



2021 PLANS AND PRODUCTS | GEORGIA



Complete Suite[™] plan comparison chart

Use this overview of our Complete Suite portfolio to easily explore a wide range of Kaiser Permanente plans. This interactive tool also enables you to get quick side-by-side comparisons of the different plans we have to offer.

Complete Suite™ plan pairings

[See plan pairings](#) ☐

To start, choose a single plan from column 1. To view the entire plan pairing, choose the plan from column 1 and check the **see plan pairings** box on the right.

[See results](#)

Column 1	Column 2 – Preferred Pairing	Column 3 – Acceptable Pairing
HMO	Dual Choice PPO Plan (approximately 15% rate differential)	Dual Choice PPO Plan (approximately 20% rate differential)
<input type="checkbox"/> HMO Plan A 20	PPO Plan B 25	PPO Plan A 20
<input type="checkbox"/> HMO Plan B 25	PPO Plan C 30	PPO Plan B 25
<input type="checkbox"/> HMO Plan C 30	PPO Plan D 40	PPO Plan C 30
<input type="checkbox"/> HMO Plan D 40	PPO Plan E 40	PPO Plan D 40
<input type="checkbox"/> HMO Plan E 40	PPO Plan E 40	
Deductible Plans	Dual Choice PPO Plan (approximately 15% rate differential)	Dual Choice PPO Plan (approximately 20% rate differential)
<input type="checkbox"/> DHMO Plan A 500/0%/3000	PPO Plan A 500/10%/3000	
<input type="checkbox"/> DHMO Plan A 500/10%/3000	PPO Plan B 1000/10%/3500	PPO Plan A 500/10%/4000
<input type="checkbox"/> DHMO Plan A 500/20%/3000	PPO Plan B 1000/20%/4500	PPO Plan A 500/20%/4000
<input type="checkbox"/> DHMO Plan B 1000/0%/3500	PPO Plan B 1000/10%/3500	
<input type="checkbox"/> DHMO Plan B 1000/10%/3500	PPO Plan C 1500/10%/4000	PPO Plan B 1000/10%/4500
<input type="checkbox"/> DHMO Plan B 1000/20%/3500	PPO Plan C 1500/20%/5000	PPO Plan B 1000/20%/4500
<input type="checkbox"/> DHMO Plan B 1000/30%/3500	PPO Plan D 2000/30%/5500	PPO Plan B 1000/30%/4500
<input type="checkbox"/> DHMO Plan C 1500/0%/4000	PPO Plan C 1500/10%/4000	
<input type="checkbox"/> DHMO Plan C 1500/10%/3500	PPO Plan D 2000/10%/5500	
<input type="checkbox"/> DHMO Plan C 1500/20%/4000	PPO Plan D 2000/20%/5500	PPO Plan C 1500/20%/5000
<input type="checkbox"/> DHMO Plan D 2000/0%/4500	PPO Plan E 2500/10%/5000	PPO Plan D 2000/10%/5500
<input type="checkbox"/> DHMO Plan D 2000/10%/4500	PPO Plan E 2500/10%/4500	
<input type="checkbox"/> DHMO Plan D 2000/20%/4500	PPO Plan E 2500/20%/6000	PPO Plan D 2000/20%/5500

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[See results](#)

Column 1	Column 2 – Preferred Pairing	Column 3 – Acceptable Pairing
Deductible Plans (<i>con't</i>)	Dual Choice PPO Plan (approximately 15% rate differential)	Dual Choice PPO Plan (approximately 20% rate differential)
<input type="checkbox"/> DHMO Plan D 2000/30%/4500	PPO Plan F 3000/30%/6500	PPO Plan D 2000/30%/5500
<input type="checkbox"/> DHMO Plan E 2500/0%/5000	PPO Plan F 3000/10%/5500	PPO Plan E 2500/10%/5000
<input type="checkbox"/> DHMO Plan E 2500/10%/5000	PPO Plan F 3000/10%/6000	
<input type="checkbox"/> DHMO Plan E 2500/20%/5000	PPO Plan F 3000/20%/6500	PPO Plan E 2500/20%/6000
<input type="checkbox"/> DHMO Plan F 3000/0%/5500	PPO Plan F 3000/10%/5500	
<input type="checkbox"/> DHMO Plan F 3000/10%/5500	PPO Plan G 4000/10%/5500	PPO Plan F 3000/10%/6500
<input type="checkbox"/> DHMO Plan F 3000/20%/5500	PPO Plan G 4000/20%/7000	PPO Plan F 3000/20%/6500
<input type="checkbox"/> DHMO Plan F 3000/30%/5500	PPO Plan G 4000/30%/7000	PPO Plan F 3000/30%/6500
<input type="checkbox"/> DHMO Plan G 4000/0%/6500	PPO Plan G 4000/10%/5500	
<input type="checkbox"/> DHMO Plan G 4000/20%/6500	PPO Plan H 5000/20%/7500	PPO Plan G 4000/20%/7000
<input type="checkbox"/> DHMO Plan G 4000/30%/6500	PPO Plan H 5000/30%/7500	PPO Plan G 4000/30%/7000
<input type="checkbox"/> DHMO Plan G 4000/40%/6500	PPO Plan H 5000/30%/7500	PPO Plan G 4000/30%/7000
<input type="checkbox"/> DHMO Plan G 4000/40%/8000 VP	PPO Plan H 5000/30%/8500 VP	
<input type="checkbox"/> DHMO Plan H 5000/0%/7500	PPO Plan H 5000/10%/6500	
<input type="checkbox"/> DHMO Plan H 5000/20%/7500	PPO Plan H 5000/30%/7500	
<input type="checkbox"/> DHMO Plan H 5000/30%/7500	PPO Plan H 5000/30%/7500	
<input type="checkbox"/> DHMO Plan H 5000/40%/7500	PPO Plan H 5000/30%/7500	
<input type="checkbox"/> DHMO Plan H 5000/40%/8500 VP	PPO Plan H 5000/30%/8500 VP	

Complete Suite™ plan pairings

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To start, choose a single plan from column 1. To view the entire plan pairing, choose the plan from column 1 and check the **see plan pairings** box on the right.

