

Product	Plan	Plan Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Primary Care Office Visit	Specialist Office Visit	Inpatient Hospital	Prescription Drugs (Generic/Brand/Specialty)	Available in Covered California
Copay HMO plans	Gold 80 HMO 0/30 + Child Dental	\$0/\$0	\$6,750/\$13,500	\$30	\$55	\$655/day up to 5 days per admission	\$15/\$55/20% per prescription up to \$250 maximum	Yes
	Platinum 90 HMO 0/10 + Child Dental Alt	\$0/\$0	\$4,000/\$8,000	\$10	\$20	\$500 per admission	\$5/\$15/10% per prescription up to \$250 maximum	Yes
	Platinum 90 HMO 0/15 + Child Dental	\$0/\$0	\$4,000/\$8,000	\$15	\$40	\$290/day up to 5 days per admission	\$5/\$15/10% per prescription up to \$250 maximum	Yes
Deductible HMO plans	Bronze 60 HMO 6300/75 + Child Dental	\$6,300/\$12,600	\$6,800/\$13,600	\$75 after deductible	\$105 after deductible	100% up to out-of-pocket maximum*	100% per prescription up to \$500 maximum after \$500 drug deductible	Yes
	Silver 70 HMO 1000/50 + Child Dental Alt	\$1,000/\$2,000	\$6,750/\$13,500	\$50	\$50	30% after deductible	\$25/\$50 after \$200 drug deductible/ 20% per prescription up to \$250 maximum after \$200 drug deductible	Yes
	Silver 70 HMO 2000/45 + Child Dental	\$2,000/\$4,000	\$6,800/\$13,600	\$45	\$75	20% after deductible	\$15/\$55 after \$250 drug deductible/ 20% per prescription up to \$250 maximum after \$250 drug deductible	Yes
	Gold 80 HMO 500/35 + Child Dental Alt	\$500/\$1,000	\$6,750/\$13,500	\$35	\$35	\$600/day up to 5 days per admission, after deductible	\$15/\$50/20% per prescription up to \$250 maximum	Yes
HSA-qualified High Deductible Health Plans	Bronze 60 HDHP HMO 4800/40% + Child Dental	\$4,800/\$9,600	\$6,550/\$13,100	40% after deductible	40% after deductible	40% after deductible	40% per prescription up to \$500 maximum after deductible	Yes
	Silver 70 HDHP HMO 2000/20% + Child Dental	Self/Individual/Family \$2,000/\$2,600/\$4,000	\$6,550/\$13,100	20% after deductible	20% after deductible	20% after deductible	20% per prescription up to \$250 maximum after deductible	Yes
Deductible HMO with health reimbursement arrangement plan	Gold 80 HRA HMO 2000/30 + Child Dental	\$2,000/\$4,000	\$6,500/\$13,000	\$30	\$30	20% after deductible	\$15/\$30/20% per prescription up to \$250 maximum	No
PPO plans	Bronze 60 PPO 6300/75 + Child Dental	In-network: \$6,300/\$12,600 Out-of-network: \$12,600/\$25,200	In-network: \$6,800/\$13,600 Out-of-network: \$13,600/\$27,200	In-network: \$75 after deductible Out-of-network: 100% up to out-of-pocket maximum*	In-network: \$105 after deductible Out-of-network: 100% up to out-of-pocket maximum*	In-network: 100% up to out-of-pocket maximum* Out-of-network: 100% up to out-of-pocket maximum*	100% per prescription up to \$500 maximum after \$500 drug deductible	No
	Silver 70 PPO 2000/45 + Child Dental	In-network: \$2,000/\$4,000 Out-of-network: \$4,000/\$8,000	In-network: \$6,800/\$13,600 Out-of-network: \$13,600/\$27,200	In-network: \$45 Out-of-network: 40% after deductible	In-network: \$75 Out-of-network: 40% after deductible	In-network: 20% after deductible Out-of-network: 40% after deductible	\$15/\$55 after \$250 drug deductible/ 20% per prescription up to \$250 maximum after \$250 drug deductible	No
	Gold 80 PPO 0/30 + Child Dental	In-network: \$0/\$0 Out-of-network: \$1,000/\$2,000	In-network: \$6,750/\$13,500 Out-of-network: \$13,500/\$27,000	In-network: \$30 Out-of-network: 40% after deductible	In-network: \$55 Out-of-network: 40% after deductible	In-network: 20% Out-of-network: 40% after deductible	\$15/\$55/20% per prescription up to \$250 maximum	No
	Platinum 90 PPO 0/15 + Child Dental	In-network: \$0/\$0 Out-of-network: \$500/\$1,000	In-network: \$4,000/\$8,000 Out-of-network: \$8,000/\$16,000	In-network: \$15 Out-of-network: 30% after deductible	In-network: \$40 Out-of-network: 30% after deductible	In-network: 10% Out-of-network: 30% after deductible	\$5/\$15/10% per prescription up to \$250 maximum	No

This is only a summary. It does not fully describe benefit coverage for every plan. For complete coverage details, including exclusions, limitations, and plan terms, contact a Kaiser Permanente representative or refer to your service agreement.

*Even when the deductible is met, members will still pay 100% coinsurance for select benefits until the out-of-pocket maximum has been met. Once the out-of-pocket maximum is met, there is no charge for covered services.

Information may have changed since publication.