

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/\$6,000	\$4,500/\$9,000	\$6,000/\$12,000
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) ¹	\$0	\$0	\$0
PCP office visit	\$15	\$30	\$40
Specialist office visit	\$45	\$60	\$70
Mental health outpatient	\$15	\$30	\$40
MRI, CT, and PET	\$300	\$400	\$500
Lab & X-ray	10%	20%	25%
Outpatient surgery: Ambulatory surgical center (ASC)/ hospital outpatient department (Hosp) ²	\$300 ASC \$500 Hosp	\$300 ASC \$500 Hosp	\$500 ASC \$750 Hosp
Prescription drugs³			
Generic	\$10	\$10	\$10
Brand	\$35	\$35	\$35
Brand non-preferred	\$60	\$60	\$60
Specialty	50%	50%	50%
Pharmacy deductible	\$0	\$0	\$0

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. For a more detailed list, visit coloradolevelfunded.kp.org to view the Summary of Benefits and Coverage (SBC).

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1. Chat, video, and phone services are offered at no additional cost for most health plans. For these services, some POS, 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. hospital outpatient department.
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/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
Out-of-pocket maximum Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000
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) ¹	\$0	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$15	\$20	\$20	\$25	\$20	\$30
Specialist office visit	\$45	\$50	\$50	\$55	\$50	\$60
Outpatient mental health	\$15	\$20	\$20	\$25	\$20	\$30
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)/hospital outpatient department (Hosp) ²	5% after deductible ASC 10% after deductible Hosp	5% after deductible ASC 10% after deductible Hosp	5% after deductible ASC 15% after deductible Hosp	5% after deductible ASC 15% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp
Prescription drugs³						
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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Deductible EPO plans *(continued)*

	KPLF 3000/25%/6000	KPLF 4000/25%/7000	KPLF 5000/30%/8000	KPLF 6000/30%/9000	NEW KPLF Everyday Care 8000/0%/8000
Product type	DEPO	DEPO	DEPO	DEPO	DEPO
Deductible Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$8,000/\$16,000
Out-of-pocket maximum Individual/Family	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$9,000/\$18,000	\$8,000/\$16,000
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	No charge after deductible
Virtual care services (Chat, video visit, email, phone) ¹	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$35	\$40	\$30	\$40	\$0
Specialist office visit	\$65	\$70	\$60	\$70	\$0
Outpatient mental health	\$35	\$40	\$30	\$40	\$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)/hospital outpatient department (Hosp) ²	15% after deductible ASC 25% after deductible Hosp	15% after deductible ASC 25% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp	No charge after deductible for both ASC and Hosp
Prescription drugs³					
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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HDHP plans

	KPLF HDHP 2000/20%/4000	KPLF HDHP 3500/20%/6500	KPLF HDHP 4000/30%/7000	KPLF HDHP 5000/40%/7000	KPLF HDHP 5000/0%/5000
Product type	HSA	HSA	HSA	HSA	HSA
Deductible Individual/Family	\$2,000/\$4,000 ¹	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum Individual/Family	\$4,000/\$8,000 ¹	\$6,500/\$13,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000
Coinsurance (member's cost)	20%	20%	30%	40%	0%
Emergency room	20% after deductible	20% after deductible	30% after deductible	40% after deductible	No charge after deductible
Urgent care	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	No charge after deductible
Inpatient hospital	20% after deductible	20% after deductible	30% after deductible	40% after deductible	No charge after deductible
Virtual care services (Chat, video visit, email, phone) ²	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
PCP office visit	\$30 after deductible	\$30 after deductible	\$30 after deductible	\$30 after deductible	No charge after deductible
Specialist office visit	\$60 after deductible	\$60 after deductible	\$60 after deductible	\$60 after deductible	No charge after deductible
Outpatient mental health	\$30 after deductible	\$30 after deductible	\$30 after deductible	\$30 after deductible	No charge after deductible
MRI, CT, and PET	20% after deductible	20% after deductible	30% after deductible	40% after deductible	No charge after deductible
Lab & X-ray	20% after deductible	20% after deductible	30% after deductible	40% after deductible	No charge after deductible
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ³	10% after deductible ASC 20% after deductible Hosp	10% after deductible ASC 20% after deductible Hosp	20% after deductible ASC 30% after deductible Hosp	30% after deductible ASC 40% after deductible Hosp	No charge after deductible for both ASC and Hosp
Prescription drugs⁴					
Generic	\$15 after deductible	\$15 after deductible	\$15 after deductible	\$20 after deductible	No charge after deductible
Brand	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$65 after deductible	No charge after deductible
Brand non-preferred	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$90 after deductible	No charge after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible	No charge after deductible
Pharmacy deductible	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	No charge after deductible

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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 POS, 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. hospital outpatient department.

