



KAISER PERMANENTE

KP Plans - SILVER

KP/5500/0/50/S9

## FEATURES

<b>DEDUCTIBLE (Individual/Family)</b>	\$5,500 / \$11,000
<b>OUT-OF-POCKET MAXIMUM (Individual/Family)</b>	\$8,500 / \$17,000
<b>MAXIMUM BENEFIT WHILE COVERED <sup>1</sup></b>	Unlimited
<b>COINSURANCE (after deductible)</b>	0%
<b>OFFICE SERVICES</b>	
Telehealth Visits	\$0
Primary Care	\$50
Specialty Care	\$80
Mental Health/Chemical Dependency	\$50
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$80
Vision Exam	\$50
Laboratory Services	\$0
Radiology Services	\$50
High Tech Radiology Services (MRI, CT, PET, others)	\$450 after deductible
Preventive Services	\$0
<b>EMERGENCY SERVICES</b>	
Emergency Room (per visit; copay waived if admitted)	\$600 after deductible
Ambulance (per trip)	\$350 after deductible
Urgent Care (per visit)	\$100
<b>OUTPATIENT SERVICES</b>	
Laboratory Services	\$0
Radiology Services	\$50
High Tech Radiology Services (MRI, CT, PET, others)	\$450 after deductible
Outpatient Hospital or Surgical Facility	\$200 after deductible
Physician and Other Professional Fees	\$0 after deductible
<b>INPATIENT SERVICES</b>	
Hospital (facility)	\$500 after deductible
Physician and Other Professional Fees	0%
Mental Health/Chemical Dependency	\$500 after deductible
<b>PHARMACY SERVICES <sup>2</sup></b>	
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	30% KP/ 35% Affiliated
Mail Order <sup>3</sup>	\$10 / \$40 / \$100 / \$160 / 30%

**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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