

# Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

## Here's a quick look at how to use the chart

Benefit highlights	<span style="border: 1px solid white; border-radius: 50%; padding: 2px;">KP</span> Kaiser Permanente - Silver 70 HMO Off Exchange
Plan type	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,750/\$9,500
Annual out-of-pocket maximum (individual/family)	\$8,750/\$17,500
<b>Benefits</b>	
<b>Virtual care</b>	
Chat, Email, E-visit, Phone, and Video visit	No charge
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$45
Specialty care office visit	\$85
Most X-rays	\$95
Most lab tests	\$50
MRI, CT, PET	\$325
Outpatient surgery	20%
Mental health visit	\$45
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	\$400
Urgent care visit	\$45
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$16 after \$85 pharmacy deductible*
Preferred brand	\$60 after \$85 pharmacy deductible*
Non-preferred brand	\$60 after \$85 pharmacy deductible*
Specialty	20% after \$85 pharmacy deductible, up to \$250 per prescription
<b>Whole health</b>	
Healthy services	Optical promotions <sup>†</sup> kp2020.org

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

**Annual deductible**  
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$4,750 for yourself or \$9,500 for your family. Then you'd start paying copays or coinsurance.

**Annual out-of-pocket maximum**  
This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,750 for yourself and no more than \$17,500 for your family for your copays, coinsurance, and deductible in a calendar year.

**Preventive care at no charge**  
Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they're not subject to the deductible.

**Covered before you reach the deductible**  
With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$45 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

**Copay**  
This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$45 copay for urgent care visits, whether or not you have met your deductible.

**Coinsurance**  
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

\*Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>†</sup>Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange, Covered California

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on CoveredCA.com.

Benefit highlights	KP	KP E	KP E
	Kaiser Permanente - Bronze 60 HMO 8200/0%	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO
Plan type	HSA-qualified	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$8,200/\$16,400	\$7,000/\$14,000	\$7,000/\$14,000
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$7,000/\$14,000	\$8,600/\$17,200
<b>Benefits</b>			
<b>Virtual care</b>			
Email, E-visit, Phone and Video visit	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	No charge after deductible	No charge after deductible	First 3 visits \$65; then \$65 after deductible‡
Specialty care office visit	No charge after deductible	No charge after deductible	First 3 visits \$95; then \$95 after deductible‡
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible
Most lab tests	No charge after deductible	No charge after deductible	\$40
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible
Mental health visit	No charge after deductible	No charge after deductible	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	First 3 visits \$65; then \$65 after deductible‡
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	No charge after deductible	\$18 after \$500 pharmacy deductible*
Preferred brand	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
Non-preferred brand	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
Specialty	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
<b>Whole health</b>			
Healthy services	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org

‡ The Kaiser Permanente Bronze 60 HMO plan includes three office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, or outpatient mental health and substance use care.

\* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

† Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form (EOC)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-464-4000 (TTY 711), or contact your broker.

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Benefit highlights	<b>KP</b> Kaiser Permanente - Silver 70 HDHP HMO 3600/20%	<b>KP</b> Kaiser Permanente - Silver 70 HMO Off Exchange	<b>E</b> Kaiser Permanente - Silver 70 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HMO 2850/50
Plan type	<b>HSA-qualified</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$3,600/\$7,200	\$4,750/\$9,500	\$4,750/\$9,500	\$2,850/\$5,700
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,750/\$17,500	\$8,750/\$17,500	\$8,750/\$17,500
<b>Benefits</b>				
<b>Virtual care</b>				
Email, E-visit, Phone and Video visit	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	20% after deductible	\$45	\$45	\$50
Specialty care office visit	20% after deductible	\$85	\$85	\$80
Most X-rays	20% after deductible	\$95	\$95	\$70 after deductible
Most lab tests	20% after deductible	\$50	\$50	\$30 after deductible
MRI, CT, PET	20% after deductible	\$325	\$325	\$350 after deductible
Outpatient surgery	20% after deductible	20%	20%	35% after deductible
Mental health visit	20% after deductible	\$45	\$45	\$50
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	30% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	20% after deductible	\$400	\$400	\$350 after deductible
Urgent care visit	20% after deductible	\$45	\$45	\$50
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	20% after deductible, up to \$250 per prescription	\$16 after \$85 pharmacy deductible*	\$16 after \$85 pharmacy deductible*	\$20*
Preferred brand	20% after deductible, up to \$250 per prescription	\$60 after \$85 pharmacy deductible*	\$60 after \$85 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Non-preferred brand	20% after deductible, up to \$250 per prescription	\$60 after \$85 pharmacy deductible*	\$60 after \$85 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Specialty	20% after deductible, up to \$250 per prescription	20% after \$85 pharmacy deductible, up to \$250 per prescription	20% after \$85 pharmacy deductible, up to \$250 per prescription	35% after \$450 pharmacy deductible, up to \$250 per prescription
<b>Whole health</b>				
Healthy services	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>

\* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

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Benefit highlights	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO Coinsurance	<b>KP</b> <b>E</b> Kaiser Permanente - Platinum 90 HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Minimum Coverage HMO <sup>††</sup>
	Copayment	Copayment	Copayment	Deductible
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$9,100/\$18,200
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	\$8,550/\$17,100	\$4,500/\$9,000	\$9,100/\$18,200
<b>Benefits</b>				
<b>Virtual care</b>				
Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	\$65	\$65	\$30	No charge after deductible
Most X-rays	\$75	\$75	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	\$75	25%	\$75	No charge after deductible
Outpatient surgery	\$190	20%	\$125	No charge after deductible
Mental health visit	\$35	\$35	\$15	No charge
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$350 per day up to 5 days**	30%	\$250 per day up to 5 days**	No charge after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$350 per day up to 5 days**	30%	\$250 per day up to 5 days**	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	\$350	\$350	\$150	No charge after deductible
Urgent care visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$15*	\$5*	No charge after deductible
Preferred brand	\$60*	\$60*	\$15*	No charge after deductible
Non-preferred brand	\$60*	\$60*	\$15*	No charge after deductible
Specialty	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
<b>Whole health</b>				
Healthy services	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org

\* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>†</sup> Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

<sup>‡</sup> The Kaiser Permanente Bronze 60 HMO plan includes three office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, or outpatient mental health and substance use care.

