

FEATURES			
DEDUCTIBLE (Individual/Family)	\$2,000 / \$4,000	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)	
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$9,500 / \$19,000		
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited		
COINSURANCE (after deductible)	0%		
OFFICE SERVICES			
Telehealth Visits	\$0	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.	
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	0%		
High Tech Radiology Services (MRI, CT, PET, others)	\$600		
Preventive Services	\$0		
EMERGENCY SERVICES			
Emergency Room (per visit; copay waived if admitted)	\$650	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.	
Ambulance (per trip)	\$650		
Urgent Care (per visit)	\$60		
OUTPATIENT SERVICES			
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	0%		
High Tech Radiology Services (MRI, CT, PET, others)	\$600		
Outpatient Hospital or Surgical Facility	0%		
Physician and Other Professional Fees	0%		
INPATIENT SERVICES			
Hospital (facility)	0%		
Physician and Other Professional Fees	0%		
Mental Health/Chemical Dependency	0%		
PHARMACY SERVICES ²			
Prescription Drug Deductible	N/A		
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated		
Tier 2 Generic Drugs	\$20 KP / \$30 Affiliated		
Tier 3 Preferred Brand Drugs	\$50 KP / \$70 Affiliated		
Tier 4 Non-Preferred Drugs	\$120 KP / \$150 Affiliated		
Tier 5 Specialty Drugs	25% KP / 35% Affiliated		
Mail Order ³	\$10/\$40/\$100/\$240/25%		

