

KP Silver Core HSA 4500

SMALL GROUP | WASHINGTON

Core Provider Network

The KP Silver Core HSA 4500 is compatible with a health savings account (HSA) and 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	HSA-qualified
Annual medical deductible (individual/family)	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000
Coinsurance	25%
Benefits	
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	25% after deductible
Specialty care office visit	25% after deductible
Most X-rays	25% after deductible
Most lab tests	25% after deductible
MRI, CT, PET	25% after deductible
Outpatient surgery	25% after deductible
Mental health visit	25% after deductible
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	25% after deductible
Retail prescription drugs (up to 30-day supply)	
Tier 1: Preferred generic	25% after deductible
Tier 2: Preferred brand	40% 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	25% 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	25% after deductible

EO = Employee only LX = Lab and X-ray

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

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, and 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, 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.

