



Care for all that is you

2025 Plan Navigation Decision Support
Which Kaiser Permanente Plan is Best for you?



Health care definitions

Deductible

The deductible is how much you pay for certain services each year before your health plan starts paying. You will pay the full cost for these services until you reach your deductible. After that, you will pay a [copay](#) or [coinsurance](#) until you reach your [out-of-pocket maximum](#).

Out-of-pocket maximum

The most you will pay for covered services each year.

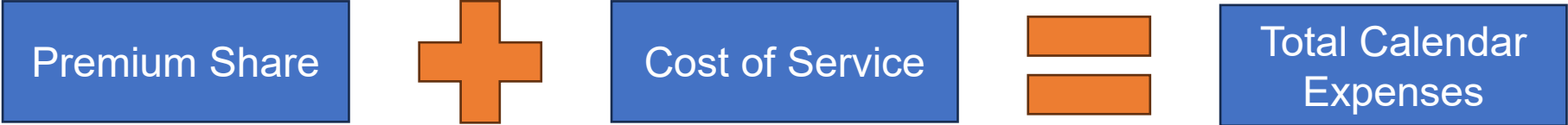
Coinsurance

A percentage of cost you pay for services. For example, a 20% coinsurance on a \$200 procedure means you pay \$40.

Copayments/Copay

A set amount you pay for services. For example, a \$10 copay for an office visit.

Which plan is best for you?



	HMO	Hospital Services DHMO	Deductible First HDHP
Premium Share	Highest employee premium share	Lower employee premium share	Lower employee premium share
Deductible	No deductible	Deductible applies only to hospital related services <i>(i.e. Emergency Services, Outpatient Services, Hospitalization Admission)</i>	Pay full cost of services until the deductible is met
Copay	Lower costs at point of care	Set copay for all other services <i>(i.e. office visits, urgent care, pharmacy)</i>	Pay set copay or coinsurance for services after meeting the deductible

Kaiser Permanente HMO

This table shows an example of some of your group's benefits.

Yearly deductible	None
Maximum yearly out-of-pocket costs	\$1,500 individual / \$3,000 family
Covered service	You pay
Preventive care	No charge
Telehealth Visits (interactive video and telephone)	No charge
Doctor's office visit	\$10 per visit
Lab tests and radiology	No Charge
Outpatient surgery	\$10 per procedure
Hospitalization	No Charge
Emergency care	\$50 per visit
Prescribed medications	\$5 for generic medication (up to a 100-day supply) \$10 for brand-name medication (up to a 100-day supply) \$10 for specialty medication (up to a 30-day supply)

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

Kaiser Permanente Hospital Services DHMO

This table shows an example of some of your group's benefits.

Yearly deductible	\$1,000 individual / \$2,000 family
Maximum yearly out-of-pocket costs	\$3,000 individual / \$6,000 family
Covered service	You pay
Preventive care	No charge (Plan Deductible doesn't apply)
Telehealth Visits (interactive video and telephone)	No charge (Plan Deductible doesn't apply)
Doctor's office visit/Specialist office visit	\$20 per visit (Plan Deductible doesn't apply)
Lab tests and radiology	\$10 per encounter (Plan Deductible doesn't apply)
Outpatient surgery	20% Coinsurance after Plan Deductible
Hospitalization	20% Coinsurance after Plan Deductible
Emergency care	20% Coinsurance after Plan Deductible
Prescribed medications (up to a 30-day supply)	\$10 for generic medication (Plan Deductible doesn't apply) \$30 for brand-name medication (Plan Deductible doesn't apply) \$30 for specialty medication (Plan Deductible doesn't apply)

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Kaiser Permanente Deductible First HDHP

This table shows an example of some of your group's benefits.

Yearly deductible	\$1,650 individual / \$3,300 family
Maximum yearly out-of-pocket costs	\$3,300 individual / 6,600 family
Covered service	You pay
Preventive care	No Charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist	\$20 per visit (Plan Deductible doesn't apply)
Doctor's office visit	\$20 per visit after Plan Deductible
Lab tests and radiology	\$10 per encounter after Plan Deductible
Outpatient surgery	\$150 per procedure after Plan Deductible
Hospitalization	\$250 per admission after Plan Deductible
Emergency care	\$100 per visit after Plan Deductible
Prescribed medications (up to a 30-day supply)	\$10 for generic medication (after Plan Deductible) \$30 for brand-name medication (after Plan Deductible) \$30 for specialty medication (after Plan Deductible)

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

Deductible Plan Resources

A guide to getting the most from your health plan



[Understand your costs](#)

Get an idea of what you'll pay so you can plan ahead and avoid surprises.



[Use your HRA, HSA, or FSA](#)

Take advantage of tax savings on qualified health care expenses.



[About your bill](#)

Learn how to read your bill, understand what you owe, and make a payment.



