



KAISER PERMANENTE

Dual Choice PPO Plans - PLATINUM

PPO/0/0/20/S10

FEATURES

DEDUCTIBLE (Individual/Family)

In Network

\$0 / \$0

Out of Network

\$2,000 / \$4,000

OUT-OF-POCKET MAXIMUM (Individual/Family)

\$2,500 / \$5,000

\$7,500 / \$15,000

MAXIMUM BENEFIT WHILE COVERED¹

Unlimited

Unlimited

COINSURANCE (after deductible)

0%

30%

OFFICE SERVICES

Telehealth Visit

Primary: \$0 KP / \$40 Network
Specialty: \$0 KP / \$60 Network

30%

Primary Care

\$20 (KP Providers) / \$40 (Network Providers)

30%

Specialty Care

\$40 (KP Providers) / \$60 (Network Providers)

30%

Mental Health/Chemical Dependency

\$20 (KP Providers) / \$40 (Network Providers)

30%

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

\$40

30%

Vision Exam

\$20

30%

Laboratory Services

\$0

30%

Radiology Services

\$0

30%

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

\$100

30%

Preventive Services

\$0

30%

EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

\$350

\$350

Ambulance (per trip)

\$350

\$350

Urgent Care (per visit)

\$40 (KP Providers) / \$80 (Network Providers)

30%

OUTPATIENT SERVICES

Laboratory Services

\$0

30%

Radiology Services

\$0

30%

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

\$100

30%

Outpatient Hospital or Surgical Facility

\$250

30%

Physician and Other Professional Fees

\$0

30%

INPATIENT SERVICES

Hospital (facility)

\$500 per day

30%

Physician and Other Professional Fees

\$0

30%

Mental Health/Chemical Dependency

\$500 per day

30%

PHARMACY SERVICES

Prescription Drug Deductible

N/A

Medical ded applies

Tier 1 Generic Drugs

\$5 KP / \$15 MedImpact

30%

Tier 2 Generic Drugs

\$10 KP / \$20 MedImpact

30%

Tier 3 Preferred Brand Drugs

\$40 KP / \$60 MedImpact

30%

Tier 4 Non-Preferred Drugs

\$60 KP / \$90 MedImpact

30%

Tier 5 Specialty Drugs²

25% KP / 35% MedImpact

30%

Mail Order³

\$10 / \$20 / \$80 / \$120 / 25% KP
\$45 / \$60 / \$180 / \$270 / 35% 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 and MedImpact Pharmacies.

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).

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.



Kaiser Foundation Health Plan of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road, N.E.
Atlanta, GA 30305-1736



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