

Colorado Option Plans 2024

	KP Colorado Option Gold	KP Colorado Option Gold PPO ¹		KP Colorado Option Silver	KP Colorado Option Silver PPO ¹		KP Colorado Option Bronze	KP Colorado Option Bronze PPO ¹	
Product type	DHMO	PPO <i>Participating Provider</i>	PPO <i>Non-Participating Provider</i>	DHMO	PPO <i>Participating Provider</i>	PPO <i>Non-Participating Provider</i>	DHMO	PPO <i>Participating Provider</i>	PPO <i>Non-Participating Provider</i>
Deductible Individual/Family	\$1,700/\$3,400	\$1,700/\$3,400	\$4,800/\$9,600	\$4,750/\$9,500	\$4,750/\$9,500	\$15,000/\$30,000	\$7,500/\$15,000	\$7,500/\$15,000	\$21,000/\$42,000
Out-of-pocket maximum Individual/Family	\$8,700/\$17,400	\$8,700/\$17,400	\$23,400/\$46,800	\$9,450/\$18,900	\$9,450/\$18,900	\$25,650/\$51,300	\$9,450/\$18,900	\$9,450/\$18,900	\$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	\$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) ²	No charge	See COI	See COI	No charge	See COI	See COI	No charge	See COI	See COI
PCP office visit	\$0	\$0	50% after deductible	\$0	\$0	50% after deductible	First 3 visits \$0; additional visits \$50 after deductible	First 3 visits \$0; additional visits \$50 after deductible	50% after deductible
Specialist office visit	\$50 ³	\$50 ³	50% after deductible	\$80 ³	\$80 ³	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health	\$0	\$0	50% after deductible	\$0	\$0	50% after deductible	\$0	\$0	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)/hospital outpatient department (Hosp)	30% after deductible for both ASC and Hosp	30% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	40% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp	50% after deductible for both ASC and Hosp
Prescription Drugs ⁴									
Generic	\$10	\$10	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$20	\$20	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies	\$30	\$30	Covered in-network only except preventive Rx, oral chemotherapy, medical foods & diabetic supplies
Brand	\$50	\$50		\$125	\$125		\$200	\$200	
Brand nonpreferred	\$200	\$200		\$300	\$300		\$350	\$350	
Specialty	\$600	\$600		\$650	\$650		\$700	\$700	
Pharmacy deductible	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵	Medical deductible ⁵

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

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider Tier of the PPO plan.

2. 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.

3. In addition to the cost share, all other covered services and procedures performed during the visit may be subject to the applicable cost share.

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.

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

