



KAISER PERMANENTE

KP Plans - GOLD

KP/3500/0/30/S9

## FEATURES

## DEDUCTIBLE (Individual/Family)

\$3,500 / \$7,000

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

\$8,150 / \$16,300

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

Unlimited

## COINSURANCE (after deductible)

0%

## OFFICE SERVICES

Telehealth Visits

\$0

Primary Care

\$30

Specialty Care

\$60

Mental Health/Chemical Dependency

\$30

Chiropractic Care

(spinal manipulation only; 20 visits per calendar year)

\$60

Vision Exam

\$30

Laboratory Services

\$0

Radiology Services

\$60

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

\$500

Preventive Services

\$0

## EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

\$650

Ambulance (per trip)

\$350

Urgent Care (per visit)

\$60

## OUTPATIENT SERVICES

Laboratory Services

\$0

Radiology Services

\$60

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

\$500

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<sup>2</sup>

Prescription Drug Deductible

N/A

Tier 1 Generic Drugs

\$5 KP / \$15 Affiliated

Tier 2 Generic Drugs

\$20 KP / \$30 Affiliated

Tier 3 Preferred Brand Drugs

\$50 KP / \$70 Affiliated

Tier 4 Non-Preferred Drugs

\$80 KP / \$110 Affiliated

Tier 5 Specialty Drugs

25% KP / 25% Affiliated

Mail Order<sup>3</sup>

\$10 / \$40 / \$100 / \$160 / 25%

**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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743840412\_S 10/21  
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