[See results](#)

Column 1	Column 2 – Preferred Pairing	Column 3 – Acceptable Pairing
HDHP Plan	Dual Choice PPO Plan (approximately 15% rate differential)	Dual Choice PPO Plan (approximately 20% rate differential)
<input type="checkbox"/> HDHP Plan A 1500/0%/3000	PPO HDHP Plan A 1500/10%/3000	
<input type="checkbox"/> HDHP Plan A 1500/20%/3000	PPO HDHP Plan A 1500/20%/3000	
<input type="checkbox"/> HDHP Plan B 2000/0%/4000	PPO HDHP Plan B 2000/10%/4000	
<input type="checkbox"/> HDHP Plan B 2000/20%/4000	PPO HDHP Plan B 2000/20%/4000	
<input type="checkbox"/> HDHP Plan C 3000/0%/4500	PPO HDHP Plan C 3000/10%/4500	
<input type="checkbox"/> HDHP Plan C 3000/20%/4500	PPO HDHP Plan C 3000/20%/4500	
<input type="checkbox"/> HDHP Plan C 3000/30%/4500	PPO HDHP Plan C 3000/30%/4500	
<input type="checkbox"/> HDHP Plan D 4000/0%/6000	PPO HDHP Plan D 4000/10%/6000	
<input type="checkbox"/> HDHP Plan D 4000/20%/6000	PPO HDHP Plan D 4000/20%/6000	
<input type="checkbox"/> HDHP Plan D 4000/30%/6000	PPO HDHP Plan D 4000/30%/6000	
<input type="checkbox"/> HDHP Plan E 5000/40%/6500	PPO HDHP Plan E 5000/30%/6500	

HMO

Plan	HMO Plan A 20	HMO Plan B 25	HMO Plan C 30	HMO Plan D 40	HMO Plan E 40
Deductible	None	None	None	None	None
Out-of-pocket maximum	\$1,500/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$6,000/\$12,000
Primary care	\$20	\$25	\$30	\$40	\$40
Specialty care	\$30	\$35	\$40	\$50	\$50
Hospital inpatient (per admission)	\$500	\$500	\$500	\$500	\$750
Outpatient surgery (per procedure)	\$100	\$250	\$250	\$250	\$500
Emergency care	\$250	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$40	\$50	\$60	\$80	\$80
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$150	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	\$30	\$35	\$40	\$50	\$100
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	\$0	\$0	\$0	\$0	\$0
Vision exam (adult)	\$20	\$25	\$30	\$40	\$40

DHMO

Plan	DHMO Plan A 500/0/3K	DHMO Plan A 500/10/3K	DHMO Plan A 500/20/3K	DHMO Plan B 1000/0/3.5K	DHMO Plan B 1000/10/3.5K
Deductible	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000
Out-of-pocket maximum	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000
Primary care	\$20	\$20	\$20	\$25	\$25
Specialty care	\$30	\$30	\$30	\$35	\$35
Hospital inpatient (per admission)	0% after DED	10% after DED	20% after DED	0% after DED	10% after DED
Outpatient surgery (per procedure)	0% after DED	10% after DED	20% after DED	0% after DED	10% after DED
Emergency care	\$250	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$40	\$40	\$40	\$50	\$50
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$100	\$100	\$100	\$150	\$150
CT/PET/MRI (per procedure)	0% after DED	10% after DED	20% after DED	0% after DED	10% after DED
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	0% after DED	10% after DED	20% after DED	0% after DED	10% after DED
Vision exam (adult)	\$20	\$20	\$20	\$25	\$25

DHMO

Plan	DHMO Plan B 1000/20/3.5K	DHMO Plan B 1000/30/3.5K	DHMO Plan C 1500/0/4K	DHMO Plan C 1500/10/3.5K	DHMO Plan C 1500/20/4K
Deductible	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Out-of-pocket maximum	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000	\$4,000/\$8,000
Primary care	\$25	\$25	\$25	\$25	\$25
Specialty care	\$35	\$35	\$35	\$25	\$35
Hospital inpatient (per admission)	20% after DED	30% after DED	0% after DED	\$500 after DED	20% after DED
Outpatient surgery (per procedure)	20% after DED	30% after DED	0% after DED	\$250 after DED	20% after DED
Emergency care	\$250	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$50	\$50	\$50	\$50	\$50
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$150	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	20% after DED	30% after DED	0% after DED	\$250	20% after DED
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	20% after DED	30% after DED	0% after DED	0% after DED	20% after DED
Vision exam (adult)	\$25	\$25	\$25	\$25	\$25

