



## Medical Plan Offerings— Kaiser Permanente 2025\*

\*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.trinet.com)).

**CHOICES  
THAT  
MATTER**



# CHOICES THAT MATTER

## INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

[New Plan](#)

[Current Plans](#)

**Disclaimer:**

© 2024 TriNet Group, Inc. All rights reserved. This communication is for informational purposes only, is not legal, tax or accounting advice, and is not an offer to sell, buy or procure insurance. TriNet is the single-employer sponsor of all its benefit plans, which does not include voluntary benefits that are not ERISA-covered group health insurance plans and enrollment is voluntary. Official plan documents always control and TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.

# CHOICES THAT MATTER

Kaiser Permanente Plan Details: [New Plans](#)

There are no [new](#) Kaiser Permanente plans for the 2025 benefits plan year.

# CHOICES THAT MATTER

## Kaiser Permanente Plan Details: Current Plans

Kaiser Permanente HMO 20 CA	Current Plan for 2025
Kaiser Permanente HMO 30/co-pay CA	Current Plan for 2025
Kaiser Permanente HMO 30 Ded CA	Current Plan for 2025
Kaiser Permanente HMO 4500 CA	Current Plan for 2025
Kaiser Permanente HMO/HDHP 3500 CA	Current Plan for 2025
Kaiser Permanente HMO 20 CO	Current Plan for 2025
Kaiser Permanente HMO 30 CO	Current Plan for 2025
Kaiser Permanente HMO 3000 CO	Current Plan for 2025
Kaiser Permanente HDHP 6650 CO	Current Plan for 2025
Kaiser Permanente HMO 20 DC/MD/VA	Current Plan for 2025
Kaiser Permanente HMO 25 DC/MD/VA	Current Plan for 2025
Kaiser Permanente HMO 20 GA	Current Plan for 2025
Kaiser Permanente HMO 30 GA	Current Plan for 2025
Kaiser Permanente HMO 3000 GA	Current Plan for 2025
Kaiser Permanente HDHP 6650 GA	Current Plan for 2025
Kaiser Permanente HMO HI	Current Plan for 2025
Kaiser Permanente POS HI	Current Plan for 2025
Kaiser Permanente HMO 20 Northwest	Current Plan for 2025
Kaiser Permanente HMO 30 Northwest	Current Plan for 2025
Kaiser Permanente HMO 20 WA	Current Plan for 2025
Kaiser Permanente HMO 30 WA	Current Plan for 2025

The current Kaiser plans for the 2025 benefits plan year are listed on the following pages.

TRINET III-25Q1



Benefits	HMO 20 CA	HMO 30/co-pay CA	HMO 30 Ded CA	HMO 4500 CA
<b>Network Name</b>	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO
<b>Single Deductible</b>	\$0	\$0	\$1,000	\$4,500
<b>Family Deductible</b>	\$0	\$0	\$2,000	\$9,000
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Single Out-of-Pocket Max</b>	\$1,500	\$1,500	\$2,000	\$6,000
<b>Family Out-of-Pocket Max</b>	\$3,000	\$3,000	\$4,000	\$12,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-Insurance</b>	0%	0%	20%	40%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Doctor Visits</b>	\$20	\$30	\$30	\$50 after ded
<b>Specialist Visits</b>	\$35	\$30	\$45	\$50 after ded
<b>Lab &amp; X-Ray</b>	0%	0%	\$10 after ded	40% after ded
<b>Emergency Room Visits</b>	\$100	\$100	20% after ded	\$250 after ded
<b>Urgent Care Visits</b>	\$20	\$30	\$30	\$50 after ded
<b>Outpatient Facility</b>	\$35	\$200	20% after ded	40% after ded
<b>Outpatient Surgery</b>	\$0	\$0	20% after ded	40% after ded
<b>Hospital Inpatient</b>	\$250	\$500	20% after ded	40% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	N/A	\$250
<b>Generic Rx (Tier 1)</b>	\$10	\$15	\$10	\$15
<b>Brand Rx (Tier 2)</b>	\$35	\$35	\$35	\$35 after Rx ded
<b>Non-Formulary Rx (Tier 3)</b>	\$35	\$35	\$35	\$35 after Rx ded



Benefits	HMO/HDHP 3500 CA	HMO 20 CO	HMO 30 CO	HMO 3000 CO
<b>Network Name</b>	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser Permanente
<b>Single Deductible</b>	\$3,500	\$0	\$1,000	\$3,000
<b>Family Deductible</b>	\$7,000	\$0	\$2,000	\$6,000
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Single Out-of-Pocket Max</b>	\$7,000	\$2,000	\$2,000	\$5,000
<b>Family Out-of-Pocket Max</b>	\$14,000	\$4,000	\$4,000	\$10,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-Insurance</b>	10%	0%	20%	30%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Doctor Visits</b>	10% after ded	\$20	\$30+20%	\$35+30%
<b>Specialist Visits</b>	10% after ded	\$35	\$45+20%	\$60+30%
<b>Lab &amp; X-Ray</b>	10% after ded	0%	20%	30% after ded
<b>Emergency Room Visits</b>	10% after ded	\$100	\$150	30% after ded
<b>Urgent Care Visits</b>	10% after ded	\$50	\$75 + 20%	\$75 + 30%
<b>Outpatient Facility</b>	10% after ded	\$100	20% after ded	30% after ded
<b>Outpatient Surgery</b>	10% after ded	\$0	20% after ded	30% after ded
<b>Hospital Inpatient</b>	10% after ded	\$250	20% after ded	30% after ded
<b>Rx Deductible (Non-Generic)</b>	Integrated w/Med	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$10 after ded	\$10	\$10	\$20
<b>Brand Rx (Tier 2)</b>	\$30 after ded	\$30	\$30	\$50
<b>Non-Formulary Rx (Tier 3)</b>	\$30 after ded	\$50	\$50	50%



Benefits	HMO/HDHP 6650 CO	HMO 20 DC/MD/VA	HMO 25 DC/MD/VA	HMO 20 GA
<b>Network Name</b>	Kaiser Permanente	Kaiser HMO	Kaiser HMO	Kaiser HMO
<b>Single Deductible</b>	\$6,650	\$0	\$1,000	\$0
<b>Family Deductible</b>	\$13,300	\$0	\$2,000	\$0
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Single Out-of-Pocket Max</b>	\$6,650	\$2,000	\$3,000	\$6,350
<b>Family Out-of-Pocket Max</b>	\$13,300	\$4,000	\$6,000	\$12,700
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-Insurance</b>	0%	0%	20%	0%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Doctor Visits</b>	0% after ded	\$20	\$25	\$20
<b>Specialist Visits</b>	0% after ded	\$35	\$35	\$35
<b>Lab &amp; X-Ray</b>	0% after ded	0%	20% after ded	0%
<b>Emergency Room Visits</b>	0% after ded	\$50	\$75	\$100
<b>Urgent Care Visits</b>	0% after ded	\$35	\$35	\$50
<b>Outpatient Facility</b>	0% after ded	\$35	20% after ded	\$100
<b>Outpatient Surgery</b>	0% after ded	\$0	20% after ded	\$0
<b>Hospital Inpatient</b>	0% after ded	\$250	20% after ded	\$250
<b>Rx Deductible (Non-Generic)</b>	Integrated w/med	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	0% after ded	\$10 (Kaiser Pharmacy)	\$20 (Kaiser Pharmacy)	\$10 (Kaiser Pharmacy)
<b>Brand Rx (Tier 2)</b>	0% after ded	\$30 (Kaiser Pharmacy)	\$30 (Kaiser Pharmacy)	\$30 (Kaiser Pharmacy)
<b>Non-Formulary Rx (Tier 3)</b>	0% after ded	\$50 (Kaiser Pharmacy)	\$45 (Kaiser Pharmacy)	\$50 (Kaiser Pharmacy)



Benefits	HMO 30 GA	HMO 3000 GA	HMO/HDHP 6650 GA	HMO HI
<b>Network Name</b>	Kaiser HMO	Kaiser Permanente	Kaiser Permanente	Kaiser HMO
<b>Single Deductible</b>	\$1,000	\$3,000	\$6,650	\$0
<b>Family Deductible</b>	\$2,000	\$6,000	\$13,300	\$0
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Single Out-of-Pocket Max</b>	\$2,000	\$5,000	\$6,650	\$2,000
<b>Family Out-of-Pocket Max</b>	\$4,000	\$10,000	\$13,300	\$6,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-Insurance</b>	20%	30%	0%	0%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Doctor Visits</b>	\$30	\$35	0% after ded	\$14
<b>Specialist Visits</b>	\$45	\$60	0% after ded	\$14
<b>Lab &amp; X-Ray</b>	0%	30% after ded	0% after ded	10%
<b>Emergency Room Visits</b>	\$150	30% after ded	0% after ded	\$50
<b>Urgent Care Visits</b>	\$75	\$75	0% after ded	\$14
<b>Outpatient Facility</b>	20% after ded	30% after ded	0% after ded	\$14
<b>Outpatient Surgery</b>	20% after ded	30% after ded	0% after ded	\$0
<b>Hospital Inpatient</b>	20% after ded	30% after ded	0% after ded	0%
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	Integrated w/med	N/A
<b>Generic Rx (Tier 1)</b>	\$10 (Kaiser Pharmacy)	\$20 (Kaiser Pharmacy)	0% after ded	\$10
<b>Brand Rx (Tier 2)</b>	\$30 (Kaiser Pharmacy)	\$50 (Kaiser Pharmacy)	0% after ded	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$50 (Kaiser Pharmacy)	50% (Kaiser Pharmacy)	0% after ded	\$35





Benefits	POS HI	HMO 20 Northwest	HMO 30 Northwest	HMO 20 WA
<b>Network Name</b>	Kaiser Permanente Added Choice POS	Kaiser HMO	Kaiser HMO	Kaiser HMO
<b>Single Deductible</b>	\$0	\$0	\$1,000	\$0
<b>Family Deductible</b>	\$0	\$0	\$2,000	\$0
<b>Single Deductible Out-of-Network</b>	\$100	Not Covered	Not Covered	Not Covered
<b>Family Deductible Out-of-Network</b>	\$300	Not Covered	Not Covered	Not Covered
<b>Single Out-of-Pocket Max</b>	\$2,000	\$2,000	\$2,000	\$2,000
<b>Family Out-of-Pocket Max</b>	\$6,000	\$4,000	\$4,000	\$4,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$2,000	Not Covered	Not Covered	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$6,000	Not Covered	Not Covered	Not Covered
<b>Co-Insurance</b>	10%	0%	20%	0%
<b>Co-Insurance Out-of-Network</b>	20%	Not Covered	Not Covered	Not Covered
<b>Doctor Visits</b>	\$15	\$20	\$30	\$20
<b>Specialist Visits</b>	\$15	\$35	\$45	\$40
<b>Lab &amp; X-Ray</b>	10%	0%	20%	0%
<b>Emergency Room Visits</b>	\$75	\$100	\$100 after ded	\$100
<b>Urgent Care Visits</b>	\$15	\$50	\$50	\$20
<b>Outpatient Facility</b>	\$15	\$100	20% after ded	\$40
<b>Outpatient Surgery</b>	\$15	\$0	20% after ded	\$0
<b>Hospital Inpatient</b>	\$75/day	\$250	20% after ded	\$250
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$10	\$10	\$10	\$10
<b>Brand Rx (Tier 2)</b>	\$35	\$30	\$30	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$35	\$50	\$50	\$70

Benefits	HMO 30 WA
<b>Network Name</b>	Kaiser HMO
<b>Single Deductible</b>	\$1,000
<b>Family Deductible</b>	\$2,000
<b>Single Deductible Out-of-Network</b>	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered
<b>Single Out-of-Pocket Max</b>	\$2,000
<b>Family Out-of-Pocket Max</b>	\$4,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered
<b>Co-Insurance</b>	20%
<b>Co-Insurance Out-of-Network</b>	Not Covered
<b>Doctor Visits</b>	20% after ded + \$30
<b>Specialist Visits</b>	20% after ded + \$30
<b>Lab &amp; X-Ray</b>	20% after ded
<b>Emergency Room Visits</b>	20% after ded + \$150
<b>Urgent Care Visits</b>	20% after ded + \$30
<b>Outpatient Facility</b>	20% after ded + \$50
<b>Outpatient Surgery</b>	20% after ded
<b>Hospital Inpatient</b>	20% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A
<b>Generic Rx (Tier 1)</b>	\$10
<b>Brand Rx (Tier 2)</b>	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$70