



KAISER PERMANENTE

KP Plans - BRONZE Virtual Complete

KP/6300/20/60/S9

FEATURES

DEDUCTIBLE (Individual/Family)	\$6,300 / \$12,600
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,700 / \$17,400
MAXIMUM BENEFIT WHILE COVERED¹	Unlimited
COINSURANCE (after deductible)	20%
OFFICE SERVICES	
Telehealth Visits	\$0
Primary Care	\$60 after deductible (deductible waived for first 3 visits)
Specialty Care	\$80 after deductible
Mental Health/Chemical Dependency	\$60 after deductible (deductible waived for first 3 visits)
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	20%
Vision Exam	\$60
Laboratory Services	\$0
Radiology Services	20%
High Tech Radiology Services (MRI, CT, PET, others)	20%
Preventive Services	\$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	20%
Ambulance (per trip)	20%
Urgent Care (per visit)	\$120 after deductible (deductible waived for first 3 visits)
OUTPATIENT SERVICES	
Laboratory Services	20%
Radiology Services	20%
High Tech Radiology Services (MRI, CT, PET, others)	20%
Outpatient Hospital or Surgical Facility	20%
Physician and Other Professional Fees	20%
INPATIENT SERVICES	
Hospital (facility)	20%
Physician and Other Professional Fees	20%
Mental Health/Chemical Dependency	20%
PHARMACY SERVICES²	
Prescription Drug Deductible	Medical deductible applies (except Tier 1 and Tier 2 Generics)
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated
Tier 2 Generic Drugs	\$30 KP / \$40 Affiliated
Tier 3 Preferred Brand Drugs	\$60 KP / \$80 Affiliated
Tier 4 Non-Preferred Drugs	\$100 KP / \$130 Affiliated
Tier 5 Specialty Drugs	20% KP / 30% Affiliated
Mail Order ³	\$10 / \$40 / \$120 / \$200 / 20%

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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