

**Kaiser Permanente Health Plans
October 1, 2026 - September 30, 2027**

BENEFIT Member Responsibility	Kaiser Plan 1	Kaiser Plan 2	Kaiser Plan 3	Kaiser Plan 4
Pre-Loaded Benefit Card	Ind: \$6,500 Fam: \$13,000	Ind: \$4,500 Fam: \$9,000	Ind: \$3,000 Fam: \$6,000	Pre Loaded Benefit Card Does Not Apply
Use Your Pre-Loaded Benefit Card To Pay For All Services Until The Card Is Exhausted. All Benefits Below Refelct The Member's Out-Of-Pocket Cost Once The Benefit Card Is Exhausted.				
Calendar Year Out-of-Pocket Maximum	Ind: \$0 Fam: \$0	Ind: \$2,000 Fam: \$4,000	Ind: \$3,500 Fam: \$7,000	Ind: \$4,500 Fam: \$9,000
Calendar Year Deductible	Ind: \$0 Fam: \$0	Ind: \$0 Fam: \$0	Ind: \$1,500 Fam: \$3,000	Ind: \$6,500 Fam: \$13,000
Coinsurance	No Charge	40%	40% After Deductible	40% After Deductible
Preventive Care/Immunizations	No Charge	No Charge	No Charge	No Charge
Doctor Visits (Primary Care)	\$0	40%	40% After Deductible	40% After Deductible
Doctor Visits (Specialists)	\$0	40%	40% After Deductible	40% After Deductible
Urgent Care	\$0	40%	40% After Deductible	40% After Deductible
Teledoc-Medical Services	\$0	No Charge	No Charge After Plan Deductible	No Charge After Plan Deductible
Chiropractic	\$0 (30 vists per year)	\$15 Copay Per Visit (30 visits per year)	\$15 Copay Per Visit After Deductible (30 visits per year)	\$15 Copay Per Visit After Deductible (30 visits per year)
Physical Therapy	\$0	40%	40% After Deductible	40% After Deductible
Infertility	\$0	40%	40% After Deductible	40% After Deductible
Prescription Drugs (Tier 1)	\$0	30% Not To Exceed \$50	30% After Deductible (Not To Exceed \$50)	30% After Deductible (Not To Exceed \$50)
Prescription Drugs (Tier 2)	\$0	40% Not To Exceed \$100	40% After Deductible (Not To Exceed \$100)	40% After Deductible (Not To Exceed \$100)
Prescription Drugs (Tier 4)	\$0	40% Not To Exceed \$250	40% After Deductible (Not To Exceed \$250)	40% After Deductible (Not To Exceed \$250)
Hospital Emergency Room	\$0	40%	40% After Deductible	40% After Deductible
Hospital Inpatient	\$0	40%	40% After Deductible	40% After Deductible
Outpatient Surgery	\$0	40%	40% After Deductible	40% After Deductible
Home Health Care	\$0	No Charge (Limited to 100 Days Per Calendar Year)	No Charge After Deductible (Limited to 100 Days Per Calendar Year)	No Charge After Deductible (Limited to 100 Days Per Calendar Year)
Outpatient Diagnostic Tests/Imaging	\$0	40%	40% After Deductible	40% After Deductible
Radiation Therapy Chemotherapy	\$0	40%	40% After Deductible	40% After Deductible
Durable Medical Equipment	\$0	40%	40% After Deductible	40% After Deductible
Ambulance-Ground/Air	\$0	40%	40% After Deductible	40% After Deductible
Mental Health/Substance Abuse Outpatient	\$0	40%	40% After Deductible	40% After Deductible
Mental Health/Substance Abuse Inpatient	\$0	40%	40% After Deductible	40% After Deductible
2026-2027 Rates	Kaiser Plan 1	Kaiser Plan 2	Kaiser Plan 3	Kaiser Plan 4
Employee Only	\$ 1,285.00	\$ 1,229.00	\$ 1,031.00	\$ 800.00
Employee + 1	\$ 2,209.00	\$ 2,112.00	\$ 1,771.00	\$ 1,300.00
Employee + 2 or more	\$ 2,786.00	\$ 2,664.00	\$ 2,233.00	\$ 1,800.00