DHMO

Plan	DHMO Plan D 2000/0/4.5K	DHMO Plan D 2000/10/4.5K	DHMO Plan D 2000/20/4.5K	DHMO Plan D 2000/30/4.5K	DHMO Plan E 2500/0/5K
Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000
Out-of-pocket maximum	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
Primary care	\$30	\$25	\$30	\$30	\$40
Specialty care	\$40	\$25	\$40	\$40	\$50
Hospital inpatient (per admission)	0% after DED	\$500 after DED	20% after DED	30% after DED	0% after DED
Outpatient surgery (per procedure)	0% after DED	\$250 after DED	20% after DED	30% after DED	0% after DED
Emergency care	\$250	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60	\$50	\$60	\$60	\$80
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$150	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	0% after DED	\$250	20% after DED	30% after DED	0% after DED
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	0% after DED	\$0 after DED	20% after DED	30% after DED	0% after DED
Vision exam (adult)	\$30	\$25	\$30	\$30	\$40

DHMO

Plan	DHMO Plan E 2500/10/5K	DHMO Plan E 2500/20/5K	DHMO Plan F 3000/0/5.5K	DHMO Plan F 3000/10/5.5K	DHMO Plan F 3000/20/5.5K
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out-of-pocket maximum	\$5,000/\$10,000	\$5,000/\$10,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Primary care	\$25	\$40	\$40	\$40	\$40
Specialty care	\$25	\$50	\$50	\$50	\$50
Hospital inpatient (per admission)	\$500 after DED	20% after DED	0% after DED	\$500 after DED	20% after DED
Outpatient surgery (per procedure)	\$250 after DED	20% after DED	0% after DED	\$250 after DED	20% after DED
Emergency care	\$250	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$50	\$80	\$80	\$80	\$80
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)	\$15 (KP), \$25 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)	\$30 (KP), \$50 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)	\$45 (KP), \$75 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$150	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	\$250	20% after DED	0% after DED	\$250	20% after DED
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	\$0 after DED	20% after DED	0% after DED	\$0 after DED	20% after DED
Vision exam (adult)	\$25	\$40	\$40	\$40	\$40

DHMO

Plan	DHMO Plan F 3000/30/5.5K	DHMO Plan G 4000/0/6.5K	DHMO Plan G 4000/20/6.5K	DHMO Plan G 4000/30/6.5K	DHMO Plan G 4000/40/6.5K
Deductible	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Out-of-pocket maximum	\$5,500/\$11,000	\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000
Primary care	\$40	\$40	\$40	\$40	\$40
Specialty care	\$50	\$50	\$50	\$50	\$50
Hospital inpatient (per admission)	30% after DED	0% after DED	20% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	30% after DED	0% after DED	20% after DED	30% after DED	40% after DED
Emergency care	\$250	0% after DED	20% after DED	30% after DED	40% after DED
Urgent care (per visit)	\$80	\$80	\$80	\$80	\$80
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	\$40 (KP), \$60 (MedImpact)	\$40 (KP), \$60 (MedImpact)	\$40 (KP), \$60 (MedImpact)	\$40 (KP), \$60 (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	\$60 (KP), \$90 (MedImpact)	\$60 (KP), \$90 (MedImpact)	\$60 (KP), \$90 (MedImpact)	\$60 (KP), \$90 (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)	20% to \$300 max (KP), 20% (MedImpact)
Ambulance services (per trip)	\$150	0% after DED	20% after DED	30% after DED	40% after DED
CT/PET/MRI (per procedure)	30% after DED	0% after DED	20% after DED	30% after DED	40% after DED
Lab/X-ray	\$0	\$0	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	30% after DED	0% after DED	20% after DED	30% after DED	40% after DED
Vision exam (adult)	\$40	\$40	\$40	\$40	\$40

DHMO

Plan	DHMO Plan G 4000/40/8K VP	DHMO Plan H 5000/0/7.5K	DHMO Plan H 5000/20/7.5K
Deductible	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum	\$8,000/\$16,000	\$7,500/\$15,000	\$7,500/\$15,000
Primary care	\$40 after DED [First (3) visits with deductible waived]	\$40	\$40
Specialty care	\$50	\$60	\$60
Hospital inpatient (per admission)	40% after DED	0% after DED	20% after DED
Outpatient surgery (per procedure)	40% after DED	0% after DED	20% after DED
Emergency care	40% after DED	0% after DED	20% after DED
Urgent care (per visit)	\$80 after DED [First (3) visits with deductible waived]	\$80	\$80
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)
Prescription drugs tier 3 brand preferred	\$40 after \$500 Rx DED (KP), \$60 after \$500 Rx DED (MedImpact)	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$60 after \$500 Rx DED (KP), \$90 after \$500 Rx DED (MedImpact)	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max after \$500 Rx DED (KP), 20% after \$500 Rx DED (MedImpact)	20% to \$300 max after \$250 Rx DED (KP), 20% after \$250 Rx DED (MedImpact)	20% to \$300 max after \$250 Rx DED (KP), 20% after \$250 Rx DED (MedImpact)
Ambulance services (per trip)	40% after DED	0% after DED	20% after DED
CT/PET/MRI (per procedure)	40% after DED	0% after DED	20% after DED
Lab/X-ray	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0
Prenatal care and well-baby visits	40% after DED	0% after DED	20% after DED
Vision exam (adult)	\$40	\$40	\$40

