2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	2026 Plan	2027 Plan
Core Network	**KP Bronze Core HSA 6000**	**KP Bronze Core HSA 6000**
Deductible	$6,000 Individual/$12,000 Family	$6,000 Individual/$12,000 Family
Member coinsurance	40%	40%
Out-of-pocket maximum	$7,000 Individual/$14,000 Family	$8,500 Individual/$17,000 Family
Office visit	40% after deductible	40% after deductible
Urgent care	40% after deductible	40% after deductible
Retail prescription drugs[1]	45%/50%/50%/50% all after deductible	45%/50%/50%/50% all after deductible
Lab and basic X-ray	40% after deductible	40% after deductible
Core Network	**KP Silver Core HSA 3500**	**KP Silver Core HSA 3500**
Deductible	$3,500 Individual/$7,000 Family	$3,500 Individual/$7,000 Family
Member coinsurance	20%	25%
Out-of-pocket maximum	$7,000 Individual/$14,000 Family	$8,500 Individual/$17,000 Family
Office visit	20% after deductible	25% after deductible
Urgent care	20% after deductible	25% after deductible
Retail prescription drugs[1]	20%/40%/50%/50% all after deductible	25%/40%/50%/50% all after deductible
Lab and basic X-ray	20% after deductible	25% after deductible
Core Network	**KP Silver Core HSA 4500**	**KP Silver Core HSA 4500**
Deductible	$4,500 Individual/$9,000 Family	$4,500 Individual/$9,000 Family
Member coinsurance	25%	30%
Out-of-pocket maximum	$8,000 Individual/$16,000 Family	$8,750 Individual/$17,500 Family
Office visit	25% after deductible	30% after deductible
Urgent care	25% after deductible	30% after deductible
Retail prescription drugs[1]	25%/40%/50%/50% all after deductible	30%/40%/50%/50% all after deductible
Lab and basic X-ray	25% after deductible	25% after deductible
Core Network	**KP Silver Core 5000**	**KP Silver Core 5000 LX**
Deductible	$5,000 Individual/ $10,000 Family	$5,000 Individual/ $10,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	$10,000 Individual/$20,000 Family	$10,500 Individual/$21,000 Family
Office visit	**Primary:** $40 **Specialty:** $75	**Primary:** $40 **Specialty:** $80
Urgent care	$75	$80
Retail prescription drugs[1]	$35/$75 no deductible All 50% after deductible all after deductible	$35/$75 no deductible All 50% after deductible all after deductible
Lab and basic X-ray	$65	Lab: $65/X-ray: $70

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[1] Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	2026 Plan	2027 Plan
Core Network	**KP Silver Core 1800**	**KP Silver Core 1800**
Deductible	$1,800 Individual/$3,600 Family	$1,800 Individual/$3,600 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	$8,250 Individual/$16,500 Family	$9,500 Individual/$19,000 Family
Office visit	**Primary:** $30 after deductible **Specialty:** $60 after deductible	**Primary:** $40 after deductible **Specialty:** $80 after deductible
Urgent care	$60 after deductible	$80 after deductible
Retail prescription drugs[1]	$30/$60/50%[2]/50%[2]	$30/$70/50%[2]/50%[2]
Lab and basic X-ray	30% after deductible	30% after deductible
Core Network	**KP Silver Core 2500 LX**	**KP Silver Core 2500 LX**
Deductible	$2,500 Individual/$5,000 Family	$2,500 Individual/$5,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	$8,500 Individual/$17,000 Family	$9,500 Individual/$19,000 Family
Office visit	**Primary:** $30/**Specialty:** $75	**Primary:** $35/**Specialty:** $75
Urgent care	$75	$75
Retail prescription drugs[1]	$30/$75/50%[2]/50%[2]	$30/$75/50%[2]/50%[2]
Lab and basic X-ray	$55	$60
Core Network	**KP Silver Core 2500 LX -EO**	**KP Silver Core 2500 LX - EO**
Deductible	$2,500 Individual/$5,000 Family	$2,500 Individual/$5,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	$8,500 Individual/$17,000 Family	$9,500 Individual/$19,000 Family
Office visit	**Primary:** $30/**Specialty:** $75	**Primary:** $35/**Specialty:** $75
Urgent care	$75	$75
Retail prescription drugs[1]	$30/$75/50%[2]/50%[2]	$30/$75/50%[2]/50%[2]
Lab and basic X-ray	$55	$60
Core Network	**KP Gold Core 2000 LX**	**KP Gold Core 2000 LX**
Deductible	$2,000 Individual/$4,000 Family	$2,000 Individual/$4,000 Family
Member coinsurance	30%	30%
Out-of-pocket maximum	$7500 Individual/ $15,000 Family	$8,250 Individual/ $16,500 Family
Office visit	$25 Primary/ $45 Specialty	$25 Primary/ $50 Specialty
Urgent care	$45	$50
Retail prescription drugs[1]	$20/$45/40%[2]/40%[2] all after deductible	$20/$50/40%[2]/40%[2] all after deductible
Lab and basic X-ray	$25	Lab: $25/X-ray: $35

