Kaiser Permanente Summary of Benefits

Swift Transportation, California
NCA 606416 / SCA 234551

January 1, 2026 - December 31, 2026

	Value Plan	Core Plan	Premium Plan
Annual Deductible: Individual/Family	$2,750 / $5,500	$1,250 / $2,500	$1,000 / $2,000
Out-of-Pocket: Individual/Family	$8,000 / $16,000	$6,000 / $12,000	$4,000 / $8,000
Virtual Care			
24/7 Medical Advice Phone Support	No Charge	No Charge	No Charge
E-visit on kp.org	No Charge	No Charge	No Charge
Telephone Visit	No Charge	No Charge	No Charge
Video Visit	No Charge	No Charge	No Charge
Email Your Doctor	No Charge	No Charge	No Charge
Office Visits			
Preventive Care	No Charge	No Charge	No Charge
Primary Care	$50	$40	$30
Specialty Care	$50	$40	$30
Urgent Care	$50	$40	$30
Mental Health Care	$50 Indv/$25 Grp visit	$40 Indv/$20 Grp visit	$30 Indv/$15 Grp visit
Lab and X-ray			
Preventive Lab and X-ray	No Charge	No Charge	No Charge
Diagnostic Labs	$10	$10	$10
X-ray (Therapeutic and Diagnostic)	$10	$10	$10
Emergency Services			
Ambulance (Ground or Air)	30% after deductible	30% after deductible	25% after deductible
Emergency Room	30% after deductible	30% after deductible	25% after deductible
Hospital Care			
Inpatient Hospital	30% after deductible	30% after deductible	25% after deductible
Outpatient Surgery	30% after deductible	30% after deductible	25% after deductible
Maternity Care			
Routine Prenatal Care and First Postpartum Visit	No Charge	No Charge	No Charge
Well-Baby Care (23 Months or Younger)	No Charge	No Charge	No Charge
Delivery and Inpatient Baby Care	30% after deductible	30% after deductible	25% after deductible
Additional Benefits			
Physical, Occupational, Speech Therapy	$50 per visit	$40 per visit	$30 per visit
Advanced Imaging (CT/MRI/PET)	30% after deductible	30% after deductible	25% after deductible
Vision Exam	No Charge	No Charge	No Charge
Prescription Drugs			
Preventive Drugs:	No Charge*	No Charge*	No Charge*
Retail (Up to 30 Day Supply):	Generic: $15; Brand, Non-preferred and Specialty: 30% up to $75 per prescription	Generic: $15; Brand: $50; Non- Preferred: $50, Specialty: $50	Generic: $15; Brand: $40; Non- Preferred: $40, Specialty: $40
Mail Order (Up to 100 Days Supply)	Generic: $30; Brand and Non-preferred: 30% up to $75 per prescription	Generic: $30; Brand: $100; Non- Preferred: $100	Generic: $30; Brand: $80; Non- Preferred: $80

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.

*ACA mandated drugs when prescribed by a Plan Provider

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