

Colorado Benefit highlights

Your 2019 benefits summary

Benefits and Services	High Option	Standard Option	Basic Option
Outpatient services (per visit or procedure)			
Preventive and wellness care	\$0	\$0	\$0
Primary care	\$20	\$30; \$0, up to age 18	\$20
Specialty care	\$30	\$40	\$50
Procedures received during an office visit	\$0	10%*	20%*
Most lab tests	\$0	\$0	\$0
Most X-rays	\$0	\$0	20%*
Maternity			
Routine prenatal care visits, first postpartum visit	\$0	\$0	\$0
Delivery (per admission)	\$0	\$0	20%*
Hospital and facility			
Outpatient surgery	\$200	\$250*	20%*
Inpatient hospital care (per admission)	\$500 per day up to \$1,000	\$750*	20%*
Emergency and urgent care (per visit or trip)			
Emergency care (worldwide)	\$200	\$300*	20%*
Urgent care	\$30	\$40	\$50
Ambulance	\$150	\$200	20% up to \$500
Prescription drugs (up to a 30-day supply at plan pharmacies, or up to a 90-day supply for 2 copays through mail order) [†]			
Preferred generic	\$15	\$15	\$15
Preferred brand	\$40	\$50	\$60
Non-preferred generic and brand	\$60	\$70	\$80
Specialty	\$100	\$150	\$200
Deductible (2x per family maximum)	None	\$150 per person	\$600 per person
Healthy rewards[‡]			
Rewards available	\$150 per person	\$150 per person	\$150 per person
Out-of-pocket maximum (2x per family maximum)	\$4,000 per person	\$5,500 per person	\$6,000 per person
Chiropractic services (up to 20 visits per year)	\$30	\$40	\$30
Voluntary dental			
Dental visits	kp.org/feds		
Gym Discount Program^{**}			
Membership fees	\$25 per month	\$25 per month	\$8.34 per month

*You pay the deductible, then cost sharing.

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

[‡]As a Kaiser Permanente member, you and an enrolled spouse (age 18 and over) are eligible to earn up to \$150 each in rewards. We'll send you a Kaiser Permanente Health Payment Card 4 to 6 weeks after you complete both activities. You must keep your card for use throughout the year and use rewards to pay qualified medical expenses by March 31 of the next calendar year. Go to kp.org/feds to learn more and get started.

^{**}Basic Option members, age 16 and older pay only \$8.34 per month for access to participating fitness centers. To learn more and enroll, visit kp.org/activeandfit. High and Standard Option members, age 18 years and older, pay a \$25 enrollment fee, and \$25 per month, plus applicable taxes for access to participating fitness centers. Enrollment requires a 3-month commitment. To enroll, visit kp.org/choosehealthy. Eligibility, enrollment, participating fitness centers, and other requirements aren't the same under the Basic Option and the High and Standard Option discounted gym programs.

See why we're Colorado's #1 health care plan.¹

Enhanced benefits for growing families

High and Standard Options are both great choices for families. You pay nothing for prenatal care, postpartum care and inpatient hospital maternity care delivery. In addition, Standard Option members pay nothing for primary care for children up to age 18.

Care and coverage that fit your life

- **Get high-quality care** from a team who's focused on you.
- **Know your health is in good hands** – from preventive screenings to quality care.
- **Earn up to \$300 in healthy rewards** by taking healthy steps at kp.org/feds.
- **Get emergency care** – while traveling anytime, anywhere.
- **Choose from many convenient locations** close to home or work.

Your Premium Share ²		High Option	Standard Option	Basic Option
Self Only	Biweekly Non-Postal	\$110.87	\$67.69	\$49.60
	Biweekly Postal Category 1	\$107.67	\$64.98	\$47.61
	Biweekly Postal Category 2	\$98.08	\$56.18	\$41.17
	Monthly Non-Postal	\$240.22	\$146.67	\$107.46
Self Plus One	Biweekly Non-Postal	\$278.52 ³	\$152.99	\$112.09
	Biweekly Postal Category 1	\$271.68	\$146.87	\$107.60
	Biweekly Postal Category 2	\$251.17	\$126.98	\$93.03
	Monthly Non-Postal	\$603.46	\$331.48	\$242.86
Self and Family	Biweekly Non-Postal	\$245.47	\$152.99	\$112.09
	Biweekly Postal Category 1	\$238.17	\$146.87	\$107.60
	Biweekly Postal Category 2	\$216.29	\$126.98	\$93.03
	Monthly Non-Postal	\$531.86	\$331.48	\$242.86

Enrollees covering themselves and one other eligible family member may choose either the Self Plus One or Self and Family enrollment type. If you choose the High Option, you'll save money if you enroll in Self and Family. Current Self Plus One subscribers must make an active enrollment election to move to Self and Family and get a lower member contribution.

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, RI 73-019. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

1. Out of more than 500 health plans reviewed across the country by the National Committee for Quality Assurance (NCQA), our commercial and Medicare plans were among the top rated, 2018.

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

3. Due to the higher government contribution for the Self and Family enrollment type, you may want to select the Self and Family enrollment code for a lower employee contribution.