

FEATURES			
<b>DEDUCTIBLE</b> (Individual/Family)	\$1,000 / \$2,000	<b>KP and HDHP plans are also available on the SHOP</b> (with the exception of Platinum Plans KP/0/0/20/S12 and KP/500/20/20/S12)	
<b>OUT-OF-POCKET MAXIMUM</b> (Individual/Family)	\$8,500 / \$17,000		
<b>MAXIMUM BENEFIT WHILE COVERED<sup>1</sup></b>	Unlimited		
<b>COINSURANCE</b> (after deductible)	20%		
<b>OFFICE SERVICES</b>			
Telehealth Visits	\$0	<p>1 Some benefits may have limitations.</p> <p>2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.</p> <p>3 Available 90 day supply through Kaiser Permanente Pharmacy.</p> <p>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.</p>	
Primary Care	\$30		
Specialty Care	\$60		
Mental Health/Chemical Dependency	\$30		
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60		
Vision Exam	\$30		
Laboratory Services	\$0		
Radiology Services	\$60		
High Tech Radiology Services (MRI, CT, PET, others)	\$400		
Preventive Services	\$0		
<b>EMERGENCY SERVICES</b>			
Emergency Room (per visit; copay waived if admitted)	\$550	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.	
Ambulance (per trip)	\$550		
Urgent Care (per visit)	\$60		
<b>OUTPATIENT SERVICES</b>			
Laboratory Services	\$0	This is a summary description and is not intended to replace the Group Agreement, Group Policy, and/or Evidence of Coverage, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.	
Radiology Services	\$60		
High Tech Radiology Services (MRI, CT, PET, others)	\$400		
Outpatient Hospital or Surgical Facility	20%		
Physician and Other Professional Fees	20%		
<b>INPATIENT SERVICES</b>			
Hospital (facility)	20%		
Physician and Other Professional Fees	20%		
Mental Health/Chemical Dependency	20%		
<b>PHARMACY SERVICES 2</b>			
Prescription Drug Deductible	\$250 / \$500 (except Tier 1 and Tier 2 Generics)		
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated		
Tier 2 Generic Drugs	\$10 KP / \$20 Affiliated		
Tier 3 Preferred Brand Drugs	\$40 KP / \$60 Affiliated		
Tier 4 Non-Preferred Drugs	\$60 KP / \$90 Affiliated		
Tier 5 Specialty Drugs	25% KP / 35% Affiliated		
Mail Order 3	\$10/\$20/\$80/\$120/25%		

