

Grandfathered health plan benefit highlights

If your desired plan is to the right of your current plan, you may switch to that plan.*

	Copayment 25 HMO	Deductible HMO 20/500	Copayment 40 HMO	Deductible HMO 25/1000	Copayment 50 HMO
Features					
Individual plan annual deductible (subscriber only)	None	\$500	None	\$1,000	None
Family plan annual deductible (individual/family)	None/None	\$500/\$1,000	None/None	\$1,000/\$2,000	None/None
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,500	\$2,500	\$3,000	\$3,000	\$3,500
Family plan annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	\$25	\$20	\$40	\$25	\$50
Outpatient services (per visit or procedure)					
Primary care office visit	\$25	\$20	\$40	\$25	\$50
Specialty care office visit	\$25	\$20	\$40	\$25	\$50
Most X-rays	\$10	\$10 after deductible	\$10	\$10 after deductible	\$10
Most lab tests	\$10	\$10 after deductible	\$10	\$10 after deductible	\$10
MRI, CT, and PET	\$50	\$10 after deductible	\$50	\$50 after deductible	\$50
Outpatient surgery	\$100	\$50 after deductible	\$200	\$150 after deductible	\$250
Mental health visit	\$25	\$20	\$40	\$25	\$50
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	\$200 per day	\$100 per day after deductible	\$350 per day	\$250 per day after deductible	\$500 per day
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	\$10	\$10	\$15
Delivery and inpatient well-baby care	\$200 per day	\$100 per day after deductible	\$350 per day	\$250 per day after deductible	\$500 per day
Emergency and urgent care					
Emergency Department visit	\$100	\$100 after deductible	\$100	\$100 after deductible	\$150
Urgent care visit	\$25	\$20	\$40	\$25	\$50
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Not covered except female contraceptives Generic: \$10 Brand: \$35
Mail order (up to a 100-day supply)	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Not covered
Other services					
ChooseHealthy™ discounts as well as other wellness and health programs	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy

This plan summary is intended to highlight the most frequently asked about benefits, copays, coinsurance, and deductibles. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the annual out-of-pocket maximum. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form (EOC)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit kp.org/plandocuments, call us at 1-800-464-4000, or contact your broker.

*Once 30 days have passed from your new grandfathered plan's effective date, you will not be able to change back to your previous plan.

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	Deductible HMO 30/1500	Deductible HMO 40/2000	Deductible HMO 0/1500 with HSA	Deductible HMO 0/2700 with HSA	Deductible HMO 30/2700 with HSA
Features					
Individual plan annual deductible (subscriber only)	\$1,500	\$2,000	\$1,500	\$2,700	\$2,700
Family plan annual deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$3,000	\$5,450/\$5,450	\$5,450/\$5,450
Individual plan annual out-of-pocket maximum (subscriber only)	\$3,500	\$4,000	\$3,000	\$5,000	\$5,250
Family plan annual out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$4,000/\$8,000	\$6,000/\$6,000	\$10,000/\$10,000	\$10,500/\$10,500
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	\$30	\$40	No charge	No charge	\$30
Outpatient services (per visit or procedure)					
Primary care office visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Specialty care office visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Most X-rays	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible
Most lab tests	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible
MRI, CT, PET	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible
Outpatient surgery	\$250 after deductible	\$250 after deductible	\$150 after deductible	\$200 after deductible	30% coinsurance after deductible
Mental health visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	\$500 per day after deductible	\$500 per day after deductible	\$300 per day after deductible	\$400 per day after deductible	30% coinsurance after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	\$30	\$40	No charge	No charge	\$10
Delivery and inpatient well-baby care	\$500 per day after deductible	\$500 per day after deductible	\$300 per day after deductible	\$400 per day after deductible	30% coinsurance after deductible
Emergency and urgent care					
Emergency Department visit	\$150 after deductible	\$150 after deductible	\$100 after deductible	\$100 after deductible	30% coinsurance after deductible
Urgent care visit	\$30	\$40	No charge after deductible	No charge after deductible	\$30 after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35 after deductible	Generic: \$10 Brand: \$35 after deductible	Not covered except female contraceptives Generic: \$10 Brand: \$35
Mail order (up to a 100-day supply)	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70 after deductible	Generic: \$20 Brand: \$70 after deductible	Not covered
Other services					
ChooseHealthy™ discounts as well as other wellness and health programs	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy	Included kp.org/livehealthy

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