

Plan Comparison

2023-2024

2023

2024

	GOLD 80 HRA HMO 2250/35 + CHILD DENTAL	GOLD 80 HRA HMO 2250/35 + CHILD DENTAL
	HRA employer contribution \$100 - \$400 per employee	HRA employer contribution \$200 - \$400 per employee
FEATURES	Deductible HMO with HRA Plan ¹ (HRA can be administered through Kaiser Permanente)	Deductible HMO with HRA Plan ¹ (HRA can be administered through Kaiser Permanente)
PLAN DEDUCTIBLE Embedded	Individual \$2,250 ² / Family \$4,500 ²	Individual \$2,250 ² / Family \$4,500 ²
OUT-OF-POCKET MAXIMUM Embedded	Individual \$8,500 ^{2,3} / Family \$17,000 ^{2,3}	Individual \$8,500 ^{2,3} / Family \$17,000 ^{2,3}
IN THE MEDICAL OFFICE		
Primary care visits	\$35	\$35
Urgent care visits	\$35	\$35
Specialty office visits	\$50	\$50
Most laboratory tests	25% (after plan deductible) ⁴	25% (after plan deductible) ⁴
Most X-rays and diagnostic testing	25% (after plan deductible) ⁴	25% (after plan deductible) ⁴
Most MRI / CT / PET scans	25% (after plan deductible) ⁴	25% (after plan deductible) ⁴
Outpatient surgery (per procedure)	25% (after plan deductible)	25% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	25% (after plan deductible)	25% (after plan deductible)
PRESCRIPTIONS (up to 30-day supply)		
Generic (Tier 1)	\$15 ^{5,7}	\$15 ^{5,7}
Brand-name (Tier 2)	\$30 (after \$100/\$200 drug deductible) ^{5,6,7}	\$30 (after \$100/\$200 drug deductible) ^{5,6,7}
Specialty drugs (Tier 4)	20% per perscription up to \$250 maximum (after \$100/\$200 drug deductible) ^{5,6,7}	20% per perscription up to \$250 maximum (after \$100/\$200 drug deductible) ^{5,6,7}
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	25% (after plan deductible)	25% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital)	25% (after plan deductible)	25% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital) - detoxification only	25% (after plan deductible)	25% (after plan deductible)
OTHER		
Virtual care	\$0	\$0
Chiropractic and acupuncture	25% per visit after deductible for physician-referred acupuncture only	25% per visit after deductible for physician-referred acupuncture only
Certain durable medical equipment (DME) (supplemental and base)	50% ⁸	50% ⁸

1. Groups selecting the Gold HRA HMO 2250/35 Deductible HMO with HRA plan must establish and fund an HRA for each enrolled employee. The allowable funding range is \$200 to \$400 per employee. If the group covers dependents, the allowable funding range per family is \$200 to \$800. (In 2023, the allowable funding range per family was \$100 to \$400)

2. This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. 3. Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. 4. Laboratory and diagnostic test, x-rays and MRI/CT/PET scans related to preventive services are no charge. 5. Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copays. For information on our formulary, including the drugs on the specialty tier, go to kp.org/formulary or call our Member Service Contact Center. 6. This plan has a drug deductible of \$100 per individual and \$200 for family for prescription costs and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual drug deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. 7. Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. 8. Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services (after plan deductible). Refer to the *Evidence of Coverage* for information on what's included in your DME benefit.

This is a summary of benefits only and is subject to change. The KFH *Evidence of Coverage* and the KPIC *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided isn't intended to describe all the benefits included in each plan, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.