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

Lam Research Corporation, Deductible HMO - 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.

	DHMO
Annual Deductible: Individual/Family	$250 Individual / $500 Family
Out-of-Pocket: Individual/Family	$2,500 Individual / $5,000 Family
Virtual Care: Manage your care at your fingertips, download **kp.org/mobile** app	
24/7 Medical Advice Phone Support	No charge – Call 800-464-4000
E-visit on kp.org	No charge – Visit **kp.org/getcare**
Telephone Visit	No charge
Video Visit	No charge
Email Your Doctor	No charge
Office Visits	
Preventive Care	No charge
Primary Care	$20 per visit
Specialty Care	$30 per visit
Urgent Care	$20 per visit
Mental Health Care	Individual Therapy: $20 per visit Group Therapy: $10 per visit Learn more: **kp.org/mentalhealth**
Lab and X-ray	
Preventive Lab and X-ray	No charge
Diagnostic Labs	$10 per encounter
X-ray (Therapeutic and Diagnostic)	$10 per encounter
Advanced Imaging (CT / MRI / PET)	20% Coinsurance after Deductible (up to a max. of $100)
Emergency Services	
Ambulance (Ground or Air)	$150 per trip after Deductible
Emergency Room	$200 per visit after Deductible; waived if admitted
Hospital Care	
Inpatient Hospital	20% Coinsurance after Deductible
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 per visit
Chiropractic / Acupuncture	$20 per visit (up to a total of 20 visits per 12-month period) To locate a provider, visit **ashlink.com/ash/kp** or call 1-800-678-9133
Infertility – Includes a lifetime maximum of three completed oocyte retrievals with unlimited embryo transfers.	Cost share depends on where you receive care. Includes infertility drugs, covered under your pharmacy benefits. Visit **kp.org/fertilitybenefit** (log in required) for details.
Prescription Drugs	
Preventive Drugs:	No charge for items on our Preventive Services list on our website at **kp.org/prevention** when prescribed by a Plan Provider
Retail (Up to 30 Day Supply):	Generic: $10 / Brand: $30 Specialty: 20% Coinsurance (not to exceed $250)
Mail order supply (Up to 100 Day Supply):	Generic: $20 / Brand: $60 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

KAISER PERMANENTE®