



KAISER PERMANENTE KP Plus Plans - GOLD KP PLUS/2500/0/30/S10

FEATURES

| | In Network | Out of Network ⁴ |
|---|-----------------------------------|-----------------------------|
| DEDUCTIBLE (Individual/Family) | \$2,500 / \$5,000 | N/A |
| OUT-OF-POCKET MAXIMUM (Individual/Family) | \$8,900/\$17,800 | N/A |
| MAXIMUM BENEFIT WHILE COVERED ¹ | Unlimited | Unlimited |
| COINSURANCE (after deductible) | 0% | 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 (Adult) | \$30 | \$50 |
| Laboratory Services | \$0 | \$20 |
| Radiology Services | 0% | 20% |
| High Tech Radiology Services (MRI, CT, PET, others) | \$600 | Not Covered |
| Preventive Services | \$0 | \$0 |
| EMERGENCY SERVICES | | |
| Emergency Room (per visit; copay waived if admitted) | \$650 | \$650 |
| Ambulance (per trip) | \$650 | \$650 |
| Urgent Care (per visit) | \$60 | Not Covered |
| OUTPATIENT SERVICES | | |
| Laboratory Services | \$0 | \$20 |
| Radiology Services | 0% | 20% |
| High Tech Radiology Services (MRI, CT, PET, others) | \$600 | Not Covered |
| Outpatient Hospital or Surgical Facility | 0% | Not Covered |
| Physician and Other Professional Fees | 0% | Not Covered |
| INPATIENT SERVICES | | |
| Hospital (facility) | 0% | Not Covered |
| Physician and Other Professional Fees | 0% | Not Covered |
| Mental Health/Chemical Dependency | 0% | Not Covered |
| PHARMACY SERVICES⁴ | | |
| Prescription Drug Deductible | N/A | N/A |
| Tier 1 Generic Drugs | \$5 KP / \$15 Affiliated | \$25 |
| Tier 2 Generic Drugs | \$20 KP / \$30 Affiliated | \$40 |
| Tier 3 Preferred Brand Drugs | \$50 KP / \$70 Affiliated | \$70 |
| Tier 4 Non-Preferred Drugs | \$80 KP / \$110 Affiliated | \$110 |
| Tier 5 Specialty Drugs ² | 25% KP / 35% Affiliated | 35% |
| Mail Order ³ | \$10 / \$40 / \$100 / \$160 / 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](https://www.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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