

2026 KP Gold Summit PPO 1500 LX

SMALL GROUP | WASHINGTON

Summit PPO Provider Network

The KP Gold Summit PPO 1500 LX is a true 3-tier product with the highest benefit level tier that includes high-performing Washington Permanente Medical Group providers. This plan offers provider-choice through other contracted providers.

| Features | Tier 1 - In-network | Tier 2 - In-network | Out-of-Network |
|---|-----------------------------------|----------------------|----------------------|
| Plan type | Deductible | | |
| Annual medical deductible (individual/family) | \$1,500/\$3,000 | | \$3,000/\$6,000 |
| Annual out-of-pocket maximum (individual/family) | \$7,000/\$14,000 | | No limit |
| Coinsurance | 10% | 30% | 50% |
| Benefits | | | |
| Preventive care | | | |
| Routine physical exam, mammogram, etc. | No charge | | 50% after deductible |
| Outpatient services (per visit or procedure) | | | |
| Primary care office visit | \$10 | \$30 | 50% after deductible |
| Specialty care office visit | \$30 | \$50 | 50% after deductible |
| Most X-rays | \$20 | \$40 | 50% after deductible |
| Most lab tests | \$20 | \$40 | 50% after deductible |
| MRI, CT, PET | 10% after deductible | 30% after deductible | 50% after deductible |
| Outpatient surgery | 10% after deductible | 30% after deductible | 50% after deductible |
| Mental health visit | \$10 | \$30 | 50% after deductible |
| Inpatient hospital care | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 10% after deductible | 30% after deductible | 50% after deductible |
| Maternity | | | |
| Routine prenatal care visits, first postpartum visit | No charge | | 50% after deductible |
| Delivery and inpatient well-baby care | 10% after deductible | 30% after deductible | 50% after deductible |
| Worldwide emergency and urgent care | | | |
| Emergency department visit | 10% after deductible | | |
| Urgent care visit | \$30 | \$50 | 50% after deductible |
| Retail prescription drugs (up to 30-day supply) | | | |
| Tier 1: Preferred generic | \$10 | \$20 | Not covered |
| Tier 2: Preferred brand | \$30 | \$50 | Not covered |
| Tier 3: Nonpreferred generic and brand | 25% after deductible | 45% after deductible | Not covered |
| Tier 4: Specialty | 45% after deductible | | Not covered |
| Alternative medicine | | | |
| Acupuncture visits and 10 chiropractic visits | \$10 | \$30 | 50% 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 | \$10 | \$30 | 50% after deductible |

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

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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 • 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 • Physiatry (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.

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