**2017 Kaiser Individual and Family Plans**

**Kaiser Permanente Plans and The Portland Clinic**

* The dark bullet shows benefits without a deductible required
* The hollow bullet signifies deductible applies first

**Kaiser KP OR Gold 0/20**

* $20 visit copay Primary Care Provider, Mental Health visit
* $40 copay Specialists, Urgent Care
* $250 copay ER visit, MRI, CT, PET scans
* Rx copays: $10 Generic / $30 Preferred brand / 50% Non-preferred brand & Specialty
* $0 annual deductible / 30% Co-insurance / $6,350 Maximum out of pocket

**Kaiser KP OR Gold 1000/20**

* $20 visit copay Primary Care Provider, Mental Health visit
* $40 copay Specialists, Urgent Care
* Rx copays: $10 Generic / $30 Preferred brand / 50% Non-preferred brand & Specialty
* $1,000 Annual deductible / 20% Co-insurance / $6,350 Maximum out of pocket

**Kaiser Standard Gold**

* $20 visit copay Physician, Mental Health
* $40 visit copay Specialists; $60 Urgent Care
* Rx copays: $10 Generic / $30 Brand / 50% Non-preferred & Specialty
* $1,000 Annual deductible / 10% Co-insurance / $6,850 Maximum out of pocket

**Kaiser Standard Silver**

* $35 visit co-pay Physician, Mental Health, Physical Therapy
* $70 visit co-pay Specialists; Urgent Care
* Rx copays: $10 Generic / $50 Brand / 50% Non-preferred & Specialty
* $2,500 annual deductible / 30% Co-insurance / $6,850 Maximum out of pocket

**Kaiser KP OR Silver 2000/30**

* $30 visit copay Primary Care Provider, Mental Health visit
* $50 copay Specialists, Urgent Care
* Rx copays: $15 Generic / $55 Preferred brand / Deductible + 50% Non-preferred brand & Specialty
* $2,000 Annual deductible / 30% Co-insurance / $7,150 Maximum out of pocket

**Kaiser KP OR Silver 3000/30**

* $30 visit copay Primary Care Provider, Mental Health visit
* $50 copay Specialists, Urgent Care
* Rx copays: $15 Generic / $55 Preferred brand / Deductible + 50% Non-preferred brand & Specialty
* $3,000 Annual deductible / 30% Co-insurance / $7,150 Maximum out of pocket

**Kaiser Standard Bronze**

* $70 visit co-pay primary care, physical therapy, mental health
* $115 visit co-pay specialist; $100 visit co-pay urgent care
* Rx copay: generic $35

o  $7,150 annual deductible / 0% co-insurance / $7,150 maximum out of pocket in-network

**Kaiser KP OR Bronze 5000/50**

* $50 visit copay – First two (2) Primary Care Provider
* $5,000 Annual deductible / 40% Co-insurance, Rx 50% / $7,150 Maximum out of pocket

**Kaiser KP OR Bronze 6500/50**

* $50 visit copay – First two (2) Primary Care Provider
* $6,500 Annual deductible / 50% Co-insurance / $7,150 Maximum out of pocket

**Health Savings Account Plan**

**Kaiser KP OR Silver 2750/20% HSA (off exchange only)**

* $2,750 Annual deductible / 20% Co-insurance / $7,150 Maximum out of pocket

**Child Only Plan**

**Kaiser OR Catastrophic 7150/0 (Under age 30, or qualified income only)**

* No charge - First three (3) Primary Care
* $7,150 Annual deductible / 0% Co-insurance / $7,150 Maximum out of pocket

**Kaiser Dental Plans: choice of three plans for Kaiser medical enrollment members**

* **Dental 100**
	+ $1000 annual benefit maximum
	+ $50 annual deductible
	+ Class 1: 100%
	+ Class 2 80%
	+ Class 3: 50%
* **Dental 80H**
	+ $1000 annual benefit maximum
	+ No annual deductible
	+ Class 1: 80%
	+ Class 2 & 3: 25%
* **Dental 80L**
	+ No annual benefit maximum
	+ $100 annual deductible
	+ Class 1: 80%
	+ Class 2 & 3: 50%