[Glossary](#)

Get to know common health care terms related to your deductible plan.

Would you like to...

[Pay your bill](#) | [Estimate your costs](#) | [Track your deductible](#)

2025 Sample fee list

What's a sample fee list?

A sample fee list can help you understand your health care costs by showing the estimated amount you may pay for certain services. Keep in mind that this list doesn't include costs for hospital services, and the amount you're ultimately charged may vary based on the care you receive, the type of facility you visit, your plan details, and whether you've reached your deductible.

How can I use the list?

The sample fee list can help you:

- Choose the right Kaiser Permanente Deductible HMO plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify preventive care services, most of which are covered at no cost (visit kp.org/prevention for a full list)

What happens after I reach my deductible?

- You typically pay the full charge for covered services until you reach a set amount known as a deductible.
- Then you'll start paying less — a copay or a coinsurance (percentage of the of the service) for the rest of the year. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

Have questions?

If you want more information or have questions about a service that's not listed, please call the number on your Kaiser Permanente ID card.

Drug cost estimates

kp.org → Billing → Get drug cost estimates

Home Benefits Appointments & Care Messages Records Pharmacy Billing Health & W

Billing

for ANGELA SANDOVAL

Manage medical bills, payment options, cost estimates, and claims.
Get started at Billing & Claims

Billing & payments

- Pay medical bills

Claims & costs

- Submit a claim for reimbursement
- Review visit-cost summary
- View your out-of-pocket summary
- Get medical cost estimates**
- Get drug cost estimates**
- View explanation of benefits

Drug price search

Currently viewing: Angela Sandoval

Santa Rosa, CA 95401 ✓ 10 miles

Search by drug name

Drug Name

Pricing

7 results for Lisinopril Oral Tablet 5 MG

Santa Rosa, CA 95401 ✓ 10 miles

Drug costs are estimates and may vary based on the quantity, strength and dosage of the drug, the pharmacy, and taxes/fees, which vary by location.

Best price on the page

\$0.12 Per day	\$11.67 100 days
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Drug Details

Select a form: Tablet

Select strength or dosage: 2.5 MG 5 MG 10 MG

20 MG 30 MG 40 MG

Choose days supply: 30 days Custom amount

Choose a quantity: 1 per day Custom amount

Medications

KAISER PERMANENTE
Mail order pharmacy
[More information](#)

Local Pharmacies

Pharmacy Location	Pharmacy phone number	Pharmacy hours
<p>Santa Rosa MOB-6 Mercury Way 2240 Mercury Way Santa Rosa, CA 95407</p>	<p>Pharmacy: 707-570-3499 (Local) Mail-order Pharmacy: 888-218-6245 (toll free)</p>	<p>Monday - Friday, 8:45 a.m. to 6 p.m., Saturday and Sunday, Closed</p>
<p>Santa Rosa Medical Office Building 1 1st Floor 401 Bicentennial Way Santa Rosa, CA 95403</p>	<p>Information/Refill: 707-393-4180 (Local), Mail Order Phone: 888-218-6245 (toll free)</p>	<p>Monday - Friday, 8 a.m. to 8 p.m., Saturday and Sunday, 9 a.m. to 7 p.m.</p>
<p>Santa Rosa MOB 4 Pharmacy 3925 Old Redwood Hwy Santa Rosa, CA 95403</p>	<p>EasyFill (refills by phone)/Information: 707-566-5300 (Local), Mail Order Phone: 888-218-6245 (toll free)</p>	<p>Monday - Friday, 8:45 a.m. to 6 p.m., Saturday and Sunday, Closed</p>

kp.org/pharmacy

Member Services

Request medical information and find forms and answers on your own.

Or contact us by chat, email, phone, and In-Person.



Start by choosing Northern CA as your region

- **Chat** - Hours: Monday to Friday (8 a.m. to 5 p.m.), except major holidays
- **Phone** - Region specific.
- **Email** - Send non-urgent questions or comments and get a response within 3 business days.
- **In-Person**

Local Member Services: 3558 Round Barn Blvd, Suite 106, Santa Rosa, CA 95403

Hours: 9:00 a.m. to 4:30 p.m., Monday through Friday

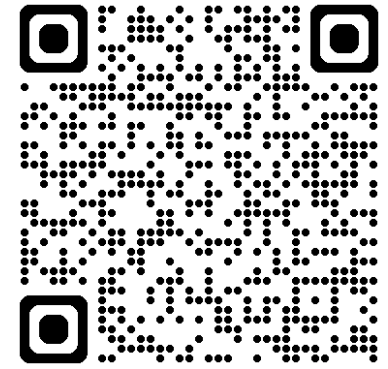
Office will close at 3:00 p.m. on the 3rd Thursday of each month



Learn more at kp.org/memberservices



Thank You



[View additional resources](#)