



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).

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Current Plan

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Kaiser Permanente Plan Details: Current Plans

Kaiser Permanente HMO HI

Current Plan for 2024

The current Kaiser plan for the 2024 benefits plan year is listed on the following page.

Benefits	HMO HI
Network Name	Kaiser HMO
Single Deductible	\$0
Family Deductible	\$0
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	\$6,000
Single Out-of-Pocket Max Out-of-Network	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered
Co-Insurance	0%
Co-Insurance Out-of-Network	Not Covered
Doctor Visits	\$14
Specialist Visits	\$14
Lab & X-Ray	10%
Emergency Room Visits	\$50
Urgent Care Visits	\$14
Outpatient Facility	\$14
Outpatient Surgery	\$0
Hospital Inpatient	0%
Rx Deductible (Non-Generic)	N/A
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$35
Non-Formulary Rx (Tier 3)	\$35