

Better health care. Built around you.

Your guide to choosing health care coverage.



KAISER
PERMANENTE®

Health Coverage Guide

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Getting started



Choosing a health plan is one of the more important decisions you'll make. There's terminology to sort through, costs to compare, and options that can look similar on the surface but work differently in practice.



This guide is here to help you navigate your options, understand what matters most, and make a more informed choice, so you can move forward with confidence.



Whether you're exploring coverage for the first time, thinking about switching plans, or reviewing what you already have – you're in the right place.

Turning 26?

It may be time to get your own health plan.

If you're about to lose coverage through a parent's plan, you likely have more options than you realize. Losing existing coverage qualifies you for a Special Enrollment Period – which means you can sign up for a new plan right away, without waiting for Open Enrollment.

[Learn more](#)

Better care starts with a connected system

Most health plans treat your doctor, your specialists, and your insurance as 3 separate things – often from 3 different organizations that don't easily talk to each other. That's usually where the frustration starts: having to repeat your information, delayed referrals, surprise bills, and no one provider who sees the full picture.

With Kaiser Permanente, your doctors, hospitals, and health plan are all part of one connected system, which means less coordination on your part, fewer gaps in your care, and an easier experience from start to finish. [Learn more](#).

Here's what that means for you:

Care that gets ahead of problems

Because your health record lives in one system, your care team can spot things early and help you stay healthy, not just treat you when something goes wrong.

Specialists who are already in the loop

When you need specialty care, your primary care doctor and specialist are already connected. You don't have to re-explain your history or manage the handoff yourself.

Care that fits around your life

See your doctor in person or by video or phone. Refill most prescriptions through the app. Message your care team when a question comes up without scheduling an appointment first.

Support for all of you

Mental and physical health are treated as equally important – because they are. From preventive screenings to mental health resources to wellness coaching, your coverage is built to support the whole you.

Feeling healthy? Having coverage still matters.

It's easy to feel like health insurance is something you can figure out later. But the right coverage does a lot more than protect you in an emergency. It also gives you access to [preventive care](#) and [mental health support](#) that can help prevent smaller issues from turning into bigger problems.

[Learn more](#)

What to look for in a plan

Key considerations beyond just the price tag

When you're comparing health plans, it's tempting to just pick the lowest monthly premium and move on. But the plan with the lowest premium isn't always the least expensive, and price alone won't tell you whether a plan will actually work for your life.

As you look at your options, there are a few important things worth thinking through: what you might pay overall, how you like to get care, and what kind of support you'll need. Here's a closer look at each.

Know what you'll actually pay

[Health plan costs](#) go beyond the monthly premium. What you actually pay depends on the combination of your premium, deductible, copays, and out-of-pocket maximum – and how much care you use throughout the year.

[Preventive care](#) – like physicals, screenings, and vaccines – is typically covered at no additional cost. Care tied to a specific symptom or diagnosis typically requires a cost share.

If you're shopping for an [Individual and family plan](#), it's also worth checking whether you qualify for [income-based subsidies](#) that can lower your monthly premium. You might be surprised at what you're eligible for.

Understanding the basics

Premium	Deductible	Copay	Coinsurance
Your monthly payment to keep your health coverage	What you pay out of pocket before your plan starts covering a larger share of costs	A flat fee for a specific visit or service – for example, \$25 for a primary care visit	Your share of a cost as a percentage, after you've met your deductible
Out-of-pocket maximum			
The most you'll pay for covered care in a year. Once you reach this amount, your plan covers 100% of covered care costs – though your monthly premium continues			

Get care on your terms

How you get care matters as much as what's covered. Think about what fits your life – and whether a plan makes getting care feel easy or like an added chore.



[In-person care](#)

Are there doctors and facilities conveniently located near where you live and work?



[Virtual care](#)

Can you see a doctor by video or phone – from home, from work, or wherever you are?



[Prescriptions](#)

Can you manage refills through an app or have prescriptions delivered to your door?



[Care while traveling](#)

Are you covered when you're away from home?

With Kaiser Permanente, the answer to all of the above is yes. Find a doctor near you, see someone via telehealth without the commute, manage prescriptions through the app, and stay covered when you're on the road.

HMO vs. PPO – what's the difference?