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Core Network	**KP Gold Core 1500 LX**	**KP Gold Core 1500 LX**
Deductible	$1,500 individual/$3,000 family	$1,500 individual/$3,000 family
Member coinsurance	30%	30%
Out-of-pocket maximum	$6,500 individual/$13,000 family	$7,250 individual/$14,500 family
Office visit	**Primary:** $25/**Specialty:** $60	**Primary:** $25/**Specialty:** $60
Urgent care	$60	$60
Retail prescription drugs[1]	$20/$45/40%[2]/40%[2]	$20/$45/40%[2]/40%[2]
Lab and basic X-ray	$20	$25
Core Network	**KP Gold Core 600 LX**	**KP Gold Core 600 LX**
Deductible	$600 individual/$1,200 family	$600 individual/$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	$7,500 individual/$15,000 family	$7,500 individual/$15,000 family
Office visit	**Primary:** $20/**Specialty:** $45	**Primary:** $20/**Specialty:** $45
Urgent care	$45	$45
Retail prescription drugs[1]	$20/$45/40%[2]/40%[2]	$20/$45/40%[2]/40%[2]
Lab and basic X-ray	$25	Lab: $25/X-ray $35
Core Network	**KP Gold Core 600 LX - EO**	**KP Gold Core 600 LX - EO**
Deductible	$600 individual/$1,200 family	$600 individual/$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	$7,500 individual/$15,000 family	$7,500 individual/$15,000 family
Office visit	**Primary:** $20/**Specialty:** $45	**Primary:** $20/**Specialty:** $45
Urgent care	$45	$45
Retail prescription drugs[1]	$20/$45/40%[2]/40%[2]	$20/$45/40%[2]/40%[2]
Lab and basic X-ray	$25	Lab: $25/X-ray $35
Core Network	**KP Platinum Core 250 LX**	**KP Platinum Core 350 LX**
Deductible	$250 individual/$500 family	$350 individual/$700 family
Member coinsurance	10%	10%
Out-of-pocket maximum	$2,500 individual/$5,000 family	$3,850 individual/$7,700 family
Office visit	**Primary:** $5/**Specialty:** $20	**Primary:** $10/**Specialty:** $30
Urgent care	$20	$30
Retail prescription drugs[1]	$5/$30/40%[2]/40%[2]	$10/$35/40%[2]/40%[2]
Lab and basic X-ray	$10	Lab: $10/X-ray $20

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Plans offered and underwritten by Kaiser Foundation Health Plan of Washington.
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KAISER PERMANENTE®

