

Health plan benefit changes

Here are the updated benefit changes for our 2021 plans. Your 2021 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2021
KP GA Platinum PPO 0/0/20/S8 (formerly KP GA Platinum PPO 0/0/20/S7)	<ul style="list-style-type: none"> No significant benefit changes for 2021
Health Plan	Changes for 2021
KP GA Platinum PPO 500/20/20/S8 (formerly KP GA Platinum PPO 500/20/20/S7)	<ul style="list-style-type: none"> Annual In Network Out-of-Pocket Maximum changed to \$4,500/\$9,000 (individual/family)
Health Plan	Changes for 2021
KP GA Gold PPO 0/0/30/S8 (formerly KP GA Gold PPO 0/0/30/S7)	<ul style="list-style-type: none"> Annual In Network Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family) Annual Out of Network Out-of-Pocket Maximum changed to \$16,300/\$32,600 (individual/family) <p>Prescription Drugs</p> <ul style="list-style-type: none"> Tier 3 Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$50 copay and mail order changed to \$100 copay Tier 3 Preferred Brand Drugs at a MedImpact Pharmacy changed to \$70 copay and mail order changed to \$210 copay Tier 4 Non-Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$80 copay and mail order changed to \$160 copay Tier 4 Non-Preferred Brand Drugs at a MedImpact Pharmacy changed to \$110 copay and mail order changed to \$330 copay
Health Plan	Changes for 2021
KP GA Gold PPO 1000/20/30/S8 (formerly KP GA Gold PPO 1000/20/30/S7)	<ul style="list-style-type: none"> Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) Specialty Care at a Kaiser Permanente provider changed to \$60 copay Specialty Care at Network provider changed to \$80 copay X-ray changed to \$60 copay Occupational, Physical, and Speech Therapies changed to \$60 copay High Tech Radiology Services changed to \$400 copay regardless if performed in an office, free standing center, or outpatient hospital setting Emergency services changed to \$550 copay/visit

GA Small Group

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KP GA Gold PPO 2250/20/30/S8 (formerly KP GA Gold PPO 1750/20/50/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$2,250/\$4,500 (individual/family) • Annual Out of Network Deductible changed to \$5,000/ \$10,000 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Primary Care at a Kaiser Permanente provider changed to \$30 copay • Primary Care at a Network provider changed to \$50 copay • Specialty Care at a Kaiser Permanente provider changed to \$60 copay • Specialty Care at a Network provider changed to \$80 copay • Occupational, Physical, and Speech Therapies changed to \$60 copay • Adult and Pediatric Optical Exam changed to \$30 copay • X-ray changed to \$60 copay • Emergency services changed to \$550 copay/visit • Urgent Care visit at a Kaiser Permanente facility changed to \$60 copay • Urgent Care visit at a Network facility changed to \$100 copay
Health Plan	Changes for 2021
KP GA Gold PPO 2500/10/30/S8 (formerly KP GA Gold PPO 2000/10/30/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$2,500/\$5,000 (individual/family) • Annual Out of Network Deductible changed to \$5,000/\$10,000 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Specialty Care at a Kaiser Permanente provider changed to \$60 copay • Specialty Care at Network provider changed to \$80 copay • Occupational, Physical, and Speech Therapies changed to \$60 copay • X-ray changed to \$60 copay • Emergency services changed to \$650 copay/visit
Health Plan	Changes for 2021
KP GA Silver PPO 2500/35/50/S8 (formerly KP GA Silver PPO 2000/35/50/S7)	<ul style="list-style-type: none"> • Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Specialty Care at a Kaiser Permanente provider changed to \$80 copay • Specialty Care at Network provider changed to \$100 copay • Occupational, Physical, and Speech Therapies changed to \$80 copay

