



# KAISER PERMANENTE KP Plans - PLATINUM

## KP/500/20/20/S9

### FEATURES

<b>DEDUCTIBLE (Individual/Family)</b>	\$500 / \$1,000
<b>OUT-OF-POCKET MAXIMUM (Individual/Family)</b>	\$4,500 / \$9,000
<b>MAXIMUM BENEFIT WHILE COVERED <sup>1</sup></b>	Unlimited
<b>COINSURANCE (after deductible)</b>	20%
<b>OFFICE SERVICES</b>	
Telehealth Visits	\$0
Primary Care	\$20
Specialty Care	\$40
Mental Health/Chemical Dependency	\$20
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40
Vision Exam	\$20
Laboratory Services	\$0
Radiology Services	\$0
High Tech Radiology Services (MRI, CT, PET, others)	\$200
Preventive Services	\$0
<b>EMERGENCY SERVICES</b>	
Emergency Room (per visit; copay waived if admitted)	\$400
Ambulance (per trip)	\$400
Urgent Care (per visit)	\$40
<b>OUTPATIENT SERVICES</b>	
Laboratory Services	\$0
Radiology Services	\$0
High Tech Radiology Services (MRI, CT, PET, others)	\$200
Outpatient Hospital or Surgical Facility	20%
Physician and Other Professional Fees	20%
<b>INPATIENT SERVICES</b>	
Hospital (facility)	20%
Physician and Other Professional Fees	20%
Mental Health/Chemical Dependency	20%
<b>PHARMACY SERVICES <sup>2</sup></b>	
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 Order <sup>3</sup>	\$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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