



KAISER PERMANENTE

## Dual Choice PPO Plans - SILVER

## PPO HDHP/5000/20/S10

### FEATURES

**DEDUCTIBLE** (Individual/Family)

In Network

\$5,000 / \$10,000

Out of Network

\$10,000 / \$20,000

**OUT-OF-POCKET MAXIMUM** (Individual/Family)

\$7,000 / \$14,000

\$14,000 / \$28,000

**MAXIMUM BENEFIT WHILE COVERED**<sup>1</sup>

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<sup>2</sup>

20% KP / 30% MedImpact

40%

Mail Order<sup>3</sup>

\$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](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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