



KAISER PERMANENTE KP Plans - BRONZE

HDHP/6850/0/S9

FEATURES	
DEDUCTIBLE (Individual/Family)	\$6,850 / \$13,700
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$6,850 / \$13,700
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited
COINSURANCE (after deductible)	0%
OFFICE SERVICES	
Telehealth Visits	0%
Primary Care	0%
Specialty Care	0%
Mental Health/Chemical Dependency	0%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	0%
Vision Exam	0%
Laboratory Services	0%
Radiology Services	0%
High Tech Radiology Services (MRI, CT, PET, others)	0%
Preventive Services	\$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	0%
Ambulance (per trip)	0%
Urgent Care (per visit)	0%
OUTPATIENT SERVICES	
Laboratory Services	0%
Radiology Services	0%
High Tech Radiology Services (MRI, CT, PET, others)	0%
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	Medical deductible applies (except Tier 1 Generics)
Tier 1 Generic Drugs	\$25 KP / \$35 Affiliated
Tier 2 Generic Drugs	0% KP / 0% Affiliated
Tier 3 Preferred Brand Drugs	0% KP / 0% Affiliated
Tier 4 Non-Preferred Drugs	0% KP / 0% Affiliated
Tier 5 Specialty Drugs	0% KP / 0% Affiliated
Mail Order ³	\$10 / 0% / 0% / 0% / 0%

KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S9 and KP/500/20/20/S9)

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.

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 Foundation Health Plan of Georgia, Inc.

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