2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Options Network	**Kaiser Permanente Plus™ Silver 2500**	**Kaiser Permanente Plus™ Silver 2500 LX**
Deductible	**In-network**: $2,500 Individual/$5,000 Family **Out-of-network**: None	**In-network**: $2,500 Individual/$5,000 Family **Out-of-network**: None
Member coinsurance	**In-network**: 30% **Out-of-network**: 40%	**In-network**: 30% **Out-of-network**: 40%
Out-of-pocket maximum	**In-network**: $8,500 Individual/$17,000 Family **Out-of-network**: None	**In-network**: $9,500 Individual/$19,000 Family **Out-of-network**: None
Office visit	**In-network**: $30 **Primary**/$75 **Specialty** **Out-of-network**[1]: $50 **Primary**/$95 **Specialty**	**In-network**: $35 **Primary**/$75 **Specialty** **Out-of-network**[1]: $55 **Primary**/$95 **Specialty**
Urgent care	**In-network**: $75 **Out-of-network**: 30% after in-network deductible	**In-network**: $75 **Out-of-network**: 30% after in-network deductible
Retail prescription drugs[2]	**In-network**: $30/$75/50%[3]/50%[3] **Out-of-network**[1]: $50/$95/50%/not covered	**In-network**: $30/$75/50%[3]/50%[3] **Out-of-network**[1]: $50/$95/50%/not covered
Lab and basic X-ray	**In-network:** $55 **Out-of-network**[1]**:** $75	**In-network:** $60 **Out-of-network**[1]**:** $80
Options Network	**Kaiser Permanente Plus™ Gold 600 LX**	**Kaiser Permanente Plus™ Gold 600 LX**
Deductible	**In-network**: $600 Individual/$1,200 Family **Out-of-network**: None	**In-network**: $600 Individual/$1,200 Family **Out-of-network**: None
Member coinsurance	**In-network**: 25% **Out-of-network**: 35%	**In-network**: 25% **Out-of-network**: 35%
Out-of-pocket maximum	**In-network**: $7,500 Individual/$15,000 Family **Out-of-network**: None	**In-network**: $7,500 Individual/$15,000 Family **Out-of-network**: None
Office visit	**In-network**: $20 **Primary**/$45 **Specialty** **Out-of-network**[1]: $40 **Primary**/$65 **Specialty**	**In-network**: $20 **Primary**/$45 **Specialty** **Out-of-network**[1]: $40 **Primary**/$65 **Specialty**
Urgent care	**In-network**: $45 **Out-of-network**: 25% after in-network deductible	**In-network**: $45 **Out-of-network**: 25% after in-network deductible
Retail prescription drugs[2]	**In-network**: $20/$45/40%[3]/40%[3] **Out-of-network**[1]: $40/$65/50%/not covered	**In-network**: $20/$45/40%[3]/40%[3] **Out-of-network**[1]: $40/$65/50%/not covered
Lab and basic X-ray	**In-network:** $25 **Out-of-network**[1]**:** $45	**In-network:** Lab: $25/X-ray $35 **Out-of-network**[1]**:** Lab: $45/X-ray $55

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[1] Out-of-network is limited to 10 covered services per year, combined; and 5 prescription fills up to a 30 day supply.

[2] Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty. Specialty tier is not covered out-of-network.

[3] Tiers 3 and 4 in-network prescription drugs are subject to deductible. No deductible applies out of network.

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Options Network	**Kaiser Permanente Plus™ Platinum 250**	**Kaiser Permanente Plus™ Platinum 350 LX**
Deductible	**In-network**: $250 Individual/$500 Family **Out-of-network**: None	**In-network**: $350 Individual/$700 Family **Out-of-network**: None
Member coinsurance	**In-network**: 10% **Out-of-network**: 20%	**In-network**: 10% **Out-of-network**: 20%
Out-of-pocket maximum	**In-network**: $2,500 Individual/$5,000 Family **Out-of-network**: None	**In-network**: $3,850 Individual/$7,700 Family **Out-of-network**: None
Office visit	**In-network**[1]:$5 **Primary**/$20 **Specialty** **Out-of-network**: $25 **Primary**/$40 **Specialty**	**In-network**[1]:$10 **Primary**/$30 **Specialty** **Out-of-network**: $30 **Primary**/$50 **Specialty**
Urgent care	**In-network**: $20 **Out-of-network**: 20% after in-network deductible	**In-network**: $30 **Out-of-network**: 20% after in-network deductible
Retail prescription drugs[2]	**In-network**: $5/$20/40%[3]/40%[3] **Out-of-network**[1]: $25/$40/50%/not covered	**In-network**: $10/$35/40%[3]/40%[3] **Out-of-network**[1]: $30/$55/50%/not covered
Lab and basic X-ray	**In-network:** $10 **Out-of-network**[1]**:** $30	**In-network:** Lab: $10/X-ray: $20 **Out-of-network**[1]**:** Lab: $30/X-ray $40

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[3] Tiers 3 and 4 in-network prescription drugs are subject to deductible. No deductible applies out of network.

