

2026 KP Bronze Core HSA 6000

SMALL GROUP | WASHINGTON

Core Provider Network

The KP Bronze Core HSA 6000 plan is compatible with a health savings account (HSA). It's a great option for employees who want more control over their health care expenses. This plan features the Core network, which offers access to specially selected providers for the greatest value.

Features	In-network
Plan type	HSA-qualified
Annual medical deductible (individual/family)	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
Coinsurance	40%
Benefits	
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	40% after deductible
Specialty care office visit	40% after deductible
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	40% after deductible
Outpatient surgery	40% after deductible
Mental health visit	40% after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Worldwide emergency and urgent care	
Emergency department visit	40% after deductible
Urgent care visit	40% after deductible
Retail prescription drugs (up to 30-day supply)	
Tier 1: Preferred generic	45% after deductible
Tier 2: Preferred brand	50% after deductible
Tier 3: Nonpreferred generic and brand	50% after deductible
Tier 4: Specialty	50% after deductible
Alternative medicine	
Acupuncture visits and 10 chiropractic visits	40% 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

For more information, including premium rates, visit account.kp.org.

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-Gynecology • Optometry • Osteopathy • Pediatrics • Pharmacist • Urgent Care • Women's Health Care (nonpreventive)

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 • Psychiatry (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.

Plan offered and underwritten by Kaiser Foundation Health Plan of Washington.

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

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