

FEATURES

DEDUCTIBLE (Individual/Family)	\$2,700 / \$5,400	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)	35%	
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	\$50	
Specialty Care	\$80	
Mental Health/Chemical Dependency	\$50	
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$80	
Vision Exam	\$50	
Laboratory Services	35%	
Radiology Services	35%	
High Tech Radiology Services (MRI, CT, PET, others)	\$550	
Preventive Services	\$0	
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	35%	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.
Ambulance (per trip)	35%	
Urgent Care (per visit)	\$100	
OUTPATIENT SERVICES		
Laboratory Services	35%	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	35%	
High Tech Radiology Services (MRI, CT, PET, others)	\$550	
Outpatient Hospital or Surgical Facility	35%	
Physician and Other Professional Fees	35%	
INPATIENT SERVICES		
Hospital (facility)	35%	
Physician and Other Professional Fees	35%	
Mental Health/Chemical Dependency	35%	
PHARMACY SERVICES ²		
Prescription Drug Deductible	\$450 / \$900 (except Tier 1 & 2 Generics)	
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated	
Tier 2 Generic Drugs	\$20 KP / \$30 Affiliated	
Tier 3 Preferred Brand Drugs	\$70 KP / \$90 Affiliated	
Tier 4 Non-Preferred Drugs	\$120 KP / \$150 Affiliated	
Tier 5 Specialty Drugs	35% KP / 45% Affiliated	
Mail Order ³	\$10/\$40/\$140/\$240/35%	

