KP Plans - PLATINUM

KP/0/0/20/S13

FEATURES	
DEDUCTIBLE (Individual/Family)	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	$2,500 / $5,000
MAXIMUM BENEFIT WHILE COVERED [1]	Unlimited
COINSURANCE (after deductible)	0%
OFFICE SERVICES	
Telehealth Visits	$0
Primary Care	$20
Specialty Care	$40
Mental Health/Chemical Dependency	$20
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	$40
Vision Exam	$20
Laboratory Services	$0
Radiology Services	$0
High Tech Radiology Services (MRI, CT, PET, others)	$100
Preventive Services	$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	$400
Ambulance (per trip)	$400
Urgent Care (per visit)	$40
OUTPATIENT SERVICES	
Laboratory Services	$0
Radiology Services	$0
High Tech Radiology Services (MRI, CT, PET, others)	$100
Outpatient Hospital or Surgical Facility	$250
Physician and Other Professional Fees	$0
INPATIENT SERVICES	
Hospital (facility)	$600 per day
Physician and Other Professional Fees	$0
Mental Health/Chemical Dependency	$600 per day
PHARMACY SERVICES [2]	
Prescription Drug Deductible	N/A
Tier 1 Generic Drugs	$5 KP / $15 Affiliated
Tier 2 Generic Drugs	$10 KP / $20 Affiliated
Tier 3 Preferred Brand Drugs	$50 KP / $70 Affiliated
Tier 4 Non-Preferred Drugs	$100 KP / $130 Affiliated
Tier 5 Specialty Drugs	25% KP / 35% Affiliated
Mail Order [3]	$10/$20/$100/$200/25%

This plan is not available on the SHOP

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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