DHMO

Plan	DHMO Plan H 5000/30/7.5K	DHMO Plan H 5000/40/7.5K	DHMO Plan H 5000/40/8.5K
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum	\$7,500/\$15,000	\$7,500/\$15,000	\$8,500/\$17,000
Primary care	\$40	\$40	\$40 after DED [First (3) visits with deductible waived]
Specialty care	\$60	\$60	\$60
Hospital inpatient (per admission)	30% after DED	40% after DED	40% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED	40% after DED
Emergency care	30% after DED	40% after DED	40% after DED
Urgent care (per visit)	\$80	\$80	\$80 after DED [First (3) visits with deductible waived]
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)	\$20 (KP), \$30 (MedImpact)
Prescription drugs tier 3 brand preferred	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	\$40 after \$750 Rx DED (KP), \$60 after \$750 Rx DED (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	\$60 after \$750 Rx DED (KP), \$90 after \$750 Rx DED (MedImpact)
Prescription drugs tier 5 specialty	20% to \$300 max after \$250 Rx DED (KP), 20% after \$250 Rx DED (MedImpact)	20% to \$300 max after \$250 Rx DED (KP), 20% after \$250 Rx DED (MedImpact)	20% to \$300 max after \$750 Rx DED (KP), 20% after \$750 Rx DED (MedImpact)
Ambulance services (per trip)	30% after DED	40% after DED	40% after DED
CT/PET/MRI (per procedure)	30% after DED	40% after DED	40% after DED
Lab/X-ray	\$0	\$0	\$0
Preventive services	\$0	\$0	\$0
Prenatal care and well-baby visits	30% after DED	40% after DED	40% after DED
Vision exam (adult)	\$40	\$40	\$40

HDHP

Plan	HDHP Plan A 1500/0/3K	HDHP Plan A 1500/20/3K	HDHP Plan B 2000/0/4K
Deductible	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Out-of-pocket maximum	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
Primary care	0% after DED	20% after DED	0% after DED
Specialty care	0% after DED	20% after DED	0% after DED
Hospital inpatient (per admission)	0% after DED	20% after DED	0% after DED
Outpatient surgery (per procedure)	0% after DED	20% after DED	0% after DED
Emergency care	0% after DED	20% after DED	0% after DED
Urgent care (per visit)	0% after DED	20% after DED	0% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)
Prescription drugs tier 3 brand preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)
Prescription drugs tier 5 specialty	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)
Ambulance services (per trip)	0% after DED	20% after DED	0% after DED
CT/PET/MRI (per procedure)	0% after DED	20% after DED	0% after DED
Lab/X-ray	0% after DED	20% after DED	0% after DED
Preventive services	\$0	\$0	\$0
Prenatal care and well-baby visits	0% after DED	20% after DED	0% after DED
Vision exam (adult)	0% after DED	20% after DED	0% after DED

HDHP

Plan	HDHP Plan B 2000/20/4K	HDHP Plan C 3000/0/4.5K	HDHP Plan C 3000/20/4.5K	HDHP Plan C 3000/30/4.5K
Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out-of-pocket maximum	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000
Primary care	20% after DED	0% after DED	20% after DED	30% after DED
Specialty care	20% after DED	0% after DED	20% after DED	30% after DED
Hospital inpatient (per admission)	20% after DED	0% after DED	20% after DED	30% after DED
Outpatient surgery (per procedure)	20% after DED	0% after DED	20% after DED	30% after DED
Emergency care	20% after DED	0% after DED	20% after DED	30% after DED
Urgent care (per visit)	20% after DED	0% after DED	20% after DED	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 3 brand preferred	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 5 specialty	20% after DED (KP), 30% after DED (MedImpact)	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)
Ambulance services (per trip)	20% after DED	0% after DED	20% after DED	30% after DED
CT/PET/MRI (per procedure)	20% after DED	0% after DED	20% after DED	30% after DED
Lab/X-ray	20% after DED	0% after DED	20% after DED	30% after DED
Preventive services	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	20% after DED	0% after DED	20% after DED	30% after DED
Vision exam (adult)	20% after DED	0% after DED	20% after DED	30% after DED

HDHP

Plan	HDHP Plan D 4000/0/6.5K	HDHP Plan D 4000/20/6K	HDHP Plan D 4000/30/6K	HDHP Plan E 5000/40/6.5K
Deductible	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-pocket maximum	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,500/\$13,000
Primary care	0% after DED	20% after DED	30% after DED	40% after DED
Specialty care	0% after DED	20% after DED	30% after DED	40% after DED
Hospital inpatient (per admission)	0% after DED	20% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	0% after DED	20% after DED	30% after DED	40% after DED
Emergency care	0% after DED	20% after DED	30% after DED	40% after DED
Urgent care (per visit)	0% after DED	20% after DED	30% after DED	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)	\$5 (KP), \$15 (MedImpact)
Prescription drugs tier 2 generic preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)	40% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 3 brand preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)	40% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 4 generic/brand non-preferred	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)	40% after DED (KP), 40% after DED (MedImpact)
Prescription drugs tier 5 specialty	0% after DED (KP), 10% after DED (MedImpact)	20% after DED (KP), 30% after DED (MedImpact)	30% after DED (KP), 40% after DED (MedImpact)	40% after DED (KP), 40% after DED (MedImpact)
Ambulance services (per trip)	0% after DED	20% after DED	30% after DED	40% after DED
CT/PET/MRI (per procedure)	0% after DED	20% after DED	30% after DED	40% after DED
Lab/X-ray	0% after DED	20% after DED	30% after DED	40% after DED
Preventive services	\$0	\$0	\$0	\$0
Prenatal care and well-baby visits	0% after DED	20% after DED	30% after DED	40% after DED
Vision exam (adult)	0% after DED	20% after DED	30% after DED	40% after DED

