

Colorado Option Plans 2023

	KP Colorado Option Gold KP Select Colorado Option Gold	KP Colorado Option Gold PPO		KP Colorado Option Silver KP Select Colorado Option Silver	KP Colorado Option Silver PPO		KP Colorado Option Bronze KP Select Colorado Option Bronze	KP Colorado Option Bronze PPO	
Product type	DHMO	PPO Tier 2 (DHMO)	PPO Tier 3 (DHMO) Non-Contracted	DHMO	PPO Tier 2 (DHMO)	PPO Tier 3 (DHMO)	DHMO	PPO Tier 2 (DHMO)	PPO Tier 3 (DHMO)
Deductible Individual/Family	\$1,600/\$3,200	\$1,600/\$3,200	\$4,800/\$9,600	\$5,000/\$10,000	\$5,000/\$10,000	\$15,000/\$30,000	\$7,000/\$14,000	\$7,000/\$14,000	\$21,000/\$42,000
Out-of-pocket maximum Individual/Family	\$7,800/\$15,600	\$7,800/\$15,600	\$23,400/\$46,800	\$8,550/\$17,100	\$8,550/\$17,100	\$25,650/\$51,300	\$9,100/\$18,200	\$9,100/\$18,200	\$27,300/\$54,600
Coinsurance (member's cost)	30%	30%	50%	40%	40%	50%	50%	50%	50%
Emergency room	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care	\$50	\$50	\$250	\$80	\$80 ²	\$250	50% after deductible	50% after deductible	50% after deductible
Inpatient hospital	30% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Virtual care services (Chat, video visit, email, phone) ¹	No charge	See COI ¹	See COI ¹	No charge	See COI ¹	See COI ¹	No charge	See COI ¹	See COI ¹
PCP office visit	\$0	\$0	50% after deductible	\$0	\$0	50% after deductible	First 3 @\$0, \$50 after deductible	First 3 @\$0, \$50 after deductible	50% after deductible
Specialist office visit	\$50 ²	\$50 ²	50% after deductible	\$80 ²	\$80 ²	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRI, CT, and PET	30% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Lab	30% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
X-ray	30% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient surgery/Ambulatory surgical center (ASC)/outpatient department of hospital ²	30% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Prescription Drugs³									
Generic	\$10	\$10	Covered in-network only except preventive Rx, oral chemo, medical foods & diabetic supplies.	\$20	\$20	Covered in-network only except preventive Rx, oral chemo, medical foods & diabetic supplies.	\$30	\$30	Covered in-network only except preventive Rx, oral chemo, medical foods & diabetic supplies.
Brand	\$50	\$50		\$125	\$125		\$200	\$200	
Brand non-preferred	\$200	\$200		\$300	\$300		\$350	\$350	
Specialty	\$600	\$600		\$650	\$650		\$700	\$700	
Pharmacy deductible	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴	Med deductible ⁴

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

1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO health plans are subject to a copayment, coinsurance, or deductible first before being provided at no additional cost.
2. In addition to the copay, the visit may have a charge for services performed during the visit.

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**