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Access PPO Network	**Access PPO Bronze HSA 6000**	**KP Bronze Access PPO HSA 6000**
Deductible	**In-network**: $6,000 Individual/$12,000 Family **Out-of-network**: $12,000 Individual/$24,000 Family	**In-network**: $6,000 Individual/$12,000 Family **Out-of-network**: $12,000 Individual/$24,000 Family
Member coinsurance	**In-network**: 40% **Out-of-network**: 50%	**In-network**: 40% **Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $7,500 Individual/$15,000 Family **Out-of-network**: No limit	**In-network**: $8,500 Individual/$17,000 Family **Out-of-network**: No limit
Office visit	**In-network**: 40% after deductible **Out-of-network**: 50% after deductible	**In-network**: 40% after deductible **Out-of-network**: 50% after deductible
Urgent care	**In-network**: 40% after deductible **Out-of-network**: 50% after deductible	**In-network**: 40% after deductible **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: 30%/30%/40%/50% all after deductible **In-network – Standard**: 50%/50%/50%/50% all after deductible **Out-of-network**: Not covered	**In-network – Enhanced**: 30%/30%/40%/50% all after deductible **In-network – Standard**: 50%/50%/50%/50% all after deductible **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** 40% after deductible **Out-of-network:** 50% after deductible	**In-network:** 40% after deductible **Out-of-network:** 50% after deductible
	KP Bronze Access PPO 8000 LX	**KP Bronze Access PPO 8000**
Deductible	**In-network:** $8,000 individual/$16,000 family **Out-of-network:** $16,000 individual/$32,000 family	**In-network:** $8,000 individual/$16,000 family **Out-of-network:** $16,000 individual/$32,000 family
Member coinsurance	**In-network**: 40% **Out-of-network**: 50%	**In-network**: 40% **Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $10,150 Individual/$20,300 Family **Out-of-network**: No limit	**In-network**: $11,250 Individual/$22,500 Family **Out-of-network**: No limit
Office visit	**In-network**: $50 primary/$100 specialty **Out-of-network**: 50% after deductible	**In-network**: $50 primary/$100 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $100 **Out-of-network**: Not Covered	**In-network**: $100 **Out-of-network**: Not Covered
Retail prescription drugs[1]	**In-network – Enhanced:** $35/30%[2]/40%[2]/50%[2] **In-network – Standard:** $55/50%[2]/50%[2]/50%[2] **Out-of-network:** Not covered	**In-network – Enhanced:** $35/30%[2]/40%[2]/50%[2] **In-network – Standard:** $55/50%[2]/50%[2]/50%[2] **Out-of-network:** Not covered
Lab and basic X-ray	**In-network:** 40% after deductible **Out-of-network:** 50% after deductible	**In-network:** 40% after deductible **Out-of-network:** 50% after deductible
Access PPO Network	**Access PPO Silver HSA 4000**	**KP Silver Access PPO HSA 4000**
Deductible	**In-network**: $4,000 Individual/$8,000 Family **Out-of-network**: $8,000 Individual/$16,000 Family	**In-network**: $4,000 Individual/$8,000 Family **Out-of-network**: $8,750 Individual/$17,500 Family
Member coinsurance	**In-network**: 35% **Out-of-network**: 50%	**In-network**: 35% **Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $7,500 Individual/$15,000 Family **Out-of-network**: No limit	**In-network**: $7,500 Individual/$15,000 Family **Out-of-network**: No limit
Office visit	**In-network**: 35% after deductible **Out-of-network**: 50% after deductible	**In-network**: 35% after deductible **Out-of-network**: 50% after deductible
Urgent care	**In-network**: 35% after deductible **Out-of-network**: 50% after deductible	**In-network**: 35% after deductible **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: 10%/20%/40%/50% all after deductible **In-network – Standard**: 20%/30%/50%/50% all after deductible **Out-of-network**: Not covered	**In-network – Enhanced**: 10%/20%/40%/50% all after deductible **In-network – Standard**: 20%/30%/50%/50% all after deductible **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** 35% after deductible **Out-of-network:** 50% after deductible	**In-network:** 35% after deductible **Out-of-network:** 50% after deductible

