

FEATURES			
DEDUCTIBLE (Individual/Family)	N/A	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)	\$8,700 / \$17,400		
MAXIMUM BENEFIT WHILE COVERED¹	Unlimited		
COINSURANCE (after deductible)	0%		
OFFICE SERVICES			
Telehealth Visits	\$0	1 Some benefits may have limitations. 2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order. 3 Available 90 day supply through Kaiser Permanente Pharmacy.	
Primary Care	\$40		
Specialty Care	\$70		
Mental Health/Chemical Dependency	\$40		
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$70	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.	
Vision Exam	\$40		
Laboratory Services	\$0		
Radiology Services	\$50		
High Tech Radiology Services (MRI, CT, PET, others)	\$550	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.	
Preventive Services	\$0		
EMERGENCY SERVICES			
Emergency Room (per visit; copay waived if admitted)	\$650	Coinsurance amounts shown are subject to the deductible (if there is a deductible).	
Ambulance (per trip)	\$650		
Urgent Care (per visit)	\$80		
OUTPATIENT SERVICES			
Laboratory Services	\$0	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	\$50		
High Tech Radiology Services (MRI, CT, PET, others)	\$550		
Outpatient Hospital or Surgical Facility	\$700		
Physician and Other Professional Fees	\$0	INPATIENT SERVICES	
INPATIENT SERVICES			
Hospital (facility)	\$950 copay per day for first 3 days		
Physician and Other Professional Fees	\$0		
Mental Health/Chemical Dependency	\$950 copay per day for first 3 days	PHARMACY SERVICES 2	
PHARMACY SERVICES 2			
Prescription Drug Deductible	N/A		
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated		
Tier 2 Generic Drugs	\$10 KP / \$20 Affiliated		
Tier 3 Preferred Brand Drugs	\$60 KP / \$80 Affiliated		
Tier 4 Non-Preferred Drugs	\$100 KP / \$130 Affiliated		
Tier 5 Specialty Drugs	35% KP / 45% Affiliated		
Mail Order 3	\$10/\$20/\$120/\$200/35%		