

**Walmart 2026  
Benefits**

**Legal Plan Name:** Kaiser Foundation Health Plan of Oregon  
**Name used for associate communications:** Kaiser of Oregon High Option HMO  
**Plan State(s):** Oregon  
**Customer Service Number:** (503) 813-2000 Portland Area  
(800) 813-2000 Other Areas  
**Web Address:** [www.kp.org](http://www.kp.org)  
**Active Associate Group #:** 18259-001  
**COBRA Group #:** 18259-002

BENEFIT	2026 PLAN DESIGN
<b>DEDUCTIBLE</b>	\$1,000 individual and \$2,000 family Deductible does not apply to copays
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	\$6,850 per individual / \$13,700 family (includes deductible)
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited
<b>OFFICE VISITS</b>	PCP: \$5 copay (not subject to Plan Deductible) for first 3 visits per year. First 3 visits are any combination of Primary Care non-specialty medical Services, Mental Health outpatient Services, Naturopathic medicine visits, Substance Use Disorder outpatient Services, or Telemedicine Services. \$35 copay per visit/Specialist: \$60 copay per visit/Urgent Care: \$60 copay
<b>PREVENTIVE CARE</b>	Covered 100%
<b>MATERNITY CARE</b>	25% coinsurance after deductible for hospital admission; contact Plan for cost sharing on outpatient maternity office visits
<b>URGENT CARE</b>	\$60 copay per visit
<b>TELEMEDICINE</b>	No Charge
<b>HOSPITAL CARE</b> Inpatient Emergency Room Outpatient Surgery	25% coinsurance after deductible is met 25% coinsurance after deductible is met 25% coinsurance after deductible is met
<b>AMBULANCE</b>	25% coinsurance after deductible is met
<b>DURABLE MEDICAL EQUIPMENT</b>	25% coinsurance per item when deemed medically necessary and prescribed by a plan physician in accordance with DME formulary guidelines
<b>DIABETIC SUPPLIES</b>	\$10 for 30-day supply (see Rx benefit)
<b>INJECTABLES</b>	Office administered medication, including injections (all outpatient settings) 20% coinsurance after deductible
<b>SKILLED NURSING FACILITY</b>	25% coinsurance after deductible is met. Limit 100 days per benefit period
<b>MENTAL HEALTH</b> Inpatient Outpatient	25% coinsurance after deductible is met Primary care visit – \$5 copay (not subject to Plan Deductible) for first 3 visits per year. First 3 visits are any combination of Primary Care non-specialty medical Services, Mental Health outpatient Services, Naturopathic medicine visits, Substance Use Disorder outpatient Services, or Telemedicine Services. \$35 copay per visit after that.
<b>SUBSTANCE ABUSE</b> Inpatient Outpatient	25% coinsurance after deductible is met Primary care visit – \$5 copay (not subject to Plan Deductible) for first 3 visits per year. First 3 visits are any combination of Primary Care non-specialty medical Services, Mental Health outpatient Services, Naturopathic medicine visits, Substance Use Disorder outpatient Services, or Telemedicine Services. \$35 copay per visit after that.
<b>PRESCRIPTIONS</b> Retail Mail-Order	Formulary Applies \$10 generic, \$50 brand, \$75 Non-Formulary Brand, up to a 30-day supply; Specialty Rx: 25% coinsurance to a maximum of \$350 \$20 generic, \$100 brand, \$150 Non-Formulary Brand, up to a 90-day supply; Specialty Rx: 25% coinsurance to a maximum of \$350
<b>Other Medical Services</b>	
Physical Therapy	\$60 copay per visit (up to 20 visits per year)
Private Duty Nursing	Not Covered unless medically necessary
Prosthetics	25% coinsurance when medically necessary, prescribed by a plan physician, and in accordance with DME formulary guidelines
Home Health Care	Covered 100% after deductible. Limit 100 two-hour visits per calendar year
Vision Exams	\$60 copay per visit
Hearing Exams	\$60 copay per visit (Audiologist)
Chiropractic Services	\$15 copay per visit. Limit 20 visits per calendar year.
TMJ	25% coinsurance after deductible for surgery. Etiology must be medical not dental
Organ Transplants	25% coinsurance after deductible is satisfied
<b>The following applies to the out-of-pocket maximum</b>	All cost sharing applies to the Out-of-Pocket Maximum
<b>State and Federal Mandates</b>	Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates