



KAISER PERMANENTE

Dual Choice PPO Plans - SILVER

PPO/HDHP/3500/20/S10

FEATURES	In Network	Out of Network
DEDUCTIBLE (Individual/Family)	\$3,500 / \$7,000	\$7,000 / \$14,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$7,000 / \$14,000	\$14,000 / \$28,000
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited	Unlimited
COINSURANCE (after deductible)	20%	40%
OFFICE SERVICES		
Telehealth Visit	Primary: 20% KP / 30% Network Specialty: 20% KP / 30% Network	40%
Primary Care	20% (KP Providers) / 30% (Network Providers)	40%
Specialty Care	20% (KP Providers) / 30% (Network Providers)	40%
Mental Health/Chemical Dependency	20% (KP Providers) / 30% (Network Providers)	40%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	20%	40%
Vision Exam	20%	40%
Laboratory Services	20%	40%
Radiology Services	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	20%	40%
Preventive Services	\$0	30%
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	20%	20%
Ambulance (per trip)	20%	20%
Urgent Care (per visit)	20% (KP Providers) 30% (Network Providers)	40%
OUTPATIENT SERVICES		
Laboratory Services	20%	40%
Radiology Services	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	20%	40%
Outpatient Hospital or Surgical Facility	20%	40%
Physician and Other Professional Fees	20%	40%
INPATIENT SERVICES		
Hospital (facility)	20%	40%
Physician and Other Professional Fees	20%	40%
Mental Health/Chemical Dependency	20%	40%
PHARMACY SERVICES		
Prescription Drug Deductible	Medical ded applies (except Tier 1 Generics)	Medical ded applies
Tier 1 Generic Drugs	\$5 KP / \$15 MedImpact	40%
Tier 2 Generic Drugs	20% KP / 30% MedImpact	40%
Tier 3 Preferred Brand Drugs	20% KP / 30% MedImpact	40%
Tier 4 Non-Preferred Drugs	20% KP / 30% MedImpact	40%
Tier 5 Specialty Drugs ²	20% KP / 30% MedImpact	40%
Mail Order ³	\$10 / 20% / 20% / 20% / 20% KP \$45 / 30% / 30% / 30% / 30% MedImpact	40%

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 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

