

Your Northern California Benefits Summary for 2019

Benefits and Services		High Option	Standard Option	Basic Option
The benefits and services below are NOT subject to applicable plan deductibles.				
Outpatient services (per visit or procedure)				
Preventive care		\$0	\$0	\$0
Primary care/specialty care office visit		\$15/\$25	\$30/\$40	\$25/\$35
Urgent care		\$15	\$30	\$25
Chiropractic services (up to 20 visits per year) ¹		\$15	\$15	\$15
Prescription drugs (up to a 30-day supply at plan pharmacies, or up to a 100-day supply for 2 copays through mail order) ²				
Generic		\$10	\$15	\$15
Preferred brand/non-preferred brand		\$40	\$50	\$60
Specialty		\$100	\$150	\$200
The benefits and services below ARE subject to applicable plan deductibles.				
Deductible (2x per family maximum)		None	\$100	\$500
Hospital and facility				
Outpatient surgery		\$50	\$200 ⁴	20% ⁴
Inpatient hospital care (per admission)		\$250	\$500 ⁴	20% ⁴
Maternity				
Routine prenatal care visit, first postpartum visit (no deductible)		\$0	\$0	\$0
Delivery (per admission)		\$250	\$500 ⁴	20% ⁴
Emergency and urgent care (per visit or trip)				
Emergency care		\$100	\$150 ⁴	20% ⁴
Ambulance		\$50	\$150 ⁴	20% ⁴
Most X-rays and lab tests		\$0	\$10 ⁴	20% ⁴
Out-of-pocket maximum (2x per family maximum)		\$2,000 per person	\$3,000 per person	\$5,500 per person
Your Premium Share ³		High Option	Standard Option	Basic Option
Self Only	Biweekly Non-Postal	\$227.89	\$137.93	\$73.94
	Biweekly Postal Category 1	\$224.69	\$134.73	\$70.98
	Biweekly Postal Category 2	\$215.10	\$125.14	\$61.37
	Monthly Non-Postal	\$493.77	\$298.85	\$160.25
Self Plus One	Biweekly Non-Postal	\$601.18	\$369.09	\$199.78
	Biweekly Postal Category 1	\$594.34	\$362.25	\$192.94
	Biweekly Postal Category 2	\$573.83	\$341.74	\$172.43
	Monthly Non-Postal	\$1,302.55	\$799.69	\$432.85
Self and Family	Biweekly Non-Postal	\$568.13	\$336.04	\$173.01
	Biweekly Postal Category 1	\$560.83	\$328.74	\$166.09
	Biweekly Postal Category 2	\$538.95	\$306.86	\$143.60
	Monthly Non-Postal	\$1,230.95	\$728.09	\$374.86
Enrollment Code		High Option	Standard Option	Basic Option
Self Only		591	594	KC1
Self Plus One		593	596	KC3
Self and Family		592	595	KC2

This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure, RI 73-003. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

¹For chiropractic services, you self-refer to a participating American Specialty Health (ASH) network chiropractor. To find a participating chiropractor, call 1-800-678-9133.

²Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs. If you request a brand-name drug in place of a generic drug prescribed by your doctor, you may be required to pay full charges. Some drugs may not be eligible for mail-order delivery or mail-order discounts.

³These rates do not apply to all enrollees. If you're in a special enrollment category, please contact the agency or Tribal Employer that maintains your health benefits enrollment.

⁴After deductible.