

**Walmart 2026
Benefits**

Legal Name Kaiser Foundation Health Plan of the Mid-Atlantic States
 Name used for associate communications Kaiser of the Mid-Atlantic Low Option HMO
 Plan States Maryland, Virginia
 Customer Service Number (855) 249-5018
 Web Address www.kp.org
 Active Associate Group #: 16128-20
 COBRA Group #: 16128-21

BENEFIT	2026 PLAN DESIGN
DEDUCTIBLE	\$1,500 individual / \$3,000 family Deductible does not apply to copays. (Deductible for Inpatient, outpatient surgery and ER services only)
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,850 per individual / \$13,700 family (includes deductible)
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$35 copay per PCP visit (waived for PCP visits of children under age 5); \$75 copay per Specialist visit
PREVENTIVE CARE	Covered 100%
MATERNITY CARE	25% coinsurance after deductible for hospital admission; contact Plan for cost sharing on outpatient maternity office visits
URGENT CARE	\$75 copay per visit
TELEMEDICINE	No charge
HOSPITAL CARE	
Inpatient	25% coinsurance after deductible is met
Emergency Room	25% coinsurance after deductible is met
Outpatient Surgery	25% coinsurance after deductible is met
AMBULANCE	25% coinsurance; deductible does not apply
DURABLE MEDICAL EQUIPMENT	25% coinsurance; deductible does not apply
DIABETIC SUPPLIES	Covered 100%
INJECTABLES	Covered at applicable Rx copays
SKILLED NURSING FACILITY	25% coinsurance after deductible is met, up to 100 days per contract year
MENTAL HEALTH	
Inpatient	25% coinsurance after deductible is met
Outpatient	\$35 copay for individual visits, \$17 copay for group visits (subject to state mandates)
SUBSTANCE ABUSE	
Inpatient	25% coinsurance after deductible is met
Outpatient	\$35 copay for individual visits, \$17 copay for group visits (subject to state mandates)
PRESCRIPTIONS	
Retail	\$15 copay generic / \$50 copay brand name / \$75 copay non-formulary brand name at Kaiser Plan Pharmacy; \$30 copay generic / \$65 copay brand name / \$90 copay non-formulary brand name at a Participating Network Pharmacy for 30-day supply; Specialty Rx: 25% coinsurance to a maximum of \$150 per drug / per fill
Mail-Order	\$30 copay generic / \$100 copay brand name / \$150 copay non-formulary brand name available through Kaiser Permanente Mail Order Program; for up to a 90- day supply. Specialty Rx: 25% coinsurance to a maximum of \$300 per drug / per fill
Other Medical Services	
Physical Therapy	\$75 copay per visit. Limit 30 visits per therapy, incident, or condition visit
Private Duty Nursing	Covered at 100% when medically necessary and authorized by a Kaiser Permanente physician
Prosthetics	25% coinsurance
Home Health Care	Covered 100%
Vision Exams	\$35 Optometry and \$75 Ophthalmology copay per visit at Kaiser Permanente medical center. For adults: \$75 discount off retail price combined for lenses and frames purchased at KP Optical. \$25 discount off retail price for contact lenses purchased at KP Optical. Children to age 19 no charge for 1 pair of glasses per year (limitations apply; contact Plan for specifics)
Hearing Exams	\$35 copay per PCP visit; \$75 copay per Specialist visit
Chiropractic Services	\$75 copay per visit. Limit 20 visits per contract year
TMJ	Not Covered
Organ Transplants	25% coinsurance after deductible is satisfied
The following applies to the out-of-pocket maximum	All cost sharing applies to the Out-of-Pocket Maximum
State and Federal Mandates	Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates

Michael Jost
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