

Plan Comparison

2023-2024

2023

2024

	SILVER 70 HMO 2800/65* + CHILD DENTAL ALT†	SILVER 70 HMO 2950/65* + CHILD DENTAL ALT†
FEATURES	Deductible HMO Plan Member Pays	Deductible HMO Plan Member Pays
PLAN DEDUCTIBLE Embedded	Individual \$2,800 ¹ / Family \$5,600 ¹	Individual \$2,950 ¹ / Family \$5,900 ¹
OUT-OF-POCKET MAXIMUM Embedded	Individual \$8,750 ^{1,2} / Family \$17,500 ^{1,2}	Individual \$9,100 ^{1,2} / Family \$18,200 ^{1,2}
IN THE MEDICAL OFFICE		
Primary care visits	\$65	\$65
Urgent care visits	\$65	\$65
Specialty office visits	\$100	\$100
Most laboratory tests	\$30 (after plan deductible) ³	\$30 (after plan deductible) ³
Most X-rays and diagnostic testing	\$75 (after plan deductible) ³	\$75 (after plan deductible) ³
Most MRI / CT / PET scans	\$400 (after plan deductible) ³	\$400 (after plan deductible) ³
Outpatient surgery (per procedure)	45% (after plan deductible)	45% (after plan deductible)
EMERGENCY SERVICES Emergency department visits (waived if admitted directly to hospital)	45% (after plan deductible)	45% (after plan deductible)
PRESCRIPTIONS (up to 30-day supply) Generic (Tier 1)	\$20 ^{4,5}	\$20 ^{4,5}
Brand-name (Tier 2)	\$100 (after plan deductible) ^{4,5}	\$100 (after plan deductible) ^{4,5}
Specialty drugs (Tier 4)	45% per prescription up to \$250 maximum (after plan deductible) ^{4,5}	45% per prescription up to \$250 maximum (after plan deductible) ^{4,5}
HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	45% (after plan deductible)	45% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$0	\$0
Inpatient (in the hospital)	45% (after plan deductible)	45% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$0	\$0
Inpatient (in the hospital) - detoxification only	45% (after plan deductible)	45% (after plan deductible)
OTHER		
Virtual care	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$15 per visit (self-referral; 20 combined visits per year)
Certain durable medical equipment (DME) (supplemental and base)	45% ⁶	45% ⁶

* The plan is also offered at Covered California for Small Business and CaliforniaChoice®.

† The abbreviation "ALT," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business.

1. 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. **2.** Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. **3.** Laboratory and diagnostic test, x-rays and MRI/CT/PET scans related to preventive services are no charge. **4.** 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. **5.** Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. **6.** 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 KFHP *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*.