

Your 2025 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
Deductible	None	None	\$100
Outpatient services			
Preventive care	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0
Primary care office visit	\$15	\$30 (\$0 for children through age 17)	\$30
Specialty care office visit	\$25	\$40 (\$0 for children through age 17)	\$40
Lab tests	\$0	\$10	\$10*
X-rays	\$0	\$10	\$10*
Chiropractic and acupuncture services – 20 combined visits per year	\$15	\$15	Not covered
Maternity			
Routine prenatal care and postpartum visit	\$0	\$0	\$0
Delivery	\$250	\$0	\$750*
Birthing doula**	\$0	\$0	\$0
Hospital services			
Outpatient surgery	\$50	\$200	\$300*
Inpatient hospital	\$250	\$500	\$750*
Emergency and urgent care			
Urgent care	\$15	\$30 (\$0 for children through age 17)	\$30
Emergency care	\$100	\$150	\$150*
Ambulance	\$50	\$150	\$200*
Prescription drugs			
Generic	\$10	\$15	\$15
Brand	\$40	\$50	\$60
Specialty	\$100	\$150	\$200
Out-of-Pocket Maximum	\$2,000	\$3,000	\$5,000

*Deductible applies. **One initial visit and up to 8 visits in any combination of prenatal and postpartum visits. Up to two additional postpartum visits may be available.

Notes:

- Telehealth options include video, phone, email, and more. See page 7, *Care that’s convenient*.
- 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.
- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.

This is a summary of the features of the Kaiser Permanente – Southern California FEHB plan. Before making a final decision, please read the Plan’s Federal brochure (RI 73-822). 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
Self Only	Biweekly	\$128.56	\$71.86	\$47.61
	Monthly	\$278.55	\$155.71	\$103.16
Self Plus One	Biweekly	\$336.07	\$166.08	\$109.51
	Monthly	\$728.16	\$359.85	\$237.27
Self and Family	Biweekly	\$271.84	\$166.08	\$133.31
	Monthly	\$588.99	\$359.85	\$288.85

Choose the right enrollment code

Enrollment Code	High Option	Standard Option	Prosper
Self Only	621	624	FL1
Self Plus One	623	626	FL3
Self and Family	622	625	FL2



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 **1-855-366-8994**, Monday through Friday, 7 a.m. to 6 p.m.
Open Season hours: Monday through Friday, 6 a.m. to 6 p.m. For TTY, call **711**.