

Summit PPO

Our new 3-tier Summit PPO plans are a good option for employers looking for a low-cost PPO. The plans give your employees the best value when they choose high-quality care from Kaiser Permanente providers and preferred contracted providers. And when choice is most important, your employees have access to more than 1 million in-network health professionals anywhere in the United States.

Highlights of the Summit PPO plans

- 3-tier plans offer extensive choice in providers and costs.
- 10 standard, pre-built plans, with 4 health savings account (HSA) plans and 6 non-HSA plans.
- Shared in-network deductible and out-of-pocket limits between Tier 1 and Tier 2 help lower costs.
- Plans can be offered as a sole product, or alongside a second Kaiser Permanente health plan product if employers want more choices.
- Members are incentivized to use preferred hospitals where Kaiser Permanente clinicians are actively involved in care management.
- Self-funding and risk-sharing funding arrangements are available.

How do the tiers work?

Tier 1: Preferred in-network

- Our lowest-cost option.
- Offers access to high-quality Kaiser Permanente providers, pharmacies, and preferred hospitals in all states where Kaiser Permanente has locations, and preferred contracted providers in the Washington state service area.
- Tier 1 providers are available in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties.

Tier 2: In-network

- In-network access includes directly contracted Access PPO providers, First Choice Health network, and OptumRx pharmacies in 6 counties: King, Kitsap, Pierce, Snohomish, Spokane, and Thurston.
- First Choice Health network and OptumRx pharmacies in 12 additional counties: Benton, Columbia, Franklin, Island, Kittitas, Lewis, Mason, Skagit, Walla Walla, Whatcom, Whitman, and Yakima. Also in Alaska, Idaho, Oregon, and Washington.
- First Health network and OptumRx pharmacies in all other states.

Tier 3: Out-of-network

- Includes all providers throughout the United States that are not contracted with Kaiser Permanente, First Choice Health network, or First Health network.

Availability

Summit PPO plans are available to employers who have 80% of their employees living or working in King, Kitsap, Pierce, Snohomish, Spokane, or Thurston counties.

Summit PPO

	Summit 250/2500/10%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$250/\$500		\$750/\$1,500*
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		Unlimited
Coinsurance	10%	30%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$10	\$20	Deductible & coinsurance
Specialty care office visit	\$20	\$40	Deductible & coinsurance
Mental health office visit	\$10	\$20	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$100 + Deductible & coinsurance	\$100 + Deductible & coinsurance	\$100 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$5	\$15	No coverage
Tier 2: Preferred brand	\$30	\$50	
Tier 3: Non-preferred generic and brand	\$65	\$95	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$10	\$20	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$20	Deductible & coinsurance

Optional buy-up: optical hardware

Lenses, including contact lenses and frames

Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance

Members age 19 and over: \$150 per 12 months. Not subject to deductible and coinsurance

Filling prescriptions

Members may fill up to a 30-day supply of a new maintenance drug at any in-network pharmacy or through mail order. Subsequent refills must be filled via mail order or at a Kaiser Permanente pharmacy.**

*Out-of-network deductible is not shared with preferred in-network and in-network.

**Non-maintenance medications and those we cannot mail are not subject to these guidelines and may be filled at any in-network retail pharmacy, anytime.

Summit PPO

	Summit 500/3000/10%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$500/\$1,000		\$1,500/\$3,000*
Annual out-of-pocket maximum (individual/family)	\$3,000/\$6,000		Unlimited
Coinsurance	10%	30%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$10	\$20	Deductible & coinsurance
Specialty care office visit	\$20	\$40	Deductible & coinsurance
Mental health office visit	\$10	\$20	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$100 + Deductible & coinsurance	\$100 + Deductible & coinsurance	\$100 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$5	\$15	No coverage
Tier 2: Preferred brand	\$30	\$50	
Tier 3: Non-preferred generic and brand	\$65	\$95	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$10	\$20	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$20	Deductible & coinsurance