- An **HMO** focuses on care within a defined network. Most Kaiser Permanente plans are HMO-based, which means your care team works together and your costs are often more predictable.
- A **PPO** gives you more flexibility to see providers out of network but often comes with higher costs. If you're comparing a Kaiser Permanente plan to a PPO plan from another health plan, the most useful comparison is which combination of care coordination, provider access, and total cost fits your priorities – not simply more choice vs. lower cost.

[Learn more](#)

Support for your whole health

A good health plan doesn't just show up when you get sick. Kaiser Permanente supports your full health journey – physical health, mental health, prevention, and ongoing wellness needs.



Preventive care

Physicals, mental health screenings, and nutrition counseling are covered with most Kaiser Permanente plans, often at no additional cost.

[Learn more](#)



Specialty care

When you need a specialist, your care is coordinated with a referral from your existing PCP – no starting over from scratch.

[Learn more](#)



Mental health

Access therapy, 24/7 digital support through self-care apps, and psychiatry – all designed to support your emotional well-being alongside your physical health.

[Learn more](#)



Wellness resources

Wellness coaching, fitness program discounts, healthy recipes, and classes* to help you build habits that last.

[Learn more](#)

Care that can keep up with life changes

Your needs may look different from last year, whether you're planning a family, managing a new diagnosis, caring for a dependent, or starting a new life stage. Review how each available plan supports the benefits you expect to use so you can make the right choice.

*May vary by location and may require a fee.

Your options, at a glance

Now that you know what to look for in a plan, it's time to dig into your options. The right starting point depends on how you get your coverage.

Pick the option below that matches your situation, and we'll take you straight to the details that apply to you.

**My employer
offers coverage**



Employer
plans

**I'm shopping for
my own plan**



Individual
and family plans

**I am a
Federal employee**



Federal and Postal
Service employee plans



Employer plan options

If you get your coverage [through an employer](#), your plan options are determined by what your company offers, so your first step is understanding what's available to you and what to look for when comparing your choices.

As you review your options, it's worth thinking about factors like cost, provider access, coverage needs, and the overall care experience. A good place to start is with any materials provided by your HR department or benefits team. Then use the overview below to get a sense of how each plan type works and what's worth confirming before you choose.

		Key considerations
HMO	Care is coordinated within the Kaiser Permanente network, typically through a primary care doctor who refers you to specialists when needed.	Premium, cost sharing, referral requirements, and available locations Learn more
Deductible HMO	Works like the standard HMO, but with a deductible that applies to many covered services before copays or coinsurance begin.	Which services apply to the deductible, and which may be available before it is met Learn more
High-Deductible Health Plan	Uses a higher deductible and may be paired with a health savings account (HSA) to help manage costs.	HSA eligibility, any employer contributions, deductible, out-of-pocket maximum, and covered preventive services Learn more
KP Plus	Combines Kaiser Permanente's integrated care with some flexibility to see providers outside the network.	The exact out-of-network costs, reimbursement process, and any referral rules for the specific plan Learn more
Everyday Care	May make certain routine or preventive services available before you reach a deductible or other cost threshold.	Which services are included before the deductible, associated costs, and how other services are covered Learn more

Contact your HR or benefits team to confirm which plans are available to you.

Individual and family plan options

If you are buying coverage for yourself or your family, we have several plan options to fit your needs and budget. All plans offer the same high-quality care; the main difference is how costs are shared between the monthly premium and what you pay when you receive care.

[Individual and family plans](#) are organized into 4 coverage levels – also called metal levels. Getting to know them will help you understand what you are responsible for paying and which plan will best fit your health care needs.

Bronze (\$)	Silver (\$\$)
• Lowest monthly premium • Highest deductible • Highest out-of-pocket costs for care A good choice for healthy people who rarely see the doctor and want a low-cost way to protect themselves in case they occasionally get injured or sick.	• Moderate monthly premium • Moderate deductible • Moderate out-of-pocket costs for care A good choice for generally healthy people willing to pay a little more each month to have fewer out-of-pocket expenses before your health plan starts covering the cost of care.
Gold (\$\$\$)	Platinum (\$\$\$\$)
• Higher monthly premium • Lower deductible • Lower out-of-pocket costs for care A good choice for people with dependents and who use health care services regularly throughout the year.	• Highest monthly premium • Lowest deductible • Lowest out-of-pocket costs for care A good choice for people with known health issues who have frequent specialty care needs, tests, and prescriptions.



