |
| **Urgent Care (per visit)** | $80 | $120 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $40 | $60 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $60 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 4500/10%/8000 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $4,500 | | $13,500 |
| **Deductible (Family)** | $9,000 | | $27,000 |
| **Out-of-Pocket Max (Individual)** | $8,000 | | $24,000 |
| **Out-of-Pocket Max (Family)** | $16,000 | | $48,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 10% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 10% after deductible | | 40% after deductible |
| **Emergency Care** | $600 | | $600 |
| **Ambulance** | $600 | | $600 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | $500 | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 10% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 5000/30%/8500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $5,000 | | $15,000 |
| **Deductible (Family)** | $10,000 | | $30,000 |
| **Out-of-Pocket Max (Individual)** | $8,500 | | $25,500 |
| **Out-of-Pocket Max (Family)** | $17,000 | | $51,000 |
| **Telehealth Visit** | Primary: $0 KP/$70 Network<br>Specialty: $0 KP/$90 Network | | 40% after deductible |
| **Primary Care** | $50 | $70 | 40% after deductible |
| **Specialty Care** | $70 | $90 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | 30% after deductible | | 30% after deductible |
| **Ambulance** | 30% after deductible | | 30% after deductible |
| **Urgent Care (per visit)** | $100 | $140 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $50 | $70 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $70 | | 40% after deductible |
| **Drug Deductible (Individual)** | $250<br>(except Tier 1 & 2 Generics) | | Medical deductible applies |
| **Drug Deductible (Family)** | $500<br>(except Tier 1 & 2 Generics) | | Medical deductible applies |
| **Generic Drugs (Maintenance)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs**<br>(OptumRx Formulary Tier 2) | $50 after Rx Ded | $70 after Rx Ded | 40% after deductible |
| **Non-Preferred Drugs**<br>(OptumRx Formulary Tier 3) | $80 after Rx Ded | $110 after Rx Ded | 40% after deductible |
| **Specialty Drugs**<br>(OptumRx Formulary/SP noted) | 20% to $300 max after Rx Ded | 30% after Rx Ded | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit levelfunded.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.

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| | KPLF DC PPO 5500/10%/8500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $5,500 | | $16,500 |
| **Deductible (Family)** | $11,000 | | $33,000 |
| **Out-of-Pocket Max (Individual)** | $8,500 | | $25,500 |
| **Out-of-Pocket Max (Family)** | $17,000 | | $51,000 |
| **Telehealth Visit** | Primary: $0 KP/$50 Network<br>Specialty: $0 KP/$70 Network | | 40% after deductible |
| **Primary Care** | $30 | $50 | 40% after deductible |
| **Specialty Care** | $50 | $70 | 40% after deductible |
| **Hospital Inpatient** | 10% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 10% after deductible | | 40% after deductible |
| **Emergency Care** | $600 | | $600 |
| **Ambulance** | $600 | | $600 |
| **Urgent Care (per visit)** | $60 | $100 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | $500 | | 40% after deductible |
| **MH/CD Outpatient** | $30 | $50 | 40% after deductible |
| **MH/CD Inpatient** | 10% after deductible | | 40% after deductible |
| **PT/ST/OT** | $50 | | 40% after deductible |
| **Drug Deductible (Individual)** | $0 | | Medical deductible applies |
| **Drug Deductible (Family)** | $0 | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | $50 | $70 | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | $80 | $110 | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% to $300 max | 30% | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO<br>5500/30%/8500 | | |
|---|---|---|---|
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $5,500 | | $16,500 |
| **Deductible (Family)** | $11,000 | | $33,000 |
| **Out-of-Pocket Max (Individual)** | $8,500 | | $25,500 |
| **Out-of-Pocket Max (Family)** | $17,000 | | $51,000 |
| **Telehealth Visit** | Primary: $0 KP/$70 Network<br>Specialty: $0 KP/$90 Network | | 40% after deductible |
| **Primary Care** | $50 | $70 | 40% after deductible |
| **Specialty Care** | $70 | $90 | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | 30% after deductible | | 30% after deductible |
| **Ambulance** | 30% after deductible | | 30% after deductible |
| **Urgent Care (per visit)** | $100 | $140 | 40% after deductible |
| **Lab** | $0 | | 30% after deductible |
| **X-Ray** | $0 | | 30% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | $50 | $70 | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | $70 | | 40% after deductible |
| **Drug Deductible (Individual)** | $250<br>(except Tier 1 & 2 Generics) | | Medical deductible applies |
| **Drug Deductible (Family)** | $500<br>(except Tier 1 & 2 Generics) | | Medical deductible applies |
| **Generic Drugs (Maintenance)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Generic Drugs (Preferred)**<br>(OptumRx Formulary Tier 1) | $15 | $25 | 40% after deductible |
| **Preferred Brand Drugs**<br>(OptumRx Formulary Tier 2) | $50 after Rx Ded | $70 after Rx Ded | 40% after deductible |
| **Non-Preferred Drugs**<br>(OptumRx Formulary Tier 3) | $80 after Rx Ded | $110 after Rx Ded | 40% after deductible |
| **Specialty Drugs**<br>(OptumRx Formulary/SP noted) | 20% to $300 max after Rx Ded | 30% after Rx Ded | 40% after deductible |
| **Mail-Order**[1] | $30/$30/$100/$160/20% *KP*<br>$75/$75/$210/$330/30% *OptumRx Retail* | | 40% after deductible |

