

FEATURES
DEDUCTIBLE (Individual/Family)

In Network

\$6,500 / \$13,000

Out of Network

\$13,000/\$26,000

OUT-OF-POCKET MAXIMUM (Individual/Family)

\$9,000 / \$18,000

\$18,000 / \$36,000

MAXIMUM BENEFIT WHILE COVERED ¹

Unlimited

Unlimited

COINSURANCE (after deductible)

20%

40%

OFFICE SERVICES

Telehealth Visit

 Primary: \$0 KP / \$80 after ded Network (ded waived first 3 visits)
 Specialty: \$0 KP / \$100 after ded Network

40%

Primary Care

 \$60 after ded (ded waived for first 3 visits) (KP Providers)
 \$80 after ded (ded waived for first 3 visits) (Network Providers)

40%

Specialty Care

\$80 after ded (KP Providers) / \$100 after ded (Network Providers)

40%

Mental Health/Chemical Dependency

 \$60 after ded (ded waived for first 3 visits) (KP Providers)
 \$80 after ded (ded waived for first 3 visits) (Network Providers)

40%

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

20%

40%

Vision Exam

\$60

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)

 \$120 after ded (ded waived for first 3 visits) (KP Providers)
 \$160 after ded (ded waived for first 3 visits) (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 and Tier 2 Generics)

Medical ded applies

Tier 1 Generic Drugs

\$5 KP / \$15 MedImpact

40%

Tier 2 Generic Drugs

\$30 KP / \$40 MedImpact

40%

Tier 3 Preferred Brand Drugs

\$60 KP / \$80 MedImpact

40%

Tier 4 Non-Preferred Drugs

\$100 KP / \$130 MedImpact

40%

 Tier 5 Specialty Drugs ²

20% KP / 30% MedImpact

40%

 Mail Order ³

 \$10 / \$60 / \$120 / \$200 / 20% KP
 \$45 / \$120 / \$240 / \$390 / 30%

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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931413058_L 09/22
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