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Health Plan	Changes for 2021
KP GA Silver PPO HDHP/3000/20/S8 (formerly KP GA Silver PPO HDHP/3000/20/S7)	<ul style="list-style-type: none"> • Annual In Network Out-of-Pocket Maximum changed to \$6,500/\$13,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$13,000/\$26,000 (individual/family)
Health Plan	Changes for 2021
KP GA Silver PPO 3750/30/50/S8 (formerly KP GA Silver PPO 3500/30/50/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$3,750/\$7,500 (individual/family) • Annual Out of Network Deductible changed to \$7,500/\$15,000 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Specialty Care at a Kaiser Permanente provider changed to \$80 copay • Specialty Care at Network provider changed to \$100 copay • Occupational, Physical, and Speech Therapies changed to \$80 copay • High Tech Radiology Services (MRI, CT, PET) changed to \$450 copay after deductible regardless if performed in an office, free standing center, or outpatient hospital setting
Health Plan	Changes for 2021
KP GA Silver PPO 4750/30/50/S8 (formerly KP GA Silver PPO 4500/30/50/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$4,750/\$9,500 (individual/family) • Annual Out of Network Deductible changed to \$9,500/\$19,000 (individual/family) • Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Specialty Care at a Kaiser Permanente provider changed to \$80 copay • Specialty Care at Network provider changed to \$100 copay • Occupational, Physical, and Speech Therapies changed to \$80 copay • High Tech Radiology Services (MRI, CT, PET) changed to \$450 copay after deductible regardless if performed in an office, free standing center, or outpatient hospital setting
Health Plan	Changes for 2021
KP GA Silver PPO HDHP/5000/20/S8 (formerly KP GA Silver PPO HDHP/4000/20/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$5,000/\$10,000 (individual/family) • Annual Out of Network Deductible changed to \$10,000/\$20,000 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$6,500/\$13,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$13,000/\$26,000 (individual/family)

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Health Plan	Changes for 2021
KP GA Bronze PPO 6500/20/60/S8 (formerly KP GA Bronze PPO 5500/20/50/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$6,500/\$13,000 (individual/family) • Annual Out of Network Deductible changed to \$13,000/\$26,000 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$17,000/\$34,000 (individual/family) • Primary Care at a Kaiser Permanente provider changed to \$60 copay after deductible (deductible waived for first 3 visits) • Primary Care at a Network provider changed to \$80 copay after deductible (deductible waived for first 3 visits) • Specialty Care at a Kaiser Permanente provider changed to \$80 copay after deductible • Specialty Care at a Network provider changed to \$100 copay after deductible • Adult and Pediatric Optical Exam changed to \$60 copay • Urgent Care at a Kaiser Permanente facility changed to \$120 copay/visit after the deductible (deductible waived for first 3 visits) • Urgent Care at a Network facility changed to \$160 copay/visit after the deductible (deductible waived for first 3 visits) <p>Prescription Drugs</p> <ul style="list-style-type: none"> • Tier 3 Preferred Drugs at a Kaiser Permanente pharmacy changed to \$60 copay after deductible and mail order changed to \$120 copay after deductible • Tier 3 Preferred Drugs at a Network pharmacy changed to \$80 copay after deductible • Tier 4 Non-Preferred Drugs at a Kaiser Permanente pharmacy changed to \$100 copay after deductible and mail order changed to \$200 copay after deductible • Tier 4 Non-Preferred Drugs at a Network pharmacy changed to \$130 copay after deductible
Health Plan	Changes for 2021
KP GA Bronze PPO HDHP/6850/10/S8 (formerly KP GA Bronze PPO HDHP/6550/10/S7)	<ul style="list-style-type: none"> • Annual In Network Deductible changed to \$6,850/\$13,700 (individual/family) • Annual Out of Network Deductible changed to \$13,700/\$27,400 (individual/family) • Annual In Network Out-of-Pocket Maximum changed to \$6,900/\$13,800 (individual/family) • Annual Out of Network Out-of-Pocket Maximum changed to \$13,800/\$27,600 (individual/family)

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