

## EPO plans

	KPLF 0/15/3000	KPLF 0/30/4500	KPLF 0/40/6000
Product type	EPO	EPO	EPO
Deductible Individual/Family	\$0	\$0	\$0
Out-of-pocket maximum Individual/Family	\$3,000 (Ind) / \$6,000 (Fam)	\$4,500 (Ind) / \$9,000 (Fam)	\$6,000 (Ind) / \$12,000 (Fam)
Coinsurance (member's cost)	10%	20%	25%
Emergency room	\$300	\$500	\$750
Urgent care	\$50	\$75	\$100
Inpatient hospital	\$500 per day	\$500 per day	\$750 per day
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0
PCP office visit	\$15	\$30	\$40
Specialist office visit	\$45	\$60	\$70
MRI, CT, and PET	\$300	\$400	\$500
Lab & X-ray	10%	20%	25%
Outpatient surgery/Ambulatory surgical center (ASC)/ outpatient department of hospital <sup>2</sup>	\$300 ASC \$500 hospital	\$300 ASC \$500 hospital	\$500 ASC \$750 hospital
<b>Prescription drugs<sup>3</sup></b>			
Generic	\$10	\$10	\$10
Brand	\$35	\$35	\$35
Brand non-preferred	\$60	\$60	\$60
Specialty	50%	50%	50%
Pharmacy deductible	\$0	\$0	\$0

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1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

2. 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.

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**

## Deductible EPO plans

	KPLF 250/10%/3000	KPLF 500/10%/3000	KPLF 1000/15%/3500	KPLF 1500/15%/4000	KPLF 2000/20%/4500	KPLF 2500/20%/5000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	\$250 (Ind) \$500 (Fam)	\$500 (Ind) \$1,000 (Fam)	\$1,000 (Ind) \$2,000 (Fam)	\$1,500 (Ind) \$3,000 (Fam)	\$2,000 (Ind) \$4,000 (Fam)	\$2,500 (Ind) \$5,000 (Fam)
Out-of-pocket maximum Individual/Family	\$3,000 (Ind) \$6,000 (Fam)	\$3,000 (Ind) \$6,000 (Fam)	\$3,500 (Ind) \$7,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$4,500 (Ind) \$9,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)
Coinsurance (member's cost)	10%	10%	15%	15%	20%	20%
Emergency room	\$500	\$500	\$500	15% after deductible	20% after deductible	20% after deductible
Urgent care	\$50	\$50	\$50	\$75	\$75	\$75
Inpatient hospital	10% after deductible	10% after deductible	15% after deductible	15% after deductible	20% after deductible	20% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$15	\$20	\$20	\$25	\$20	\$30
Specialist office visit	\$45	\$50	\$50	\$55	\$50	\$60
MRI, CT, and PET	10% after deductible	10% after deductible	15% after deductible	15% after deductible	20% after deductible	20% after deductible
Lab & X-ray	10% after deductible	10% after deductible	15% after deductible	15% after deductible	20% after deductible	20% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	5% after deductible ASC 10% after deductible hospital	5% after deductible ASC 10% after deductible hospital	5% after deductible ASC 15% after deductible hospital	5% after deductible ASC 15% after deductible hospital	10% after deductible ASC 20% after deductible hospital	10% after deductible ASC 20% after deductible hospital
<b>Prescription drugs<sup>3</sup></b>						
Generic	\$10	\$10	\$10	\$10	\$15	\$15
Brand	\$35	\$35	\$35	\$35	\$50	\$50
Brand non-preferred	\$60	\$60	\$60	\$60	\$75	\$75
Specialty	50%	50%	50%	50%	50%	50%
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0

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2. 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.

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.

