

2026 KP Silver Core 1800

SMALL GROUP | WASHINGTON

Core Provider Network

The KP Silver Core 1800 plan provides a good balance between monthly premiums and cost for care. This plan 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)	\$1,800/\$3,600
Annual out-of-pocket maximum (individual/family)	\$8,250/\$16,500
Coinsurance	30%
Benefits	
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30 after deductible
Specialty care office visit	\$60 after deductible
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$30 after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Worldwide emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$60 after deductible
Retail prescription drugs (up to 30-day supply)	
Tier 1: Preferred generic	\$30
Tier 2: Preferred brand	\$60
Tier 3: Nonpreferred generic and brand	50% after deductible
Tier 4: Specialty	50% after deductible
Alternative medicine	
Acupuncture visits and 10 chiropractic visits	\$30 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	\$30 after deductible primary/ \$60 after deductible specialty

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

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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.