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Access PPO Network	**KP Silver Access PPO 5000**	**KP Silver Access PPO 5000**
Deductible	**In-network**: $5,000 individual/$10,000 family **Out-of-network**: $10,000 individual/$20,000 family	**In-network**: $5,000 individual/$10,000 family **Out-of-network**: $10,000 individual/$20,000 family
Member coinsurance	**In-network**: 35%/**Out-of-network**: 50%	**In-network**: 35%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $8,750 Individual/$17,500 family **Out-of-network**: No limit	**In-network**: $9,750 Individual/$19,500 family **Out-of-network**: No limit
Office visit	**In-network**: $40 primary/$65 specialty **Out-of-network**: 50% after deductible	**In-network**: $45 primary/$75 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $65 **Out-of-network**: 50% after deductible	**In-network**: $75 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network - Enhanced:** $25/$60/45%[2]/50%[2] **In-network - Standard:** $35/$70/50%[2]/50%[2] **Out-of-network**: Not covered	**In-network - Enhanced:** $25/$60/45%[2]/50%[2] **In-network - Standard:** $35/$70/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network**:35% after deductible **Out-of-network:** 50% after deductible	**In-network**:35% after deductible **Out-of-network:** 50% after deductible
Access PPO Network	**KP Silver Access PPO 2500 LX**	**KP Silver Access PPO 2500 LX**
Deductible	**In-network**: $2,500 individual/$5,000 family **Out-of-network**: $5,000 individual/$10,000 family	**In-network**: $2,500 individual/$5,000 family **Out-of-network**: $5,000 individual/$10,000 family
Member coinsurance	**In-network**: 35%/**Out-of-network**: 50%	**In-network**: 35%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $8,400 Individual/$16,800 Family **Out-of-network**: No limit	**In-network**: $9,500 Individual/$19,000 Family **Out-of-network**: No limit
Office visit	**In-network**: $40 primary/$65 specialty **Out-of-network**: 50% after deductible	**In-network**: $40 primary/$65 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $65 **Out-of-network**: 50% after deductible	**In-network**: $65 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $20/$60/40%[2]/50%[2] **In-network – Standard**: $40/$75/50%[2]/50%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $20/$55/40%[2]/50%[2] **In-network – Standard**: $40/$75/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $55 **Out-of-network:** 50% after deductible	**In-network:** Lab: $60/X-ray $65 **Out-of-network:** 50% after deductible

