2027 Medical Plan Comparison Chart

Compare features of our medical plans. ***See below for prescription drug coverage.***

	KAISER $25 COPAY HMO	KAISER $1500 DEDUCTIBLE HMO	KAISER HIGH-DEDUCTIBLE HMO**
	In-Network	In-Network	In-Network
Accumulation Period	Calendar year from January 1 through December 31	Calendar year from January 1 through December 31	Calendar year from January 1 through December 31
Calendar Year Deductible Individual Coverage Family Coverage	 $0 per individual $0 per family	 $1,500 per individual $1,500 per individual/$3,000 per family	 $3,000 per individual $3,500 per individual/$6,000 per family
Calendar Year Out-of-Pocket Maximum Individual Coverage Family Coverage	 $1,500 per individual $1,500 per individual/$3,000 per family	 $4,000 per individual $4,000 per individual/$8,000 per family	 $6,050 per individual $6,050 per individual/$12,100 per family
Office Visit Primary Care/Specialist Online Visit/Telehealth	 $25 copay No charge	 $40 copay No charge	 30%* No charge*
Preventive Services	No charge	No charge	No charge
Urgent Care	$25 copay	$40 copay	30%*
Emergency Room	$100 copay	30%*	30%*
Lab and Imaging Basic/Complex	 No charge	 $10 copay / 30% up to $50	 30%*
Ambulance Services	No charge	$150 copay*	30%*
Chiropractic / Acupuncture	$20 copay per visit (combined 40 visits per year)	$20 copay per visit (combined 40 visits per year)	20%* (combined 40 visits per year)
Annual Eye Exam	No charge	No charge	30%*
Outpatient Surgery/Services	$100 copay per procedure	30%*	30%*
Inpatient Hospitalization	$100 copay per admission	30%*	30%*
Prescription Drug Benefits			
Calendar Year Deductible	N/A	N/A	Combined with medical deductible
Calendar Year Out-of-Pocket Max	Combined with medical OOP	Combined with medical OOP	Combined with medical OOP
Retail (30 Day)/Mail Order (100 Day)	**Tier 1 - Generic** **Tier 2 – Brand-name** **Tier 3 - Non-Preferred/Specialty** $10 retail / $20 mail order $25 retail / $50 mail order $25 retail	**Tier 1 - Generic** **Tier 2 – Brand-name** **Tier 3 - Non-Preferred/Specialty** $10 retail / $20 mail order $30 retail / $50 mail order $30 retail	**Tier 1 - Generic** **Tier 2 – Brand-name** **Tier 3 - Non-Preferred** **Tier 4 - Specialty** $10 retail / $20 mail order* $30 retail / $60 mail order* $30 retail*/mail order not covered $30 retail*/mail order not covered

*After deductible | **Deductible amounts vary depending on IRS limits