2024-2025 Kaiser 3 ACA Plan Comparison

Medical

	Kaiser Medical Plan 3 *HSA Compatible* In-Network	**Kaiser Medical Plan 3** *HSA Compatible* Out-of-Network
Medical Network		
Network	Kaiser Permanente Facilities	Kaiser Permanente Facilities
Deductibles & Out-of-Pocket Maximums		
Deductible per person	$1,600[2]	N/A
Maximum deductible per family	$3,200[2]	N/A
Out-of-pocket (OOP) maximum per person	$6,550[2]	N/A
Out-of-pocket (OOP) maximum per family	$13,100[2]	N/A
Preventive Care Services		
Routine adult, well-child and women's exams; annual obesity screening & immunizations	$0[1]	Not covered
Office Visits and Virtual Care		
Primary care office visits	20% after deductible	Not covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	N/A	N/A
Incentive care office visits (Moda Plans only)	N/A	N/A
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	$0 after deductible	Not covered
Specialist office visits	20% after deductible	Not covered
Urgent care	20% after deductible	See Plan Handbook
Mental Health and Chemical Dependency Services		
Mental health office visits	20% after deductible	Not covered
Mental health inpatient and residential services	20% after deductible	Not covered
Chemical dependency services (outpatient or residential)	20% after deductible	Not covered
Chemical dependency services (inpatient)	20% after deductible	Not covered
Outpatient Services		
Outpatient surgery/facility care	20% after deductible	Not covered
Outpatient rehabilitation (physical, occupational & speech therapy)	20% after deductible	Not covered
Diagnostic Testing		
Labs, X-ray, and imaging	20% after deductible	Not covered
CT, MRI, PET scans	20% after deductible	Not covered

	Kaiser Medical Plan 3 *HSA Optional* In-Network	**Kaiser Medical** Plan 3 *HSA Optional* Out-of-Network
Alternative Care Services		
Acupuncture and Chiropractic[7]	20% after deductible	Not covered
Naturopathic office visits	20% after deductible	Not covered
Maternity Care		
Routine maternity care	$0[1]	Not covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20% after deductible	Not covered
Hospital Services		
Inpatient care/surgery	20% after deductible	See Plan Handbook
Skilled nursing facility care	20% after deductible	N/A
Additional Cost Tier		
Moda Plans Only: $100 Additional Cost Tier (ACT)[3]: specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	N/A	N/A
Moda Plans Only: $500 Additional Cost Tier (ACT)[3]: Spine surgery, knee & hip replacement, knee & shoulder arthroscopy, uncomplicated hernia repair	N/A	N/A
Emergency Services		
Emergency room (copay waived if admitted)	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible
Other Covered Services		
Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for state-mandated benefit for children	20% after deductible	Not covered
Durable medical equipment (DME)	20% after deductible	Not covered
Pharmacy Services		
Out-of-pocket (OOP) maximum	Rx applies toward plan OOP max	Rx applies toward plan OOP max
Retail		
Value	$0[7]	N/A
Generic (Kaiser Plans) / Select generic (Moda Plans)	20% after deductible	See Plan Handbook
Preferred brand	20% after deductible	See Plan Handbook
Non-preferred brand[4]	20% after deductible	See Plan Handbook
Mail		
Value	N/A	N/A
Generic (Kaiser Plans) / Select generic (Moda Plans)	20% after deductible	See Plan Handbook
Preferred brand	20% after deductible	See Plan Handbook

	Kaiser Medical Plan 3 *HSA Optional* In-Network	**Kaiser Medical Plan 3** *HSA Optional* Out-of-Network
Non-preferred brand[4]	20% after deductible	See Plan Handbook
Specialty		
Generic (Moda Plans only)	N/A	N/A
Select generic (Kaiser Plans) / Preferred brand (Moda Plans)	20% after deductible	See Plan Handbook
Non-preferred brand[4]	20% after deductible	See Plan Handbook

N/A = Not applicable
Plan year costs: Deductibles and copayments apply to the annual out-of-pocket maximum.

[1] Deductible waived.

[2] Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

[3] For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

[4] A formulary exception must be approved for non-preferred brand prescription medication.

[5] To receive in-network coordinated care benefits, you must choose and use a PCP 360.

[6] To receive in-network non-coordinated benefits, you must use Connexus providers.

[7] For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.