



KAISER PERMANENTE

KP Plans - GOLD

KP/1000/20/30/S10

FEATURES

DEDUCTIBLE (Individual/Family)	\$1,000 / \$2,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,500 / \$17,000
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited
COINSURANCE (after deductible)	20%

OFFICE SERVICES

Telehealth Visits	\$0
Primary Care	\$30
Specialty Care	\$60
Mental Health/Chemical Dependency	\$30
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60
Vision Exam	\$30
Laboratory Services	\$0
Radiology Services	\$60
High Tech Radiology Services (MRI, CT, PET, others)	\$400
Preventive Services	\$0

EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)	\$550
Ambulance (per trip)	\$550
Urgent Care (per visit)	\$60

OUTPATIENT SERVICES

Laboratory Services	\$0
Radiology Services	\$60
High Tech Radiology Services (MRI, CT, PET, others)	\$400
Outpatient Hospital or Surgical Facility	20%
Physician and Other Professional Fees	20%

INPATIENT SERVICES

Hospital (facility)	20%
Physician and Other Professional Fees	20%
Mental Health/Chemical Dependency	20%

PHARMACY SERVICES ²

Prescription Drug Deductible	\$250 / \$500 (except Tier 1 and Tier 2 Generics)
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 / 35% Affiliated
Mail Order ³	\$10 / \$20 / \$80 / \$120 / 25%

KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S10 and KP/500/20/20/S10)

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.

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

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.

Nine Piedmont Center
3495 Piedmont Road, N.E.
Atlanta, GA 30305-1736



931411592_D 09/22
©2022 Kaiser Foundation Health Plan of Georgia, Inc.