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## Deductible EPO plans *(continued)*

	KPLF 3000/25%/6000	KPLF 4000/25%/7000	KPLF 5000/30%/8000	KPLF 6000/30%/9000	NEW KPLF 8000/0%/8000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	\$3,000 (Ind) \$6,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$6,000 (Ind) \$12,000 (Fam)	\$8,000 (Ind) \$16,000 (Fam)
Out-of-pocket maximum Individual/Family	\$6,000 (Ind) \$12,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)	\$8,000 (Ind) \$16,000 (Fam)	\$9,000 (Ind) \$18,000 (Fam)	\$8,000 (Ind) \$16,000 (Fam)
Coinsurance (member's cost)	25%	25%	30%	30%	0%
Emergency room	25% after deductible	25% after deductible	30% after deductible	30% after deductible	\$500
Urgent care	\$75	\$75	\$100	\$100	\$0
Inpatient hospital	25% after deductible	25% after deductible	30% after deductible	30% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$35	\$40	\$30	\$40	\$0
Specialist office visit	\$65	\$70	\$60	\$70	\$0
MRI, CT, and PET	25% after deductible	25% after deductible	30% after deductible	30% after deductible	\$500
Lab & X-ray	25% after deductible	25% after deductible	30% after deductible	30% after deductible	\$0
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	15% after deductible ASC 25% after deductible hospital	15% after deductible ASC 25% after deductible hospital	20% after deductible ASC 30% after deductible hospital	20% after deductible ASC 30% after deductible hospital	0% after deductible ASC 0% after deductible hospital
<b>Prescription drugs<sup>3</sup></b>					
Generic	\$15	\$20	\$20	\$20	\$0
Brand	\$50	\$65	\$65	\$65	\$50
Brand non-preferred	\$75	\$90	\$90	\$90	\$125
Specialty	50%	50%	50%	50%	\$300
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0

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2. 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.

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.

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## HDHP plans

	KPLF HDHP 2000/20%/4000	KPLF HDHP 3000/20%/6000	KPLF HDHP 4000/30%/7000	KPLF HDHP 5000/40%/7000	KPLF HDHP 5000/0%/5000
Product type	HDHP	HDHP	HDHP	HDHP	HDHP
Deductible Individual/Family	\$2,000 (Ind) \$4,000 (Fam) <sup>1</sup>	\$3,000 (Ind) \$6,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)
Out-of-pocket maximum Individual/Family	\$4,000 (Ind) \$8,000 (Fam) <sup>1</sup>	\$6,000 (Ind) \$12,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)
Coinsurance (member's cost)	20%	20%	30%	40%	0%
Emergency room	20% after deductible	20% after deductible	30% after deductible	40% after deductible	0% after deductible
Urgent care	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	0% after deductible
Inpatient hospital	20% after deductible	20% after deductible	30% after deductible	40% after deductible	0% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>2</sup>	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
PCP office visit	\$30 after deductible	\$30 after deductible	\$30 after deductible	\$30 after deductible	0% after deductible
Specialist office visit	\$60 after deductible	\$60 after deductible	\$60 after deductible	\$60 after deductible	0% after deductible
MRI, CT, and PET	20% after deductible	20% after deductible	30% after deductible	40% after deductible	0% after deductible
Lab & X-ray	20% after deductible	20% after deductible	30% after deductible	40% after deductible	0% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital <sup>3</sup>	10% after deductible ASC 20% after deductible hospital	10% after deductible ASC 20% after deductible hospital	20% after deductible ASC 30% after deductible hospital	30% after deductible ASC 40% after deductible hospital	0% after deductible ASC 0% after deductible hospital
<b>Prescription drugs<sup>4</sup></b>					
Generic	\$15 after deductible	\$15 after deductible	\$15 after deductible	\$20 after deductible	0% after deductible
Brand	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$65 after deductible	0% after deductible
Brand non-preferred	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$90 after deductible	0% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Pharmacy deductible	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>

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1. Aggregate accumulation applies. All other plans utilize Embedded accumulation.

2. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

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5. Pharmacy costs are subject to medical deductible.

