



KAISER PERMANENTE KP Plans - PLATINUM

KP/0/0/20/S9

FEATURES

DEDUCTIBLE (Individual/Family)

N/A

OUT-OF-POCKET MAXIMUM (Individual/Family)

\$2,500 / \$5,000

MAXIMUM BENEFIT WHILE COVERED ¹

Unlimited

COINSURANCE (after deductible)

0%

OFFICE SERVICES

Telehealth Visits

\$0

Primary Care

\$20

Specialty Care

\$40

Mental Health/Chemical Dependency

\$20

Chiropractic Care

\$40

(spinal manipulation only; 20 visits per calendar year)

Vision Exam

\$20

Laboratory Services

\$0

Radiology Services

\$0

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

\$100

Preventive Services

\$0

EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

\$350

Ambulance (per trip)

\$350

Urgent Care (per visit)

\$40

OUTPATIENT SERVICES

Laboratory Services

\$0

Radiology Services

\$0

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

\$100

Outpatient Hospital or Surgical Facility

\$250

Physician and Other Professional Fees

\$0

INPATIENT SERVICES

Hospital (facility)

\$500 per day

Physician and Other Professional Fees

\$0

Mental Health/Chemical Dependency

\$500 per day

PHARMACY SERVICES²

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

\$40 KP / \$60 Affiliated

Tier 4 Non-Preferred Drugs

\$60 KP / \$90 Affiliated

Tier 5 Specialty Drugs

25% KP / 25% Affiliated

Mail Order³

\$10 / \$20 / \$80 / \$120 / 25%

**This plan is
not available
on the SHOP**

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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