



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

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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
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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.



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



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



Benefits	HMO/HDHP 6650 CO	HMO 20 DC/MD/VA	HMO 25 DC/MD/VA	HMO 20 GA
Network Name	Kaiser Permanente	Kaiser HMO	Kaiser HMO	Kaiser HMO
Single Deductible	\$6,650	\$0	\$1,000	\$0
Family Deductible	\$13,300	\$0	\$2,000	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$6,650	\$2,000	\$3,000	\$6,350
Family Out-of-Pocket Max	\$13,300	\$4,000	\$6,000	\$12,700
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	0%	0%	20%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	0% after ded	\$20	\$25	\$20
Specialist Visits	0% after ded	\$35	\$35	\$35
Lab & X-Ray	0% after ded	0%	20% after ded	0%
Emergency Room Visits	0% after ded	\$50	\$75	\$100
Urgent Care Visits	0% after ded	\$35	\$35	\$50
Outpatient Facility	0% after ded	\$35	20% after ded	\$100
Outpatient Surgery	0% after ded	\$0	20% after ded	\$0
Hospital Inpatient	0% after ded	\$250	20% after ded	\$250
Rx Deductible (Non-Generic)	Integrated w/med	N/A	N/A	N/A
Generic Rx (Tier 1)	0% after ded	\$10 (Kaiser Pharmacy)	\$20 (Kaiser Pharmacy)	\$10 (Kaiser Pharmacy)
Brand Rx (Tier 2)	0% after ded	\$30 (Kaiser Pharmacy)	\$30 (Kaiser Pharmacy)	\$30 (Kaiser Pharmacy)
Non-Formulary Rx (Tier 3)	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
Network Name	Kaiser HMO	Kaiser Permanente	Kaiser Permanente	Kaiser HMO
Single Deductible	\$1,000	\$3,000	\$6,650	\$0
Family Deductible	\$2,000	\$6,000	\$13,300	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$2,000	\$5,000	\$6,650	\$2,000
Family Out-of-Pocket Max	\$4,000	\$10,000	\$13,300	\$6,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	20%	30%	0%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	\$30	\$35	0% after ded	\$14
Specialist Visits	\$45	\$60	0% after ded	\$14
Lab & X-Ray	0%	30% after ded	0% after ded	10%
Emergency Room Visits	\$150	30% after ded	0% after ded	\$50
Urgent Care Visits	\$75	\$75	0% after ded	\$14
Outpatient Facility	20% after ded	30% after ded	0% after ded	\$14
Outpatient Surgery	20% after ded	30% after ded	0% after ded	\$0
Hospital Inpatient	20% after ded	30% after ded	0% after ded	0%
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/med	N/A
Generic Rx (Tier 1)	\$10 (Kaiser Pharmacy)	\$20 (Kaiser Pharmacy)	0% after ded	\$10
Brand Rx (Tier 2)	\$30 (Kaiser Pharmacy)	\$50 (Kaiser Pharmacy)	0% after ded	\$35
Non-Formulary Rx (Tier 3)	\$50 (Kaiser Pharmacy)	50% (Kaiser Pharmacy)	0% after ded	\$35



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

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