

Health care that just works

Plan highlights for 2026

- Highest-rated plan in the region¹
- Premiums starting at \$57⁸³
- NEW lower rates for High Option
- 24/7 virtual care nationwide for a \$0 copay²
- Veterans care specialty

Great extras with your plan

- \$300 in healthy rewards for all plan options
- Up to a \$500 gym reimbursement for Prosper³
- Self-care apps at no additional cost³

Need more information to decide?



Visit kp.org/feds 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 10, our Open Enrollment hours are Monday through Saturday, 9 a.m. to 9 p.m.

kp.org/feds



¹ In the NCQA Commercial Health Plan Ratings 2025, our commercial plan is rated 5 out of 5, the highest rating in Maryland, Virginia, and Washington, DC.

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 FEHB program, but are made available to enrollees and family members age 18 and older who become members of Kaiser Permanente.

Your 2026 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 ¹
Hospital services				
Outpatient surgery		\$75	\$150	\$300 ¹
Inpatient hospital admission		\$200	\$500	\$750 ¹
Emergency and urgent care (per visit or service)				
Urgent care at a plan facility		\$20	\$30	\$40
Emergency care		\$200	\$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
Gym reimbursement		Not covered	Not covered	Up to \$500
Out-of-pocket maximum		\$3,500	\$4,000	\$4,800

¹Deductible applies.

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB 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	\$144.27	\$94.31	\$57.83
	Monthly	\$312.58	\$204.35	\$125.30
Self Plus One	Biweekly	\$367.58	\$216.93	\$138.16
	Monthly	\$796.42	\$470.01	\$299.35
Self and Family	Biweekly	\$300.72	\$216.93	\$162.70
	Monthly	\$651.56	\$470.01	\$352.52

This is a summary of the features of the Kaiser Permanente Mid-Atlantic States FEHB Plan. Before making a final decision, please read the Plan's Federal brochure *RI 73-047*. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal 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 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.