



KAISER PERMANENTE

## Dual Choice PPO Plans - GOLD

PPO/2500/10/30/S10

FEATURES	In Network	Out of Network
<b>DEDUCTIBLE</b> (Individual/Family)	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>OUT-OF-POCKET MAXIMUM</b> (Individual/Family)	\$9,100 / \$18,200	\$18,200 / \$36,400
<b>MAXIMUM BENEFIT WHILE COVERED</b> <sup>1</sup>	Unlimited	Unlimited
<b>COINSURANCE</b> (after deductible)	10%	30%
<b>OFFICE SERVICES</b>		
Telehealth Visit	Primary: \$0 KP / \$50 Network Specialty: \$0 KP / \$80 Network	30%
Primary Care	\$30 (KP Providers) / \$50 (Network Providers)	30%
Specialty Care	\$60 (KP Providers) / \$80 (Network Providers)	30%
Mental Health/Chemical Dependency	\$30 (KP Providers) / \$50 (Network Providers)	30%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60	30%
Vision Exam	\$30	30%
Laboratory Services	\$0	30%
Radiology Services	0% after deductible	30%
High Tech Radiology Services (MRI, CT, PET, others)	\$600	30%
Preventive Services	\$0	30%
<b>EMERGENCY SERVICES</b>		
Emergency Room (per visit; copay waived if admitted)	\$650	\$650
Ambulance (per trip)	\$650	\$650
Urgent Care (per visit)	\$60 (KP Providers) / \$100 (Network Providers)	30%
<b>OUTPATIENT SERVICES</b>		
Laboratory Services	\$0	30%
Radiology Services	0% after deductible	30%
High Tech Radiology Services (MRI, CT, PET, others)	\$600	30%
Outpatient Hospital or Surgical Facility	10%	30%
Physician and Other Professional Fees	10%	30%
<b>INPATIENT SERVICES</b>		
Hospital (facility)	10%	30%
Physician and Other Professional Fees	10%	30%
Mental Health/Chemical Dependency	10%	30%
<b>PHARMACY SERVICES</b>		
Prescription Drug Deductible	N/A	Medical ded applies
Tier 1 Generic Drugs	\$5 KP / \$15 MedImpact	30%
Tier 2 Generic Drugs	\$20 KP / \$30 MedImpact	30%
Tier 3 Preferred Brand Drugs	\$50 KP / \$70 MedImpact	30%
Tier 4 Non-Preferred Drugs	\$80 KP / \$110 MedImpact	30%
Tier 5 Specialty Drugs <sup>2</sup>	25% KP / 30% MedImpact	30%
Mail Order <sup>3</sup>	\$10 / \$40 / \$100 / \$160 / 25% KP \$45 / \$90 / \$210 / \$330 / 30% MedImpact	30%

**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](https://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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