



# KAISER PERMANENTE KP Plus Plans - PLATINUM

## KP PLUS/0/0/20/S10

FEATURES	In Network	Out of Network <sup>4</sup>
<b>DEDUCTIBLE</b> (Individual/Family)	\$0 / \$0	N/A
<b>OUT-OF-POCKET MAXIMUM</b> (Individual/Family)	\$2,500 / \$5,000	N/A
<b>MAXIMUM BENEFIT WHILE COVERED</b> <sup>1</sup>	Unlimited	Unlimited
<b>COINSURANCE</b> (after deductible)	0%	N/A
<b>OFFICE SERVICES</b>		
Telehealth Visit	\$0	\$20
Primary Care	\$20	\$40
Specialty Care	\$40	\$60
Mental Health/Chemical Dependency	\$20	\$40
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40	\$60
Vision Exam (Adult)	\$20	\$40
Laboratory Services	\$0	\$20
Radiology Services	\$0	\$20
High Tech Radiology Services (MRI, CT, PET, others)	\$100	Not Covered
Preventive Services	\$0	\$0
<b>EMERGENCY SERVICES</b>		
Emergency Room (per visit; copay waived if admitted)	\$350	\$350
Ambulance (per trip)	\$350	\$350
Urgent Care (per visit)	\$40	Not Covered
<b>OUTPATIENT SERVICES</b>		
Laboratory Services	\$0	\$20
Radiology Services	\$0	\$20
High Tech Radiology Services (MRI, CT, PET, others)	\$100	Not Covered
Outpatient Hospital or Surgical Facility	\$250	Not Covered
Physician and Other Professional Fees	\$0	Not Covered
<b>INPATIENT SERVICES</b>		
Hospital (facility)	\$500 per day	Not Covered
Physician and Other Professional Fees	\$0	Not Covered
Mental Health/Partial Hospitalization	\$500 per day	Not Covered
<b>PHARMACY SERVICES</b>		
Prescription Drug Deductible (Single/Family)	N/A	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 Drugs <sup>2</sup>	25% KP / 35% Affiliated	35%
Mail Order <sup>3</sup>	\$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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