

2026 KP Bronze Access PPO HSA 6000

SMALL GROUP | WASHINGTON

Access PPO Provider Network

The KP Bronze Access PPO HSA 6000 plan is a lower-cost, high-deductible plan that is compatible with a health savings account (HSA). This plan features the Access PPO network, which offers virtually unlimited provider choice – locally, regionally, and nationally.

Features	In-network		Out-of-Network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$6,000/\$12,000		\$12,000/\$24,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000		No limit
Coinsurance	40%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)			
Primary care office visit	40% after deductible		50% after deductible
Specialty care office visit	40% after deductible		50% after deductible
Most X-rays	40% after deductible		50% after deductible
Most lab tests	40% after deductible		50% after deductible
MRI, CT, PET	40% after deductible		50% after deductible
Outpatient surgery	40% after deductible		50% after deductible
Mental health visit	40% after deductible		50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	40% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	40% after deductible		
Urgent care visit	40% after deductible		50% after deductible
Retail prescription drugs (up to 30-day supply)	In-network - Enhanced	In-network - Standard	
Tier 1: Preferred generic	30% after deductible	50% after deductible	Not covered
Tier 2: Preferred brand	30% after deductible	50% after deductible	Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
Alternative medicine			
Acupuncture visits and 10 chiropractic visits	40% after deductible		50% after deductible
Optical			
Pediatric Exam and Hardware (18 and younger)	Covered in full		
Adult Optical Hardware (19 and over)	\$100 allowance per calendar year		
Adult Optical Exam	40% after deductible		50% after deductible

EO = Employee only LD = Low deductible LX = Lab and X-ray

Primary Care

These types of care are considered primary care:

Acupuncture • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Family Planning • Family Practice • General Practice • Gerontology/Geriatrics • Internal Medicine • Mental Health • Midwifery • Naturopathy • Obstetrics and Gynecology • Optometry • Osteopathy • Pediatrics • Pharmacist • Urgent Care • Women's Health Care (nonpreventive)

Specialty Care

These types of care are considered specialty care:

Allergy and Immunology • Anesthesiology • Audiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Enterostomal Therapy • Gastroenterology • General Surgery (all specific surgeries) • Genetics • Hepatology • Infectious Disease • Massage Therapy • Neonatal-Perinatal Medicine • Nephrology • Neurology • Hematology/Oncology • Nutrition (nonpreventive) • Occupational Medicine • Occupational Therapy • Oncology Pharmacist • Ophthalmology • Orthopedics • ENT/Otolaryngology • Pain Management • Pathology • Physiatry (Physical Medicine) • Physical Therapy • Podiatry • Pulmonary Medicine/Disease • Radiology (Nuclear Medicine, Radiation Therapy) • Respiratory Therapy • Rheumatology • Speech Therapy • Sports Medicine • Urology

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

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