Individual and family plan options (cont.)

		Key considerations
Copay plan	No deductible – you pay a set copay or coinsurance for covered services. Your monthly premium is higher, but costs are more predictable when you get care.	Premium, which services are subject to copays vs. other cost sharing, and your out-of-pocket maximum
Deductible plan	Lower monthly premium, but you'll pay the full cost of most covered services until you hit your deductible. After that, copays or coinsurance apply.	Which services apply toward the deductible and what your expected costs are for the care you typically use
Virtual plan	A type of deductible plan with lower costs for preventive and primary care when you use telehealth instead of in-person visits.	Which virtual services get preferred cost sharing and when in-person care is available under the plan
HSA-qualified plan	A deductible plan that can be paired with a health savings account, letting you set aside pretax money for health costs.	Current HSA eligibility rules, contribution limits, the plan's deductible, and out-of-pocket maximum
Catastrophic plan	Available to people under 30, or those over 30 with a qualifying hardship or lack of affordable coverage exemption. Very high deductible with limited benefits before it's met – designed as a safety net for worst-case scenarios.	Current eligibility requirements, what's covered before the deductible, and your total potential out-of-pocket exposure

[Get a quote](#) for a Kaiser Permanente for Individuals and Families (KPIF) plan today.

Individual and family plan options (cont.)

You may qualify for health coverage subsidies

[Health coverage subsidies](#) are a form of financial assistance provided by the federal government and many state governments to help make health coverage more affordable.

Subsidies are like a discount or a coupon that helps lower the cost of your monthly premium, potentially saving some people hundreds of dollars every month. Here's a sample scenario showing how subsidies can lower costs:

Total monthly premium:

\$500

80% subsidy:

\$400

You pay:

\$100



Qualifying for a subsidy is based on your income, household size, and the cost of health coverage in your area.

[See if you qualify](#)



Federal and Postal Service employee plan options

If you're a Federal employee, retiree, or Postal Service employee, Kaiser Permanente offers more than health coverage. We combine your doctors, hospitals, pharmacy, and health plan in one connected system, making it easier to get the care you need.

As a Kaiser Permanente member, you'll have access to:

- A connected care team that shares your health information across providers
- Convenient care options, including video, phone, and in-person appointments
- Preventive care and wellness resources designed to help you stay healthy
- Digital tools that help you manage appointments, prescriptions, and care from anywhere
- Predictable costs and plan options designed to fit different health needs and budgets

Available plan options

Kaiser Permanente offers multiple plan options designed to meet a range of health care needs and budgets. Available plans vary by region.

Plan Option	May Be Right for You If...
High Option	You expect to use health care services frequently and want comprehensive coverage with lower out-of-pocket costs when you receive care.
Standard Option	You want a balance of monthly premium and out-of-pocket costs.
Prosper*	You are looking for a lower-premium plan and expect to use fewer health care services.

Explore plans, rates, and benefits available in your area for
[Federal employees \(FEHB\)](#) or [Postal Service employees \(PSHB\)](#)

*Prosper is not available in Hawaii.

FEHB: This is a summary of the features of the Kaiser Permanente FEHB health plans. Before making a final decision, please read your region's Federal brochure (Northern California RI 73-003; Fresno California RI 73-889; Southern California RI 73-822; Colorado RI 73-019; Georgia RI 73-321; Hawaii RI 73-005; Mid-Atlantic States RI 73-047; Northwest RI 73-004; Washington Core RI 73-012; Washington Options Federal RI 73-051). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

PSHB: This is a summary of the features of the Kaiser Permanente PSHB health plans. Before making a final decision, please read your region's Federal brochure (Northern California RI 73-921; Fresno California RI 73-919; Southern California RI 73-923; Colorado RI 73-918; Georgia RI 73-926; Hawaii RI 73-920; Mid-Atlantic States RI 73-927; Northwest RI 73-922; Washington Core RI 73-924; Washington Options Federal RI 73-925). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

Support beyond the doctor's office

From fitness to mental health – it's all part of your membership.

Being a Kaiser Permanente member means more than having basic coverage when something goes wrong. Depending on your plan and location, you have access to a range of resources that can help you build healthy habits, support your mental and emotional health, navigate big life moments, and manage your care with confidence.