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| | KPLF DC PPO HDHP 3500/20%/5500 | | |
|---|---|---|---|
| **Accumulation** | **Embedded** | | |
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $3,500 | | $10,500 |
| **Deductible (Family)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Individual)** | $5,500 | | $16,500 |
| **Out-of-Pocket Max (Family)** | $11,000 | | $33,000 |
| **Telehealth Visit** | Primary: 20% KP/30% Network<br>Specialty: 20% KP/30% Network | | 40% after deductible |
| **Primary Care** | 20% after deductible | 30% after deductible | 40% after deductible |
| **Specialty Care** | 20% after deductible | 30% after deductible | 40% after deductible |
| **Hospital Inpatient** | 20% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 20% after deductible | | 40% after deductible |
| **Emergency Care** | 20% after deductible | | 20% after deductible |
| **Ambulance** | 20% after deductible | | 20% after deductible |
| **Urgent Care (per visit)** | 20% after deductible | 30% after deductible | 40% after deductible |
| **Lab** | 20% after deductible | | 40% after deductible |
| **X-Ray** | 20% after deductible | | 40% after deductible |
| **CT/PET/MRI** | 20% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | 20% after deductible | 30% after deductible | 40% after deductible |
| **MH/CD Inpatient** | 20% after deductible | | 40% after deductible |
| **PT/ST/OT** | 20% after deductible | | 40% after deductible |
| **Drug Deductible (Individual)** | Medical deductible applies | | Medical deductible applies |
| **Drug Deductible (Family)** | Medical deductible applies | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | 20% after deductible | 30% after deductible | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | 20% after deductible | 30% after deductible | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | 20% after deductible | 30% after deductible | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | 20% after deductible | 30% after deductible | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 20% after deductible | 30% after deductible | 40% after deductible |
| **Mail-Order**[1] | 20% after deductible | 30% after deductible | 40% after deductible |

