

Your Kaiser Permanente Mid-Atlantic States Region Benefits Summary for 2019

Benefits and services	High Option	Standard Option	Basic Option	
Annual deductible (2x per family maximum)	\$0	\$0	\$100 per person	
Outpatient services (per visit or procedure)				
Preventive care	\$0	\$0	\$0	
Primary care office visit	\$10/\$0 for children through age 4	\$20/\$0 for children through age 17	\$30/\$0 for children through age 17	
Specialty care office visit	\$20	\$30	\$40	
Prescription drugs (up to a 30-day supply at plan medical center pharmacies, or up to a 90-day supply for 2 copays-mail order)*†				
Generic	\$7	\$10	\$10	
Preferred brand/non-preferred brand	\$30/\$45	\$40/\$60	\$45/\$65	
Specialty	\$100	\$150	\$200	
Hospital and facility (there is no charge after the office visit, outpatient, or inpatient hospital copayment is made)				
Outpatient surgery	\$75	\$150	\$300‡	
Inpatient hospital care (per admission)	\$100	\$500	\$750‡	
Maternity				
Routine prenatal care visit, first postpartum visit	\$0	\$0	\$0	
Delivery (per admission)	\$0	\$0	\$750‡	
Emergency and Urgent Care (per visit or trip)				
Emergency care as an outpatient at a hospital	\$100	\$150	\$150‡	
Urgent care at a plan Urgent Care center	\$20	\$30	\$40	
Ambulance	\$0	\$100 per service	\$100 per service ‡	
Most lab tests/X-rays	\$0	\$0	\$0/\$40	
Out-of-pocket maximum (2x per family maximum)	\$2,250 per person	\$3,500 per person	\$4,000 per person	
Your premium share §				
	High Option	Standard Option	Basic Option	
Self Only	Biweekly Non-Postal	\$89.52	\$60.20	\$48.47
	Biweekly Postal Category 1	\$86.32	\$57.79	\$46.54
	Biweekly Postal Category 2	\$76.73	\$49.97	\$40.23
	Monthly Non-Postal	\$193.96	\$130.44	\$105.03
Self Plus One	Biweekly Non-Postal	\$243.03	\$138.46	\$107.87
	Biweekly Postal Category 1	\$236.19	\$132.92	\$103.56
	Biweekly Postal Category 2	\$215.68	\$114.92	\$89.53
	Monthly Non-Postal	\$526.56	\$300.00	\$233.72
Self and Family	Biweekly Non-Postal	\$209.98	\$138.46	\$118.40
	Biweekly Postal Category 1	\$202.68	\$132.92	\$113.67
	Biweekly Postal Category 2	\$180.80	\$114.92	\$98.27
	Monthly Non-Postal	\$454.96	\$300.00	\$256.54

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, 73-047.

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

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

† Certain drugs may not be eligible for mail order delivery or mail order discounts.

‡ You pay the deductible, then cost-sharing.

§ These rates do not apply to all enrollees. If you're in a special enrollment category, please contact the agency or tribal employer that maintains your health benefits enrollment.