

FEATURES		
DEDUCTIBLE (Individual/Family)	\$4,500 / \$9,000	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.
Primary Care	\$30	
Specialty Care	\$60	
Mental Health/Chemical Dependency	\$30	
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60	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.
Vision Exam	\$30	
Laboratory Services	\$0	
Radiology Services	0%	
High Tech Radiology Services (MRI, CT, PET, others)	\$600	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.
Preventive Services	\$0	
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	\$650	Coinsurance amounts shown are subject to the deductible (if there is a deductible).
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%	