

Compare your options

This 2019 benefit summary allows you to make a side-by-side comparison of your Kaiser Permanente FEHB choices.

2019 Benefits and Services	Without Medicare			Medicare Advantage/Medicare Plus for Federal Members		
	High Option	Standard Option	Basic Option	High Option	Standard Option	Basic Option
Annual Deductible	\$0	\$0	\$100 per person, up to \$200 per family	\$0	\$0	\$0
Outpatient services (per visit or procedure)						
Primary care	\$10/\$0 for children through age 4	\$20/\$0 for children through age 17	\$30/\$0 for children through age 17	\$0	\$10/\$0 for children through age 17	\$20/\$0 for children through age 17
Specialty care	\$20	\$30	\$40	\$0	\$10	\$30
Most lab tests and X-rays	\$0	\$0	\$0/\$40	\$0	\$0	\$0/\$40
Specialty scans	\$75	\$100	\$100 per procedure*	\$0	\$50	\$100
Hospital and facility						
Outpatient surgery	\$75	\$150	\$300*	\$25	\$100	\$150
Inpatient hospital care	\$100 per admission, \$0 for maternity	\$500 per admission, \$0 for maternity	\$750 per admission*	\$75 per benefit period, \$0 for maternity	\$150 per benefit period, \$0 for maternity	\$250 per benefit period
Emergency & urgent care (per visit or trip)						
Emergency care	\$100	\$150	\$150*	\$75	\$75	\$100
Urgent care	\$20	\$30	\$40	\$0	\$10	\$30
Ambulance	\$0	\$100	\$100*	\$0	\$50	\$100
Prescription Drugs (up to a 30-day supply at Plan medical center pharmacies.)[‡]						
Generic	\$7	\$10	\$10	\$3.50	\$10	\$10
Preferred brand	\$30	\$40	\$45	\$20	\$30	\$35
Non-preferred brand	\$45	\$60	\$65	\$20	\$30	\$35
Specialty	\$100	\$150	\$200	\$75	\$125	\$150
Vision Services						
Eyeglasses and contact lenses	75%	75%	75%	75%	75%	75%
Out-of-pocket maximum						
Per person	\$2,250	\$3,500	\$4,000	\$2,250	\$3,400	\$4,000
Per family	\$4,500	\$7,000	\$8,000	\$4,500	\$7,000	\$8,000

*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.

This is a summary of the features of the Kaiser Permanente health plan, including Kaiser Permanente Medicare Advantage and Medicare Plus (Cost) for federal members. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure RI 73-047. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure, Kaiser Permanente Medicare Advantage for Federal Members EOC, and the Kaiser Permanente Medicare Plus for Federal Members EOC.