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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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/\$1,000	\$1,500/\$3,000	\$4,500/\$9,000	\$1,500/\$3,000	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$5,000/\$10,000	\$15,000/\$30,000
Out-of-pocket maximum Individual/Family	\$3,000/\$6,000	\$4,500/\$9,000	\$13,500/\$27,000	\$4,000/\$8,000	\$6,000/\$12,000	\$18,000/\$36,000	\$5,000/\$10,000	\$8,000/\$16,000	\$24,000/\$48,000
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) ¹	\$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
Outpatient mental health	\$25 all-inclusive	\$50 all-inclusive	50% after deductible	\$30 all-inclusive	\$65 all-inclusive	50% after deductible	\$45 all-inclusive	\$75 all-inclusive	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)/hospital outpatient department (Hosp) ²	\$300 ASC \$500 Hosp	25% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	10% after deductible ASC 20% after deductible Hosp	35% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs³									
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 ⁴	\$0	\$500	Medical deductible ⁴	\$0	\$500	Medical deductible ⁴

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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			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/\$10,000	\$7,000/\$14,000	\$21,000/\$42,000	\$3,500/\$7,000	\$5,000/\$10,000	\$15,000/\$30,000	\$5,000/\$10,000	\$6,000/\$12,000	\$18,000/\$36,000
Out-of-pocket maximum Individual/Family	\$7,000/\$14,000	\$9,000/\$18,000	\$27,000/\$54,000	\$5,000/\$10,000	\$7,000/\$14,000	\$21,000/\$42,000	\$6,500/\$13,000	\$7,500/\$15,000	\$22,500/\$45,000
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) ¹	\$0	See SPD	See SPD	No charge after deductible	See SPD	See SPD	No charge 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
Outpatient mental health	\$50 all-inclusive	\$75 all-inclusive	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)/hospital outpatient department (Hosp) ²	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	20% after deductible ASC 30% after deductible Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs³									
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 ⁴	Medical deductible ⁴	Medical deductible ⁴	Medical deductible ⁴	Medical deductible ⁴	Medical deductible ⁴	Medical deductible ⁴

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PPO plans

	KPLF PPO 2000/25%/7500		KPLF PPO 3500/35%/9000		KPLF PPO 5000/40%/9000		KPLF PPO 7000/40%/9000	
Product type	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/\$4,000	\$6,000/\$12,000	\$3,500/\$7,000	\$10,500/\$21,000	\$5,000/\$10,000	\$15,000/\$30,000	\$7,000/\$14,000	\$21,000/\$42,000
Out-of-pocket maximum Individual/Family	\$7,500/\$15,000	\$22,500/\$45,000	\$9,000/\$18,000	\$27,000/\$54,000	\$9,000/\$18,000	\$27,000/\$54,000	\$9,000/\$18,000	\$27,000/\$54,000
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) ¹	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
Outpatient mental health	\$35/ 50% after deductible		\$50/50% after deductible		\$60 / 50% after deductible		\$60 / 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)/hospital outpatient department (Hosp) ²	25% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	35% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs³								
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 ⁴	\$0	Medical deductible ⁴	\$0	Medical deductible ⁴	\$0	Medical deductible ⁴

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2. The outpatient surgery benefit will be billed at a lower cost if performed at an ambulatory surgical center vs. hospital outpatient department.
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

Product type	KPLF PPO HDHP 5500/40%/7000	
	PPO Participating Provider	PPO Non-Participating Provider
Deductible Individual/Family	\$5,500/\$11,000	\$16,500/\$33,000
Out-of-pocket maximum Individual/Family	\$7,000/\$14,000	\$21,000/\$42,000
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) ¹	See SPD	See SPD
PCP office visit	40% after deductible	50% after deductible
Specialist office visit	40% after deductible	50% after deductible
Outpatient mental health	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)/ hospital outpatient department (Hosp) ²	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription drugs³		
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 ⁴	Medical deductible ⁴

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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.

