

Your Northern California 2021 benefits at a glance

Benefits and Services	High Option	Standard Option	Basic Option
Deductible	None	\$100	\$500
Outpatient services			
Preventive care	\$0	\$0	\$0
Telehealth ³	\$0	\$0	\$0
Primary care office visit	\$15	\$30	\$25
Specialty care office visit	\$25	\$40	\$35
Laboratory tests	\$0	\$10*	20%*
X-rays	\$0	\$10*	20%*
Chiropractic services – 20 visits per year	\$15	\$15	\$15
Maternity			
Routine prenatal care and postpartum visit	\$0	\$0	\$0
Delivery	\$250	\$500*	20%*
Hospital services			
Outpatient surgery	\$50	\$200*	20%*
Inpatient hospital	\$250	\$500*	20%*
Emergency and urgent care			
Urgent care	\$15	\$30	\$25
Emergency care	\$100	\$150*	20%*
Ambulance	\$50	\$150*	20%*
Prescription Drugs			
Generic	\$10	\$15	\$15
Brand	\$40	\$50	\$60
Specialty	\$100	\$150	\$200
Out-of-pocket Maximum	\$2,000	\$3,000	\$5,500

*Deductible applies.

Notes:

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Telehealth options include video, phone, email, and more.
- Coinsurance (%) is based on our allowance.
- Prescription drug copays are for a 30-day supply at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 100-day supply for most drugs through Kaiser Permanente's mail-order program.

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

(continues)

Here's what you'll pay

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Your Premium Share*		High Option	Standard Option	Basic Option
Self Only	Biweekly Non-Postal	\$226.67	\$138.12	\$75.24
	Biweekly Postal Category 1	\$223.31	\$134.76	\$72.23
	Biweekly Postal Category 2	\$213.25	\$124.70	\$62.45
	Monthly Non-Postal	\$491.12	\$299.26	\$163.02
Self Plus One	Biweekly Non-Postal	\$600.32	\$371.05	\$186.78
	Biweekly Postal Category 1	\$593.13	\$363.86	\$179.59
	Biweekly Postal Category 2	\$571.57	\$342.30	\$158.03
	Monthly Non-Postal	\$1,300.70	\$803.95	\$404.69
Self and Family	Biweekly Non-Postal	\$555.53	\$326.26	\$176.06
	Biweekly Postal Category 1	\$547.72	\$318.45	\$169.02
	Biweekly Postal Category 2	\$524.30	\$295.03	\$146.13
	Monthly Non-Postal	\$1,203.65	\$706.90	\$381.46

Choose the right enrollment code

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



Self Plus One

Enrollees covering themselves and one other eligible family member may choose either the Self Plus One or Self and Family enrollment type, whichever has a lower premium. You should decide which enrollment type is best for you.

Need help? Call **1-855-315-1009**, Monday through Friday, 7 a.m. to 5 p.m.
Open Season hours: Monday through Friday, 6 a.m. to 7 p.m. For TTY, call **711**.