# Dual Choice PPO Plans - Silver

PPO/HDHP/3800/20/S12

| FEATURES | In Network | Out of Network 4 |
|---|---|---|
| **DEDUCTIBLE** (Individual/Family) | $3,800/$7,600 | $7,600/$15,200 |
| **OUT-OF-POCKET MAXIMUM** (Individual/Family) | $7,000 / $14,000 | $14,000 / $28,000 |
| **MAXIMUM BENEFIT WHILE COVERED1** | Unlimited | Unlimited |
| **COINSURANCE** (after deductible) | 20% | 40% |
| **OFFICE SERVICES** | | |
| Telehealth Visits | Primary: 20% KP / 30% Network<br>Specialty: 20% KP / 30% Network | 40% |
| Primary Care | 20% (KP Providers)/30% (Network Providers) | 40% |
| Specialty Care | 20% (KP Providers)/30% (Network Providers) | 40% |
| Mental Health/Chemical Dependency | 20% (KP Providers)/30% (Network Providers) | 40% |
| Chiropractic Care (spinal manipulation only; 20 visits per calendar year) | 20% | 40% |
| Vision Exam | 20% | 40% |
| Laboratory Services | 20% | 40% |
| Radiology Services | 20% | 40% |
| High Tech Radiology Services (MRI, CT, PET, others) | 20% | 40% |
| Preventive Services | $0 | 30% |
| **EMERGENCY SERVICES** | | |
| Emergency Room (per visit; copay waived if admitted) | 20% | 20% |
| Ambulance (per trip) | 20% | 20% |
| Urgent Care (per visit) | 20% (KP Providers) / 30% (Network Providers) | 40% |
| **OUTPATIENT SERVICES** | | |
| Laboratory Services | 20% | 40% |
| Radiology Services | 20% | 40% |
| High Tech Radiology Services (MRI, CT, PET, others) | 20% | 40% |
| Outpatient Hospital or Surgical Facility | 20% | 40% |
| Physician and Other Professional Fees | 20% | 40% |
| **INPATIENT SERVICES** | | |
| Hospital (facility) | 20% | 40% |
| Physician and Other Professional Fees | 20% | 40% |
| Mental Health/Chemical Dependency | 20% | 40% |
| **PHARMACY SERVICES** | | |
| Prescription Drug Deductible | Medical ded applies (except Tier 1 Generics) | Medical ded applies |
| Tier 1 Generic Drugs | $5 KP / $15 MedImpact | 40% |
| Tier 2 Generic Drugs | 20% KP / 30% MedImpact | 40% |
| Tier 3 Preferred Brand Drugs | 20% KP / 30% MedImpact | 40% |
| Tier 4 Non-Preferred Drugs | 20% KP / 30% MedImpact | 40% |
| Tier 5 Specialty Drugs 2 | 20% KP / 30% MedImpact | 40% |
| Mail Order 3 | $10 / 20% / 20% / 20% / 20% KP<br>$45 / 30% / 30% / 30% / 30% MedImpact | 40% |

**PPO plans are not available on the SHOP.**

1 Some benefits may have limitations.
2 To pay the in-network member cost-share, specialty medications must be filled at an in-network Specialty Pharmacy. For a current listing of in-network pharmacies that dispense Specialty Drugs call Customer Service at **1-855-364-3185**.
3 Available 90-day supply through Kaiser Permanente Pharmacy and Affiliated Pharmacies.
4 Services covered out of network are subject to 10 visits/services and 5 Rx fill/refill per year Phone visits are available for many specialties and primary care for members who are registered on kp.org and have seen their doctor in the past year. Coinsurance amounts shown are subject to the deductible (if there is a deductible).
This is a summary description and is not intended to replace the Group Policy, and/or Certificate of Insurance, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

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