



Platinum plans



	KP CO Platinum 0/15 Rx Copay KP Select CO Platinum 0/15 Rx Copay	KP CO Platinum 400/20 KP Select CO Platinum 400/20
Product type	HMO	DHMO
Deductible Individual/Family	\$0	\$400/\$800
Out-of-pocket maximum Individual/Family	\$3,000/\$6,000	\$4,500/\$9,000
Coinsurance (member's cost)	10%	15%
Emergency room	\$300	\$400
Urgent care	\$75	\$75
Inpatient hospital	\$500 per day (Days 1 through 4)	15% after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge
PCP office visit	\$15 KP/\$35 Affiliated Provider ¹	\$20 KP/\$40 Affiliated Provider ¹
Specialist office visit	\$40	\$55 ²
MRI, CT, and PET	\$200	15% after deductible
Lab & X-ray	10%	15% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/ outpatient department of hospital (Hosp)	\$300 ASC \$500 Hosp ³	5% after deductible ASC 15% after deductible Hosp ³
Prescription Drugs⁴		
Generic	\$10	\$10
Brand	\$35	\$40
Brand non-preferred	\$200	15%
Specialty	\$250	15%
Pharmacy deductible	\$0	\$0

KP Select Plans ONLY offered in Colorado Springs and surrounding areas.

1. Affiliated providers are providers that practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.
2. In addition to the copay, the visit may have a charge for services performed during the visit.
3. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. the outpatient department of a hospital.
4. 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. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.

Questions? Contact your broker or your Small Business team at **1-866-331-2091**



Gold plans



	KP CO Gold 0/30 Rx Copay KP Select CO Gold 0/30 Rx Copay	KP CO Gold 500/30 KP Select CO Gold 500/30	KP CO Gold 1500/30 Rx Copay KP Select CO Gold 1500/30 Rx Copay	KP CO Gold 1750/30/HSA KP Select CO Gold 1750/30/HSA
Product type	HMO	DHMO	DHMO	HSA
Deductible Individual/Family	\$0	\$500/\$1,000	\$1,500/\$3,000	\$1,750/\$3,500 (aggregate)
Out-of-pocket maximum Individual/Family	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000	\$4,100/\$8,200 (aggregate)
Coinsurance (member's cost)	20%	20%	20%	15%
Emergency room	\$500	\$550	20% after deductible	15% after deductible
Urgent care	\$75	\$75	\$75	15% after deductible
Inpatient hospital	\$750 per day (Days 1 through 4)	20% after deductible	20% after deductible	15% after deductible
Virtual care services (Chat, video visit, email, phone)	No Charge	No Charge	No Charge	No Charge ¹
PCP office visit	\$30 KP/ \$50 Affiliated Provider ²	\$30 KP/ \$50 Affiliated Provider ²	\$30 KP/ \$50 Affiliated Provider ²	\$30 after deductible KP/\$50 after deductible Affiliated Provider ²
Specialist office visit	\$60	\$65 ³	\$65 ³	\$60 after deductible ³
MRI, CT, and PET	\$500	20% after deductible	20% after deductible	15% after deductible
Lab & X-ray	20%	20% after deductible	20% after deductible	15% after deductible
Outpatient surgery/ Ambulatory surgical center (ASC)/ outpatient department of hospital (Hosp)	\$500 ASC \$750 Hosp ⁴	10% after deductible ASC 20% after deductible Hosp ⁴	10% after deductible ASC 20% after deductible Hosp ⁴	5% after deductible ASC 15% after deductible Hosp ⁴
Prescription Drugs⁵				
Generic	\$15	\$15	\$15	\$15 after deductible
Brand	\$65	\$75	\$80	\$50 after deductible
Brand non-preferred	\$300	20% after Rx deductible	\$400	15% after deductible
Specialty	\$350	20% after Rx deductible	\$500	15% after deductible
Pharmacy deductible	\$0	\$300	\$0	Medical deductible ⁶

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3. In addition to a copay, the visit may have a charge for services performed during the visit.
4. For most plans, the outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. the outpatient department of a hospital.
5. 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. Mail order medications cannot be mailed outside of Colorado. Some prescriptions are not eligible to be mailed or delivered.
6. Pharmacy costs are subject to medical deductible.

