

 KAISER PERMANENTE®	KAISER HDHP			KAISER HMO		
	In-Network Only			In-Network Only		
Medical Coverage						
Annual Deductible (Individual/Family)	\$3,300/\$6,600			\$0		
Out-of-Pocket Maximum (Individual/Family)	\$3,300/\$6,600			\$1,500/\$3,000		
Coinsurance	100%			100%		
Company HSA Contribution (Individual/Family)	\$1,000/\$2,000			N/A		
Preventive Care	100%			100%		
Telemedicine: Virtual Visits	\$20			\$20		
Primary Care Physician	100%*			\$20		
Specialist	100%*			\$20		
Urgent Care	100%*			\$20		
Emergency Room	100%*			\$150		
Hospital In-patient	100%*			\$250		
Hospital Out-patient	100%*			\$20		
Prescription Coverage						
Rx OOPM (Individual/Family)	Combined with Medical			Combined with Medical		
ACA Preventative Medications	100%			100%		
Generic Drugs	100%*			\$10		
Preferred Brand Drugs	100%*			\$25		
Non-Preferred Brand Drugs	100%*			\$25		
Specialty Drugs	100%*			\$25		
Non-Vice President Levels Employee Contributions - Bi-weekly						
	<u>FHRA**</u>	<u>PHRA**</u>	<u>NHRA**</u>	<u>FHRA**</u>	<u>PHRA**</u>	<u>NHRA**</u>
Employee	\$0	NA	\$53.00	\$45.28	NA	\$79.73
Employee and Spouse/DP	\$0	\$60.66	\$121.32	\$111.78	\$147.20	\$182.62
Employee and Child(ren)	\$0	NA	\$100.11	\$78.99	NA	\$144.06
Employee and Family	\$0	\$80.38	\$160.77	\$192.59	\$239.53	\$286.47
Vice President Level & Above Employee Contributions - Bi-weekly						
	<u>FHRA**</u>	<u>PHRA**</u>	<u>NHRA**</u>	<u>FHRA**</u>	<u>PHRA**</u>	<u>NHRA**</u>
Employee	\$65.71	NA	\$118.71	\$144.14	NA	\$178.59
Employee and Spouse/DP	\$150.42	\$211.08	\$271.74	\$338.22	\$373.64	\$409.06
Employee and Child(ren)	\$124.14	NA	\$224.25	\$257.63	NA	\$322.70
Employee and Family	\$199.35	\$279.73	\$360.12	\$547.81	\$594.75	\$641.69

*Coinsurance for all plans and services (outside of preventive care) reflects what the plan pays after the deductible is met. Preventive care is covered 100% before deductible.

**FHRA stands for Full HRA Participant, PHRA stands for Partial HRA Participant and NHRA stands for Non-HRA Participant. For more information on the Health Risk Assessment (HRA) Program benefit credit incentive and the tiered approach to our medical plan employee contributions, view the 2025 Benefits Enrollment Guide.



KEY NOTES

- **All Kaiser Plan Options**

- Northern California network
 - Employees with a California address will see two additional medical plan options through Kaiser Permanente listed. This plan is for Northern California employees. However, members living in Southern California are also permitted to enroll but are subject to Kaiser Permanente's service area policy (must reside in a zip code within the [KP SCAL service area](#))
 - In-network coverage only
 - Preventative care is covered 100% before any deductible.
 - Coinsurance for all plans and services (outside of preventative care) reflects what the plan pays after the deductible is met.
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- **Kaiser HDHP Option**

- **Deductibles are embedded:** If you have family coverage, benefits will begin for an individual covered person once that covered person meets their individual deductible, and benefits will begin for the rest of the family when any combination of covered persons meet the family deductible. No one person will pay more toward the deductible than that person's individual embedded deductible amount.
- **Health Savings Account (HSA) eligible** which includes a company provided contribution to help with any out-of-pocket costs and for future usage including retirement.

- **Kaiser HMO Copay Option**

- No annual deductible
- Copays apply prior to deductible
- **Not HSA eligible** (only Healthcare FSA eligible – there are no employer contributions to the FSA)