



Medical Plan Offerings— Kaiser Permanente 2024*

*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).

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 Plans](#)

[Current Plans](#)

[Eliminated Plans](#)

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CHOICES THAT MATTER

Kaiser Permanente Plan Details: **New Plan**

Kaiser Permanente HMO/HDHP 3500 CA	NEW for 2024
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The **new** Kaiser plan for the 2024 benefits plan year is listed on the following page.

Benefits	HMO/HDHP 3500 CA
Network Name	Kaiser HMO
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	Not Covered
Family Deductible Out-of-Network	Not Covered
Single Out-of-Pocket Max	\$7,000
Family Out-of-Pocket Max	\$14,000
Single Out-of-Pocket Max Out-of-Network	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered
Co-Insurance	10%
Co-Insurance Out-of-Network	Not Covered
Doctor Visits	10% after ded
Specialist Visits	10% after ded
Lab & X-Ray	10% after ded
Emergency Room Visits	10% after ded
Urgent Care Visits	10% after ded
Outpatient Facility	10% after ded
Outpatient Surgery	10% after ded
Hospital Inpatient	10% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded
Brand Rx (Tier 2)	\$30 after ded
Non-Formulary Rx (Tier 3)	\$30 after ded

Kaiser Permanente Plan Details: Current Plans

Kaiser Permanente HMO 20 CA	Current Plan for 2024
Kaiser Permanente HMO 30/co-pay CA	Current Plan for 2024
Kaiser Permanente HMO 30 Ded CA	Current Plan for 2024
Kaiser Permanente HMO 4500 CA	Current Plan for 2024
Kaiser Permanente HMO 20 CO	Current Plan for 2024
Kaiser Permanente HMO 30 CO	Current Plan for 2024
Kaiser Permanente HMO 3000 CO	Current Plan for 2024
Kaiser Permanente HDHP 6650 CO	Current Plan for 2024
Kaiser Permanente HMO 20 DC/MD/VA	Current Plan for 2024
Kaiser Permanente HMO 25 DC/MD/VA	Current Plan for 2024
Kaiser Permanente HMO 20 GA	Current Plan for 2024
Kaiser Permanente HMO 30 GA	Current Plan for 2024
Kaiser Permanente HMO 3000 GA	Current Plan for 2024
Kaiser Permanente HDHP 6650 GA	Current Plan for 2024
Kaiser Permanente HMO HI	Current Plan for 2024
Kaiser Permanente POS HI	Current Plan for 2024
Kaiser Permanente HMO 20 Northwest	Current Plan for 2024
Kaiser Permanente HMO 30 Northwest	Current Plan for 2024
Kaiser Permanente HMO 20 WA	Current Plan for 2024
Kaiser Permanente HMO 30 WA	Current Plan for 2024

The current Kaiser plans for the 2024 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 20 CO	HMO 30 CO	HMO 3000 CO	HDHP 6650 CO
Network Name	Kaiser HMO	Kaiser HMO	Kaiser Permanente	Kaiser Permanente
Single Deductible	\$0	\$1,000	\$3,000	\$6,650
Family Deductible	\$0	\$2,000	\$6,000	\$13,300
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	\$2,000	\$5,000	\$6,650
Family Out-of-Pocket Max	\$4,000	\$4,000	\$10,000	\$13,300
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%	20%	30%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	\$20	\$30+20%	\$35+30%	0% after ded
Specialist Visits	\$35	\$45+20%	\$60+30%	0% after ded
Lab & X-Ray	0%	20%	30% after ded	0% after ded
Emergency Room Visits	\$100	\$150	30% after ded	0% after ded
Urgent Care Visits	\$50	\$75 + 20%	\$75 + 30%	0% after ded
Outpatient Facility	\$100	20% after ded	30% after ded	0% after ded
Outpatient Surgery	\$0	20% after ded	30% after ded	0% after ded
Hospital Inpatient	\$250	20% after ded	30% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/med
Generic Rx (Tier 1)	\$10	\$10	\$20	0% after ded
Brand Rx (Tier 2)	\$30	\$30	\$50	0% after ded
Non-Formulary Rx (Tier 3)	\$50	\$50	50%	0% after ded

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

Benefits	HMO 3000 GA	HDHP 6650 GA	HMO HI	POS HI
Network Name	Kaiser Permanente	Kaiser Permanente	Kaiser HMO	Kaiser Permanente Added Choice POS
Single Deductible	\$3,000	\$6,650	\$0	\$0
Family Deductible	\$6,000	\$13,300	\$0	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$100
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$300
Single Out-of-Pocket Max	\$5,000	\$6,650	\$2,000	\$2,000
Family Out-of-Pocket Max	\$10,000	\$13,300	\$6,000	\$6,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$2,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$6,000
Co-Insurance	30%	0%	0%	10%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	20%
Doctor Visits	\$35	0% after ded	\$14	\$15
Specialist Visits	\$60	0% after ded	\$14	\$15
Lab & X-Ray	30% after ded	0% after ded	10%	10%
Emergency Room Visits	30% after ded	0% after ded	\$50	\$75
Urgent Care Visits	\$75	0% after ded	\$14	\$15
Outpatient Facility	30% after ded	0% after ded	\$14	\$15
Outpatient Surgery	30% after ded	0% after ded	\$0	\$15
Hospital Inpatient	30% after ded	0% after ded	0%	\$75/day
Rx Deductible (Non-Generic)	N/A	Integrated w/med	N/A	N/A
Generic Rx (Tier 1)	\$20 (Kaiser Pharmacy)	0% after ded	\$10	\$10
Brand Rx (Tier 2)	\$50 (Kaiser Pharmacy)	0% after ded	\$35	\$35
Non-Formulary Rx (Tier 3)	50% (Kaiser Pharmacy)	0% after ded	\$35	\$35

Benefits	HMO 20 Northwest	HMO 30 Northwest	HMO 20 WA	HMO 30 WA
Network Name	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO
Single Deductible	\$0	\$1,000	\$0	\$1,000
Family Deductible	\$0	\$2,000	\$0	\$2,000
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	\$2,000	\$2,000	\$2,000	\$2,000
Family Out-of-Pocket Max	\$4,000	\$4,000	\$4,000	\$4,000
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%	20%	0%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	\$20	\$30	\$20	20% after ded + \$30
Specialist Visits	\$35	\$45	\$40	20% after ded + \$30
Lab & X-Ray	0%	20%	0%	20% after ded
Emergency Room Visits	\$100	\$100 after ded	\$100	20% after ded + \$150
Urgent Care Visits	\$50	\$50	\$20	20% after ded + \$30
Outpatient Facility	\$100	20% after ded	\$40	20% after ded + \$50
Outpatient Surgery	\$0	20% after ded	\$0	20% after ded
Hospital Inpatient	\$250	20% after ded	\$250	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$30	\$30	\$35	\$35
Non-Formulary Rx (Tier 3)	\$50	\$50	\$70	\$70

Kaiser Permanente: Eliminated Plan

For 2024, the following plan will no longer be offered:

Kaiser Permanente HMO/HDHP 3000 CA	ELIMINATED for 2024
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