

# Your Northern California 2022 benefits at a glance

Benefits and Services	High Option	Standard Option	Prosper
<b>Deductible</b>	None	\$100	\$500
<b>Outpatient services</b>			
Preventive care	\$0	\$0	\$0
Telehealth	\$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
<b>Maternity</b>			
Routine prenatal care and postpartum visit	\$0	\$0	\$0
Delivery	\$250	\$500*	20%*
<b>Hospital services</b>			
Outpatient surgery	\$50	\$200*	20%*
Inpatient hospital	\$250	\$500*	20%*
<b>Emergency and urgent care</b>			
Urgent care	\$15	\$30	\$25
Emergency care	\$100	\$150*	20%*
Ambulance	\$50	\$150*	20%*
<b>Prescription drugs</b>			
Generic	\$10	\$15	\$15
Brand	\$40	\$50	\$60
Specialty	\$100	\$150	\$200
<b>Out-of-pocket Maximum</b>	\$2,000	\$3,000	\$5,500

\*Deductible applies.

\*\*Chiropractic services without a referral, with any American Specialty Health (ASH) Plans of California, Inc., participating provider. To find a participating provider, visit [ashlink.com/ash/kp](http://ashlink.com/ash/kp) or call 1-800-678-9133, Monday through Friday, 5 a.m. to 6 p.m. For TTY, call 711.

## Notes:

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Coinsurance (%) is based on our allowance.
- Telehealth options include video, phone, email, and more.
- Prescription drug copayments 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 – Northern California FEHB 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.

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# 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	Prosper Option
Self Only	Biweekly	\$217.74	\$131.24	\$75.99
	Monthly	\$471.77	\$284.35	\$164.64
Self Plus One	Biweekly	\$579.64	\$355.43	\$186.61
	Monthly	\$1,255.89	\$770.10	\$404.32
Self and Family	Biweekly	\$530.14	\$305.93	\$177.81
	Monthly	\$1,148.64	\$662.85	\$385.25

## Choose the right enrollment code

Enrollment Code	High Option	Standard Option	Prosper 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**.