KAISER PERMANENTE®

Your 2019 benefits summary

This chart reflects coverage at your in-network benefit level

Coverage	Standard Option Plan	Standard Option Non Plan	HDHP Plan	HDHP Non Plan
Annual deductible: Self / Self Plus One / Self & Family Deductible applies to all services except as noted	$350 / $700 / $700	Shared with Plan	$1,500 / $3,000 / $3,000	$1,500 / $3,000 / $3,000
Annual out-of-pocket limit: Self / Self Plus One / Self & Family	$5,000 / $10,000 / $10,000	Unlimited	$5,000 / $10,000 / $10,000	$5,000 / $10,000 / $10,000
Annual medical fund contribution: Self / Self Plus One / Self & Family	N/A		$750 / $1,500 / $1,500	

Benefits	Standard Option You pay	HDHP You pay
Preventive care	Covered in full, not subject to deductible	Covered in full, not subject to deductible
Professional services: (Self-refer / unlimited visits) Primary & Specialty Office, Home, Naturopath & Urgent Care Visits	$25 primary / $35 specialty; not subject to deductible	20%
Procedures received during an office visit	20%	20%
Acupuncture: Self-refer 20 visits per member PCY[1] For substance abuse, unlimited visits	$25 primary / $35 specialty; not subject to deductible	20%
Chiropractic: Self-refer 20 visits per member PCY[1]	$25 primary, not subject to deductible	20%
Massage: With a referral, 20 visits per member PCY[1]	$25 primary / $35 specialty; not subject to deductible	20%
Mental health	Inpatient:[2] 20% Outpatient: $25 primary / $35 specialty; not subject to deductible	20%: Outpatient & Inpatient[2]
Lab / X-ray	20%	20%
Hospital / Facility	20%: Outpatient & Inpatient[2]	20%: Outpatient & Inpatient[2]
Emergency care	$150 per visit	20%
Maternity	Covered in full; not subject to deductible	20%: Prenatal care covered at 100%; not subject to deductible
Ambulance: Ground & air	20%	20%

Standard Option (not subject to deductible) & HDHP

Prescription drugs	You pay
Tier 1: Formulary generic 1-month supply / 90-day mail order supply	$20 / $40
Tier 2: Formulary brand 1-month supply / 90-day mail order supply	$40 / $80
Tier 3: Non-formulary 1-month supply / 90-day mail order supply	$60 / $120
Tier 4: Formulary specialty 1-month supply	25% up to $200
Tier 5: Non-formulary specialty 1-month supply	35% up to $300

Dental	You pay
Preventive Dental	All charges in excess of scheduled allowance

[1]PCY = Per calendar year [2]Inpatient requires preauthorization

[3]These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special Guide to Federal Benefits or contact the agency or tribal employer which maintains your health benefits enrollment.

Standard Option / HDHP

Compare Premiums: Nonpostal[3]	Standard Option Biweekly / Monthly	(Code)	HDHP Biweekly / Monthly	(Code)
Self only	$91.89 / $199.10	(L11)	$67.75 / $146.79	(L14)
Self + one	$222.71 / $482.53	(L13)	$150.40 / $325.87	(L16)
Self + family	$189.66 / $410.93	(L12)	$150.40 / $325.87	(L15)

Compare Premiums: Postal[3]	Standard Option Biweekly 1 / Biweekly 2	(Code)	HDHP Biweekly 1 / Biweekly 2	(Code)
Self only	$88.69 / $79.10	(L11)	$65.04 / $56.23	(L14)
Self + one	$215.87 / $195.36	(L13)	$144.39 / $124.83	(L16)
Self + family	$182.36 / $160.48	(L12)	$144.39 / $124.83	(L15)

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.

Please note that the above information is a summary of the Kaiser Permanente Washington Options Fedaeral benefits. Before making a final decision, please read the Plan's Federal brochure (RI 73-051). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure. Please refer to the Kaiser Permanente Washington Options Federal (formerly Group Health Options, Inc.) brochure posted at **kp.org/feds/wa-options**.

XB0001430-52-18 All medical plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.