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Silver plans



	KP CO Silver 2500/45 KP Select CO Silver 2500/45	KP CO Silver 4000/50 Rx Copay KP Select CO Silver 4000/50 Rx Copay	NEW KP CO Virtual Complete Silver 6800/50 Rx Copay KP Select CO Virtual Complete Silver 6800/50 Rx Copay	KP CO Silver 3000/30/HSA KP Select CO Silver 3000/30/HSA	KP CO Silver 4000/30/HSA KP Select CO Silver 4000/30/HSA
Product type	DHMO	DHMO	DHMO	HSA	HSA
Deductible Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000	\$6,800/\$13,600	\$3,000/\$6,000	\$4,000/\$8,000
Out-of-pocket maximum Individual/Family	\$8,150/\$16,300	\$8,700/\$17,400	\$8,700/\$17,400	\$7,000/\$14,000	\$7,000/\$14,000
Coinsurance (member's cost)	35%	35%	40%	20%	30%
Emergency room	35% after deductible	35% after deductible	40% after deductible	20% after deductible	30% after deductible
Urgent care	\$100	\$100	First 2 visits \$100; additional visits 40% after deductible	20% after deductible	30% after deductible
Inpatient hospital	35% after deductible	35% after deductible	40% after deductible	20% after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No Charge	No charge ¹	No charge ¹
PCP office visit	\$45 KP/ \$65 Affiliated Provider ²	\$50 KP/ \$70 Affiliated Provider ²	First 2 visits \$50 KP/ \$70 Affiliated Provider; additional visits \$50/\$70 after deductible	\$30 after deductible KP/ \$50 after deductible Affiliated Provider ²	\$30 after deductible KP/ \$50 after deductible Affiliated Provider ²
Specialist office visit	\$70 ³	\$85 ³	\$75 after deductible ³	\$60 after deductible ³	\$60 after deductible ³
MRI, CT, and PET	35% after deductible	35% after deductible	40% after deductible	20% after deductible	30% after deductible
Lab & X-ray	35% after deductible	35% after deductible	Lab: \$30 /X-ray: 40% after deductible	20% after deductible	30% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital (Hosp)	25% after deductible ASC 35% after deductible Hosp ⁴	25% after deductible ASC 35% after deductible Hosp ⁴	30% after deductible ASC 40% after deductible Hosp ⁴	10% after deductible ASC 20% after deductible Hosp ⁴	20% after deductible ASC 30% after deductible Hosp ⁴
Prescription Drugs⁵					
Generic	\$15	\$15	\$20	\$10 after deductible	\$10 after deductible
Brand	\$65 after Rx deductible	\$75	\$90	\$45 after deductible	\$45 after deductible
Brand non-preferred	35% after Rx deductible	\$450	\$600	20% after deductible	30% after deductible
Specialty	35% after Rx deductible	\$500	\$700	20% after deductible	30% after deductible
Pharmacy deductible	\$500	\$0	\$0	Medical deductible ⁶	Medical deductible ⁶

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Bronze plans



	NEW			
	KP CO Bronze 7000/60 Rx Copay KP Select CO Bronze 7000/60 Rx Copay	KP CO Virtual Complete Bronze 8700/40 KP Select CO Virtual Complete Bronze 8700/40	KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA	KP CO Bronze 7000/100%/HSA KP Select CO Bronze 7000/100%/HSA
Product type	DHMO	DHMO	HSA	HSA
Deductible Individual/Family	\$7,000/\$14,000	\$8,700/\$17,400	\$6,250/\$12,500	\$7,000/\$14,000
Out-of-pocket maximum Individual/Family	\$8,700/\$17,400	\$8,700/\$17,400	\$7,000/\$14,000	\$7,000/\$14,000
Coinsurance (member's cost)	40%	0%	35%	0%
Emergency room	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible
Urgent care	First 2 visits \$150; additional visits 40% after deductible	First visit \$150; additional visits no charge after deductible	35% after deductible	No charge after deductible
Inpatient hospital	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No charge ¹	No charge ¹
PCP office visit	First 2 visits \$60 KP/ \$80 Affiliated Provider ² ; additional visits 40% after deductible	First visit \$40 KP/ \$60 Affiliated Provider ² ; additional visits 0% after deductible	\$50 after deductible KP/ \$70 after deductible Affiliated Provider ²	No charge after deductible
Specialist office visit	40% after deductible	No charge after deductible	\$70 after deductible	No charge after deductible
MRI, CT, and PET	40% after deductible	No charge after deductible	35% after deductible	No charge after deductible
Lab & X-ray	40% after deductible	Lab: \$50 X-ray: no charge after deductible	35% after deductible	No charge after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital (Hosp)	30% after deductible ASC 40% after deductible Hosp ³	No charge after deductible ASC/ No charge after deductible Hosp ³	25% after deductible ASC 35% after deductible Hosp ³	No charge after deductible ASC No charge after deductible Hosp
Prescription Drugs⁴				
Generic	\$30	\$30	35% after deductible	No charge after deductible
Brand	\$160	0% after deductible	35% after deductible	No charge after deductible
Brand non-preferred	\$525	0% after deductible	35% after deductible	No charge after deductible
Specialty	\$600	0% after deductible	35% after deductible	No charge after deductible
Pharmacy deductible	\$0	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵

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