



KAISER PERMANENTE

KP Plus Plans - GOLD

KP PLUS/1000/20/30/S10

FEATURES

DEDUCTIBLE (Individual/Family)

In Network

\$1,000 / \$2,000

Out of Network⁴

N/A

OUT-OF-POCKET MAXIMUM (Individual/Family)

\$8,500 / \$17,000

N/A

MAXIMUM BENEFIT WHILE COVERED¹

Unlimited

Unlimited

COINSURANCE (after deductible)

20%

N/A

OFFICE SERVICES

Telehealth Visit

\$0

\$20

Primary Care

\$30

\$50

Specialty Care

\$60

\$80

Mental Health/Chemical Dependency

\$30

\$50

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

\$60

\$80

Vision Exam

\$30

\$50

Laboratory Services

\$0

\$20

Radiology Services

\$60

\$80

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

\$400

Not Covered

Preventive Services

\$0

\$0

EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

\$550

\$550

Ambulance (per trip)

\$550

\$550

Urgent Care (per visit)

\$60

Not Covered

OUTPATIENT SERVICES

Laboratory Services

\$0

\$20

Radiology Services

\$60

\$80

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

\$400

Not Covered

Outpatient Hospital or Surgical Facility

20%

Not Covered

Physician and Other Professional Fees

20%

Not Covered

INPATIENT SERVICES

Hospital (facility)

20%

Not Covered

Physician and Other Professional Fees

20%

Not Covered

Mental Health/Chemical Dependency

20%

Not Covered

PHARMACY SERVICES⁴

Prescription Drug Deductible (Single/Family)

\$250 / \$500
(except Tier 1 and Tier 2 Generics)

N/A

Tier 1 Generic Drugs

\$5 KP / \$15 Affiliated

\$25

Tier 2 Generic Drugs

\$10 KP / \$20 Affiliated

\$30

Tier 3 Preferred Brand Drugs

\$40 KP / \$60 Affiliated

\$60

Tier 4 Non-Preferred Drugs

\$60 KP / \$90 Affiliated

\$90

Tier 5 Specialty Drugs²

25% KP / 35% Affiliated

35%

Mail Order³

\$10 / \$20 / \$80 / \$120 / 25%

Not Covered

KP Plus 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 Affiliated Pharmacies.

4 Services covered out of network are subject to 10 visits/services and 5 Rx fill/refill per year

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).

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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