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

Lam Research Corporation, Deductible HMO - Northwest

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: 1-800-813-2000

	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 the kp.org/mobile app	
24/7 Medical Advice Phone Support	No charge – Call 800-813-2000
E-visit on kp.org	No charge*– Visit kp.org/getcare
Telephone / Video	No charge*
Email Your Doctor	No charge
Office Visits	
Preventive Care	No charge
Primary Care	$20 per visit *($5 / visit 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	$30 per visit
Urgent Care	$30 per visit
Mental Health Care	$20 per visit *($5 / visit for the first 3 outpatient visits combined for primary care, mental/behavioral health, substance abuse services, and other qualified visits such as telemedicine)* * Visit kp.org/mental health
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)	$100 per encounter
Emergency Services	
Ambulance (Ground or Air)	$150 per trip
Emergency Room	$200 per visit; 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 (up to 20 visits per therapy per year)
Chiropractic/Acupuncture Services	$20 per visit (up to 20 visits per year) To locate a Participating Provider, visit www.chpgroup.com.
Covered Services Related to Treatment of Infertility	No Charge (Plan Deductible does not apply). Includes IVF, GIFT & ZIFT up to $25,000 per lifetime. Includes Infertility drugs up to $5,000 per lifetime
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 / Non-Preferred Brand: $60 Specialty: 20% Coinsurance (not to exceed $250)
Mail order supply (Up to 90 Day Supply):	Generic: $20 / Brand: $60 / Non-Preferred Brand: $120 Learn more: healthy.kaiserpermanente.org/oregonwashington/learn/pharmacy

*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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