



KAISER PERMANENTE KP Plans - GOLD

KP/3750/20/30/S9

FEATURES	
DEDUCTIBLE (Individual/Family)	\$3,750/\$7,500
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,150/\$16,300
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited
COINSURANCE (after deductible)	20%
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	20% after deductible
Radiology Services	20% after deductible
High Tech Radiology Services (MRI, CT, PET, others)	20% after deductible
Preventive Services	\$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	20% after deductible
Ambulance (per trip)	20% after deductible
Urgent Care (per visit)	\$60
OUTPATIENT SERVICES	
Laboratory Services	20% after deductible
Radiology Services	20% after deductible
High Tech Radiology Services (MRI, CT, PET, others)	20% after deductible
Outpatient Hospital or Surgical Facility	20% after deductible
Physician and Other Professional Fees	20% after deductible
INPATIENT SERVICES	
Hospital (facility)	20% after deductible
Physician and Other Professional Fees	20% after deductible
Mental Health/Chemical Dependency	20% after deductible
PHARMACY SERVICES ²	
Prescription Drug Deductible	N/A
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated
Tier 2 Generic Drugs	\$10 KP / \$20 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 ³	\$10 / \$20 / \$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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