

Your 2025 benefits at a glance

The benefits and services below are NOT subject to applicable plan deductibles except where noted.

Benefits and Services	High Option	Standard Option	Prosper
Deductible	None	\$100	\$500
Outpatient services			
Preventive care	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0
Primary care office visit	\$15	\$30	\$25
Specialty care office visit	\$25	\$40	\$35
Laboratory tests	\$0	\$10*	20%*
X-rays	\$0	\$10*	20%*
Chiropractic services – 20 visits per year	\$15	\$15	\$15
Maternity			
Routine prenatal care and postpartum visit	\$0	\$0	\$0
Delivery	\$250	\$500*	20%*
Birthing doula**	\$0	\$0	\$0
Hospital services			
Outpatient surgery	\$50	\$200*	20%*
Inpatient hospital	\$250	\$500*	20%*
Emergency and urgent care			
Urgent care	\$15	\$30	\$25
Emergency care	\$100	\$150*	20%*
Ambulance	\$50	\$150*	20%*
Prescription drugs			
Generic	\$10	\$15	\$15
Brand	\$40	\$50	\$60
Specialty	\$100	\$150	\$200
Out-of-Pocket Maximum	\$2,000	\$3,000	\$5,500

*Deductible applies. **One initial visit and up to 8 visits in any combination of prenatal and postpartum visits. Up to two additional postpartum visits may be available.

Notes:

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Coinsurance (%) is based on our allowance.
- Telehealth options include video, phone, email, and more. See page 7, *Care that's convenient*.
- Prescription drug copayments are for a 30-day supply at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 100-day supply for most drugs through Kaiser Permanente's mail-order program.

This is a summary of the features of the Kaiser Permanente – Northern California PSHB plan. Before making a final decision, please read the Plan's Postal Service brochure (RI 73-921). All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Service brochure.


Here's what you'll pay

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 employing agency or retirement office that maintains your health benefits enrollment.

Your Premium Share		High Option	Standard Option	Prosper
Self Only	Biweekly	\$190.77	\$98.30	\$79.27
	Monthly	\$413.34	\$212.99	\$171.75
Self Plus One	Biweekly	\$519.91	\$281.10	\$185.49
	Monthly	\$1,126.47	\$609.05	\$401.89
Self and Family	Biweekly	\$465.36	\$226.55	\$185.49
	Monthly	\$1,008.28	\$490.86	\$401.89

Choose the right enrollment code

Enrollment Code	High Option	Standard Option	Prosper
Self Only	TBA	TBD	UDA
Self Plus One	TBC	TBF	UDC
Self and Family	TBB	TBE	UDB

 **Self Plus One**
 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. You should decide which enrollment type is best for you.

To sign up, find your enrollment code in the chart above. Then visit health-benefits.opm.gov/pshb to enroll online. For additional support, call the PSHB Helpline at **1-844-451-1261** or email PSHBHelpline@opm.gov.

These are highlights of the PSHB enrollment process. Please refer directly to opm.gov and your employing agency or retirement office for PSHB coverage effective dates, enrollment procedures and deadlines, and other information.

Questions about Kaiser Permanente plans? Call **1-800-640-7491**, Monday through Friday, 7 a.m. to 6 p.m. **Open Season hours:** Monday through Friday, 6 a.m. to 6 p.m. For TTY, call **711**.