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Access PPO Network	**KP Silver Access PPO 3500 LX**	**KP Silver Access PPO 3500 LX**
Deductible	**In-network**: $3,500 individual/$7,000 family **Out-of-network**: $7,000 individual/$14,000 family	**In-network**: $3,500 individual/$7,000 family **Out-of-network**: $7,000 individual/$14,000 family
Member coinsurance	**In-network**: 35%/**Out-of-network**: 50%	**In-network**: 35%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $8,000 Individual/$16,000 Family **Out-of-network**: No limit	**In-network**: $9,250 Individual/$18,500 Family **Out-of-network**: No limit
Office visit	**In-network**: $45 primary/$65 specialty **Out-of-network**: 50% after deductible	**In-network**: $45 primary/$70 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $65 **Out-of-network**: 50% after deductible	**In-network**: $70 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $25/$55/40%[2]/50%[2] **In-network – Standard**: $35/$65/50%[2]/50%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $25/$55/40%[2]/50%[2] **In-network – Standard**: $35/$65/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $50 **Out-of-network:** 50% after deductible	**In-network:** $65 **Out-of-network:** 50% after deductible
Access PPO Network	**KP Silver Access PPO 3500 LX - EO**	**KP Silver Access PPO 3500 LX - EO**
Deductible	**In-network**: $3,500 individual/$7,000 family **Out-of-network**: $7,000 individual/$14,000 family	**In-network**: $3,500 individual/$7,000 family **Out-of-network**: $7,000 individual/$14,000 family
Member coinsurance	**In-network**: 35%/**Out-of-network**: 50%	**In-network**: 35%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $8,000 Individual/$16,000 Family **Out-of-network**: No limit	**In-network**: $9,250 Individual/$18,500 Family **Out-of-network**: No limit
Office visit	**In-network**: $45 primary/$65 specialty **Out-of-network**: 50% after deductible	**In-network**: $45 primary/$70 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $65 **Out-of-network**: 50% after deductible	**In-network**: $70 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $25/$55/40%[2]/50%[2] **In-network – Standard**: $35/$65/50%[2]/50%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $25/$55/40%[2]/50%[2] **In-network – Standard**: $35/$65/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $50 **Out-of-network:** 50% after deductible	**In-network:** $65 **Out-of-network:** 50% after deductible

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Access PPO Network	**KP Gold Access PPO 600 LX**	**KP Gold Access PPO 600 LX**
Deductible	**In-network**: $600 individual/$1,200 family **Out-of-network**: $1,200 individual/$2,400 family	**In-network**: $600 individual/$1,200 family **Out-of-network**: $1,200 individual/$2,400 family
Member coinsurance	**In-network**: 20%/**Out-of-network**: 50%	**In-network**: 20%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $6,500 individual/$13,000 family **Out-of-network**: No limit	**In-network**: $6,500 individual/$13,000 family **Out-of-network**: No limit
Office visit	**In-network**: $25 primary/$50 specialty **Out-of-network**: 50% after deductible	**In-network**: $25 primary/$50 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $50 **Out-of-network**: 50% after deductible	**In-network**: $50 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $10/$45/35%[2]/40%[2] **In-network – Standard**: $25/$50/40%[2]/40%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $10/$45/35%[2]/40%[2] **In-network – Standard**: $25/$50/40%[2]/40%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $40 **Out-of-network:** 50% after deductible	**In-network:** $40 **Out-of-network:** 50% after deductible
Access PPO Network	**KP Gold Access PPO 1500 LX**	**KP Gold Access PPO 1500 LX**
Deductible	**In-network**: $1,500 individual/$3,000 family **Out-of-network**: $3,000 individual/$6,000 family	**In-network**: $1,500 individual/$3,000 family **Out-of-network**: $3,000 individual/$6,000 family
Member coinsurance	**In-network**: 20%/**Out-of-network**: 50%	**In-network**: 20%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $6,500 Individual/$13,000 Family **Out-of-network**: No limit	**In-network**: $7,000 Individual/$14,000 Family **Out-of-network**: No limit
Office visit	**In-network**: $30 primary/$50 specialty **Out-of-network**: 50% after deductible	**In-network**: $30 primary/$50 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $50 **Out-of-network**: 50% after deductible	**In-network**: $50 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $10/$25/30%%[2]/40%[2] **In-network – Standard**: $20/50/40%[2]/40%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $10/$25/30%%[2]/40%[2] **In-network – Standard**: $20/50/40%[2]/40%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $30 **Out-of-network:** 50% after deductible	**In-network:** Lab: $30/X-ray $40 **Out-of-network:** 50% after deductible
Access PPO Network	**KP Gold Access PPO 2000 LX**	**KP Gold Access PPO 2000 LX**
Deductible	**In-network:** $2,000 individual/$4,000 family **Out-of-network:** $4,000 individual/$8,000 family	**In-network:** $2,000 individual/$4,000 family **Out-of-network:** $4,000 individual/$8,000 family
Member coinsurance	**In-network:** 25% **Out-of-network:** 50%	**In-network:** 25% **Out-of-network:** 50%
Out-of-pocket maximum	**In-network:** $7,000 Individual/$14,000 Family **Out-of-network:** No limit	**In-network:** $7,500 Individual/$15,000 Family **Out-of-network:** No limit
Office visit	**In-network:** $30 primary/$50 specialty **Out-of-network:** 50% after deductible	**In-network:** $30 primary/$55 specialty **Out-of-network:** 50% after deductible
Urgent care	**In-network:** $50 **Out-of-network:** 50% after deductible	**In-network:** $55 **Out-of-network:** 50% after deductible
Retail prescription drugs[1]	**In-network - Enhanced:** $10/$25/30%[2]/40%[2] **In-network - Standard:** $20/$50/40%[2]/40%[2] **Out-of-network:** Not covered	**In-network - Enhanced:** $10/$25/30%[2]/40%[2] **In-network - Standard:** $20/$50/40%[2]/40%[2] **Out-of-network:** Not covered
Lab and basic X-ray	**In-network:** $30 **Out-of-network:** 50% after deductible	**In-network:** Lab: $30/X-ray $40 **Out-of-network:** 50% after deductible

