



Kaiser Permanente Plus™ plans

Quality care when and where it works for you

With KP Plus,¹ you get comprehensive care from Kaiser Permanente doctors and facilities as well as affiliated providers.² And, you have the choice to see out-of-network providers for a limited number of visits each year.

How KP Plus works



Pay a lower copay or coinsurance when you see Kaiser Permanente doctors and affiliated providers.



Get up to 10 out-of-network doctor visits or outpatient medical services, and up to 5 prescription fills per year.

Care from Kaiser Permanente and affiliated providers

- **Set copays or coinsurance** for most covered services
- **\$0 preventive care** – including routine physicals, well-child visits, and certain screenings
- **24/7 phone and video visits** with Kaiser Permanente clinicians
- **Anytime access to kp.org** – view most lab and test results, schedule routine appointments, manage prescriptions, and more
- **A deductible may apply**, depending on your plan³

Care from out-of-network providers

- **Up to 10 doctor visits or outpatient medical services** per year, including lab and imaging
- **Up to 5 prescription fills** per year⁴
- **Charges don't count toward your deductible**, if you have one
- **Payment may be required in full** at time of service, and you'll need to submit a claim for reimbursement⁵
- **Not all services available** outside Kaiser Permanente and affiliated providers, including inpatient care, outpatient surgery, maternity, and prenatal care⁶
- **No referrals** or prior authorization needed to get care
- **Available when traveling**



Glossary

Coinsurance – A percentage of the charges you pay for covered services. For example, a 20% coinsurance for a \$200 procedure means you'd pay \$40.

Copay – A set amount of money you pay for covered services. For example, a \$20 copay for an office visit, or a \$10 copay for generic prescription drugs.

Deductible – The amount of money you pay for covered services each year before your health plan provides those services at a copay or coinsurance.

Out-of-pocket maximum – The most you'll pay out of pocket for certain services each year. After you reach it, your plan covers 100% of the cost of those services.

Make the most of your KP Plus benefits

KP Plus includes a set number of out-of-network visits, medical services, and prescription fills each year. To help lower costs and stretch those benefits, use Kaiser Permanente for routine services when you can.

If you receive a lab or imaging order from an out-of-network provider, you can upload a copy of the order on kp.org and we'll route it to a Kaiser Permanente facility. For prescriptions, ask your out-of-network provider to send them electronically to any Kaiser Permanente pharmacy.

Here are 2 examples of how your KP Plus benefits can work when you see an out-of-network provider.

1

100% out-of-network services



Out-of-network provider office visit

- Pay the higher copay or coinsurance
- Counts as 1 service toward your 10-service limit

2

Combined in-network and out-of-network services



Out-of-network provider office visit

- Pay the higher copay or coinsurance
- Counts as 1 service toward your 10-service limit



Out-of-network lab or imaging

- Pay the higher copay or coinsurance
- Counts as 1 service toward your 10-service limit



Kaiser Permanente lab or imaging

- Upload your order on kp.org
- Pay the lower copay or coinsurance
- Doesn't count toward your 10-service limit



Out-of-network pharmacy

- Pay the higher copay or coinsurance
- Counts as 1 fill toward your 5-fill limit



Kaiser Permanente pharmacy

- Ask your out-of-network provider to send the prescription electronically
- Pay the lower copay or coinsurance
- Doesn't count toward your 5-fill limit

Result



You pay more overall, use 2 of your 10 out-of-network services, and use 1 of your 5 total out-of-network prescription fills or refills.



You pay less overall, use only 1 of your 10 out-of-network services, and use none of your 5 total out-of-network prescription fills or refills.

1. Kaiser Permanente Plus is a limited Point-of-Service (POS) plan with coverage for certain outpatient services and prescriptions from out-of-network providers as described in the *Evidence of Coverage*. 2. Affiliated plan facilities provide selected inpatient and outpatient hospital and emergency services. 3. Refer to your plan's *Evidence of Coverage* for more details. 4. Some exclusions may apply. Please refer to your *Evidence of Coverage* for more information. 5. Members may be responsible for any amount billed above the amount their plan covers. 6. See footnote 3.