

Kaiser Permanente Colorado for Individuals and Families

| | \$20 Copay ³ | \$30 Copay | \$2000 Deductible (70%) w/Rx | \$2000 Deductible (70%) | \$5000 Deductible (70%) | \$2000 Deductible w/HSA Option (100%) | \$2000 Deductible w/HSA Option (80%) |
|--|--|--|---|---|---|--|---|
| General Services | <i>Closed to New Enrollment</i> | | | | | | |
| Preventive Services | Preventive services are at no charge with all these plans. | | | | | | |
| Primary Care visits | \$20 | \$30 | \$30 | \$30 | \$30 | Fully covered after meeting deductible | 20% after meeting deductible |
| Specialty Care visits | \$30 | \$40 | \$50 | \$50 | \$50 | | |
| Prescriptions | \$15/\$30 | Not covered ¹ | \$200 deductible, \$15/\$30/50% after deductible | Not covered ¹ | Not covered ¹ | | Not covered ¹ |
| Urgent/after-hours Care in designated facilities | \$20/visit \$50 after-hours | \$30/visit \$75 after-hours | \$30/visit \$75 after-hours | \$30/visit | \$75 after-hours | | 20% after meeting deductible |
| Emergency Care | \$100 | \$150 | 30% after meeting deductible | 30% after meeting deductible | 30% after meeting deductible | | Diagnostic 20% after deductible |
| Hospitalization | \$1,000 | 20% | | | | | |
| Laboratory | Diagnostic fully covered | Diagnostic fully covered | Diagnostic fully covered, not subject to deductible | Diagnostic fully covered, not subject to deductible | Diagnostic fully covered, not subject to deductible | | Diagnostic & Therapeutic 20% after deductible |
| X-rays | Diagnostic fully covered, Therapeutic \$30, MRI/CT/PET \$100 | Diagnostic fully covered, Therapeutic \$40, MRI/CT/PET \$100 | Diagnostic & Therapeutic 30% after deductible | Diagnostic & Therapeutic 30% after deductible | Diagnostic & Therapeutic 30% after deductible | | |
| Financial Features | | | | | | | |
| Individual Deductible | None | None | \$2,000 | \$2,000 | \$5,000 | \$2,000 | \$2,000 |
| Family Deductible | None | None | \$6,000 | \$6,000 | \$15,000 | \$4,000 | \$4,000 |
| Individual Out-of-pocket Maximum ² | \$3,000 | \$3,000 | \$5,000 | \$5,000 | \$5,000 | \$2,000 | \$5,000 |
| Family Out-of-pocket Maximum ² | \$7,500 | \$7,500 | \$10,000 | \$10,000 | \$10,000 | \$4,000 | \$10,000 |
| Monthly Premiums | | | | | | | |
| Singles start at | \$293.53 | \$140.50 | \$99.48 | \$91.27 | \$71.82 | \$120.16 | \$95.82 |
| Couples start at | \$587.02 | \$281.02 | \$198.94 | \$182.51 | \$143.64 | \$240.31 | \$191.64 |
| Parent/children start at | \$675.08 | \$323.15 | \$228.79 | \$209.90 | \$165.19 | \$276.36 | \$220.38 |
| Families start at | \$968.56 | \$463.66 | \$328.24 | \$301.14 | \$237.00 | \$396.51 | \$316.20 |

¹The Kaiser Permanente Pharmacy Advantage provides prescribed and over-the-counter (OTC) drugs in our medical office pharmacies at member-only competitive rates. ²For the two deductible plans, the deductible amount does not apply towards the out-of-pocket maximum. For the two HSA-qualified plans, the deductible does apply towards the out-of-pocket max. ³\$20 copay plan closed to new enrollment.