PPO				
Plan	PPO Plan A 20		PPO Plan B 25	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	none	\$2,000/\$4,000	none	\$2,000/\$4,000
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000
Primary care	\$20 (KP), \$40 (contracted non-KP)	30% after DED	\$25 (KP), \$45 (contracted non-KP)	30% after DED
Specialty care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$35 (KP), \$55 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	\$500	30% after DED	\$500	30% after DED
Outpatient surgery (per procedure)	\$100	30% after DED	\$250	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$40 (KP), \$80 (contracted non-KP)	30% after DED	\$50 (KP), \$90 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	\$30	30% after DED	\$35	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	\$0	30% after DED	\$0	30% after DED
Vision exam (adult)	\$20	30% after DED	\$25	30% after DED

PPO				
Plan	PPO Plan C 30		PPO Plan D 40	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	none	\$2,000/\$4,000	none	\$2,000/\$4,000
Out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
Primary care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	30% after DED
Specialty care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$50 (KP), \$70 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	\$500	30% after DED	\$500	30% after DED
Outpatient surgery (per procedure)	\$250	30% after DED	\$250	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60 (KP), \$100 (contracted non-KP)	30% after DED	\$80 (KP), \$120 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	\$40	30% after DED	\$50	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	\$0	30% after DED	\$0	30% after DED
Vision exam (adult)	\$30	30% after DED	\$40	30% after DED

PPO				
Plan	PPO Plan E 40		PPO Plan A 500/10/3K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	none	\$2,000/\$4,000	\$500/\$1,000	\$2,000/\$4,000
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$14,000/\$28,000	\$3,000/\$6,000	\$6,000/\$12,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$20 (KP), \$40 (contracted non-KP)	30% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	30% after DED	\$30 (KP), \$50 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	\$750	30% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	\$500	30% after DED	10% after DED	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	30% after DED	\$40 (KP), \$80 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	\$100	30% after DED	10% after DED	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	\$0	30% after DED	10% after DED	30% after DED
Vision exam (adult)	\$40	30% after DED	\$20	30% after DED

PPO				
Plan	PPO Plan A 500/10/4K		PPO Plan A 500/20/4K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$500/\$1,000	\$2,000/\$4,000	\$500/\$1,000	\$2,000/\$4,000
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
Primary care	\$20 (KP), \$40 (contracted non-KP)	30% after DED	\$20 (KP), \$40 (contracted non-KP)	40% after DED
Specialty care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$30 (KP), \$50 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$40 (KP), \$80 (contracted non-KP)	30% after DED	\$40 (KP), \$80 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	40% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$20	30% after DED	\$20	40% after DED

PPO				
Plan	PPO Plan B 1000/10/3.5K		PPO Plan B 1000/10/4.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$7,000/\$14,000	\$4,500/\$9,000	\$9,000/\$18,000
Primary care	\$25 (KP), \$45 (contracted non-KP)	30% after DED	\$25 (KP), \$45 (contracted non-KP)	30% after DED
Specialty care	\$35 (KP), \$55 (contracted non-KP)	30% after DED	\$35 (KP), \$55 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	10% after DED	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$50 (KP), \$90 (contracted non-KP)	30% after DED	\$50 (KP), \$90 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	10% after DED	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	10% after DED	30% after DED
Vision exam (adult)	\$25	30% after DED	\$25	30% after DED

PPO				
Plan	PPO Plan B 1000/20/4.5K		PPO Plan B 1000/30/4.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$9,000/\$18,000	\$4,500/\$9,000	\$9,000/\$18,000
Primary care	\$25 (KP), \$45 (contracted non-KP)	40% after DED	\$25 (KP), \$45 (contracted non-KP)	40% after DED
Specialty care	\$35 (KP), \$55 (contracted non-KP)	40% after DED	\$35 (KP), \$55 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	20% after DED	40% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$50 (KP), \$90 (contracted non-KP)	40% after DED	\$50 (KP), \$90 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	40% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	40% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	40% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	40% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Lab/X-ray	\$0	40% after DED	\$0	30% after DED
Preventive services	\$0	40% after DED	\$0	40% after DED
Prenatal care and well-baby visits	20% after DED	40% after DED	30% after DED	40% after DED
Vision exam (adult)	\$25	40% after DED	\$25	40% after DED

PPO				
Plan	PPO Plan C 1500/10/4K		PPO Plan C 1500/20/5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$1,500/\$3,000	\$3,500/\$7,000	\$1,500/\$3,000	\$3,500/\$7,000
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000
Primary care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$30 (KP), \$50 (contracted non-KP)	40% after DED
Specialty care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60 (KP), \$100 (contracted non-KP)	30% after DED	\$60 (KP), \$100 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	40% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$30	30% after DED	\$30	40% after DED

PPO				
Plan	PPO Plan D 2000/10/5.5K		PPO Plan D 2000/20/5.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000
Primary care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$30 (KP), \$50 (contracted non-KP)	40% after DED
Specialty care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60 (KP), \$100 (contracted non-KP)	30% after DED	\$60 (KP), \$100 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$30	30% after DED	\$30	40% after DED

PPO				
Plan	PPO Plan D 2000/30/5.5K		PPO Plan E 2500/10/4.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$11,000/\$22,000	\$4,500/\$9,000	\$9,000/\$18,000
Primary care	\$30 (KP) \$50 (contracted non-KP)	40% after DED	\$30 (KP), \$50 (contracted non-KP)	30% after DED
Specialty care	\$40 (KP) \$60 (contracted non-KP)	40% after DED	\$40 (KP), \$60 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	30% after DED	40% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED	10% after DED	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60 (KP) \$100 (contracted non-KP)	40% after DED	\$60 (KP), \$100 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	40% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	40% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	40% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	40% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	30% after DED	40% after DED	10% after DED	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	40% after DED	\$0	30% after DED
Prenatal care and well-baby visits	30% after DED	40% after DED	10% after DED	30% after DED
Vision exam (adult)	\$30	40% after DED	\$30	30% after DED