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| | KPLF DC PPO HDHP 5000/30%/7000 | | |
|---|---|---|---|
| **Accumulation** | **Embedded** | | |
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $5,000 | | $15,000 |
| **Deductible (Family)** | $10,000 | | $30,000 |
| **Out-of-Pocket Max (Individual)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Family)** | $14,000 | | $42,000 |
| **Telehealth Visit** | Primary: 30% KP/35% Network<br>Specialty: 30% KP/35% Network | | 40% after deductible |
| **Primary Care** | 30% after deductible | 35% after deductible | 40% after deductible |
| **Specialty Care** | 30% after deductible | 35% after deductible | 40% after deductible |
| **Hospital Inpatient** | 30% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 30% after deductible | | 40% after deductible |
| **Emergency Care** | 30% after deductible | | 30% after deductible |
| **Ambulance** | 30% after deductible | | 30% after deductible |
| **Urgent Care (per visit)** | 30% after deductible | 35% after deductible | 40% after deductible |
| **Lab** | 30% after deductible | | 40% after deductible |
| **X-Ray** | 30% after deductible | | 40% after deductible |
| **CT/PET/MRI** | 30% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | 30% after deductible | 35% after deductible | 40% after deductible |
| **MH/CD Inpatient** | 30% after deductible | | 40% after deductible |
| **PT/ST/OT** | 30% after deductible | | 40% after deductible |
| **Drug Deductible (Individual)** | Medical deductible applies | | Medical deductible applies |
| **Drug Deductible (Family)** | Medical deductible applies | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | 30% after deductible | 35% after deductible | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | 30% after deductible | 35% after deductible | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | 30% after deductible | 35% after deductible | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | 30% after deductible | 35% after deductible | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 30% after deductible | 35% after deductible | 40% after deductible |
| **Mail-Order**[1] | 30% after deductible | 35% after deductible | 40% after deductible |

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| | KPLF DC PPO HDHP 6000/10%/7000 | | |
|---|---|---|---|
| **Accumulation** | **Embedded** | | |
| **Provider Network** | **KP Providers** | **Network Providers** | **Out of Network** |
| **Deductible (Individual)** | $6,000 | | $18,000 |
| **Deductible (Family)** | $12,000 | | $36,000 |
| **Out-of-Pocket Max (Individual)** | $7,000 | | $21,000 |
| **Out-of-Pocket Max (Family)** | $14,000 | | $42,000 |
| **Telehealth Visit** | Primary: 10% KP/20% Network<br>Specialty: 10% KP/20% Network | | 40% after deductible |
| **Primary Care** | 10% after deductible | 20% after deductible | 40% after deductible |
| **Specialty Care** | 10% after deductible | 20% after deductible | 40% after deductible |
| **Hospital Inpatient** | 10% after deductible | | 40% after deductible |
| **Outpatient Surgery** | 10% after deductible | | 40% after deductible |
| **Emergency Care** | 10% after deductible | | 10% after deductible |
| **Ambulance** | 10% after deductible | | 10% after deductible |
| **Urgent Care (per visit)** | 10% after deductible | 20% after deductible | 40% after deductible |
| **Lab** | 10% after deductible | | 40% after deductible |
| **X-Ray** | 10% after deductible | | 40% after deductible |
| **CT/PET/MRI** | 10% after deductible | | 40% after deductible |
| **MH/CD Outpatient** | 10% after deductible | 20% after deductible | 40% after deductible |
| **MH/CD Inpatient** | 10% after deductible | | 40% after deductible |
| **PT/ST/OT** | 10% after deductible | | 40% after deductible |
| **Drug Deductible (Individual)** | Medical deductible applies | | Medical deductible applies |
| **Drug Deductible (Family)** | Medical deductible applies | | Medical deductible applies |
| **Generic Drugs (Maintenance)** (OptumRx Formulary Tier 1) | 10% after deductible | 20% after deductible | 40% after deductible |
| **Generic Drugs (Preferred)** (OptumRx Formulary Tier 1) | 10% after deductible | 20% after deductible | 40% after deductible |
| **Preferred Brand Drugs** (OptumRx Formulary Tier 2) | 10% after deductible | 20% after deductible | 40% after deductible |
| **Non-Preferred Drugs** (OptumRx Formulary Tier 3) | 10% after deductible | 20% after deductible | 40% after deductible |
| **Specialty Drugs** (OptumRx Formulary/SP noted) | 10% after deductible | 20% after deductible | 40% after deductible |
| **Mail-Order**[1] | 10% after deductible | 20% after deductible | 40% after deductible |

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