



KAISER PERMANENTE

## Dual Choice PPO Plans - BRONZE

PPO HDHP/6850/10/S9

### FEATURES

**DEDUCTIBLE** (Individual/Family)

In Network

\$6,850 / \$13,700

Out of Network

\$13,700 / \$27,400

**OUT-OF-POCKET MAXIMUM** (Individual/Family)

\$6,900 / \$13,800

\$13,800 / \$27,600

**MAXIMUM BENEFIT WHILE COVERED**<sup>1</sup>

Unlimited

Unlimited

**COINSURANCE** (after deductible)

10%

40%

### OFFICE SERVICES

Telehealth Visit

Primary: 10% KP / 20% Network  
Specialty: 10% KP / 20% Network

40%

Primary Care

10% (KP Providers) / 20% (Network Providers)

40%

Specialty Care

10% (KP Providers) / 20% (Network Providers)

40%

Mental Health/Chemical Dependency

10% (KP Providers) / 20% (Network Providers)

40%

Chiropractic Care (spinal manipulation only;  
20 visits per calendar year)

10%

40%

Vision Exam

10%

40%

Laboratory Services

10%

40%

Radiology Services

10%

40%

High Tech Radiology Services (MRI, CT, PET, others)

10%

40%

Preventive Services

\$0

30%

### EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

10%

10%

Ambulance (per trip)

10%

10%

Urgent Care (per visit)

10% (KP Providers)  
20% (Network Providers)

40%

### OUTPATIENT SERVICES

Laboratory Services

10%

40%

Radiology Services

10%

40%

High Tech Radiology Services (MRI, CT, PET, others)

10%

40%

Outpatient Hospital or Surgical Facility

10%

40%

Physician and Other Professional Fees

10%

40%

### INPATIENT SERVICES

Hospital (facility)

10%

40%

Physician and Other Professional Fees

10%

40%

Mental Health/Chemical Dependency

10%

40%

### PHARMACY SERVICES

Prescription Drug Deductible

Medical ded applies (except Tier 1 Generics)

Medical ded applies

Tier 1 Generic Drugs

\$25 KP / \$35 MedImpact

40%

Tier 2 Generic Drugs

10% KP / 20% MedImpact

40%

Tier 3 Preferred Brand Drugs

10% KP / 20% MedImpact

40%

Tier 4 Non-Preferred Drugs

10% KP / 20% MedImpact

40%

Tier 5 Specialty Drugs<sup>2</sup>

10% KP / 20% MedImpact

40%

Mail Order<sup>3</sup>

\$10 / 10% / 10% / 10% / 10% KP  
\$45 / 20% / 20% / 20% / 20% MedImpact

40%

**PPO plans are not available on the SHOP.**

1 Some benefits may have limitations.

2 To pay the in-network member cost-share, specialty medications must be filled at an in-network Specialty Pharmacy. For a current listing of in-network pharmacies that dispense Specialty Drugs call Customer Service at 1-855-364-3185.

3 Available 90-day supply through Kaiser Permanente Pharmacy and MedImpact Pharmacies.

Phone visits are available for many specialties and primary care for members who are registered on [kp.org](https://kp.org) and have seen their doctor in the past year.

Coinsurance amounts shown are subject to the deductible (if there is a deductible).

The Dual Choice PPO is fully underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP), Inc. Provider options and benefit levels are described in the Kaiser Permanente Dual Choice PPO plan guide brochure and the *Certificate of Insurance*.

This is a summary description and is not intended to replace the *Group Policy*, and/or *Certificate of Insurance*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.



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