



OLYMPIC
BENEFITS TRUST



KAISER
PERMANENTE

2026 Kaiser Permanente Plans

Plan	Type	First 4 Benefit	Deductible (ind/fam)	Out-of-pocket Max (ind/fam)	Coins	Primary care OV		Specialist OV	Emergency Room	Lab / X-Ray	Inpatient Hospital	RX
Platinum	PPO		\$1,000 / \$2,000	\$8,150 / \$16,300	20%	\$35 copay / ded & coins do not apply		\$60 copay / ded & coins do not apply	\$250 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance	\$10 / \$35 / \$70 (5/25/60 enhanced) mail 2x
Gold	PPO		\$2,000 / \$4,000	\$8,150 / \$16,300	30%	\$35 copay / ded & coins do not apply		\$80 copay / ded & coins do not apply	\$250 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$15 / \$25 / \$45 (5/15/35 enhanced) mail 2x
Silver	PPO		\$2,500 / \$5,000	\$8,150 / \$16,300	30%	\$40 copay / ded & coins do not apply		\$80 copay / ded & coins do not apply	\$250 / visit, then 20% coinsurance	30% coinsurance	30% coinsurance	\$15 / \$25 / \$45 (5/15/35 enhanced) mail 2x
Bronze	PPO		\$3,000 / \$6,000	\$8,150 / \$16,300	30%	\$40 copay / ded & coins do not apply		\$80 copay / ded & coins do not apply	\$250 / visit, then 20% coinsurance	30% coinsurance	30% coinsurance	\$15 / \$25 / \$45 (5/15/35 enhanced) mail 2x
Quartz	PPO	Yes	\$5,000 / \$10,000	\$7,500 / \$15,000	30%	\$40 / visit then 30% coinsurance			\$200 / visit, then 30% coinsurance	\$500 allowance, then deductible & coinsurance	30% coinsurance	\$25 / \$60 / \$100 (15/40/70 enhanced) mail 2x
Silver HSA	PPO		\$2,500 / \$5,000	\$7,000 / \$8,500	20%	20% coinsurance			\$0 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance	\$10 / \$35 / \$70 (10/30/65 enhanced) mail 2x
Titanium HSA	PPO		\$6,000 / \$12,000	\$7,000 / \$14,000	30%	30% coinsurance			\$0 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$10 / \$35 / \$70 (10/30/65 enhanced) mail 2x
Gold	HMO		\$2,000 / \$4,000	\$8,150 / \$16,300	30%	\$35 / visit, then 30% coinsurance		\$50 / visit, then 30% coinsurance	\$250 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$15 / \$30 / 50% retail, mail 2x
Bronze	HMO		\$3,000 / \$6,000	\$8,150 / \$16,300	30%	\$40 / visit, then 30% coinsurance		\$50 / visit, then 30% coinsurance	\$250 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$15 / \$30 / 50% retail, mail 2x
Core 5000	HMO	Yes	\$5,000 / \$10,000	\$9,000 / \$10,000	50%	\$35 / visit, then 50% coinsurance			\$200 / visit, then 50% coinsurance	\$500 allowance, then deductible & coinsurance	50% coinsurance	\$25 / \$50 / \$75 retail, mail 2x
Core 3/10	HMO		\$3,000 / \$6,000	\$5,000 / \$10,000	30%	\$35 / visit, then 30% coinsurance			\$200 / visit, then 30% coinsurance	30% coinsurance	\$250 / admission, then 30% coinsurance	\$25 / \$50 / \$75 retail, mail 2x
Everyday \$10	HMO		\$4,000 / \$8,000	\$4,000 / \$8,000	0%	\$10 / visit, deductible does not apply			\$500 / visit, deductible does not apply	\$10 / lab, \$50 / Xray	Deductible applies	\$10 / \$50 / \$125 retail, mail 2x
Virtual Plus 2000	VP		\$2,000 / \$4,000	\$5,500 / \$11,000	20%	Telehealth: No charge, deductible does not apply; In person with authorization: \$30/visit, deductible does not apply; In-person without authorization: 20% coinsurance		Telehealth: No charge, deductible does not apply; In-person with authorization: \$60/visit, deductible does not apply; In-person without authorization: 20% coinsurance	\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance	\$15 / \$35 / \$150, mail \$5 copay and 2x
Virtual Plus 3000	VP		\$3,000 / \$6,000	\$7,000 / \$14,000	30%	Telehealth: No charge, deductible does not apply; In person with authorization: \$30/visit, deductible does not apply; In-person without authorization: 30% coinsurance		Telehealth: No charge, deductible does not apply; In-person with authorization: \$60/visit, deductible does not apply; In-person without authorization: 30% coinsurance	\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$20 / \$40 / \$150, mail \$5 copay and 2x

All plan summaries can be found on our website at www.tbsmga.com/washington/obt