2026 Kaiser Northwest - Oregon & Washington select zip codes

KAISER PERMANENTE®

HMO $15-$1750 KPMP

Multisite Plan Rates - KP NW

Group Name	CITY OF SACRAMENTO - RETIREES
Group #	10234_001_002
Effective Date	1/1/2026

OREGON

HMO $15-$1750 KPMP Plan Benefit	HMO Cost Share	Senior Advantage Cost Share
Lifetime benefit maximum	None	None
Annual Deductible Individual:	None	None
Family:	None	None
Annual out-of-pocket max Individual:	$1,750	$2,500
Family:	$3,500	
OV – Primary, Vision *	$5 1ST 3V THEN $15/OOP	$15/OOP
OV – Specialty	$25/OOP	$25/OOP
OV – Preventative care	$0	$0/SENIOR ADVANTAGE
OV – Prenatal	$0	$0
OV – Urgent Care	$25/OOP	$15/OOP
Prescription drugs	$10/30/60/20%>$250/INF	$15G/$30BR-MDCR
Lab/X-ray/Specialty Diagnosis	$10 NON-PREV/OOP	$0 NON-PREV/MDCR
X-ray/Diagnosis/Non-Preventative	$10/$0/OOP	$0/MDCR
Lab/ X-ray Specialty Scans	$75/$0/OOP	$0/MDCR
Lab/X-ray Preventive Procedures	$0 PREV	$0 PREV
Outpatient Surgery	$125/OOP	$100/NO BSRG/OOP
Hospital - inpatient (including maternity)	$250/ADMIT/OOP	$250/ADMIT/OOP
Emergency room	$250/WAIVE IF ADMIT/OOP	$50/WAIVE IF ADMIT/OOP
Ambulance transportation	$100/OOP	$100/OOP
Infertility treatment	50%/OOP	$100 FOR TREATMENT/OOP
Durable medical equipment	20%/20% DIAB/OOP	20%/$0/SA/OOP
DME Nutritional Supp		$0/INCL MDCR PD MEALS
Outpatient Therapy - Cardiac & Respiratory	$25/OOP	$20/OOP
Outpatient Therapy - Chemotherapy & Radiation	$25/OOP	$25/OOP
Outpatient Therapy - Dialysis	$25/OOP	$0
Outpatient Therapy PT OT ST & Multidisciplinary	$25/30 VIS/CY/OOP	$25/NO VIS LIM/OOP
Skilled nursing facility	$250/ADM/100 DAYS/CY/OOP	$0-100D/MDCR BEN PER
Hospice	$0/5 DAYS RESP/1 MONTH	$0
Home Health Care	$0/130 VIS/CY	$0
Self-Refer - Acupuncture	$15/20 VIS/CY/OOP	$15/20 VIS/CY/OOP
Self-Refer - Chiropractic	$15/20 VIS/CY/OOP	$15/20 VIS/CY/OOP
Self-Refer - Massage	NOT COVERED	NOT COVERED
Self-Refer - Naturopathy	$5 1ST 3V THEN $15/OOP	NOT COVERED
Rider - Hearing Aid	1 AID/EAR/36MO/$1K MX/LD	NOT COVERED
Rider - Vision Hardware, Adult	NOT COVERED	$100CR;24MOFR/L/CL-CY/LNG

Renewal Rates	
Employee	1,439.37
Two Party	2,878.73
Family	4,318.10
Senior Advantage with Part D	361.41

* Vision office visits are not subject to SB1529, vision office visits will be charged at standard office visit cost share.

Your broker/consultant will receive a 0.00% commission every month for services rendered.

Dental plans are now available for multisites, ask your Account Manager for details.

Plan includes all PPACA mandates including preventative services at $0 cost share.

TMB6 OR

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5/13/2025