KP Plans - SILVER

HDHP/3500/20/S13

FEATURES	
DEDUCTIBLE (Individual/Family)	$3,500 / $7,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	$7,500 / $15,000
MAXIMUM BENEFIT WHILE COVERED [1]	Unlimited
COINSURANCE (after deductible)	20%
OFFICE SERVICES	
Telehealth Visits	20%
Primary Care	20%
Specialty Care	20%
Mental Health/Chemical Dependency	20%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	20%
Vision Exam	20%
Laboratory Services	20%
Radiology Services	20%
High Tech Radiology Services (MRI, CT, PET, others)	20%
Preventive Services	$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	20%
Ambulance (per trip)	20%
Urgent Care (per visit)	20%
OUTPATIENT SERVICES	
Laboratory Services	20%
Radiology Services	20%
High Tech Radiology Services (MRI, CT, PET, others)	20%
Outpatient Hospital or Surgical Facility	20%
Physician and Other Professional Fees	20%
INPATIENT SERVICES	
Hospital (facility)	20%
Physician and Other Professional Fees	20%
Mental Health/Chemical Dependency	20%
PHARMACY SERVICES [2]	
Prescription Drug Deductible	Medical deductible applies (except Tier 1 Generics)
Tier 1 Generic Drugs	$5 KP / $15 Affiliated
Tier 2 Generic Drugs	20% KP / 30% Affiliated
Tier 3 Preferred Brand Drugs	20% KP / 30% Affiliated
Tier 4 Non-Preferred Drugs	20% KP / 30% Affiliated
Tier 5 Specialty Drugs	20% KP / 30% Affiliated
Mail Order [3]	$10/20%/20%/20%/30%

KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S13 and KP/500/20/20/S13)

1 Some benefits may have limitations.
2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.
3 Available 90 day supply through Kaiser Permanente Pharmacy.

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.

Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.

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 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.

KAISER PERMANENTE®

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