PPO				
Plan	PPO Plan E 2500/10/5K		PPO Plan E 2500/20/6K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	30% after DED	\$50 (KP), \$70 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	30% after DED	\$80 (KP), \$120 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$40	30% after DED	\$40	40% after DED

PPO				
Plan	PPO Plan F 3000/10/6K		PPO Plan F 3000/10/5.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$12,000/\$24,000	\$5,500/\$11,000	\$11,000/\$22,000
Primary care	\$30 (KP), \$50 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	30% after DED
Specialty care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$50 (KP), \$70 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	10% after DED	30% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$60 (KP), \$100 (contracted non-KP)	30% after DED	\$80 (KP), \$120 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	10% after DED	30% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	10% after DED	30% after DED
Vision exam (adult)	\$30	30% after DED	\$40	30% after DED

PPO				
Plan	PPO Plan F 3000/10/6.5K		PPO Plan F 3000/20/6.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,000	\$13,000/\$26,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	30% after DED	\$50 (KP), \$70 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	\$250	\$250	\$250	\$250
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	30% after DED	\$80 (KP), \$120 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	30% after DED	\$15 (KP), \$25 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	30% after DED	\$30 (KP), \$50 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	30% after DED	\$45 (KP), \$75 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	30% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	\$150	\$150	\$150	\$150
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$40	30% after DED	\$40	40% after DED

PPO				
Plan	PPO Plan F 3000/30/6.5K		PPO Plan G 4000/10/5.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$13,000/\$26,000	\$5,500/\$11,000	\$11,000/\$22,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	40% after DED	\$40 (KP), \$60 (contracted non-KP)	30% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	40% after DED	\$50 (KP), \$70 (contracted non-KP)	30% after DED
Hospital inpatient (per admission)	30% after DED	40% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED	10% after DED	30% after DED
Emergency care	\$250	\$250	10% after DED	10% after DED
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	40% after DED	\$80 (KP), \$120 (contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	\$15 (KP), \$25 (MedImpact)	40% after DED	\$20 (KP), \$30 (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	\$30 (KP), \$50 (MedImpact)	40% after DED	\$40 (KP), \$60 (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$45 (KP), \$75 (MedImpact)	40% after DED	\$60 (KP), \$90 (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	40% after DED	20% to \$300 max (KP), 30% (MedImpact)	30% after DED
Ambulance services (per trip)	\$150	\$150	10% after DED	10% after DED
CT/PET/MRI (per procedure)	30% after DED	40% after DED	10% after DED	10% after DED
Lab/X-ray	\$0	40% after DED	\$0	30% after DED
Preventive services	\$0	40% after DED	\$0	30% after DED
Prenatal care and well-baby visits	30% after DED	40% after DED	10% after DED	30% after DED
Vision exam (adult)	\$40	40% after DED	\$40	30% after DED

PPO				
Plan	PPO Plan G 4000/20/7K		PPO Plan G 4000/30/7K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$14,000/\$28,000	\$7,000/\$14,000	\$14,000/\$28,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	40% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	40% after DED	\$50 (KP), \$70 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	20% after DED	40% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Emergency care	20% after DED	20% after DED	20% after DED	20% after DED
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	40% after DED	\$80 (KP), \$120 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$20 (KP), \$30 (MedImpact)	40% after DED	\$20 (KP), \$30 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$40 (KP), \$60 (MedImpact)	40% after DED	\$40 (KP), \$60 (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$60 (KP), \$90 (MedImpact)	40% after DED	\$60 (KP), \$90 (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max (KP), 30% (MedImpact)	40% after DED	20% to \$300 max (KP), 30% (MedImpact)	40% after DED
Ambulance services (per trip)	20% after DED	20% after DED	30% after DED	30% after DED
CT/PET/MRI (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	40% after DED	\$0	40% after DED
Prenatal care and well-baby visits	20% after DED	40% after DED	30% after DED	40% after DED
Vision exam (adult)	\$40	40% after DED	\$40	40% after DED

PPO				
Plan	PPO Plan H 5000/10/6.5K		PPO Plan H 5000/20/7.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$13,000/\$26,000	\$7,500/\$15,000	\$15,000/\$30,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	30% after DED	\$40 (KP), \$60 (contracted non-KP)	40% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	30% after DED	\$50 (KP), \$70 (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	10% after DED	10% after DED	20% after DED	20% after DED
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	30% after DED	\$80 (KP), \$120 (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$20 (KP), \$30 (MedImpact)	30% after DED	\$20 (KP), \$30 (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	30% after DED	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	30% after DED	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max after \$250 Rx DED (KP), 30% after \$250 Rx DED (MedImpact)	30% after DED	20% to \$300 max after \$250 Rx DED (KP), 30% after \$250 Rx DED (MedImpact)	40% after DED
Ambulance services (per trip)	10% after DED	10% after DED	20% after DED	20% after DED
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	\$0	30% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	\$40	30% after DED	\$40	40% after DED

