

2026 KP Gold Core 600 LX

SMALL GROUP | WASHINGTON

Core Provider Network

The KP Gold Core 600 LX plan gives members a lower cost for services at a higher premium. This plan provides members office visits without having to pay the deductible. It features the Core network, which offers access to specially selected providers for the greatest value.

| Features | In-network |
|---|-----------------------------------|
| Plan type | Deductible |
| Annual medical deductible (individual/family) | \$600/\$1,200 |
| Annual out-of-pocket maximum (individual/family) | \$7,500/\$15,000 |
| Coinsurance | 25% |
| Benefits | |
| Preventive care | |
| Routine physical exam, mammogram, etc. | No charge |
| Outpatient services (per visit or procedure) | |
| Primary care office visit | \$20 |
| Specialty care office visit | \$45 |
| Most X-rays | \$25 |
| Most lab tests | \$25 |
| MRI, CT, PET | 25% after deductible |
| Outpatient surgery | 25% after deductible |
| Mental health visit | \$20 |
| Inpatient hospital care | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 25% after deductible |
| Maternity | |
| Routine prenatal care visits, first postpartum visit | No charge |
| Delivery and inpatient well-baby care | 25% after deductible |
| Worldwide emergency and urgent care | |
| Emergency department visit | 25% after deductible |
| Urgent care visit | \$45 |
| Retail prescription drugs (up to 30-day supply) | |
| Tier 1: Preferred generic | \$20 |
| Tier 2: Preferred brand | \$45 |
| Tier 3: Nonpreferred generic and brand | 40% after deductible |
| Tier 4: Specialty | 40% after deductible |
| Alternative medicine | |
| Acupuncture visits and 10 chiropractic visits | \$20 |
| 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 | \$20 primary/\$45 specialty |

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

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.

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