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

Lam Research Corporation, CDHP with HSA - Northwest

For Pre-Enrollment support:1-800-514-0985 (TTY 711), Monday through Friday, 7 a.m. to 6 p.m. Pacific time (PT)
For Member Services support: 1-800-813-2000 , Monday through Friday, 8 a.m. to 6 p.m. PT

	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 800-813-2000
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 *($5 / visit after deductible for the first 3 outpatient visits combined for primary care, mental/behavioral health, substance abuse services, and other qualified visits such as telemedicine).**
Specialty Care	20% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible
Mental Health Care	20% Coinsurance after Deductible *($5 / visit after deductible for the first 3 outpatient visits combined for primary care, mental/behavioral health, substance abuse services, and other qualified visits such as telemedicine).**
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 / 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 (up to 20 visits per therapy per year)
Covered Services Related to Treatment of Infertility	No Charge after Deductible. Includes IVF, GIFT & ZIFT up to $25,000 per lifetime. Includes Infertility drugs up to $5,000 per lifetime
Chiropractic/Acupuncture	20% Coinsurance after Deductible (up to 20 visits per Year) To locate a Participating Provider, visit **www.chpgroup.com**.
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 Non-Preferred Brand: $60 after Deductible Specialty: 20% Coinsurance after Deductible (not to exceed $250)
Mail order supply (Up to 90 Day Supply):	Generic: $20 after Deductible / Brand: $60 after Deductible Non-Preferred Brand: $120 after Deductible

*First 3 visits (or days) are any combination of in-person or telemedicine services for primary care non-specialty medical services, behavioral health outpatient services, naturopathic medicine, or substance use disorder outpatient services. Telemedicine Services for primary care count toward the first 3 visits (or days) combined with in-person services for primary care non-specialty services, behavioral health outpatient services, naturopathic medicine, or substance use disorder outpatient services.

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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