

FEATURES		
DEDUCTIBLE (Individual/Family)	\$6,300 / \$12,600	KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S11 and KP/500/20/20/S11)
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$9,000 / \$18,000	
MAXIMUM BENEFIT WHILE COVERED¹	Unlimited	
COINSURANCE (after deductible)	20%	
OFFICE SERVICES		
Telehealth Visits	\$0	<div>1 Some benefits may have limitations.</div> <div>2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.</div> <div>3 Available 90 day supply through Kaiser Permanente Pharmacy.</div> <div>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.</div>
Primary Care	\$60 after deductible (deductible waived for first 3 visits)	
Specialty Care	\$80 after deductible	
Mental Health/Chemical Dependency	\$60	
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	20%	
Vision Exam	\$60	
Laboratory Services	\$0 after deductible	
Radiology Services	20%	
High Tech Radiology Services (MRI, CT, PET, others)	20%	
Preventive Services	\$0	
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	20%	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.
Ambulance (per trip)	20%	
Urgent Care (per visit)	\$120 after deductible (deductible waived for first 3 visits)	
OUTPATIENT SERVICES		
Laboratory Services	20%	This is a summary description and is not intended to replace the Group Agreement, Group Policy, and/or Evidence of Coverage, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.
Radiology Services	20%	
High Tech Radiology Services (MRI, CT, PET, others)	20%	
Outpatient Hospital or Surgical Facility	20%	
Physician and Other Professional Fees	20%	
INPATIENT SERVICES		
Hospital (facility)	20%	
Physician and Other Professional Fees	20%	
Mental Health/Chemical Dependency	20%	
PHARMACY SERVICES 2		
Prescription Drug Deductible	Medical deductible applies (except Tier 1 & 2 Generics)	
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated	
Tier 2 Generic Drugs	\$30 KP / \$40 Affiliated	
Tier 3 Preferred Brand Drugs	\$60 KP / \$80 Affiliated	
Tier 4 Non-Preferred Drugs	\$100 KP / \$130 Affiliated	
Tier 5 Specialty Drugs	20% KP / 30% Affiliated	
Mail Order 3	\$10/\$60/\$120/\$200/20%	