

## > 2021 PLANS AND PRODUCTS



# Multi-state consistent benefit plan comparison chart

For businesses with employees in different locations, Kaiser Permanente multi-state plans offer a simple solution – consistent plan design, competitive rates, and our fully integrated care. Employers can select from a wide variety of health coverage options to offer high-quality, affordable care wherever they do business.

HMO plans			
CATEGORY	\$10 HMO	\$15 HMO	\$20 HMO
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Primary care/specialty care	\$10/\$20	\$15/\$25	\$20/\$30
Hospital inpatient (per admission)	\$300	\$400	\$500
Outpatient surgery (outpatient hospital or ambulatory surgical facility)	\$100	\$100	\$100
Outpatient surgery – office surgery (primary care physician/specialist)	\$10/\$20	\$15/\$25	\$20/\$30
Emergency care Copay: waived if admitted	\$250	\$250	\$250
Prescription drugs			
Generic	\$5	\$10	\$15
Brand	\$20	\$30	\$40
Nonformulary brand	\$40*	\$60*	\$80*
Specialty (per prescription)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)
Urgent care	\$20 CA: \$10	\$25 CA: \$15	\$30 CA: \$20
Ambulance service	\$100	\$100	\$100
CT/PET/MRI (per procedure)	\$50	\$50	\$50
Lab/X-ray (outpatient nonpreventive)	\$10 WA: No charge	\$10 WA: No charge	\$10 WA: No charge
Durable medical equipment	No charge	No charge	No charge
Preventive care	No charge	No charge	No charge
Prenatal care/well-baby visits	No charge	No charge	No charge

\*Nonformulary brands are not available in California.

## Deductible HMO plans

CATEGORY	\$500 DHMO	\$1,000 DHMO	\$1,500 DHMO
Deductible (individual/family)	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000
Out-of-pocket maximum (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
Primary care/specialty care	\$15/\$25	\$20/\$30	\$25/\$35
Hospital inpatient (per admission)	20% after deductible	20% after deductible	20% after deductible
Outpatient surgery (outpatient hospital or ambulatory surgical facility)	20% after deductible	20% after deductible	20% after deductible
Outpatient surgery – office surgery (primary care physician/specialist)	\$15/\$25 WA: 20% after deductible CA: \$15/\$25 after deductible	\$20/\$30 WA: 20% after deductible CA: \$20/\$30 after deductible	\$25/\$35 WA: 20% after deductible CA: \$25/\$35 after deductible
Emergency care Copay: waived if admitted	20% after deductible	20% after deductible	20% after deductible
Prescription drugs			
Generic	\$15	\$15	\$15
Brand	\$30	\$30	\$30
Nonformulary brand	\$60 <sup>1</sup>	\$60 <sup>1</sup>	\$60 <sup>1</sup>
Specialty (per prescription)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)
Urgent care	\$25 CA: \$15	\$30 CA: \$20	\$35 CA: \$25
Ambulance service	20% after deductible CO: 20% up to \$250 max after deductible	20% after deductible CO: 20% up to \$250 max after deductible	20% after deductible CO: 20% up to \$250 max after deductible
CT/PET/MRI (per procedure)	20% after deductible	20% after deductible	20% after deductible
Lab/X-ray (outpatient nonpreventive)	20% after deductible	20% after deductible	20% after deductible
Durable medical equipment	No charge after deductible <sup>2</sup>	No charge after deductible <sup>2</sup>	No charge after deductible <sup>2</sup>
Preventive care	No charge	No charge	No charge
Prenatal care/well-baby visits	No charge <sup>3</sup>	No charge <sup>3</sup>	No charge <sup>3</sup>

<sup>1</sup>Nonformulary brands are not available in California.<sup>2</sup>Some regions do not require satisfying a deductible first. Please refer to your benefit summary for full benefit information.<sup>3</sup>For prenatal care in Colorado, the deductible must be satisfied before coinsurance applies.

## Deductible HMO plans

CATEGORY	\$2,000 DHMO	\$2,500 DHMO	\$3,000 DHMO
Deductible (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
Primary care/specialty care	\$30/\$40	\$35/\$45	\$40/\$50
Hospital inpatient (per admission)	20% after deductible	20% after deductible	30% after deductible
Outpatient surgery (outpatient hospital or ambulatory surgical facility)	20% after deductible	20% after deductible	30% after deductible
Outpatient surgery – office surgery (primary care physician/specialist)	\$30/\$40 WA: 20% after deductible CA: \$30/\$40 after deductible	\$35/\$45 WA: 20% after deductible CA: \$35/\$45 after deductible	\$40/\$50 WA: 20% after deductible CA: \$40/\$50 after deductible
Emergency care	20% after deductible	20% after deductible	30% after deductible
Prescription drugs			
Generic	\$15	\$15	\$15
Brand	\$30	\$30	\$30
Nonformulary brand	\$60 <sup>1</sup>	\$60 <sup>1</sup>	\$60 <sup>1</sup>
Specialty (per prescription)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)	20%/\$150 max (30-day supply) Mid-Atlantic States: 50%/\$150 max (30-day supply)
Urgent care	\$40 CA: \$30	\$45 CA: \$35	\$50 CA: \$40
Ambulance service	20% after deductible CO: 20% up to \$250 max after deductible	20% after deductible CO: 20% up to \$250 max after deductible	30% after deductible CO: 30% up to \$250 max after deductible
CT/PET/MRI (per procedure)	20% after deductible	20% after deductible	30% after deductible
Lab/X-ray (outpatient nonpreventive)	20% after deductible	20% after deductible	30% after deductible
Durable medical equipment	No charge after deductible <sup>2</sup>	No charge after deductible <sup>2</sup>	No charge after deductible <sup>2</sup>
Preventive care	No charge	No charge	No charge
Prenatal care/well-baby visits	No charge <sup>3</sup>	No charge <sup>3</sup>	No charge <sup>3</sup>

<sup>1</sup>Nonformulary brands are not available in California.