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2027 Cost Share Changes and Plan Mapping

Compare the benefits between your 2026 plan and the most similar 2027 plan

	Current 2026 Plan	2027 Plan
Access PPO Network	**KP Platinum Access PPO 500 LX**	**KP Platinum Access PPO 500 LX**
Deductible	**In-network**: $500 individual/$1,000 family **Out-of-network**: $1,000 individual/$2,000 family	**In-network**: $500 individual/$1,000 family **Out-of-network**: $1,000 individual/$2,000 family
Member coinsurance	**In-network**: 20%/**Out-of-network**: 50%	**In-network**: 20%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $3,500 Individual/$7,000 Family **Out-of-network**: No limit	**In-network**: $5,000 Individual/$10,000 Family **Out-of-network**: No limit
Office visit	**In-network**: $10 primary/$25 specialty **Out-of-network**: 50% after deductible	**In-network**: $10 primary/$35 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $25 **Out-of-network**: 50% after deductible	**In-network**: $35 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $5/$15/35%[2]/40%[2] **In-network – Standard**: $10/$30/40%[2]/40%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $10/$20/45%[2]/50%[2] **In-network – Standard**: $20/$40/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $20 **Out-of-network:** 50% after deductible	**In-network:** Lab: $20/X-ray $30 **Out-of-network:** 50% after deductible
Access PPO Network	**KP Platinum Access PPO 250 LX**	**KP Platinum Access PPO 350 LX**
Deductible	**In-network**: $250 individual/$500 family **Out-of-network**: $500 individual/$1,000 family	**In-network**: $350 individual/$700 family **Out-of-network**: $700 individual/$1,400 family
Member coinsurance	**In-network**: 10%/**Out-of-network**: 50%	**In-network**: 10%/**Out-of-network**: 50%
Out-of-pocket maximum	**In-network**: $2,750 individual/$5,500 family **Out-of-network**: No limit	**In-network**: $4,000 individual/$8,000 family **Out-of-network**: No limit
Office visit	**In-network**: $20 primary/$35 specialty **Out-of-network**: 50% after deductible	**In-network**: $20 primary/$35 specialty **Out-of-network**: 50% after deductible
Urgent care	**In-network**: $35 **Out-of-network**: 50% after deductible	**In-network**: $35 **Out-of-network**: 50% after deductible
Retail prescription drugs[1]	**In-network – Enhanced**: $5/$15/35%[2]/40%[2] **In-network – Standard**: $10/$30/40%[2]/40%[2] **Out-of-network**: Not covered	**In-network – Enhanced**: $5/$15/40%[2]/50%[2] **In-network – Standard**: $10/$30/50%[2]/50%[2] **Out-of-network**: Not covered
Lab and basic X-ray	**In-network:** $20 **Out-of-network:** 50% after deductible	**In-network:** Lab: $20/X-ray $30 **Out-of-network:** 50% after deductible

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