



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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THAT
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Plan Offerings

Plan Highlights	Kaiser HMO 1000 North CA	Kaiser HMO 1000 South CA	Kaiser HMO 20 North CA	Kaiser HMO 20 South CA	Kaiser HMO 30 North CA	Kaiser HMO 30 South CA
Network Name	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO
Deductible						
Single (In-Network/OON)	\$1,000 / Not Covered	\$1,000 / Not Covered	\$0 / Not Covered	\$0 / Not Covered	\$0 / Not Covered	\$0 / Not Covered
Family (In-Network/OON)	\$2,000 / Not Covered	\$2,000 / Not Covered	\$0 / Not Covered	\$0 / Not Covered	\$0 / Not Covered	\$0 / Not Covered
Out-of-Pocket Max						
Single (In-Network/OON)	\$2,000 / Not Covered	\$2,000 / Not Covered	\$1,500 / Not Covered	\$1,500 / Not Covered	\$1,500 / Not Covered	\$1,500 / Not Covered
Family (In-Network/OON)	\$4,000 / Not Covered	\$4,000 / Not Covered	\$3,000 / Not Covered	\$3,000 / Not Covered	\$3,000 / Not Covered	\$3,000 / Not Covered
Coinsurance (In-Network/OON)	20% / Not Covered	20% / Not Covered	0% / Not Covered	0% / Not Covered	0% / Not Covered	0% / Not Covered
Primary / Specialist	\$30 / \$45	\$30 / \$45	\$20 / \$35	\$20 / \$35	\$30 / \$30	\$30 / \$30
Lab & X-Ray	\$10 after ded	\$10 after ded	\$0	\$0	\$0	\$0
Urgent Care Visit	\$30	\$30	\$20	\$20	\$30	\$30
Emergency Room Visit	20% after ded	20% after ded	\$100	\$100	\$100	\$100
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	\$0 / \$35	\$0 / \$35	\$0 / \$200	\$0 / \$200
Hospital Inpatient	20% after ded	20% after ded	\$250	\$250	\$500	\$500
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$35 / \$35	\$10 / \$35 / \$35	\$10 / \$35 / \$35	\$10 / \$35 / \$35	\$15 / \$35 / \$35	\$15 / \$35 / \$35