

# Your 2024 benefits at a glance

The benefits and services below are NOT subject to applicable plan deductibles except where noted.

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.

**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.

# 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 that maintains your health benefits enrollment.

Your Premium Share*	High Option	Standard Option	Prosper	
<b>Self Only</b>	Biweekly	\$204.93	\$119.45	\$79.27
	Monthly	\$444.01	\$258.81	\$171.75
<b>Self Plus One</b>	Biweekly	\$550.65	\$328.17	\$185.49
	Monthly	\$1,193.08	\$711.04	\$401.89
<b>Self and Family</b>	Biweekly	\$490.97	\$268.49	\$185.49
	Monthly	\$1,063.77	\$581.73	\$401.89

## Choose the right enrollment code

Enrollment Code**	High Option	Standard Option	Prosper
<b>Self Only</b>	591	594	KC1
<b>Self Plus One</b>	593	596	KC3
<b>Self and Family</b>	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.

**To sign up,** find your enrollment code in the chart above. Then, visit **opm.gov** to enroll online or contact your employing agency or retirement office for next steps and other information.

These are highlights of the FEHB enrollment process. Please refer directly to **opm.gov** and your employing agency or retirement office for FEHB coverage effective dates, enrollment procedures and deadlines, and other information.

**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**.