KAISER PERMANENTE®

Benefit Summary

Customer/Group Name: City of Sacramento	Customer/Group #: 15155

Kaiser Permanente Multi-Site HMO $20/$2000 Plan* (01/01/2026)

Out-of-Pocket Maximum(s) and Deductible(s)

For covered services that apply to the Plan out-of-pocket maximum, you may not pay any more copays, coinsurance, or deductibles for the rest of the year once you have reached the amounts listed below.

Amounts Per Year	**Self-Only Coverage** (Individual)	**Family Coverage** Entire family of 2 or more members
Plan deductible	None	None
Plan out-of-pocket maximum	$2,000	$4,000

Professional Services	**You Pay**
Primary care office visit[1]	$20 copay
Specialty care office visit	$30 copay (CA, CO, GA, MAS, NW, WA) | $20 copay (HI)
Telemedicine / Virtual care (phone/video)	$0 copay
Preventive Services	**You Pay**
Preventive examinations (including immunizations, well-child, women's health care)	$0 copay
Hospital Inpatient Services	**You Pay**
Inpatient hospital services	$250 copay per admission
Delivery and inpatient maternity care	$250 copay per admission
Mental Health & Substance Use Services	**You Pay**
Inpatient hospital and residential services	$250 copay per admission
Individual outpatient services[1]	$20 copay
Group outpatient services[1]	$10 copay (CA, CO, GA, MAS, NW) | $20 copay (HI) | $0 copay (WA)
Outpatient Services	**You Pay**
Outpatient surgery in a hospital or ambulatory surgical facility	$125 copay (CA, CO, GA, MAS, NW, WA) | $75 copay (HI)
Laboratory services	$10 copay
Diagnostic X-rays	$10 copay
Specialty imaging (MRI, CT, and PET scans)	$100 copay (CA, CO, GA, MAS, NW, WA) | 10% coinsurance (HI)
Emergency Health Coverage	**You Pay**
Urgent care[2,3]	$30 copay (CO, GA, MAS, NW) | $20 copay (CA, HI, WA)
Emergency Department visits Note: This copay does not apply if you are admitted directly to the hospital as an inpatient for covered services (see "Inpatient hospital services" for inpatient copay)	$250 copay (CA, CO, GA, MAS, NW, WA) | $100 copay (HI)
Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines:	
Prescription drugs: Generic Maintenance (HI only)	$3 copay for up to a 30-day supply
Prescription drugs: Generic	$10 copay for up to a 30-day supply
Prescription drugs: Preferred brand	$30 copay (CA, CO, GA, MAS, NW, WA) | $45 copay (HI) for up to a 30-day supply
Prescription drugs: Non-preferred brand[4]	$60 copay (CA, CO, GA, MAS, NW, WA) | $45 copay (HI) for up to a 30-day supply

Prescription Drug Coverage	You Pay
Prescription drugs: Specialty	20% (not to exceed $250) (CA, CO, GA, NW, WA) | 20% (not to exceed $150) (MAS) | $200 copay (HI) for up to a 30-day supply
Mail order[4,5]	$6 copay generic maintenance (HI) **|** $20 copay generic **|** $60 copay (CA, CO, GA, MAS, NW, WA); $90 copay (HI) preferred brand **|** $120 copay (CA, CO, GA, MAS, NW, WA); $90 copay (HI) non-preferred brand for a 90-day supply

Kaiser Permanente Multi-Site (KPMP) benefits may not deviate from the standard plan design.

This is a summary of the most frequently asked about benefits. This chart does not explain benefits, copays, coinsurance, deductibles, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and copay, coinsurance, or deductible amounts. For a complete explanation, please refer to the *Evidence of Coverage*.

(1) NW(OR): Visits 1–3 at $5 (not subject to deductible); visit limits cross-accumulate between primary care office visit, self-referred naturopathy, mental health (MH) individual and group visits, MH intensive outpatient/partial hospitalization, substance use disorder (SUD) individual and group visits, SUD day treatment services. Visit 4+ at cost share. Telemedicine will remain at no charge.

(2) WA: The cost share is based on the provider type.

(3) HI: Urgent care services outside of the service area cost share – 20% coinsurance.

(4) CA: Non-formulary drugs are subject to a formulary exception process. Members pay the same cost share as for formulary drugs, when approved through the formulary exception process.

(5) CA: 100-day supply for mail order.

*****Kaiser Foundation Health Plan of the Northwest (KFHP-NW) is licensed as a Health Care Service Contractor in Oregon and Washington.