


[< Coverage and costs](#)



Member Info



Chat with KP

Benefit summary

Current plan 

Current plan - STATE ACTIVES

Showing for Kshitij nitish Ijari

Updated as of 4/18/23

Coverage dates
10/01/2022 - 12/31/2023

Out-of-pocket maximum
\$1,500 individual / \$3,000 family


 [Learn how your plan works](#)

Select a category to learn about related services below.

Primary care

Primary care

Below are some common services covered under your plan. When you receive these services, you may pay a fixed amount (copay) or a percentage (coinsurance).



Cost estimate tool

The copay and coinsurance amounts below reflect costs after your deductible is met. To find an estimated cost for services listed below or other medical services, use our [cost estimate tool](#).

Primary care services

Service Type	You'll Pay
Service Type	You'll Pay
Virtual care phone visit	\$0 <u>Copay</u>
Service Type	You'll Pay
Virtual care video visit	\$0 <u>Copay</u>
Service Type	You'll Pay
Primary care visit	\$15 <u>Copay</u>
Includes services such as general doctor visits and	

pediatrician visits.

Primary care procedures

Service Type	You'll Pay
Service Type Immunizations	You'll Pay \$0 Copay
Service Type Shots	You'll Pay \$0 Copay
Includes costs for injectable medications such as antibiotics and steroids. Administration of injections may have a separate cost.	
Service Type Office procedure	You'll Pay \$15 Copay
Includes procedures such as mole removal, diabetic nail trimming, and ear wax removal.	

If there's a discrepancy between what's displayed on this page and your Evidence of Coverage (EOC), the EOC will govern. Please refer to your EOC for a complete description of your coverage and cost share.