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## POS plans

	KPLF POS 500/10%/3000			KPLF POS 1500/20%/4000			KPLF POS 3000/30%/5000		
Product type	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider
Deductible Individual/Family	\$500 (Ind) / \$1,000 (Fam)	\$1,500 (Ind) / \$3,000 (Fam)	\$4,500 (Ind) / \$9,000 (Fam)	\$1,500 (Ind) / \$3,000 (Fam)	\$3,000 (Ind) / \$6,000 (Fam)	\$9,000 (Ind) / \$18,000 (Fam)	\$3,000 (Ind) / \$6,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$15,000 (Ind) / \$30,000 (Fam)
Out-of-pocket maximum Individual/Family	\$3,000 (Ind) / \$6,000 (Fam)	\$4,500 (Ind) / \$9,000 (Fam)	\$13,500 (Ind) / \$27,000 (Fam)	\$4,000 (Ind) / \$8,000 (Fam)	\$6,000 (Ind) / \$12,000 (Fam)	\$18,000 (Ind) / \$36,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$8,000 (Ind) / \$16,000 (Fam)	\$24,000 (Ind) / \$48,000 (Fam)
Coinsurance (member's cost)	10%	25%	50%	20%	35%	50%	30%	40%	50%
Emergency room	\$400			20% after deductible			30% after deductible		
Urgent care	\$75			\$85			\$100		
Inpatient hospital	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	See SPD	See SPD	\$0	See SPD	See SPD	\$0	See SPD	See SPD
PCP office visit	\$25 all-inclusive	\$50 office visit 25% after deductible for other services	50% after deductible	\$30 all-inclusive	\$65 office visit 35% after deductible for other services	50% after deductible	\$45 all-inclusive	\$75 office visit 40% after deductible for other services	50% after deductible
Specialist office visit	\$55 office visit 10% after deductible for other services	\$85 office visit 25% after deductible for other services	50% after deductible	\$70 office visit 20% after deductible for other services	\$100 office visit 35% after deductible for other services	50% after deductible	\$85 office visit 30% after deductible for other services	\$100 office visit 40% after deductible for other services	50% after deductible
MRI, CT, and PET	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Lab & X-ray	10% after deductible	25% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient surgery/ Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	\$300 ASC \$500 hospital	25% after deductible	50% after deductible	10% after deductible ASC 20% after deductible hospital	35% after deductible	50% after deductible	20% after deductible ASC 30% after deductible hospital	40% after deductible	50% after deductible
<b>Prescription drugs<sup>3</sup></b>									
Generic	\$10	\$20	50% after deductible	\$15	\$20	50% after deductible	\$15	\$20	50% after deductible
Brand	\$35	\$60	50% after deductible	\$50	\$60	50% after deductible	\$50	\$60	50% after deductible
Brand non-preferred	\$60	50% after deductible	50% after deductible	\$75	50% after deductible	50% after deductible	\$75	50% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
Pharmacy deductible	\$0	\$200	Medical deductible <sup>4</sup>	\$0	\$500	Medical deductible <sup>4</sup>	\$0	\$500	Medical deductible <sup>4</sup>

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4. Pharmacy costs are subject to medical deductible.

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## POS and POS HDHP plans

	KPLF POS 5000/30%/7000			KPLF POS HDHP 3500/30%/5000			NEW KPLF POS HDHP 5000/30%/6500		
Product type	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider	POS Tier 1 In-Network Provider	POS Tier 2 Participating Provider	POS Tier 3 Non-Participating Provider
Deductible Individual/Family	\$5,000 (Ind) / \$10,000 (Fam)	\$7,000 (Ind) / \$14,000 (Fam)	\$21,000 (Ind) / \$42,000 (Fam)	\$3,500 (Ind) / \$7,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$15,000 (Ind) / \$30,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$6,000 (Ind) / \$12,000 (Fam)	\$18,000 (Ind) / \$36,000 (Fam)
Out-of-pocket maximum Individual/Family	\$7,000 (Ind) / \$14,000 (Fam)	\$9,000 (Ind) / \$18,000 (Fam)	\$27,000 (Ind) / \$54,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$7,000 (Ind) / \$14,000 (Fam)	\$21,000 (Ind) / \$42,000 (Fam)	\$6,500 (Ind) / \$13,000 (Fam)	\$7,500 (Ind) / \$15,000 (Fam)	\$22,500 (Ind) / \$45,000 (Fam)
Coinsurance (member's cost)	30%	40%	50%	30%	40%	50%	30%	40%	50%
Emergency room	30% after deductible			30% after deductible			30% after deductible		
Urgent care	\$100			30% after deductible			30% after deductible		
Inpatient hospital	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0	See SPD	See SPD	\$0 after deductible	See SPD	See SPD	\$0 after deductible	See SPD	See SPD
PCP office visit	\$50 all-inclusive	\$75 office visit 40% after deductible for other services	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Specialist office visit	\$85 office visit 30% after deductible for other services	\$100 office visit 40% after deductible for other services	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
MRI, CT, and PET	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Lab & X-ray	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient surgery/ Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	20% after deductible ASC 30% after deductible hospital	40% after deductible	50% after deductible	20% after deductible ASC 30% after deductible hospital	40% after deductible	50% after deductible	20% after deductible ASC 30% after deductible hospital	40% after deductible	50% after deductible
<b>Prescription drugs<sup>3</sup></b>									
Generic	\$20	\$45	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Brand	\$65	\$100	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Brand non-preferred	\$90	50% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Specialty	50%	50% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Pharmacy deductible	\$0	\$500	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>

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## PPO plans

Product type	KPLF PPO 2000/25%/7500		KPLF PPO 3500/35%/9000		NEW KPLF PPO 5000/40%/9000		KPLF PPO 7000/40%/9000	
	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	\$2,000 (Ind) / \$4,000 (Fam)	\$6,000 (Ind) / \$12,000 (Fam)	\$3,500 (Ind) / \$7,000 (Fam)	\$10,500 (Ind) / \$21,000 (Fam)	\$5,000 (Ind) / \$10,000 (Fam)	\$15,000 (Ind) / \$30,000 (Fam)	\$7,000 (Ind) / \$14,000 (Fam)	\$21,000 (Ind) / \$42,000 (Fam)
Out-of-pocket maximum Individual/Family	\$7,500 (Ind) / \$15,000 (Fam)	\$22,500 (Ind) / \$45,000 (Fam)	\$9,000 (Ind) / \$18,000 (Fam)	\$27,000 (Ind) / \$54,000 (Fam)	\$9,000 (Ind) / \$18,000 (Fam)	\$27,000 (Ind) / \$54,000 (Fam)	\$9,000 (Ind) / \$18,000 (Fam)	\$27,000 (Ind) / \$54,000 (Fam)
Coinsurance (member's cost)	25%	50%	35%	50%	40%	50%	40%	50%
Emergency room	25% after deductible		35% after deductible		40% after deductible		40% after deductible	
Urgent care	\$85	\$250	\$100	\$250	\$150	\$250	\$150	\$250
Inpatient hospital	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	See SPD	See SPD	See SPD	See SPD	See SPD	See SPD	See SPD	See SPD
PCP office visit	\$35	50% after deductible	\$50	50% after deductible	\$60	50% after deductible	\$60	50% after deductible
Specialist office visit	\$70	50% after deductible	\$90	50% after deductible	\$90	50% after deductible	\$90	50% after deductible
MRI, CT, and PET	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Lab & X-ray	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery/ Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	25% after deductible	50% after deductible	35% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
<b>Prescription drugs<sup>3</sup></b>								
Generic	\$15	50% after deductible	\$15	50% after deductible	\$20	50% after deductible	\$20	50% after deductible
Brand	\$50	50% after deductible	\$50	50% after deductible	\$65	50% after deductible	\$65	50% after deductible
Brand non-preferred	\$75	50% after deductible	\$75	50% after deductible	\$90	50% after deductible	\$90	50% after deductible
Specialty	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Pharmacy deductible	\$0	Medical deductible <sup>4</sup>	\$0	Medical deductible <sup>4</sup>	\$0	Medical deductible <sup>4</sup>	\$0	Medical deductible <sup>4</sup>

Standard plans shown here. Contract documents will reflect final benefits due to customization. Kaiser Permanente Level Funded is not an insurance product. As a self-funded plan, Kaiser Permanente Level Funded is administered by Kaiser Permanente Insurance Company (KPIC). Self-funded plans require a contract between KPIC and the plan sponsor (employer). KPIC will act as the administrator.

1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

2. 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.

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. Check your SPD for details.

4. Pharmacy costs are subject to medical deductible.

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

## PPO HDHP plans

	KPLF PPO HDHP 5500/40%/7000	
Product type	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	\$5,500 (Ind) / \$11,000 (Fam)	\$16,500 (Ind) / \$33,000 (Fam)
Out-of-pocket maximum Individual/Family	\$7,000 (Ind) / \$14,000 (Fam)	\$21,000 (Ind) / \$42,000 (Fam)
Coinsurance (member's cost)	40%	50%
Emergency room	40% after deductible	
Urgent care	\$150 after deductible	\$250 after deductible
Inpatient hospital	40% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	See SPD	See SPD
PCP office visit	40% after deductible	50% after deductible
Specialist office visit	40% after deductible	50% after deductible
MRI, CT, and PET	40% after deductible	50% after deductible
Lab & X-ray	40% after deductible	50% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/ outpatient department of hospital <sup>2</sup>	40% after deductible	50% after deductible
<b>Prescription drugs<sup>3</sup></b>		
Generic	40% after deductible	50% after deductible
Brand	40% after deductible	50% after deductible
Brand non-preferred	40% after deductible	50% after deductible
Specialty	40% after deductible	50% after deductible
Pharmacy deductible	Medical deductible <sup>4</sup>	Medical deductible <sup>4</sup>

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1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

2. 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.

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.

4. Pharmacy costs are subject to medical deductible.

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



## EPO Plus plans

	KPLF Plus 0/15/3000	KPLF Plus 0/30/4500	KPLF Plus 0/40/6000
Product type	EPO Plus	EPO Plus	EPO Plus
Deductible Individual/Family	\$0	\$0	\$0
Out-of-pocket maximum Individual/Family	\$3,000 (Ind) \$6,000 (Fam)	\$4,500 (Ind) \$9,000 (Fam)	\$6,000 (Ind) \$12,000 (Fam)
Coinsurance (member's cost)	10% IN 30% OUT	20% IN 40% OUT	25% IN 45% OUT
Emergency room	\$300	\$500	\$750
Urgent care	\$50	\$75	\$100
Inpatient hospital	\$500 per day IN Not Covered OUT	\$500 per day IN Not Covered OUT	\$750 per day IN Not Covered OUT
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT
PCP office visit	\$15 IN / \$45 OUT	\$30 IN / \$60 OUT	\$40 IN / \$70 OUT
Specialist office visit	\$45 IN / \$75 OUT	\$60 IN / \$90 OUT	\$70 IN / \$100 OUT
MRI, CT, and PET	\$300 IN Not Covered OUT	\$400 IN Not Covered OUT	\$500 IN Not Covered OUT
Lab & X-ray	10% IN / 30% OUT	20% IN / 40% OUT	25% IN / 45% OUT
Outpatient surgery/Ambulatory surgical center (ASC)/ outpatient department of hospital <sup>2</sup>	\$300 ASC / \$500 hospital Not Covered OUT	\$300 ASC / \$500 hospital Not Covered OUT	\$500 ASC / \$750 hospital Not Covered OUT
<b>Prescription drugs<sup>3</sup></b>			
Generic	\$10 IN / 50% OUT	\$10 IN / 50% OUT	\$10 IN / 50% OUT
Brand	\$35 IN / 50% OUT	\$35 IN / 50% OUT	\$35 IN / 50% OUT
Brand non-preferred	\$60 IN / 50% OUT	\$60 IN / 50% OUT	\$60 IN / 50% OUT
Specialty	50% IN / 50% OUT	50% IN / 50% OUT	50% IN / 50% OUT
Pharmacy deductible	\$0	\$0	\$0

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1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

2. 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.

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.

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## Deductible EPO Plus plans

