

# 2026 KP Plus Gold 600 LX

SMALL GROUP | WASHINGTON

## Options Provider Network

The KP Plus Gold 600 LX plan gives members a moderate cost for services at a slightly higher premium. Kaiser Permanente Plus (KP Plus) provides access to high-quality care from Kaiser Permanente and affiliated providers, plus the flexibility to get care from out-of-network providers for a limited number of times each year. This plan features the Options Network.

Features	In-network	Out-of-network: (limited to 10 covered services per year, combined)
Plan type	Deductible	
Annual medical deductible (individual/family)	\$600/\$1,200	N/A
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	N/A
Coinsurance	25%	35%
<b>Benefits</b>		
<b>Preventive care</b>		
Routine physical exam, mammogram, etc.	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>		
<b>Upfront office visits prior to deductible</b>		
Primary care office visit	\$20	\$40
Specialty care office visit	\$45	\$65
Most X-rays	\$25	\$45
Most lab tests	\$25	\$45
MRI, CT, PET	25% after deductible	Not covered
Outpatient surgery	25% after deductible	Not covered
Mental health visit	\$20	\$40
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health	25% after deductible	Not covered
<b>Maternity</b>		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	Not covered
<b>Worldwide emergency and urgent care</b>		
Emergency department visit	25% after deductible	25% after in-network deductible*
Urgent care visit	\$45	25% after in-network deductible*
<b>Retail prescription drugs (up to 30-day supply)</b>		
<b>Limited to 5 prescription fills per year</b>		
Tier 1: Preferred generic	\$20	\$40
Tier 2: Preferred brand	\$45	\$65
Tier 3: Nonpreferred generic and brand	40% after deductible	50%
Tier 4: Specialty	40% after deductible	Not covered
<b>Alternative medicine</b>		
Acupuncture visits and 10 chiropractic visits	\$20	\$40
<b>Optical</b>		
Pediatric Exam and Hardware (18 and younger)	Covered in full	Exam covered in full, Hardware not covered
Adult Hardware (19 and older)	\$100 allowance per calendar year	Not covered
Adult Optical Exam	\$20 Primary Care/\$45 Specialty Care	\$40 Primary Care/\$65 Specialty Care

\* The limit of 10 covered services per year does not apply.