Mid-Atlantic States Region

New for 2020 | Up to $500 in gym reimbursement with Basic Option

Great extras with your plan:

- $150–$375 through our Healthy Rewards program
- Vision and Dental included with Standard and High Options
- Easy-to-use Kaiser Permanente app

More value with your plan:

- Premiums starting as low as $48[47]
- $0 video visits[1]
- No deductible on High and Standard Options
- No-cost prescription delivery through Mail Order Pharmacy

Not a member yet?

Visit **kp.org/feds** to learn more about how Kaiser Permanente can help you live well, or call us at **877-489-8043,** Monday through Friday, 10 a.m. to 8 p.m. Starting November 11, our hours for open enrollment will be Monday through Friday, 9 a.m. to 10 p.m.

Already a member?

If you have questions about your plan, please call our Member Services Contact Center at **800-777-7902** (TTY **711**), Monday through Friday, 9 a.m. to 10 p.m. during open enrollment season (closed holidays).

kp.org/feds

KAISER PERMANENTE®

[1] Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at **kp.org**. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or behavioral health conditions. For video visits with a mental health provider, appointments can be scheduled for follow-up care.

Your Kaiser Permanente Mid-Atlantic States Region Benefits Summary for 2020

Benefits and services		High Option	Standard Option	Basic Option
Annual deductible (2x per family maximum)		$0	$0	$100 per person
Outpatient services (per visit or procedure)				
Preventive care		$0	$0	$0
Primary care office visit		$10/$0 for children through age 4	$20/$0 for children through age 17	$30/$0 for children through age 17
Specialty care office visit		$20	$30	$40
Prescription drugs (up to a 30-day supply at plan medical center pharmacies, or up to a 90-day supply for 2 copays–mail order)[1,2]				
Generic		$7	$10	$10
Preferred brand/non-preferred brand		$30/$45	$40/$60	$45/$65
Specialty		$100	$150	$200
Hospital and facility (there is no charge after the office visit, outpatient, or inpatient hospital copayment is made)				
Outpatient surgery		$75	$150	$300[3]
Inpatient hospital care (per admission)		$100	$500	$750[3]
Maternity				
Routine prenatal care visit, first postpartum visit		$0	$0	$0
Delivery (per admission)		$0	$0	$750[3]
Emergency and Urgent Care (per visit or trip)				
Emergency care as an outpatient at a hospital		$100	$150	$150[3]
Urgent care at a plan Urgent Care center		$20	$30	$40
Ambulance		$0	$100 per service	$100 per service[3]
Most lab tests/X-rays		$0	$0	$0/$40
Out-of-pocket maximum (2x per family maximum)		$2,250 per person	$3,500 per person	$4,000 per person
Your premium share[4]		**High Option**	**Standard Option**	**Basic Option**
Self Only	Biweekly Non-Postal	$97.84	$65.95	$48.47
	Biweekly Postal Category 1	$94.56	$63.31	$46.54
	Biweekly Postal Category 2	$84.74	$54.74	$40.23
	Monthly Non-Postal	$211.98	$142.89	$105.03
Self Plus One	Biweekly Non-Postal	$263.20	$151.67	$107.87
	Biweekly Postal Category 1	$256.20	$145.61	$103.56
	Biweekly Postal Category 2	$235.19	$125.89	$89.53
	Monthly Non-Postal	$570.27	$328.62	$233.72
Self and Family	Biweekly Non-Postal	$220.85	$151.67	$118.40
	Biweekly Postal Category 1	$213.26	$145.61	$113.67
	Biweekly Postal Category 2	$190.50	$125.89	$98.27
	Monthly Non-Postal	$478.51	$328.62	$256.54

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, *73-047*. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

[1] Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

[2] Certain drugs may not be eligible for mail order delivery or mail order discounts.

[3] You pay the deductible, then cost-sharing.

[4] These 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.

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