



**CHOICES
THAT
MATTER**

Medical Plan Offerings– Kaiser Permanente 2026*

*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).

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Plan Offerings

Plan Highlights	Kaiser HMO HI
Network Name	Kaiser HMO
Deductible	
Single (In-Network/OON)	\$0 / Not Covered
Family (In-Network/OON)	\$0 / Not Covered
Out-of-Pocket Max	
Single (In-Network/OON)	\$2,000 / Not Covered
Family (In-Network/OON)	\$6,000 / Not Covered
Coinsurance (In-Network/OON)	0% / Not Covered
Primary / Specialist	\$14 / \$14
Lab & X-Ray	10%
Urgent Care Visit	\$14
Emergency Room Visit	\$50
Hospital Outpatient (Facility / Surgery)	\$14 / \$0
Hospital Inpatient	0%
Rx Deductible (Non-Generic)	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$35 / \$35