



Platinum plans

	KP CO Platinum 0/15 Rx Copay KP CO Select 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	\$4,000/\$8,000
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 Kaiser Permanente/ \$35 affiliated provider ¹	\$20 Kaiser Permanente/ \$40 affiliated provider ¹
Specialist visit	\$40	\$55 ²
MRI, CT, and PET	\$200	15% after deductible
Lab & X-ray	10%	15% after deductible
Outpatient surgery Ambulatory surgical center/outpatient department of hospital	\$300/\$500 ³	5% after deductible/ 15% after deductible ³
Prescription Drugs ⁴		
Generic	\$10	\$10
Brand	\$35	\$40
Brand non-preferred	\$200	15%
Specialty	\$250	15%
Pharmacy deductible	\$0	\$0
Relativity to KP CO Platinum 0/20	0%	-7%

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

- Affiliated providers are in-network but practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.
- In addition to the copay, the visit may have a charge for services performed during the visit.
- 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.
- 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.

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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	\$6,500/\$13,000	\$6,500/\$13,000	\$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 Kaiser Permanente/ \$50 affiliated provider ²	\$30 Kaiser Permanente/ \$50 affiliated provider ²	\$30 Kaiser Permanente/ \$50 affiliated provider ²	\$30 after deductible Kaiser Permanente/ \$50 after deductible affiliated provider ²
Specialist visit	\$60	\$65 ³	\$65 ³	\$60 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/outpatient department of hospital	\$500/\$750 ⁴	10% after deductible/ 20% after deductible ⁴	10% after deductible/ 20% after deductible ⁴	5% after deductible/ 15% after deductible 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
Relativity to KP CO Platinum 0/20	-8%	-15%	-19%	-22%

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1. HSA-qualified high deductible health plan (HDHP) members must meet their deductible first before phone and video visits are provided at no cost.
2. Affiliated providers are in-network but practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.
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	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	HSA	HSA
Deductible Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000	\$3,000/\$6,000	\$4,000/\$8,000
Out-of-pocket maximum Individual/Family	\$8,150/\$16,300	\$8,550/\$17,100	\$6,900/\$13,800	\$6,900/\$13,800
Coinsurance (member's cost)	35%	35%	20%	30%
Emergency room	35% after deductible	35% after deductible	20% after deductible	30% after deductible
Urgent care	\$100	\$100	20% after deductible	30% after deductible
Inpatient hospital	35% after deductible	35% after deductible	20% after deductible	30% after deductible
Virtual care services (Chat, video visit, email, phone)	No charge	No charge	No charge ¹	No charge ¹
PCP office visit	\$45 Kaiser Permanente/ \$65 affiliated provider ²	\$50 Kaiser Permanente/ \$70 affiliated provider ²	\$30 after deductible Kaiser Permanente/ \$50 after deductible affiliated provider ²	\$30 after deductible Kaiser Permanente/ \$50 after deductible affiliated provider ²
Specialist visit	\$70 ³	\$85 ³	\$60 after deductible	\$60 after deductible
MRI, CT, and PET	35% after deductible	35% after deductible	20% after deductible	30% after deductible
Lab & X-ray	35% after deductible	35% after deductible	20% after deductible	30% after deductible
Outpatient surgery Ambulatory surgical center/ outpatient department of hospital	25% after deductible/ 35% after deductible ⁴	25% after deductible/ 35% after deductible ⁴	10% after deductible/ 20% after deductible ⁴	20% after deductible/ 30% after deductible ⁴
Prescription Drugs⁵				
Generic	\$15	\$15	\$10 after deductible	\$10 after deductible
Brand	\$65 after Rx deductible	\$75	\$45 after deductible	\$45 after deductible
Brand non-preferred	35% after Rx deductible	\$450	20% after deductible	30% after deductible
Specialty	35% after Rx deductible	\$500	20% after deductible	30% after deductible
Pharmacy deductible	\$500	\$0	Medical deductible ⁶	Medical deductible ⁶
Relativity to KP CO Platinum 0/20	-31%	-32%	-32%	-36%

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2. Affiliated providers are in-network but practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.
3. In addition to the copay, the visit may have a charge for services performed during the visit.
4. 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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Bronze plans

	KP CO Bronze 7000/60 Rx Copay KP Select CO Bronze 7000/60 Rx Copay	KP CO Bronze 8550/40 KP Select CO Bronze 8550/40	KP CO Bronze 6250/50/HSA KP Select CO Bronze 6250/50/HSA	KP CO Bronze 6900/100%/HSA KP Select CO Bronze 6900/100%/HSA
Product type	DHMO	DHMO	HSA	HSA
Deductible Individual/Family	\$7,000/\$14,000	\$8,550/\$17,100	\$6,250/\$12,500	\$6,900/\$13,800
Out-of-pocket maximum Individual/Family	\$8,550/\$17,100	\$8,550/\$17,100	\$6,900/\$13,800	\$6,900/\$13,800
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	\$150 per visit for 2 visits, then 40% after deductible	\$150 per visit for 3 visits, then 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 ²	No charge ²
PCP office visit	\$60 per visit for 2 visits Kaiser Permanente/ \$80 per visit for 2 visits affiliated provider ³ , then 40% after deductible	\$40 per visit for 3 visits Kaiser Permanente/ \$60 per visit for 3 visits affiliated provider ³ , then no charge after deductible	\$50 after deductible Kaiser Permanente/ \$70 after deductible affiliated provider ³	No charge after deductible
Specialist 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	No charge after deductible	35% after deductible	No charge after deductible
Outpatient surgery, Ambulatory surgical center/outpatient department of hospital	30% after deductible/ 40% after deductible ⁴	No charge after deductible/ No charge after deductible	25% after deductible/ 35% after deductible ⁴	No charge after deductible/ No charge after deductible
Prescription Drugs⁵				
Generic	\$30	\$30	35% after deductible	No charge after deductible
Brand	\$160	No charge after deductible	35% after deductible	No charge after deductible
Brand non-preferred	\$570	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 ⁶	Medical deductible ⁶	Medical deductible ⁶
Relativity to KP CO Platinum 0/20	-40%	-42%	-40%	-40%

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- Pharmacy costs are subject to medical deductible.

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