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Summit PPO

	Summit 1000/4000/10%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$1,000/\$2,000		\$3,000/\$6,000*
Annual out-of-pocket maximum (individual/family)	\$4,000/\$8,000		Unlimited
Coinsurance	10%	30%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$10	\$20	Deductible & coinsurance
Specialty care office visit	\$20	\$40	Deductible & coinsurance
Mental health office visit	\$10	\$20	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$150 + Deductible & coinsurance	\$150 + Deductible & coinsurance	\$150 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$10	\$20	No coverage
Tier 2: Preferred brand	\$20	\$40	
Tier 3: Non-preferred generic and brand	\$30	\$60	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$10	\$20	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$20	Deductible & coinsurance

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Summit PPO

	Summit 2000/5000/20%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$2,000/\$4,000		\$6,000/\$12,000*
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000		Unlimited
Coinsurance	20%	40%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$40	Deductible & coinsurance
Specialty care office visit	\$40	\$80	Deductible & coinsurance
Mental health office visit	\$20	\$40	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$150 + Deductible & coinsurance	\$150 + Deductible & coinsurance	\$150 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$10	\$20	No coverage
Tier 2: Preferred brand	\$20	\$40	
Tier 3: Non-preferred generic and brand	\$30	\$60	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$20	\$40	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$40	Deductible & coinsurance

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Summit PPO

	Summit 3000/6000/20%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$3,000/\$6,000		\$9,000/\$18,000*
Annual out-of-pocket maximum (individual/family)	\$6,000/\$12,000		Unlimited
Coinsurance	20%	40%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$40	Deductible & coinsurance
Specialty care office visit	\$40	\$80	Deductible & coinsurance
Mental health office visit	\$20	\$40	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$200 + Deductible & coinsurance	\$200 + Deductible & coinsurance	\$200 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$15	\$25	No coverage
Tier 2: Preferred brand	\$30	\$50	
Tier 3: Non-preferred generic and brand	\$50	\$80	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$20	\$40	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$40	Deductible & coinsurance

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Summit PPO

	Summit 5000/7000/20%		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	Non-HSA-qualified		
Annual medical deductible (individual/family)	\$5,000/\$10,000		\$15,000/\$30,000*
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000		Unlimited
Coinsurance	20%	40%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$40	Deductible & coinsurance
Specialty care office visit	\$40	\$80	Deductible & coinsurance
Mental health office visit	\$20	\$40	Deductible & coinsurance
Most X-rays and lab tests	Coinsurance	Coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	\$200 + Deductible & coinsurance	\$200 + Deductible & coinsurance	\$200 + Deductible & coinsurance
Urgent care visit	Office visit cost share	Office visit cost share	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$15	\$25	No coverage
Tier 2: Preferred brand	\$30	\$50	
Tier 3: Non-preferred generic and brand	\$50	\$80	
Tier 4: Preferred specialty	\$150	\$150	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	\$20	\$40	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	No cost	\$40	Deductible & coinsurance

Optional buy-up: optical hardware

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Summit PPO

	Summit HSA 1500/3500/10% (A)		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$1,500/\$3,000		\$3,000/\$6,000*
Annual out-of-pocket maximum (individual/family)	\$3,500/\$7,000		Unlimited
Coinsurance	10%	30%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Specialty care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental health office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Most X-rays and lab tests	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Urgent care visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	10%	30%	No coverage
Tier 2: Preferred brand	10%	30%	
Tier 3: Non-preferred generic and brand	10%	30%	
Tier 4: Preferred specialty	10%	10%	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance

