

Grandfathered health plan benefit highlights

If your desired plan is to the right of your current plan, you may switch to that plan.*

	Copayment 25 HMO	Deductible HMO 20/500	Copayment 40 HMO	Deductible HMO 25/1000	Copayment 50 HMO
Features					
Individual plan annual deductible (subscriber only)	None	\$500	None	\$1,000	None
Family plan annual deductible (individual/family)	None/None	\$500/\$1,000	None/None	\$1,000/\$2,000	None/None
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,500	\$2,500	\$3,000	\$3,000	\$3,500
Family plan annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	\$25	\$20	\$40	\$25	\$50
Outpatient services (per visit or procedure)					
Primary care office visit	\$25	\$20	\$40	\$25	\$50
Specialty care office visit	\$25	\$20	\$40	\$25	\$50
Most X-rays	\$10	\$10 after deductible	\$10	\$10 after deductible	\$10
Most lab tests	\$10	\$10 after deductible	\$10	\$10 after deductible	\$10
MRI, CT, and PET	\$50	\$10 after deductible	\$50	\$50 after deductible	\$50
Outpatient surgery	\$100	\$50 after deductible	\$200	\$150 after deductible	\$250
Mental health visit	\$25	\$20	\$40	\$25	\$50
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	\$200 per day	\$100 per day after deductible	\$350 per day	\$250 per day after deductible	\$500 per day
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	\$10	\$10	\$15
Delivery and inpatient well-baby care	\$200 per day	\$100 per day after deductible	\$350 per day	\$250 per day after deductible	\$500 per day
Emergency and urgent care					
Emergency Department visit	\$100	\$100 after deductible	\$100	\$100 after deductible	\$150
Urgent care visit	\$25	\$20	\$40	\$25	\$50
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Not covered except female contraceptives Generic: \$10 Brand: \$35
Mail order (up to a 100-day supply)	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Not covered
Other services					
ChooseHealthy™ discounts as well as other wellness and health programs	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* (EOC) for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit kp.org/plandocuments, call us at 1-800-464-4000, or contact your broker.

*Once 30 days have passed from your new grandfathered plan's effective date, you will not be able to change back to your previous plan.

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	Deductible HMO 30/1500	Deductible HMO 40/2000	Deductible HMO 0/1500 with HSA	Deductible HMO 0/2700 with HSA	Deductible HMO 30/2700 with HSA
Features					
Individual plan annual deductible (subscriber only)	\$1,500	\$2,000	\$1,500	\$2,700	\$2,700
Family plan annual deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$3,000	\$5,450/\$5,450	\$5,450/\$5,450
Individual plan annual out-of-pocket maximum (subscriber only)	\$3,500	\$4,000	\$3,000	\$5,000	\$5,250
Family plan annual out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$4,000/\$8,000	\$6,000/\$6,000	\$10,000/\$10,000	\$10,500/\$10,500
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	\$30	\$40	No charge	No charge	\$30
Outpatient services (per visit or procedure)					
Primary care office visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Specialty care office visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Most X-rays	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible
Most lab tests	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible
MRI, CT, PET	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible
Outpatient surgery	\$250 after deductible	\$250 after deductible	\$150 after deductible	\$200 after deductible	30% coinsurance after deductible
Mental health visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	\$500 per day after deductible	\$500 per day after deductible	\$300 per day after deductible	\$400 per day after deductible	30% coinsurance after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	\$30	\$40	No charge	No charge	\$10
Delivery and inpatient well-baby care	\$500 per day after deductible	\$500 per day after deductible	\$300 per day after deductible	\$400 per day after deductible	30% coinsurance after deductible
Emergency and urgent care					
Emergency Department visit	\$150 after deductible	\$150 after deductible	\$100 after deductible	\$100 after deductible	30% coinsurance after deductible
Urgent care visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35 after deductible	Generic: \$10 Brand: \$35 after deductible	Not covered except female contraceptives Generic: \$10 Brand: \$35
Mail order (up to a 100-day supply)	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70 after deductible	Generic: \$20 Brand: \$70 after deductible	Not covered
Other services					
ChooseHealthy™ discounts as well as other wellness and health programs	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy

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