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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/\$6,000	\$4,500/\$9,000	\$6,000/\$12,000
Coinsurance (member's cost)	10% KP 30% PLUS	20% KP 40% PLUS	25% KP 45% PLUS
Emergency room	\$300	\$500	\$750
Urgent care	\$50	\$75	\$100
Inpatient hospital	\$500 per day KP Not Covered PLUS	\$500 per day KP Not Covered PLUS	\$750 per day KP Not Covered PLUS
Virtual care services (Chat, video visit, email, phone) ¹	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS
PCP office visit	\$15 KP / \$45 PLUS	\$30 KP / \$60 PLUS	\$40 KP / \$70 PLUS
Specialist office visit	\$45 KP / \$75 PLUS	\$60 KP / \$90 PLUS	\$70 KP / \$100 PLUS
Outpatient mental health	\$15 KP / \$45 PLUS	\$30 KP / \$60 PLUS	\$40 KP / \$70 PLUS
MRI, CT, and PET	\$300 KP Not Covered PLUS	\$400 KP Not Covered PLUS	\$500 KP Not Covered PLUS
Lab & X-ray	10% KP / 30% PLUS	20% KP / 40% PLUS	25% KP / 45% PLUS
Outpatient surgery: Ambulatory surgical center (ASC)/ hospital outpatient department (Hosp) ²	\$300 ASC KP / \$500 Hosp KP Not Covered PLUS	\$300 ASC KP / \$500 Hosp KP Not Covered PLUS	\$500 ASC KP / \$750 Hosp KP Not Covered PLUS
Prescription drugs³			
Generic	\$10 KP / 50% PLUS	\$10 KP / 50% PLUS	\$10 KP / 50% PLUS
Brand	\$35 KP / 50% PLUS	\$35 KP / 50% PLUS	\$35 KP / 50% PLUS
Brand non-preferred	\$60 KP / 50% PLUS	\$60 KP / 50% PLUS	\$60 KP / 50% PLUS
Specialty	50% KP / 50% PLUS	50% KP / 50% PLUS	50% KP / 50% PLUS
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 POS, 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. hospital outpatient department.
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/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-pocket maximum Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$9,000/\$18,000
Coinsurance (member's cost)	10% KP 30% PLUS	10% KP 30% PLUS	15% KP 35% PLUS	15% KP 35% PLUS	20% KP 40% PLUS	20% KP 40% PLUS	25% KP 45% PLUS	25% KP 45% PLUS	30% KP 50% PLUS	30% KP 50% PLUS
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 KP Not Covered PLUS	10% after deductible KP Not Covered PLUS	15% after deductible KP Not Covered PLUS	15% after deductible KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	25% after deductible KP Not Covered PLUS	25% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS
Virtual care services (Chat, video visit, email, phone) ¹	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS	\$0 KP See SPD PLUS
PCP office visit	\$15 KP \$45 PLUS	\$20 KP \$50 PLUS	\$20 KP \$50 PLUS	\$25 KP \$55 PLUS	\$20 KP \$50 PLUS	\$30 KP \$60 PLUS	\$35 KP \$65 PLUS	\$40 KP \$70 PLUS	\$30 KP \$60 PLUS	\$40 KP \$70 PLUS
Specialist office visit	\$45 KP \$75 PLUS	\$50 KP \$80 PLUS	\$50 KP \$80 PLUS	\$55 KP \$85 PLUS	\$50 KP \$80 PLUS	\$60 KP \$90 PLUS	\$65 KP \$95 PLUS	\$70 KP \$100 PLUS	\$60 KP \$90 PLUS	\$70 KP \$100 PLUS
Outpatient mental health	\$15 KP \$45 PLUS	\$20 KP \$50 PLUS	\$20 KP \$50 PLUS	\$25 KP \$55 PLUS	\$20 KP \$50 PLUS	\$30 KP \$60 PLUS	\$35 KP \$65 PLUS	\$40 KP \$70 PLUS	\$30 KP \$60 PLUS	\$40 KP \$70 PLUS
MRI, CT, and PET	10% after deductible KP Not Covered PLUS	10% after deductible KP Not Covered PLUS	15% after deductible KP Not Covered PLUS	15% after deductible KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	25% after deductible KP Not Covered PLUS	25% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS
Lab & X-ray	10% after deductible KP 30% PLUS	10% after deductible KP 30% PLUS	15% after deductible KP 35% PLUS	15% after deductible KP 35% PLUS	20% after deductible KP 40% PLUS	20% after deductible KP 40% PLUS	25% after deductible KP 45% PLUS	25% after deductible KP 45% PLUS	30% after deductible KP 50% PLUS	30% after deductible KP 50% PLUS
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ²	5% after deductible ASC KP 10% after deductible Hosp KP Not Covered PLUS	5% after deductible ASC KP 10% after deductible Hosp KP Not Covered PLUS	5% after deductible ASC KP 15% after deductible Hosp KP Not Covered PLUS	5% after deductible ASC KP 15% after deductible Hosp KP Not Covered PLUS	10% after deductible ASC KP 20% after deductible Hosp KP Not Covered PLUS	10% after deductible ASC KP 20% after deductible Hosp KP Not Covered PLUS	15% after deductible ASC KP 25% after deductible Hosp KP Not Covered PLUS	15% after deductible ASC KP 25% after deductible Hosp KP Not Covered PLUS	20% after deductible ASC KP 30% after deductible Hosp KP Not Covered PLUS	20% after deductible ASC KP 30% after deductible Hosp KP Not Covered PLUS
Prescription drugs³										
Generic	\$10 KP 50% PLUS	\$10 KP 50% PLUS	\$10 KP 50% PLUS	\$10 KP 50% PLUS	\$15 KP 50% PLUS	\$15 KP 50% PLUS	\$15 KP 50% PLUS	\$20 KP 50% PLUS	\$20 KP 50% PLUS	\$20 KP 50% PLUS
Brand	\$35 KP 50% PLUS	\$35 KP 50% PLUS	\$35 KP 50% PLUS	\$35 KP 50% PLUS	\$50 KP 50% PLUS	\$50 KP 50% PLUS	\$50 KP 50% PLUS	\$65 KP 50% PLUS	\$65 KP 50% PLUS	\$65 KP 50% PLUS
Brand non-preferred	\$60 KP 50% PLUS	\$60 KP 50% PLUS	\$60 KP 50% PLUS	\$60 KP 50% PLUS	\$75 KP 50% PLUS	\$75 KP 50% PLUS	\$75 KP 50% PLUS	\$90 KP 50% PLUS	\$90 KP 50% PLUS	\$90 KP 50% PLUS
Specialty	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS	50% KP 50% PLUS
Pharmacy deductible	\$0	\$0	\$0	\$0	\$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. hospital outpatient department.
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HDHP Plus plans