PPO				
Plan	PPO Plan H 5000/30/7.5K		PPO Plan H 5000/30/8.5K VP	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$15,000/\$30,000	\$8,500/\$17,000	\$17,000/\$34,000
Primary care	\$40 (KP), \$60 (contracted non-KP)	40% after DED	\$40 after DED [First (3) combined KP and non- KP visits with DED waived.] (KP) \$60 after DED [First (3) combined KP and non- KP visits wit DED waived.] Contracted (non-KP) Provider	40% after DED
Specialty care	\$50 (KP), \$70 (contracted non-KP)	40% after DED	\$50 (KP), \$70 Contracted (non-KP) Provider	40% after DED
Hospital inpatient (per admission)	30% after DED	40% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED	30% after DED	40% after DED
Emergency care	30% after DED	30% after DED	30% after DED	30% after DED
Urgent care (per visit)	\$80 (KP), \$120 (contracted non-KP)	40% after DED	\$80 after DED [First (3) combined KP and non- KP visits with DED waived.] (KP) \$120 after DED [First (3) combined KP and non- KP visits wit DED waived.] Contracted (non-KP) Provider	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	\$20 (KP), \$30 (MedImpact)	40% after DED	"\$20 (KP), \$30 (MedImpact)"	40% after DED
Prescription drugs tier 3 brand preferred	\$40 after \$250 Rx DED (KP), \$60 after \$250 Rx DED (MedImpact)	40% after DED	\$40 after \$750 Rx DED (KP), \$60 after \$750 Rx DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	\$60 after \$250 Rx DED (KP), \$90 after \$250 Rx DED (MedImpact)	40% after DED	\$60 after \$750 Rx DED (KP), \$90 after \$750 Rx DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max after \$250 Rx DED (KP), 30% after \$250 Rx DED (MedImpact)	40% after DED	20% to \$300 max after \$750 Rx DED (KP), 30% after \$750 Rx DED (MedImpact)	40% after DED
Ambulance services (per trip)	30% after DED	30% after DED	30% after DED	30% after DED
CT/PET/MRI (per procedure)	30% after DED	40% after DED	30% after DED	40% after DED
Lab/X-ray	\$0	30% after DED	0%	30% after DED
Preventive services	\$0	40% after DED	0%	40% after DED
Prenatal care and well-baby visits	30% after DED	40% after DED	30% after DED	40% after DED
Vision exam (adult)	\$40	40% after DED	\$40	40% after DED

PPO HDHP				
Plan	PPO HDHP Plan A 1500/10/3K		PPO HDHP Plan A 1500/20/3K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$1,500/\$3,000	\$4,500/\$9,000	\$1,500/\$3,000	\$4,500/\$9,000
Out-of-pocket maximum (individual/family)	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000
Primary care	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Specialty care	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	10% after DED	10% after DED	20% after DED	20% after DED
Urgent care (per visit)	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	10% to \$300 max after DED (KP), 20% after DED (MedImpact)	30% after DED	20% to \$300 max after DED (KP), 30% after DED (MedImpact)	40% after DED
Ambulance services (per trip)	10% after DED	10% after DED	20% after DED	20% after DED
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	10% after DED	30% after DED	20% after DED	40% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	10% after DED	30% after DED	20% after DED	40% after DED

PPO HDHP				
Plan	PPO HDHP Plan B 2000/10/4K		PPO HDHP Plan B 2000/20/4K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$2,000/\$4,000	\$6,000/\$12,000	\$2,000/\$4,000	\$6,000/\$12,000
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$9,000/\$18,000	\$4,000/\$8,000	\$9,000/\$18,000
Primary care	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Specialty care	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	10% after DED	10% after DED	20% after DED	20% after DED
Urgent care (per visit)	10% after DED (KP), 20% after DED (contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	10% to \$300 max after DED (KP), 20% after DED (MedImpact)	30% after DED	20% to \$300 max after DED (KP), 30% after DED (MedImpact)	40% after DED
Ambulance services (per trip)	10% after DED	10% after DED	20% after DED	20% after DED
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	10% after DED	30% after DED	20% after DED	40% after DED
Preventive services	\$0	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	10% after DED	30% after DED	20% after DED	40% after DED

PPO HDHP				
Plan	PPO HDHP C 3000/10/4.5K		PPO HDHP Plan C 3000/20/4.5K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$2,000/\$4,000	\$6,000/\$12,000
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$9,000/\$18,000	\$4,000/\$8,000	\$9,000/\$18,000
Primary care	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Specialty care	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	10% after DED	30% after DED	20% after DED	40% after DED
Outpatient surgery (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Emergency care	10% after DED	10% after DED	20% after DED	20% after DED
Urgent care (per visit)	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	30% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	10% after DED (KP), 20% after DED (MedImpact)	30% after DED	20% after DED (KP), 30% after DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	10% to \$300 max after DED (KP); 20% after DED (MedImpact)	30% after DED	20% to \$300 max after DED (KP), 30% after DED (MedImpact)	40% after DED
Ambulance services (per trip)	10% after DED	10% after DED	20% after DED	20% after DED
CT/PET/MRI (per procedure)	10% after DED	30% after DED	20% after DED	40% after DED
Lab/X-ray	10% after DED	30% after DED	20% after DED	40% after DED
Preventive services	0%	30% after DED	\$0	40% after DED
Prenatal care and well-baby visits	10% after DED	30% after DED	20% after DED	40% after DED
Vision exam (adult)	10% after DED	30% after DED	20% after DED	40% after DED