	KPLF Plus 250/10%/ 3000	KPLF Plus 500/10%/ 3000	KPLF Plus 1000/15%/ 3500	KPLF Plus 1500/15%/ 4000	KPLF Plus 2000/20%/ 4500	KPLF Plus 2500/20%/ 5000	KPLF Plus 3000/25%/ 6000	KPLF Plus 4000/25%/ 7000	KPLF Plus 5000/30%/ 8000	KPLF Plus 6000/30%/ 9000
Product type	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus	DEPO Plus
Deductible Individual/Family	\$250 (Ind) \$500 (Fam)	\$500 (Ind) \$1,000 (Fam)	\$1,000 (Ind) \$2,000 (Fam)	\$1,500 (Ind) \$3,000 (Fam)	\$2,000 (Ind) \$4,000 (Fam)	\$2,500 (Ind) \$5,000 (Fam)	\$3,000 (Ind) \$6,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$6,000 (Ind) \$12,000 (Fam)
Out-of-pocket maximum Individual/Family	\$3,000 (Ind) \$6,000 (Fam)	\$3,000 (Ind) \$6,000 (Fam)	\$3,500 (Ind) \$7,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$4,500 (Ind) \$9,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$6,000 (Ind) \$12,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)	\$8,000 (Ind) \$16,000 (Fam)	\$9,000 (Ind) \$18,000 (Fam)
Coinsurance (member's cost)	10% IN 30% OUT	10% IN 30% OUT	15% IN 35% OUT	15% IN 35% OUT	20% IN 40% OUT	20% IN 40% OUT	25% IN 45% OUT	25% IN 45% OUT	30% IN 50% OUT	30% IN 50% OUT
Emergency room	\$500	\$500	\$500	15% after deductible	20% after deductible	20% after deductible	25% after deductible	25% after deductible	30% after deductible	30% after deductible
Urgent care	\$50	\$50	\$50	\$75	\$75	\$75	\$75	\$75	\$100	\$100
Inpatient hospital	10% after deductible IN Not Covered OUT	10% after deductible IN Not Covered OUT	15% after deductible IN Not Covered OUT	15% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	25% after deductible IN Not Covered OUT	25% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT
Virtual care services (Chat, video visit, email, phone) <sup>1</sup>	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT	\$0 IN See SPD OUT
PCP office visit	\$15 IN \$45 OUT	\$20 IN \$50 OUT	\$20 IN \$50 OUT	\$25 IN \$55 OUT	\$20 IN \$50 OUT	\$30 IN \$60 OUT	\$35 IN \$65 OUT	\$40 IN \$70 OUT	\$30 IN \$60 OUT	\$40 IN \$70 OUT
Specialist office visit	\$45 IN \$75 OUT	\$50 IN \$80 OUT	\$50 IN \$80 OUT	\$55 IN \$85 OUT	\$50 IN \$80 OUT	\$60 IN \$90 OUT	\$65 IN \$95 OUT	\$70 IN \$100 OUT	\$60 IN \$90 OUT	\$70 IN \$100 OUT
MRI, CT, and PET	10% after deductible IN Not Covered OUT	10% after deductible IN Not Covered OUT	15% after deductible IN Not Covered OUT	15% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	25% after deductible IN Not Covered OUT	25% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT
Lab & X-ray	10% after deductible IN 30% OUT	10% after deductible IN 30% OUT	15% after deductible IN 35% OUT	15% after deductible IN 35% OUT	20% after deductible IN 40% OUT	20% after deductible IN 40% OUT	25% after deductible IN 45% OUT	25% after deductible IN 45% OUT	30% after deductible IN 50% OUT	30% after deductible IN 50% OUT
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital <sup>2</sup>	5% after deductible ASC IN 10% after deductible hospital Not Covered OUT	5% after deductible ASC IN 10% after deductible hospital Not Covered OUT	5% after deductible ASC IN 15% after deductible hospital Not Covered OUT	5% after deductible ASC IN 15% after deductible hospital Not Covered OUT	10% after deductible ASC IN 20% after deductible hospital Not Covered OUT	10% after deductible ASC IN 20% after deductible hospital Not Covered OUT	15% after deductible ASC IN 25% after deductible hospital Not Covered OUT	15% after deductible ASC IN 25% after deductible hospital Not Covered OUT	20% after deductible ASC IN 30% after deductible hospital Not Covered OUT	20% after deductible ASC IN 30% after deductible hospital Not Covered OUT
<b>Prescription drugs<sup>3</sup></b>										
Generic	\$10 IN 50% OUT	\$10 IN 50% OUT	\$10 IN 50% OUT	\$10 IN 50% OUT	\$15 IN 50% OUT	\$15 IN 50% OUT	\$15 IN 50% OUT	\$20 IN 50% OUT	\$20 IN 50% OUT	\$20 IN 50% OUT
Brand	\$35 IN 50% OUT	\$35 IN 50% OUT	\$35 IN 50% OUT	\$35 IN 50% OUT	\$50 IN 50% OUT	\$50 IN 50% OUT	\$50 IN 50% OUT	\$65 IN 50% OUT	\$65 IN 50% OUT	\$65 IN 50% OUT
Brand non-preferred	\$60 IN 50% OUT	\$60 IN 50% OUT	\$60 IN 50% OUT	\$60 IN 50% OUT	\$75 IN 50% OUT	\$75 IN 50% OUT	\$75 IN 50% OUT	\$90 IN 50% OUT	\$90 IN 50% OUT	\$90 IN 50% OUT
Specialty	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT	50% IN 50% OUT
Pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

2. 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.

