

# Platinum plans



	KP CO Platinum 0/10 Rx Copay KP Select CO Platinum 0/10 Rx Copay	KP CO Platinum 400/10 KP Select CO Platinum 400/10
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 3)	15% after deductible
Virtual care services (chat, video visit, email, phone)	No charge	No charge
PCP office visit	\$10	\$10
Specialist office visit	\$40	\$55 <sup>1</sup>
Outpatient mental health	\$10	\$10
MRI, CT, and PET	\$200	15% after deductible
Lab & X-ray	10%	15% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/ hospital outpatient department (Hosp) <sup>2</sup>	\$300 ASC \$500 Hosp	5% after deductible ASC 15% after deductible Hosp
<b>Prescription Drugs<sup>3</sup></b>		
Generic	\$10	\$10
Brand	\$35	\$40
Brand nonpreferred	\$200	15%
Specialty	\$250	15%
Pharmacy deductible	\$0	\$0

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit [kp.org/sbc](http://kp.org/sbc) to view the Summary of Benefits and Coverage.

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

1. In addition to the copay, the visit may have a charge for services performed during the visit.
2. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
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. 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 0/20 Rx Copay KP Select CO Gold 0/20 Rx Copay	KP CO Gold 500/25 KP Select CO Gold 500/25	KP CO Gold 1500/25 Rx Copay KP Select CO Gold 1500/25 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	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$4,100/\$8,200 (aggregate)
Coinsurance (member's cost)	20%	20%	20%	15%
Emergency room	\$750	\$750	20% after deductible	15% after deductible
Urgent care	\$75	\$75	\$75	\$75 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) <sup>1</sup>	No charge	No charge	No charge	No charge
PCP office visit	\$20	\$25	\$25	\$30 after deductible
Specialist office visit	\$65	\$65 <sup>2</sup>	\$65 <sup>2</sup>	\$60 after deductible <sup>2</sup>
Outpatient mental health	\$20	\$25	\$25	\$30 after deductible
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)/hospital outpatient department (Hosp) <sup>3</sup>	\$625 ASC \$750 Hosp	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	5% after deductible ASC 15% after deductible Hosp
<b>Prescription Drugs<sup>4</sup></b>				
Generic	\$15	\$15	\$15	\$15 after deductible
Brand	\$70	\$75	\$80	\$50 after deductible
Brand nonpreferred	\$350	20% after Rx deductible	\$400	15% after deductible
Specialty	\$400	20% after Rx deductible	\$500	15% after deductible
Pharmacy deductible	\$0	\$300 individual deductible/no family deductible	\$0	Medical deductible <sup>5</sup>

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2. In addition to a 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. hospital outpatient department.
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5. Pharmacy costs are subject to medical deductible.

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# Silver plans



	KP CO Silver 2800/45 KP Select CO Silver 2800/45	KP CO Silver 4000/50 Rx Copay KP Select CO Silver 4000/50 Rx Copay	KP CO Virtual Complete Silver 6300/50 Rx Copay KP Select CO Virtual Complete Silver 6300/50 Rx Copay	KP CO Silver 3200/30/HSA KP Select CO Silver 3200/30/HSA	KP CO Silver 4400/30/HSA KP Select CO Silver 4400/30/HSA
Product type	DHMO	DHMO	DHMO	HSA	HSA
Deductible Individual/Family	\$2,800/\$5,600	\$4,000/\$8,000	\$6,300/\$12,600	\$3,200/\$6,400	\$4,400/\$8,800
Out-of-pocket maximum Individual/Family	\$8,500/\$17,000	\$9,450/\$18,900	\$9,450/\$18,900	\$7,500/\$15,000	\$7,500/\$15,000
Coinsurance (member's cost)	35%	35%	35%	25%	30%
Emergency room	35% after deductible	35% after deductible	35% after deductible	25% after deductible	30% after deductible
Urgent care	\$100	\$100	First 3 visits \$100; additional visits 35% after deductible	\$100 after deductible	\$100 after deductible
Inpatient hospital	35% after deductible	35% after deductible	35% after deductible	25% after deductible	30% after deductible
Virtual care services (chat, video visit, email, phone) <sup>1</sup>	No charge	No charge	No charge	No charge	No charge
PCP office visit	\$45	\$50	First 3 visits \$50; additional visits \$50 after deductible	\$30 after deductible	\$30 after deductible
Specialist office visit	\$85 <sup>2</sup>	\$85 <sup>2</sup>	\$75 after deductible <sup>2</sup>	\$60 after deductible <sup>2</sup>	\$60 after deductible <sup>2</sup>
Outpatient mental health	\$45	\$50	\$50	\$30 after deductible	\$30 after deductible
MRI, CT, and PET	35% after deductible	35% after deductible	35% after deductible	25% after deductible	30% after deductible
Lab & X-ray	35% after deductible	35% after deductible	Lab: \$30 X-ray: 35% after deductible	25% after deductible	30% after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) <sup>3</sup>	25% after deductible ASC 35% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	25% after deductible ASC 35% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp
<b>Prescription Drugs<sup>4</sup></b>					
Generic	\$15	\$15	\$15	\$15 after deductible	\$10 after deductible
Brand	\$65 after Rx deductible	\$75	\$75	\$45 after deductible	\$45 after deductible
Brand nonpreferred	35% after Rx deductible	\$450	\$600	25% after deductible	30% after deductible
Specialty	35% after Rx deductible	\$500	\$700	25% after deductible	30% after deductible
Pharmacy deductible	\$500	\$0	\$0	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>

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# Bronze plans



	<b>KP CO Bronze</b> 7000/60 Rx Copay <b>KP Select CO Bronze</b> 7000/60 Rx Copay	<b>KP CO Virtual Complete Bronze</b> 9450/40 <b>KP Select CO</b> <b>Virtual Complete Bronze</b> 9450/40	<b>KP CO Bronze</b> 6250/50/HSA <b>KP Select CO Bronze</b> 6250/50/HSA	<b>KP CO Bronze</b> 7500/100%/HSA <b>KP Select CO Bronze</b> 7500/100%/HSA
<b>Product type</b>	<b>DHMO</b>	<b>DHMO</b>	<b>HSA</b>	<b>HSA</b>
Deductible Individual/Family	\$7,000/\$14,000	\$9,450/\$18,900	\$6,250/\$12,500	\$7,500/\$15,000
Out-of-pocket maximum Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	\$7,500/\$15,000	\$7,500/\$15,000
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	\$150 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) <sup>1</sup>	No charge	No charge	No charge	No charge
PCP office visit	First visit \$60; additional visits 40% after deductible	First visit \$40; additional visits no charge after deductible	\$50 after deductible	No charge after deductible
Specialist office visit	40% after deductible	No charge after deductible	\$70 after deductible	No charge after deductible
Outpatient mental health	\$0	No charge after deductible	\$50 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)/hospital outpatient department (Hosp) <sup>2</sup>	30% after deductible ASC 40% after deductible Hosp	No charge after deductible for both ASC and Hosp	25% after deductible ASC 35% after deductible Hosp	No charge after deductible for both ASC and Hosp
<b>Prescription Drugs<sup>3</sup></b>				
Generic	\$30	\$30	35% after deductible	No charge after deductible
Brand	\$225	No charge after deductible	35% after deductible	No charge after deductible
Brand nonpreferred	\$525	No charge after deductible	35% after deductible	No charge after deductible
Specialty	\$600	No charge after deductible	35% after deductible	No charge after deductible
Pharmacy deductible	\$0	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>

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