



KAISER PERMANENTE

Dual Choice PPO Plans - SILVER

PPO HDHP/5000/20/S9

FEATURES

DEDUCTIBLE (Individual/Family)

In Network

\$5,000 / \$10,000

Out of Network

\$10,000 / \$20,000

OUT-OF-POCKET MAXIMUM (Individual/Family)

\$6,500 / \$13,000

\$13,000 / \$26,000

MAXIMUM BENEFIT WHILE COVERED¹

Unlimited

Unlimited

COINSURANCE (after deductible)

20%

40%

OFFICE SERVICES

Telehealth Visit

Primary: 20% KP / 30% Network
Specialty: 20% KP / 30% Network

40%

Primary Care

20% (KP Providers) / 30% (Network Providers)

40%

Specialty Care

20% (KP Providers) / 30% (Network Providers)

40%

Mental Health/Chemical Dependency

20% (KP Providers) / 30% (Network Providers)

40%

Chiropractic Care (spinal manipulation only;
20 visits per calendar year)

20%

40%

Vision Exam

20%

40%

Laboratory Services

20%

40%

Radiology Services

20%

40%

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

20%

40%

Preventive Services

\$0

30%

EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

20%

20%

Ambulance (per trip)

20%

20%

Urgent Care (per visit)

20% (KP Providers)
30% (Network Providers)

40%

OUTPATIENT SERVICES

Laboratory Services

20%

40%

Radiology Services

20%

40%

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

20%

40%

Outpatient Hospital or Surgical Facility

20%

40%

Physician and Other Professional Fees

20%

40%

INPATIENT SERVICES

Hospital (facility)

20%

40%

Physician and Other Professional Fees

20%

40%

Mental Health/Chemical Dependency

20%

40%

PHARMACY SERVICES

Prescription Drug Deductible

Medical ded applies (except Tier 1 Generics)

Medical ded applies

Tier 1 Generic Drugs

\$5 KP / \$15 MedImpact

40%

Tier 2 Generic Drugs

20% KP / 30% MedImpact

40%

Tier 3 Preferred Brand Drugs

20% KP / 30% MedImpact

40%

Tier 4 Non-Preferred Drugs

20% KP / 30% MedImpact

40%

Tier 5 Specialty Drugs²

20% KP / 30% MedImpact

40%

Mail Order³\$10 / 20% / 20% / 20% / 20% KP
\$45 / 30% / 30% / 30% / 30% MedImpact

40%

**PPO plans are
not available
on the SHOP.**

1 Some benefits may have limitations.

2 To pay the in-network member cost-share, specialty medications must be filled at an in-network Specialty Pharmacy. For a current listing of in-network pharmacies that dispense Specialty Drugs call Customer Service at 1-855-364-3185.

3 Available 90-day supply through Kaiser Permanente Pharmacy and MedImpact Pharmacies.

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.

Coinsurance amounts shown are subject to the deductible (if there is a deductible).

The Dual Choice PPO is fully underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP), Inc. Provider options and benefit levels are described in the Kaiser Permanente Dual Choice PPO plan guide brochure and the *Certificate of Insurance*.

This is a summary description and is not intended to replace the *Group Policy*, and/or *Certificate of Insurance*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.



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