	KPLF HDHP Plus 2000/20%/4000	KPLF HDHP Plus 3500/20%/6500	KPLF HDHP Plus 4000/30%/7000	KPLF HDHP Plus 5000/40%/7000
Product type	HSA Plus	HSA Plus	HSA Plus	HSA Plus
Deductible Individual/Family	\$2,000/\$4,000 ¹	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-pocket maximum Individual/Family	\$4,000/\$8,000 ¹	\$6,500/\$13,000	\$7,000/\$14,000	\$7,000/\$14,000
Coinsurance (member's cost)	20% KP 40% PLUS	20% KP 40% PLUS	30% KP 50% PLUS	40% KP 50% PLUS
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 KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS	40% after deductible KP Not Covered PLUS
Virtual care services (Chat, video visit, email, phone) ²	No charge after deductible KP See SPD PLUS	No charge after deductible KP See SPD PLUS	No charge after deductible KP See SPD PLUS	No charge after deductible KP See SPD PLUS
PCP office visit	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS
Specialist office visit	\$60 after deductible KP \$90 after deductible PLUS	\$60 after deductible KP \$90 after deductible PLUS	\$60 after deductible KP \$90 after deductible PLUS	\$60 after deductible KP \$90 after deductible PLUS
Outpatient mental health	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS	\$30 after deductible KP \$60 after deductible PLUS
MRI, CT, and PET	20% after deductible KP Not Covered PLUS	20% after deductible KP Not Covered PLUS	30% after deductible KP Not Covered PLUS	40% after deductible KP Not Covered PLUS
Lab & X-ray	20% after deductible KP 40% after deductible PLUS	20% after deductible KP 40% after deductible PLUS	30% after deductible KP 50% after deductible PLUS	40% after deductible KP 50% after deductible PLUS
Outpatient surgery: Ambulatory surgical center (ASC)/hospital outpatient department (Hosp) ³	10% after deductible ASC KP 20% after deductible Hosp KP Not Covered PLUS	10% after deductible ASC KP 20% after deductible Hosp KP Not Covered PLUS	20% after deductible ASC KP 30% after deductible Hosp KP Not Covered PLUS	30% after deductible ASC KP 40% after deductible Hosp KP Not Covered PLUS
Prescription drugs⁴				
Generic	\$15 after deductible KP 50% after deductible PLUS	\$15 after deductible KP 50% after deductible PLUS	\$15 after deductible KP 50% after deductible PLUS	\$20 after deductible KP 50% after deductible PLUS
Brand	\$50 after deductible KP 50% after deductible PLUS	\$50 after deductible KP 50% after deductible PLUS	\$50 after deductible KP 50% after deductible PLUS	\$65 after deductible KP 50% after deductible PLUS
Brand non-preferred	\$75 after deductible KP 50% after deductible PLUS	\$75 after deductible KP 50% after deductible PLUS	\$75 after deductible KP 50% after deductible PLUS	\$90 after deductible KP 50% after deductible PLUS
Specialty	50% after deductible KP 50% after deductible PLUS	50% after deductible KP 50% after deductible PLUS	50% after deductible KP 50% after deductible PLUS	50% after deductible KP 50% after deductible PLUS
Pharmacy deductible	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵

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

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