<sup>2</sup>Some regions do not require satisfying a deductible first. Please refer to your benefit summary for full benefit information.

<sup>3</sup>For prenatal care in Colorado, the deductible must be satisfied before coinsurance applies.

## High deductible health plans with HSA

CATEGORY	\$1,500 HDHP with HSA	\$2,000 HDHP with HSA	\$2,800 HDHP with HSA
<b>Deductible (individual/family)</b>	\$1,500/\$3,000 <b>CA:</b> Self only: \$1,500 Individual: \$2,800 Family: \$3,000	\$2,000/\$4,000 <b>CA:</b> Self only: \$2,000 Individual: \$2,800 Family: \$4,000	\$2,800/\$5,600 <b>CA:</b> Self only: \$2,500 Individual: \$2,800 Family: \$5,600
<b>Out-of-pocket maximum (individual/family)</b>	\$3,000/\$6,000 <b>CA:</b> Self only: \$3,000 Individual: \$3,000 Family: \$6,000	\$4,000/\$8,000 <b>CA:</b> Self only: \$4,000 Individual: \$4,000 Family: \$8,000	\$5,600/\$11,200 <b>CA:</b> Self only: \$5,600 Individual: \$5,600 Family: \$11,200
<b>Primary care/specialty care</b>	20% after deductible	20% after deductible	30% after deductible
<b>Hospital inpatient (per admission)</b>	20% after deductible	20% after deductible	30% after deductible
<b>Outpatient surgery (outpatient hospital or ambulatory surgical facility)</b>	20% after deductible	20% after deductible	30% after deductible
<b>Outpatient surgery – office surgery cost share</b>	20% after deductible	20% after deductible	30% after deductible
<b>Emergency care</b>	20% after deductible	20% after deductible	30% after deductible
<b>Prescription drugs</b>			
<b>Generic</b>	\$10 after deductible	\$10 after deductible	\$10 after deductible
<b>Brand</b>	\$20 after deductible	\$20 after deductible	\$20 after deductible
<b>Nonformulary brand</b>	\$40 <sup>1</sup> after deductible	\$40 <sup>1</sup> after deductible	\$40 <sup>1</sup> after deductible
<b>Specialty (per prescription)</b>	20%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible	20%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible	30%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible
<b>Urgent care</b>	20% after deductible	20% after deductible	30% after deductible
<b>Ambulance service</b>	20% after deductible	20% after deductible	30% after deductible
<b>CT/PET/MRI (per procedure)</b>	20% after deductible	20% after deductible	30% after deductible
<b>Lab/X-ray (outpatient nonpreventive)</b>	20% after deductible	20% after deductible	30% after deductible
<b>Durable medical equipment</b>	20% after deductible	20% after deductible	30% after deductible
<b>Preventive care</b>	No charge	No charge	No charge
<b>Prenatal care/well-baby visits</b>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>

<sup>1</sup>Nonformulary brands are not available in California.<sup>2</sup>For prenatal care in Colorado, the deductible must be satisfied before coinsurance applies.

## High deductible health plans with HSA

CATEGORY	\$3,000 HDHP with HSA	\$5,000 HDHP with HSA	\$6,000 HDHP with HSA
Deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$6,500/\$13,000	\$6,900/\$13,800
Coinsurance	30% after deductible	10% after deductible	10% after deductible
Primary care/specialty care	30% after deductible	10% after deductible	10% after deductible
Hospital inpatient (per admission)	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery (outpatient hospital or ambulatory surgical facility)	30% after deductible	10% after deductible	10% after deductible
Outpatient surgery – office surgery cost share	30% after deductible	10% after deductible	10% after deductible
Emergency care	30% after deductible	10% after deductible	10% after deductible
<b>Prescription drugs</b>			
Generic	\$10 after deductible	\$10 after deductible	\$10 after deductible
Brand	\$20 after deductible	\$20 after deductible	\$20 after deductible
Nonformulary brand	\$40 <sup>1</sup> after deductible	\$40 <sup>1</sup> after deductible	\$40 <sup>1</sup> after deductible
Specialty (per prescription)	30%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible	10%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible	10%/\$150 max (30-day supply) after deductible <b>Mid-Atlantic States:</b> 50%/\$150 max (30-day supply) after deductible
Urgent care	30% after deductible	10% after deductible	10% after deductible
Ambulance service	30% after deductible	10% after deductible	10% after deductible
CT/PET/MRI (per procedure)	30% after deductible	10% after deductible	10% after deductible
Lab/X-ray (outpatient nonpreventive)	30% after deductible	10% after deductible	10% after deductible
Durable medical equipment	30% after deductible	10% after deductible	10% after deductible
Preventive care	No charge	No charge	No charge
Prenatal care/well-baby visits	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>

<sup>1</sup>Nonformulary brands are not available in California.<sup>2</sup>For prenatal care in Colorado, the deductible must be satisfied before coinsurance applies.



To comply with California legislation AB 1305, certain high deductible health plans in California must include embedded individual deductible amounts for family plans. For more information, please contact your Kaiser Permanente representative.  
Information may have changed since publication.