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**

## HDHP Plus plans

	KPLF HDHP Plus 2000/20%/4000	KPLF HDHP Plus 3000/20%/6000	KPLF HDHP Plus 4000/30%/7000	KPLF HDHP Plus 5000/40%/7000
Product type	HDHP Plus	HDHP Plus	HDHP Plus	HDHP Plus
Deductible Individual/Family	\$2,000 (Ind) \$4,000 (Fam) <sup>1</sup>	\$3,000 (Ind) \$6,000 (Fam)	\$4,000 (Ind) \$8,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)
Out-of-pocket maximum Individual/Family	\$4,000 (Ind) \$8,000 (Fam) <sup>1</sup>	\$6,000 (Ind) \$12,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)	\$7,000 (Ind) \$14,000 (Fam)
Coinsurance (member's cost)	20% IN 40% OUT	20% IN 40% OUT	30% IN 50% OUT	40% IN 50% OUT
Emergency room	20% after deductible	20% after deductible	30% after deductible	40% after deductible
Urgent care	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible
Inpatient hospital	20% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT	40% after deductible IN Not Covered OUT
Virtual care services (Chat, video visit, email, phone) <sup>2</sup>	\$0 after deductible IN See SPD OUT	\$0 after deductible IN See SPD OUT	\$0 after deductible IN See SPD OUT	\$0 after deductible IN See SPD OUT
PCP office visit	\$30 after deductible IN \$60 after deductible OUT	\$30 after deductible IN \$60 after deductible OUT	\$30 after deductible IN \$60 after deductible OUT	\$30 after deductible IN \$60 after deductible OUT
Specialist office visit	\$60 after deductible IN \$90 after deductible OUT	\$60 after deductible IN \$90 after deductible OUT	\$60 after deductible IN \$90 after deductible OUT	\$60 after deductible IN \$90 after deductible OUT
MRI, CT, and PET	20% after deductible IN Not Covered OUT	20% after deductible IN Not Covered OUT	30% after deductible IN Not Covered OUT	40% after deductible IN Not Covered OUT
Lab & X-ray	20% after deductible IN 40% after deductible OUT	20% after deductible IN 40% after deductible OUT	30% after deductible IN 50% after deductible OUT	40% after deductible IN 50% after deductible OUT
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital <sup>3</sup>	10% after deductible ASC IN 20% after deductible hospital Not Covered OUT	10% after deductible ASC IN 20% after deductible hospital Not Covered OUT	20% after deductible ASC IN 30% after deductible hospital Not Covered OUT	30% after deductible ASC IN 40% after deductible hospital Not Covered OUT
<b>Prescription drugs<sup>4</sup></b>				
Generic	\$15 after deductible IN 50% after deductible OUT	\$15 after deductible IN 50% after deductible OUT	\$15 after deductible IN 50% after deductible OUT	\$20 after deductible IN 50% after deductible OUT
Brand	\$50 after deductible IN 50% after deductible OUT	\$50 after deductible IN 50% after deductible OUT	\$50 after deductible IN 50% after deductible OUT	\$65 after deductible IN 50% after deductible OUT
Brand non-preferred	\$75 after deductible IN 50% after deductible OUT	\$75 after deductible IN 50% after deductible OUT	\$75 after deductible IN 50% after deductible OUT	\$90 after deductible IN 50% after deductible OUT
Specialty	50% after deductible IN 50% after deductible OUT	50% after deductible IN 50% after deductible OUT	50% after deductible IN 50% after deductible OUT	50% after deductible IN 50% after deductible OUT
Pharmacy deductible	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>	Medical deductible <sup>5</sup>

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1. Aggregate accumulation applies. All other plans utilize Embedded accumulation.

2. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.

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.

5. Pharmacy costs are subject to medical deductible.

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