Dual Choice PPO Plans - Silver

PPO/4850/30/50/S13

FEATURES	In Network	Out of Network [4]
DEDUCTIBLE (Individual/Family)	$4,850 / $9,700	$9,700 / $19,400
OUT-OF-POCKET MAXIMUM (Individual/Family)	$10,100/$20,200	$20,200 / $40,400
MAXIMUM BENEFIT WHILE COVERED [1]	Unlimited	Unlimited
COINSURANCE (after deductible)	30%	40%
OFFICE SERVICES		
Telehealth Visits	Primary: $0 KP / $70 Network Specialty: $0 KP / $100 Network	40%
Primary Care	$50 (KP Providers) / $70 (Network Providers)	40%
Specialty Care	$80 (KP Providers) / $100 (Network Providers)	40%
Mental Health/Chemical Dependency	$50 (KP Providers) / $70 (Network Providers)	40%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	$80	40%
Vision Exam	$50	40%
Laboratory Services	30%	40%
Radiology Services	30%	40%
High Tech Radiology Services (MRI, CT, PET, others)	$550 after deductible	40%
Preventive Services	$0	30%
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	30%	30%
Ambulance (per trip)	30%	30%
Urgent Care (per visit)	$100 (KP Providers) / $140 (Network Providers)	40%
OUTPATIENT SERVICES		
Laboratory Services	30%	40%
Radiology Services	30%	40%
High Tech Radiology Services (MRI, CT, PET, others)	$550 after deductible	40%
Outpatient Hospital or Surgical Facility	30%	40%
Physician and Other Professional Fees	30%	40%
INPATIENT SERVICES		
Hospital (facility)	30%	40%
Physician and Other Professional Fees	30%	40%
Mental Health/Chemical Dependency	30%	40%
PHARMACY SERVICES		
Prescription Drug Deductible	N/A	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	$70 KP / $90 MedImpact	40%
Tier 4 Non-Preferred Drugs	$120 KP / $150 MedImpact	40%
Tier 5 Specialty Drugs [2]	30% KP / 35% MedImpact	40%
Mail Order [3]	$10 / $40 / $140 / $240 / 30% KP $45 / $90 / $270 / $450 / 35% 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.

KAISER PERMANENTE®

Nine Piedmont Center
3495 Piedmont Road, N.E.
Atlanta, GA 30305-1736

Kaiser Foundation Health Plan of Georgia, Inc.