



KAISER PERMANENTE
KP Plans - GOLD **KP/2500/0/30/S8**

FEATURES

DEDUCTIBLE (Individual/Family)	\$2,500 / \$5,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,150 / \$16,300
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited
COINSURANCE (after deductible)	0%
OFFICE SERVICES	
Telehealth Visits	\$0
Primary Care	\$30
Specialty Care	\$60
Mental Health/Chemical Dependency	\$30
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60
Vision Exam	\$30
Laboratory Services	\$0
Radiology Services	\$60
High Tech Radiology Services (MRI, CT, PET, others)	\$500
Preventive Services	\$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	\$650
Ambulance (per trip)	\$350
Urgent Care (per visit)	\$60
OUTPATIENT SERVICES	
Laboratory Services	\$0
Radiology Services	\$60
High Tech Radiology Services (MRI, CT, PET, others)	\$500
Outpatient Hospital or Surgical Facility	0%
Physician and Other Professional Fees	0%
INPATIENT SERVICES	
Hospital (facility)	0%
Physician and Other Professional Fees	0%
Mental Health/Chemical Dependency	0%
PHARMACY SERVICES ²	
Prescription Drug Deductible	N/A
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated
Tier 2 Generic Drugs	\$20 KP / \$30 Affiliated
Tier 3 Preferred Brand Drugs	\$50 KP / \$70 Affiliated
Tier 4 Non-Preferred Drugs	\$80 KP / \$110 Affiliated
Tier 5 Specialty Drugs	25% KP / 25% Affiliated
Mail Order ³	\$10 / \$40 / \$100 / \$160 / 25%

KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S8 and KP/500/20/20/S8)

- 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.
- 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.

Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.

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.



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533841604_E 09/20
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