PPO HDHP				
Plan	PPO HDHP Plan C 3000/30/4.5K		PPO HDHP D 4000/10/6K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$9,000/\$18,000	\$6,000/\$12,000	\$12,000/\$24,000
Primary care	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED
Specialty care	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED
Hospital inpatient (per admission)	30% after DED	40% after DED	10% after DED	30% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED	10% after DED	30% after DED
Emergency care	30% after DED	30% after DED	10% after DED	10% after DED
Urgent care (per visit)	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED	10% after DED (KP), 20% after DED (Contracted non-KP)	30% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	30% after DED
Prescription drugs tier 2 generic preferred	30% after DED (KP), 35% after DED (MedImpact)	40% after DED	10% after DED (KP), 20% after DED (MedImpact)	30% after DED
Prescription drugs tier 3 brand preferred	30% after DED (KP), 35% after DED (MedImpact)	40% after DED	10% after DED (KP), 20% after DED (MedImpact)	30% after DED
Prescription drugs tier 4 generic/brand non-preferred	30% after DED (KP), 35% after DED (MedImpact)	40% after DED	10% after DED (KP), 20% after DED (MedImpact)	30% after DED
Prescription drugs tier 5 specialty	20% to \$300 max after DED (KP), 35% after DED (MedImpact)	40% after DED	10% to \$300 max after DED (KP); 20% after DED (MedImpact)	30% after DED
Ambulance services (per trip)	30% after DED	30% after DED	10% after DED	10% after DED
CT/PET/MRI (per procedure)	30% after DED	40% after DED	10% after DED	30% after DED
Lab/X-ray	30% after DED	40% after DED	10% after DED	30% after DED
Preventive services	\$0	40% after DED	0%	30% after DED
Prenatal care and well-baby visits	30% after DED	40% after DED	10% after DED	30% after DED
Vision exam (adult)	30% after DED	40% after DED	10% after DED	30% after DED

PPO HDHP				
Plan	PPO HDHP Plan D 4000/20/6K		PPO HDHP D 4000/30/6K	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000
Primary care	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Specialty care	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	20% after DED	40% after DED	30% after DED	40% after DED
Outpatient surgery (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Emergency care	20% after DED	20% after DED	30% after DED	30% after DED
Urgent care (per visit)	20% after DED (KP), 30% after DED (contracted non-KP)	40% after DED	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	20% after DED (KP), 30% after DED (MedImpact)	40% after DED	30% after DED (KP), 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	20% after DED (KP), 30% after DED (MedImpact)	40% after DED	30% after DED (KP), 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	20% after DED (KP), 30% after DED (MedImpact)	40% after DED	30% after DED (KP), 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max after DED (KP), 30% after DED (MedImpact)	40% after DED	20% to \$300 max after DED (KP), 35% after DED (MedImpact)	40% after DED
Ambulance services (per trip)	20% after DED	20% after DED	30% after DED	30% after DED
CT/PET/MRI (per procedure)	20% after DED	40% after DED	30% after DED	40% after DED
Lab/X-ray	20% after DED	40% after DED	30% after DED	40% after DED
Preventive services	\$0	30% after DED	\$0	30% after DED
Prenatal care and well-baby visits	20% after DED	40% after DED	30% after DED	40% after DED
Vision exam (adult)	20% after DED	40% after DED	30% after DED	40% after DED

PPO HDHP		
Plan	PPO HDHP E 5000/30/6.5K	
	In-network	Out-of-network
Deductible (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$13,000/\$26,000
Primary care	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Specialty care	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Hospital inpatient (per admission)	30% after DED	40% after DED
Outpatient surgery (per procedure)	30% after DED	40% after DED
Emergency care	30% after DED	30% after DED
Urgent care (per visit)	30% after DED (KP), 35% after DED (contracted non-KP)	40% after DED
Prescription drugs tier 1 generic maintenance	\$5 (KP), \$15 (MedImpact)	40% after DED
Prescription drugs tier 2 generic preferred	30% after DED (KP), 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 3 brand preferred	30% after DED (KP), 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 4 generic/brand non-preferred	30% after DED (KP) 35% after DED (MedImpact)	40% after DED
Prescription drugs tier 5 specialty	20% to \$300 max after DED (KP), 35% after DED (MedImpact)	40% after DED
Ambulance services (per trip)	30% after DED	30% after DED
CT/PET/MRI (per procedure)	30% after DED	40% after DED
Lab/X-ray	30% after DED	40% after DED
Preventive services	\$0	30% after DED
Prenatal care and well-baby visits	30% after DED	40% after DED
Vision exam (adult)	30% after DED	40% after DED

Compare plans

See plan pairings

Plan	
Deductible (individual/family)	
Out-of-pocket maximum (individual/family)	
Primary care	
Specialty care	
Hospital inpatient (per admission)	
Outpatient surgery (per procedure)	
Emergency care	
Urgent care (per visit)	
Prescription drugs tier 1 generic maintenance	
Prescription drugs tier 2 generic preferred	
Prescription drugs tier 3 brand preferred	
Prescription drugs tier 4 generic/brand non-preferred	
Prescription drugs tier 5 specialty	
Ambulance services (per trip)	
CT/PET/MRI (per procedure)	
Lab/X-ray	
Preventive services	
Prenatal care and well-baby visits	
Vision exam (adult)	

Start over

Compare plans

Plan					
Deductible (individual/family)					
Out-of-pocket maximum (individual/family)					
Primary care					
Specialty care					
Hospital inpatient (per admission)					
Outpatient surgery (per procedure)					
Emergency care					
Urgent care (per visit)					
Prescription drugs tier 1 generic maintenance					
Prescription drugs tier 2 generic preferred					
Prescription drugs tier 3 brand preferred					
Prescription drugs tier 4 generic/brand non-preferred					
Prescription drugs tier 5 specialty					
Ambulance services (per trip)					
CT/PET/MRI (per procedure)					
Lab/X-ray					
Preventive services					
Prenatal care and well-baby visits					
Vision exam (adult)					

Start over