EVERYDAY WELLNESS

- [Fitness offerings](#) – Reduced rates on gyms, studios, and online classes, with healthy food tips to help you reach your goals between appointments.
 - [Alternative care benefits](#) – Enjoy reduced rates with participating chiropractors, acupuncturists, and massage therapists.
 - [Health and wellness classes](#) – In-person, over-the-phone and online classes* led by Kaiser Permanente care providers, covering topics from nutrition to stress management. Some may have a small fee.
 - [Healthy eating](#) – Recipes developed by Kaiser Permanente doctors, nurses, and dietitians to make eating well feel easier.
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COMPREHENSIVE CARE FOR WOMEN

- [Women's health](#) – Care that adapts to your physical, mental, and reproductive health at every life stage, from preventative visits to specialized support
- [Pregnancy care](#) – A dedicated care team with support before, during, and after your pregnancy
- [Perimenopause & menopause](#) – Answers on symptoms, hormone therapy, and what to expect, so this phase feels more manageable and less uncertain

*May vary by location and may require a fee.

MENTAL AND EMOTIONAL HEALTH

- [Types of mental health care](#) – Connect to the care you need, from one-on-one sessions and medication assistance to group therapy and health classes.
 - [Self-care apps](#) – No-cost access to Calm for sleep and meditation and Headspace for 24/7 text-based emotional support coaching.*
 - [Online self assessments](#) – Check in with yourself on mood, stress, or substance use, then review your results with your clinician to plan next steps.
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FAMILY AND CAREGIVER SUPPORT

- [Support for parents and guardians](#) – Your doctor can connect you to mental health resources and a local directory of support for childcare, food, transportation, and housing.
 - [College student coverage](#) – Care that travels with your student. Check a school's coverage area, set up the app before they leave, and stay connected to care even off campus.
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LEARN AND EXPLORE

- [Health encyclopedia](#) – Search over 4,000 health topics to understand a condition, learn what to expect, or figure out when it's time to see a doctor.
- [Member care stories](#) – Read real stories from members navigating diagnosis, treatment, and recovery – a look at what coordinated care actually looks like in practice.

The apps and services outlined in the Support Beyond the Doctor's Office section are neither offered nor guaranteed under contract with the FEHB or PSHB programs, but are made available to enrollees and family members who become members of Kaiser Permanente.

*The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Combined Membership Agreement, Evidence of Coverage, and Disclosure Form or other plan documents. The apps and services may be discontinued at any time. Calm and Headspace can be used by members 13 and over. Eligible Kaiser Permanente members can text with a coach using the Headspace app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace app for the remainder of the year at no cost.

Get ready to enroll

Whether you're enrolling for the first time, switching plans, or renewing your current coverage, here's what to know and where to go.



When you can enroll

For most people, Open Enrollment is the main time to enroll in a new plan. Dates vary depending on your plan type and how you get your coverage, so check with your employer or visit kp.org to confirm when your enrollment window opens.

If you've recently had a qualifying life event, like getting married, having a baby, losing other coverage, or starting a new job, you may be eligible for [Special Enrollment Period](#).

Getting coverage through work

Your employer determines what's available and how the enrollment process works. Here's how to get started:

Step 1

Contact your HR or benefits team to find out which Kaiser Permanente plans are offered.

Step 2

Review the plan details and compare your options using what you learned in this guide.

Step 3

Enroll through your employer's benefits portal.

Shopping for your own coverage

If you're buying an individual and family plan directly, here's how to get started:

Step 1

[Visit us online](#) to compare available plans and get a quote for your area.

Step 2

Check whether you qualify for income-based subsidies – it only takes a few minutes and could save you a meaningful amount.

Step 3

Once you select a plan, you'll be directed to the right place to complete your enrollment.

When you can enroll (cont.)

Federal or Postal Service employee coverage

Step 1

Review and compare options for [Federal employees \(FEHB\)](#) or [Postal Service employees \(PSHB\)](#) using what you learned in this guide.

Step 2

Enroll online:

- [Federal employees \(FEHB\)](#)
- [Postal Service employees \(PSHB\)](#)



Questions? We're here to help.

Call 1-800-765-1064 or visit kp.org to learn more.