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	Summit HSA 2500/5000/10% (A)		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$2,500/\$5,000		\$5,000/\$10,000*
Annual out-of-pocket maximum (individual/family)	\$5,000/\$8,500		Unlimited
Coinsurance	10%	30%	50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)			
Primary care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Specialty care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental health office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Most X-rays and lab tests	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
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Maternity			
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care			
Emergency department visit (copay waived if admitted)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Urgent care visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	10%	30%	No coverage
Tier 2: Preferred brand	10%	30%	
Tier 3: Non-preferred generic and brand	10%	30%	
Tier 4: Preferred specialty	10%	10%	
Tier 5: Non-preferred specialty	30%	30%	
Alternative medicine			
8 chiropractic and 12 acupuncture visits	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Vision and optical hardware			
Routine vision exam (per 12 months)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance

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		Summit HSA 3500/6000/20% (A)		
Features		Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network
Plan type		HSA-qualified		
Annual medical deductible (individual/family)		\$3,500/\$7,000		\$7,000/\$14,000*
Annual out-of-pocket maximum (individual/family)		\$6,000/\$8,500		Unlimited
Coinsurance		20%	40%	50%
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.		No cost		Deductible & coinsurance
Outpatient services (per visit or procedure)				
Primary care office visit		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Specialty care office visit		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental health office visit		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Most X-rays and lab tests		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
MRI, CT, PET		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Inpatient hospital care				
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Maternity				
Routine prenatal care visits, first postpartum visit		No cost		Deductible & coinsurance
Delivery and inpatient well-baby care		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency and urgent care				
Emergency department visit (copay waived if admitted)		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Urgent care visit		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Prescription drugs (up to 30-day supply)				
Tier 1: Preferred generic		20%	40%	No coverage
Tier 2: Preferred brand		20%	40%	
Tier 3: Non-preferred generic and brand		20%	40%	
Tier 4: Preferred specialty		20%	20%	
Tier 5: Non-preferred specialty		40%	40%	
Alternative medicine				
8 chiropractic and 12 acupuncture visits		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Vision and optical hardware				
Routine vision exam (per 12 months)		Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance

Optional buy-up: optical hardware

Lenses, including contact lenses and frames

Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance

Members age 19 and over: \$150 per 12 months. Not subject to deductible and coinsurance

Filling prescriptions

Members may fill up to a 30-day supply of a new maintenance drug at any in-network pharmacy or through mail order. Subsequent refills must be filled via mail order or at a Kaiser Permanente pharmacy.**

*Out-of-network deductible is not shared with preferred in-network and in-network.

**Non-maintenance medications and those we cannot mail are not subject to these guidelines and may be filled at any in-network retail pharmacy, anytime.

Summit PPO

		Summit HSA 3000/6000/20% (E)		
Features	Tier 1: Preferred In-Network	Tier 2: In-Network	Tier 3: Out-of-Network	
Plan type	HSA-qualified			
Annual medical deductible (individual/family)	\$3,000/\$6,000		\$6,000/\$12,000*	
Annual out-of-pocket maximum (individual/family)	\$6,000/\$12,000		Unlimited	
Coinsurance	20%	40%	50%	
Benefits				
Preventive care				
Routine physical exam, mammogram, etc.	No cost		Deductible & coinsurance	
Outpatient services (per visit or procedure)				
Primary care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Specialty care office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Mental health office visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Most X-rays and lab tests	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
MRI, CT, PET	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Outpatient surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Maternity				
Routine prenatal care visits, first postpartum visit	No cost		Deductible & coinsurance	
Delivery and inpatient well-baby care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Emergency and urgent care				
Emergency department visit (copay waived if admitted)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Urgent care visit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Prescription drugs (up to 30-day supply)				
Tier 1: Preferred generic	20%	40%	No coverage	
Tier 2: Preferred brand	20%	40%		
Tier 3: Non-preferred generic and brand	20%	40%		
Tier 4: Preferred specialty	20%	20%		
Tier 5: Non-preferred specialty	40%	40%		
Alternative medicine				
8 chiropractic and 12 acupuncture visits	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	
Vision and optical hardware				
Routine vision exam (per 12 months)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	

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