

State Health Benefit Plan (SHBP)²

Effective Dates: January 1 through December 31, 2024

Deductible, Co-insurance, and Out-of-Pocket Maximums		
Annual Deductible: Individual/Family \$0	Co-insurance \$0	Annual Out-of-Pocket Maximum Individual/Family \$6,350/\$12,700

Office Visits (Outpatient)

Primary Care	\$35 co-pay
Specialty Care	\$45 co-pay
Scheduled Prenatal Visits and First Postpartum Visit	Routine care covered at 100%
Vision Exam	\$0 co-pay, includes refractions
Telemedicine/Virtual Visit	Covered at 100%
Physical, Occupational, Speech Therapy, Cardiac Rehab	\$25 co-pay, up to 40 visits per calendar year for each therapy
Outpatient/Ambulatory Surgery	\$100 co-pay

Routine Preventive Care³

Wellness Exams – Physical and Well Woman Exams	Covered at 100%
Mammography Screening <ul style="list-style-type: none">Mammography screening for breast cancer for women over 40Mammography screening for breast cancer in other age groups as jointly determined by patient and physician	Covered at 100%
Pap Test	Covered at 100%
Prostate Specific Antigen (PSA) Test; Prostate cancer screenings (PSA and digital rectal exams)	Covered at 100%
Sigmoidoscopy/Colonoscopy	Covered at 100%
Well Child Care	Covered at 100%
Breast Cancer Medications (Tamoxifen and Raloxifene only)	Covered at 100%

Need help?

Call your Dedicated Member Services line at **855-512-5997** Monday - Friday, 7 a.m. to 7 p.m. ET and learn how to get the most out of your membership.

Lab and X-ray

Laboratory

Covered at 100% for services performed in a Kaiser Permanente Medical Center or a freestanding laboratory contracted with Kaiser Permanente; \$100 co-pay for services performed in an outpatient hospital setting

X-ray

Covered at 100% for services performed in a Kaiser Permanente Medical Center or a freestanding imaging center contracted with Kaiser Permanente; \$100 co-pay for services performed in an outpatient hospital setting

MRI/CT/PET/Nuclear Medicine

\$45 co-pay per scan for services performed in a Kaiser Permanente Medical Center or a freestanding imaging center contracted with Kaiser Permanente; \$100 co-pay when imaging is performed in outpatient hospital setting

Emergency Care

Ambulance (Ground or Air)	\$100 co-pay (per trip)
Emergency Room	\$200 co-pay (per visit); waived if admitted
Urgent Care	\$35 co-pay, at designated facilities

Hospital Care (Inpatient)

Inpatient	\$250 co-pay, per admission
Delivery and Inpatient Baby Care	\$250 co-pay, per admission

Work or reside

The State Health Benefit Plan members (and eligible dependents) are eligible to enroll in Kaiser Permanente if they work or live within the Service Area at the time of enrollment.⁴

Mental Health and Chemical Dependency

Mental Health Outpatient (Individual)	\$35 co-pay, unlimited visits per calendar year
Mental Health Outpatient (Group)	\$17 co-pay, unlimited visits per calendar year
Mental Health Inpatient	\$250 co-pay, unlimited days per calendar year
Chemical Dependency Outpatient (Individual)	\$35 co-pay, unlimited visits per calendar year
Chemical Dependency Outpatient (Group)	\$35 co-pay, unlimited visits per calendar year
Chemical Dependency Inpatient	\$250 co-pay, unlimited days per calendar year

Prescription Drugs

Day Supply	30-day supply
Generic Preferred	\$20 co-pay at Kaiser Permanente Pharmacies \$30 co-pay at Network Pharmacies for 1x fill ⁵
Brand Preferred	\$50 co-pay at Kaiser Permanente Pharmacies \$60 co-pay at Network Pharmacies for 1x fill ⁵
Non-Preferred	\$80 co-pay at Kaiser Permanente Pharmacies \$90 co-pay at Network Pharmacies for 1x fill ⁵
Mail Order - Day Supply	90-day supply
Mail Order - Generic Preferred	\$50 co-pay through Kaiser Permanente Pharmacies only
Mail Order - Brand Preferred	\$125 co-pay through Kaiser Permanente Pharmacies only
Mail Order - Non-Preferred	\$200 co-pay through Kaiser Permanente Pharmacies only

Other

Skilled Nursing Facility (SNF)	Plan pays 100%, up to 120 days per calendar year
Hospice Care	Covered at 100%
Home Health Care	Plan pays 100%, unlimited. Private Duty Nursing is not covered.
Durable Medical Equipment (DME)	Covered at 100%, unlimited
Chiropractic Care	\$45 co-pay, up to 20 visits per calendar year

Hearing (Routine Exams, Tests, and Fittings)

- Hearing aids limited to \$1,500 every 5 years for adults
 - Combined Benefit Maximum: \$3,000 per aid; per ear; every 48 months for children 18 years and younger
- Covered at 100%

Infertility Diagnosis Office Visit

Limited to diagnostic services for the diagnosis of involuntary infertility only

\$45 co-pay

Infertility Diagnosis Only Laboratory, Radiology and Tests

Limited to diagnostic services for the diagnosis of involuntary infertility. Tests covered under "Diagnosis Only" are those only to rule out underlying medical issues. Tests and treatment related to reproductive issues are not covered.

Covered at 100% for services performed in a Kaiser Permanente Medical Center or a freestanding laboratory contracted with Kaiser Permanente; \$100 co-pay for services performed in an outpatient hospital setting