\*\* After 5 days, there is no charge for covered services related to the admission.

<sup>††</sup> Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Minimum Coverage HMO plan.

\*\*\* The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Covered California.

Benefit highlights	<b>E</b> Kaiser Permanente - Silver 73 HMO	<b>E</b> Kaiser Permanente - Silver 87 HMO	<b>E</b> Kaiser Permanente - Silver 94 HMO
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$4,750/\$9,500	\$800/\$1,600	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$3,000/\$6,000	\$900/\$1,800
<b>Benefits</b>			
<b>Virtual care</b>			
Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$45	\$15	\$5
Specialty care office visit	\$85	\$25	\$8
Most X-rays	\$90	\$40	\$8
Most lab tests	\$50	\$20	\$8
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	20%	15%	10%
Mental health visit	\$45	\$15	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$400	\$150	\$50
Urgent care visit	\$45	\$15	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$16 after \$30 pharmacy deductible*	\$5 after \$25 pharmacy deductible*	\$3*
Preferred brand	\$55 after \$30 pharmacy deductible*	\$25 after \$25 pharmacy deductible*	\$10*
Non-preferred brand	\$55 after \$30 pharmacy deductible*	\$25 after \$25 pharmacy deductible*	\$10*
Specialty	20% after \$30 pharmacy deductible, up to \$250 per prescription	15% after \$25 pharmacy deductible, up to \$150 per prescription	10% Up to \$150 per prescription
<b>Whole health</b>			
Healthy services	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>	Optical promotions <sup>†</sup> <a href="http://kp2020.org">kp2020.org</a>

\* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

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# Optional adult dental insurance plan

Kaiser Permanente's optional adult dental insurance plan is a great value. Choose from more than 25,000 Delta Dental providers, or select another dentist of your choice. Your Kaiser Permanente health plan includes pediatric dental benefits for child members until the end of the month in which the member turns 19.

## How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a \$25 annual deductible per person, up to a maximum of \$75 for your whole family.
- **Cost savings.** You'll usually pay the least when visiting a Delta Dental PPO provider, so take advantage of the over 12,000 Delta Dental PPO dentists in California. If you don't visit a Delta Dental PPO dentist, remember that you also have access to dentists in the Delta Dental Premier network. You'll usually pay more to see a Delta Dental Premier dentist than a Delta Dental PPO dentist but less than if visiting a non-Delta Dental dentist.
- **Coverage for the whole family.** If you enroll, every adult on your health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to \$1,000 toward dental services for each covered member per year.

- **Waiting periods.** Some dental services are subject to a waiting period before the plan will cover the charges. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

## How to enroll

To request enrollment in the optional adult dental insurance plan, simply check the right box on your application.

- If you choose not to enroll at this time, you won't be able to enroll again until your next open enrollment period.
- Dental coverage can only be purchased if you enroll or are currently enrolled in a Kaiser Permanente health plan.
- Once enrolled, you can't cancel your dental coverage without canceling your regular health coverage, unless you make the change during open enrollment or a special enrollment period.

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### 2023 monthly rate

\$31.38 per member

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A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



**KAISER PERMANENTE**

Kaiser Permanente Insurance Company

## Have questions?

Call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday. Please reference the group number when calling: #50146 for NCAL, 50147 for SCAL.

- Visit [deltadentalins.com](http://deltadentalins.com) for a list of PPO or Premier providers in your area.
- Once enrolled, you can contact Delta Dental's customer service line at **1-800-835-2244**, 5 a.m. to 5 p.m., Monday through Friday, for information on claims, eligibility, benefits, and to find a Delta Dental provider in your area.

Kaiser Permanente's dental insurance plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. For more information, call Delta Dental at 1-800-933-9312 (if you are already enrolled, call toll free 1-800-835-2244).

# Dental benefit highlights

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Table of Allowances that lists all your covered services and the amount the plan pays for them.\*

Procedure	What the plan pays
<b>Diagnostic procedures</b>	
Oral exam	\$25.20
X-rays – complete series including bitewings	\$54.00
<b>Preventive procedures</b>	
Cleaning	\$43.20
<b>Restorative procedures</b>	
Fillings <sup>†</sup> (Note: Fillings are subject to a 6-month waiting period.)	
Amalgam – one surface, primary or permanent	\$35.00
Resin-based composite – one surface, anterior	\$46.00
Crowns <sup>†</sup> (Note: Crowns are subject to a 6-month waiting period.)	
Resin with high noble metal	\$182.00
<b>Endodontic procedures</b>	
Root canal <sup>†</sup> (Note: Root canals are subject to a 6-month waiting period.)	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
<b>Oral and maxillofacial surgical procedures<sup>†</sup></b> (Note: Oral and maxillofacial surgical procedures are subject to a 6-month waiting period.)	
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	\$74.00

Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances as well as treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

\*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following 3: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

<sup>†</sup>The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit. Some covered dental services are subject to a waiting period. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 7. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov).