PACE 2027 Medical Plan Side-by-Side Comparison

Benefit	HMO 10	HMO 15	HMO 25	DHMO 500 10%	DHMO 500 20%	HSA 1750
Individual OOP Max	$1,500	$1,500	$1,500	$3,000	$3,000	$3,500
Individual Deductible	None	None	None	$500	$500	$1,750
Drug Deductible	None	None	None	None	$100	N/A
Primary Care Visit	$10	$15	$25	$20	$20	10% after ded
Specialist Visit	$10	$15	$25	$20	$20	10% after ded
Preventive Physical	No charge	No charge	No charge	No charge	No charge	No charge
Routine Eye Exam	No charge	No charge	No charge	No charge	No charge	10% coins
Urgent Care	$10	$15	$25	$20	$20	10% after ded
Physical/Occ/Speech Therapy	$10	$15	$25	$20	$20 after ded	10% after ded
Telehealth PCP	No charge	No charge	No charge	No charge	No charge	No charge after ded
Outpatient Surgery	$10/procedure	$15/procedure	$25/procedure	10% after ded	20% after ded	10% after ded
X-rays/Labs	No charge	No charge	No charge	$10	$10 after ded	10% after ded
MRI/CT/PET	Not listed	Not listed	Not listed	10% max $50	20% max $50	Not listed
Hospital Admission	No charge	No charge	$250/adm	10% after ded	20% after ded	10% after ded
Emergency Room	$100	$100	$100	10% after ded	20% after ded	10% after ded
Ambulance	No charge	No charge	No charge	10% max $150	20% max $150	10% after ded
Tier 1 Generic Retail	$10/30d	$10/30d	$15/30d	$10/30d	$10/100d	$10/30d after ded
Tier 1 Mail Order	$20/100d	$20/100d	$30/100d	$20/100d	$10/100d	$20/100d after ded
Tier 2 Brand Retail	$20/30d	$20/30d	$30/30d	$30/30d	$30 after drug ded	$30/30d after ded
Tier 4 Specialty	20% max $150	20% max $150	30% max $150	$30/30d	$30 after drug ded	20% max $150 after ded
DME	No charge	No charge	No charge	20% coins	20% coins	10% after ded
Inpatient Mental Health	No charge	No charge	$250/adm	10% after ded	20% after ded	10% after ded
Outpatient MH Individual	$10	$15	$25	$20	$20	10% after ded

Group MH	$5	$7	$12	$10	$10	10% after ded
Inpatient Detox	No charge	No charge	$250/adm	10% after ded	20% after ded	10% after ded
SUD Individual	$10	$15	$25	$20	$20	10% after ded
SUD Group	$5	$5	$5	$5	$5	10% after ded
Home Health	No charge	No charge	No charge	No charge	No charge	No charge after ded
Skilled Nursing	No charge	No charge	No charge	10% coins	20% after ded	10% after ded
Prosthetics/Orthotics	No charge	No charge	No charge	No charge	No charge	No charge after ded
Fertility Services	Standard medical cost share	Standard medical cost share	Standard medical cost share	Standard medical cost share	Standard medical cost share	Standard medical cost share

This document is intended to be a condensed, general overview of the PACE plans offered by Kaiser Permanente. For exact benefit details, always refer to the official plan documents, including the plan's Benefit Summary and/or EOC for '27

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