Kaiser Permanente Summary of Benefits 01/01/2026-12/31/2026

Lam Research Corporation: CDHP with HSA – Northern California

For Pre-Enrollment support:1-800-514-0985 (TTY 711), Monday through Friday, 7:00 a.m. to 6:00 p.m. Pacific time
For Member Services support: 1-800-464-4000.

	CDHP
Annual Deductible: Individual/Family	**Self-only Deductible** (for a Family of one member): $2,000 **Individual Family Member Deductible** (for each Member in a Family of two or more Members): $3,400 **Family Deductible** (for an entire Family): $4,000
Out-of-Pocket: Individual/Family	**Self-only Out-of-Pocket** (for a Family of one member): $4,000 **Individual Family Member Out-of-Pocket** (for each Member in a Family of two or more Members): $4,000 **Family Out-of-Pocket** (for an entire Family): $8,000
Virtual Care: Manage your care at your fingertips, download the kp.org/mobile app	
24/7 Medical Advice Phone Support	No charge – Call 800-464-4000
E-visit on kp.org	No charge after Deductible – Visit **kp.org/getcare**
Telephone/Video Visit	No charge after Deductible
Email Your Doctor	No charge
Office Visits	
Preventive Care	No charge
Primary Care	20% Coinsurance after Deductible
Specialty Care	20% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible
Mental Health Care	20% Coinsurance after Deductible – Visit **kp.org/mentalhealth**
Lab and X-ray	
Preventive Lab and X-ray	No charge
Diagnostic Labs	20% Coinsurance after Deductible
X-ray (Therapeutic and Diagnostic)	20% Coinsurance after Deductible
Advanced Imaging (CT / MRI / PET)	20% Coinsurance after Deductible
Emergency Services	
Ambulance (Ground or Air)	20% Coinsurance after Deductible
Emergency Room	20% Coinsurance after Deductible
Hospital Care	
Inpatient Hospital / Outpatient Surgery	20% Coinsurance after Deductible
Maternity Care	
Routine Prenatal Care and First Postpartum Visit	No charge
Well-Baby Care (23 Months or Younger)	No charge
Delivery and Inpatient Baby Care	20% Coinsurance after Deductible
Additional Benefits	
Physical, Occupational, Speech Therapy	20% Coinsurance after Deductible
Infertility – Includes a lifetime maximum of three completed oocyte retrievals with unlimited embryo transfers	Cost share (after Deductible) depends on where you receive care. Includes infertility drugs, covered under your pharmacy benefits. Visit **kp.org/fertilitybenefit** (log in required) for details.
Chiropractic/Acupuncture	20% Coinsurance after Deductible (up to 20 visits per 12-month period) To locate a provider, visit **ashlink.com/ash/kp** or call 1-800-678-9133
Prescription Drugs	
Preventive Drugs:	No charge - Click here to view a list of preventive drugs covered in your plan
Retail (Up to 30 Day Supply):	**Generic:** $10 after Deductible / **Brand:** $30 after Deductible **Specialty**: 20% Coinsurance after Deductible (not to exceed $250)
Mail order supply (Up to 100 Day Supply):	**Generic:** $20 after Deductible / **Brand:** $60 after Deductible Learn more: **healthy.kaiserpermanente.org/northerncalifornia/learn/pharmacy/prescription-delivery**

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable Evidence of Coverage.

To learn more about all the services available to you, scan the QR code or visit: choose.kp.org/lamresearch

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