KAISER PERMANENTE®

Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

	KP M Flex Gold
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	$1,150/$2,300
Annual out-of-pocket maximum (individual/family)	$6,500/$13,000
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	$15, deductible does not apply to first 5 office visits,* additional visits $15 after deductible
Specialty care office visit	$40, deductible does not apply to first 5 office visits,* additional visits $40 after deductible
Most X-rays	20% after deductible
Most lab tests	20% after deductible
MRI, CT, PET	20% after deductible
Outpatient surgery	20% after deductible
Mental health visit	$15, deductible does not apply to first 5 office visits,* additional visits $15 after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency Department visit	20% after deductible
Urgent care visit	$15, deductible does not apply to first 5 office visits,* additional visits $15 after deductible
Prescription drugs (up to a 30-day supply)	
Tier 1: Preferred generic	$10
Tier 2: Preferred brand	$35
Tier 3: Non-preferred generic and brand	40% after deductible
Tier 4: Specialty	40% after deductible
Whole health	
Healthy services: 10 chiropractic visits and 12 acupuncture visits	$15, deductible does not apply to first 5 office visits,* additional visits $15 after deductible

*Upfront visits not subject to deductible are combined for all visits. Each service does not have its own set of upfront visits.

KP Offered through Kaiser Permanente

M Offered through the Marketplace, Washington Healthplanfinder

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach $1,150 for yourself or $2,300 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than $6,500 for yourself and no more than $13,000 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services — including routine physical exams and mammograms — are covered at no charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, the first 5 primary care visits are covered at a $15 copay — even before you meet your deductible. With our Flex plans, you get a set number of office visits covered before you reach the deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 20% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd just pay a $15 copay for an urgent care visit if it's one of the first 5 visits of the year; otherwise, you pay $15 after deductible.