

Kaiser 2025 Medical Benefits

*Out-of-Network services and care are subject to balance billing, which means that amounts over the in-network allowable charge may be billed to the member.

Plan & Network		HMO Signature	POS Select	
Category	Benefits	In-Network Only	In-Network	Out-of-Network*
Deductibles/ Out-of-Pocket Maximums	Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$300 / \$600
	Annual Out-of-Pocket Maximum (Ind/Fam)	\$3,500 / \$9,400	\$2,500 / \$5,000	\$3,000 / \$6,000
	Co-insurance Amount	100%	100%	80%
	Lifetime Maximum	Unlimited	Unlimited	Unlimited
		Member Pays	Member Pays	Member Pays
Preventive Care	Well Child Visit	No Charge	No Charge	20% after Deductible
	Routine Adult Wellness Visit	No Charge	No Charge	20% after Deductible
Hospital (Includes Mental Health)	Inpatient Hospital	No Charge	No Charge	20% after Deductible
	Outpatient Hospital	\$50 Copay	\$50 Copay	20% after Deductible
	Outpatient Surgery	No Charge	No Charge	20% after Deductible
Office Visits (Includes Mental Health)	Primary Care Physician	\$20 Copay	\$20 Copay	20% after Deductible
	Specialist	\$30 Copay	\$30 Copay	20% after Deductible
Emergency Services	Emergency Room (copay waived if admitted)	\$50 Copay	\$50 Copay	Same as in-network
	Urgent Care	\$30 Copay	\$30 Copay	20% after Deductible
X-ray/Lab	Independent Lab	No Charge	No Charge	20% after Deductible
	Advanced Radiology (MRI, CAT, MRA, PET)	\$50 Copay	\$50 Copay	20% after Deductible
	Outpatient	No Charge	No Charge	20% after Deductible