



Care for all that is you

Plan highlights for 2025

- Highest-rated plan in the region¹
- Premiums starting at \$50³¹
- \$0 deductible for High and Standard Option
- 24/7 virtual care nationwide for a \$0 copay²
- Veterans care specialty

Great extras with your plan

- \$400 in healthy rewards for High and Standard Option
- \$750 in healthy rewards for Prosper
- Self-care apps at no additional cost³
- ClassPass on-demand fitness membership at no cost³

Need more information to decide?



Visit kp.org/postal to see how we can help you live well, or call **855-315-1004** (TTY **711**), Monday through Friday, 10 a.m. to 9 p.m. Starting November 11, our Open Enrollment hours are Monday through Friday, 9 a.m. to 9 p.m.

kp.org/postal



¹ In the NCOA Commercial Health Plan Ratings 2024, our commercial plan is rated 5 out of 5, the highest rating in the region.

² When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

³ These benefits are neither offered nor guaranteed under contract with the PSHB program, but are made available to enrollees and family members age 18 and older who become members of Kaiser Permanente.

Your 2025 benefits at a glance

Benefits and Services		High Option	Standard Option	Prosper
Deductible		None	None	\$100
Outpatient services (per visit or procedure)				
Preventive care		\$0	\$0	\$0
Telehealth		\$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 4)
Specialty care office visit		\$20	\$30	\$40
Laboratory tests		\$0	\$0	\$0
X-rays		\$0	\$0	\$40
Specialty scan		\$75	\$100	\$100 ¹
Maternity				
Routine prenatal care and postpartum visit		\$0	\$0	\$0
Delivery		\$0	\$0	\$750 per admission ¹
Hospital services				
Outpatient surgery		\$75	\$150	\$300 ¹
Inpatient hospital admission		\$100	\$500	\$750 ¹
Emergency and urgent care (per visit or service)				
Urgent care at a plan facility		\$20	\$30	\$40
Emergency care		\$100	\$150	\$150 ¹
Ambulance		\$0	\$100	\$100 ¹
Prescription drugs				
Generic	Preferred	\$7	\$10	\$10
	Non-preferred	\$45	\$60	\$65
Brand	Preferred	\$30	\$40	\$45
	Non-preferred	\$45	\$60	\$65
Specialty		\$100	\$150	\$200
Eyewear/contact lens allowance		\$100/\$50	\$100/\$50	\$100/\$50
Preventive dental		Covered	Covered	Not covered
Out-of-pocket maximum		\$2,250	\$3,500	\$4,000

¹Deductible applies.

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the PSHB 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	\$112.86	\$78.00	\$50.31
	Monthly	\$244.53	\$169.00	\$109.01
Self Plus One	Biweekly	\$299.20	\$179.40	\$120.20
	Monthly	\$648.26	\$388.70	\$260.44
Self and Family	Biweekly	\$244.65	\$179.40	\$141.56
	Monthly	\$530.07	\$388.70	\$306.71

This is a summary of the features of the Kaiser Permanente Mid-Atlantic States PSHB plan. Before making a final decision, please read the plan's Postal brochure *RI 73-927*. All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal brochure.

Notes:

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Telehealth options include video, phone, email, and more.
- Prescription drug copayments are for a 30-day supply at a Kaiser Permanente plan medical center pharmacies. You pay only 2 copays for up to a 90-day supply for most drugs through Kaiser Permanente's Mail Order Pharmacy.
- Eyewear (lenses and frames) or contact lenses limited to once every 12 months.