

# 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
<b>KP GA Platinum 0/0/20/S8</b> (formerly KP GA Platinum 0/0/20/S7)	<ul style="list-style-type: none"> <li>No significant benefit changes for 2021</li> </ul>
Health Plan	Changes for 2021
<b>KP GA Platinum 500/20/20/S8</b> (formerly KP GA Platinum 500/20/20/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$4,500/\$9,000 (individual/family)</li> </ul>
Health Plan	Changes for 2021
<b>KP GA Gold 0/0/30/S8</b> (formerly KP GA Gold 0/0/30/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> </ul> <p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>Tier 3 Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$50 copay and mail order changed to \$100 copay</li> <li>Tier 3 Preferred Brand Drugs at a Network Pharmacy changed to \$70 copay</li> <li>Tier 4 Non-Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$80 copay and mail order changed to \$160 copay</li> <li>Tier 4 Non- Preferred Brand Drugs at a Network Pharmacy changed to \$110 copay</li> </ul>
Health Plan	Changes for 2021
<b>KP GA Gold 0/0/40/S8</b> (formerly KP GA Gold 0/0/40/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>Emergency services changed to \$650 copay/visit</li> <li>Inpatient Hospital changed to \$950 copay/day for first 3 days</li> </ul>
Health Plan	Changes for 2021
<b>KP GA Gold 1000/20/30/S8</b> (formerly KP GA Gold 1000/20/30/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>Specialty Care changed to \$60 copay</li> <li>X-ray changed to \$60 copay</li> <li>Occupational, Physical, and Speech Therapies changed to \$60 copay</li> <li>High Tech Radiology Services changed to \$400 copay regardless if performed in an office, free standing center, or outpatient hospital setting</li> <li>Emergency services changed to \$550 copay/visit</li> </ul>

## GA Small Group

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<b>KP GA Gold 2250/20/30/S8</b> (formerly KP GA Gold 1750/20/50/S7)	<ul style="list-style-type: none"> <li>• Annual Deductible changed to \$2,250/\$4,500 (individual/family)</li> <li>• Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>• Primary Care changed to \$30 copay</li> <li>• Specialty Care changed to \$60 copay</li> <li>• Occupational, Physical, and Speech Therapies changed to \$60 copay</li> <li>• Adult and Pediatric Optical Exam changed to \$30 copay</li> <li>• X-ray changed to \$60 copay</li> <li>• Emergency services changed to \$550 copay/visit</li> <li>• Urgent Care visit changed to \$60 copay</li> </ul>
<b>KP GA Gold 2500/0/30/S8</b> (formerly KP GA Gold 2000/0/30/S7)	<ul style="list-style-type: none"> <li>• Annual Deductible changed to \$2,500/\$5,000 (individual/family)</li> <li>• Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>• Specialty Care changed to \$60 copay</li> <li>• Occupational, Physical, and Speech Therapies changed to \$60 copay</li> <li>• X-ray changed to \$60 copay</li> <li>• Emergency services changed to \$650 copay/visit</li> </ul>
<b>KP GA Gold 3500/0/30/S8</b> (formerly KP GA Gold 3000/0/30/S7)	<ul style="list-style-type: none"> <li>• Annual Deductible changed to \$3,500/\$7,000 (individual/family)</li> <li>• Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>• Specialty Care changed to \$60 copay</li> <li>• Occupational, Physical, and Speech Therapies changed to \$60 copay</li> <li>• X-ray changed to \$60 copay</li> <li>• Emergency services changed to \$650 copay/visit</li> </ul>
<b>KP GA Gold 4500/0/30/S8</b> (Formerly KP GA Gold 4000/0/30/S7)	<ul style="list-style-type: none"> <li>• Annual Deductible changed to \$4,500/\$9,000 (individual/family)</li> <li>• Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> <li>• Specialty Care changed to \$60 copay</li> <li>• Occupational, Physical, and Speech Therapies changed to \$60 copay</li> <li>• X-ray changed to \$60 copay</li> <li>• Emergency services changed to \$650 copay/visit</li> </ul>
<b>KP GA Silver 2500/30/50/S8</b> (Formerly KP GA Silver 2500/35/50/S7)	<ul style="list-style-type: none"> <li>• Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family)</li> <li>• Coinsurance changed to 30%</li> <li>• Specialty Care changed to \$80 copay</li> <li>• Occupational, Physical, and Speech Therapies changed to \$80 copay</li> <li>• Lab and X-ray changed to 30% coinsurance after deductible</li> <li>• 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</li> <li>• Emergency services and Ambulance changed to 30% coinsurance after deductible</li> <li>• Outpatient Hospital or Surgical Facility changed to 30% coinsurance after deductible</li> <li>• Inpatient Hospital changed to 30% coinsurance after deductible</li> </ul>

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<b>KP GA Silver HRA/2500/30/S8</b> (formerly KP GA Silver HRA 2500/30/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,150/\$16,300 (individual/family)</li> </ul>
<b>KP GA Silver HDHP/3000/20/S8</b> (formerly KP GA Silver HDHP/3000/20/S7)	<ul style="list-style-type: none"> <li>No significant benefit Changes for 2021</li> </ul>
<b>KP GA Silver 3500/30/50/S8</b> (formerly KP GA Silver 3500/30/50/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family)</li> <li>Specialty Care changed to \$80 copay</li> <li>Occupational, Physical, and Speech Therapies changed to \$80 copay</li> <li>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</li> </ul>
<b>KP GA Silver 4500/30/50/S8</b> (formerly KP GA Silver 4500/30/50/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family)</li> <li>Specialty Care changed to \$80 copay</li> <li>Occupational, Physical, and Speech Therapies changed to \$80 copay</li> <li>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</li> </ul>
<b>KP GA Silver 5500/0/50/S8</b> (formerly KP GA Silver 5500/0/50/S7)	<ul style="list-style-type: none"> <li>Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family)</li> <li>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</li> <li>Emergency services changed to \$600 copay after deductible/visit</li> <li>Ambulance changed to \$350 copay after deductible/trip</li> </ul> <p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>Tier 3 Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$50 copay and mail order changed to \$100</li> <li>Tier 3 Preferred Brand Drugs at a Network Pharmacy changed to \$70 copay</li> <li>Tier 4 Non-Preferred Brand Drugs at a Kaiser Permanente Pharmacy changed to \$80 copay and mail order changed to \$160</li> <li>Tier 4 Non-Preferred Brand Drugs at a Network Pharmacy changed to \$110 copay</li> <li>Tier 5 Specialty Drugs at a Kaiser Permanente pharmacy and mail order changed to 30% coinsurance</li> </ul>

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<b>KP GA Silver HDHP/5000/20/S8</b> (formerly KP GA Silver HDHP/4000/20/S7)	<ul style="list-style-type: none"> <li>Annual Deductible changed to \$5,000/\$10,000 (individual/family)</li> </ul>
<b>KP GA Bronze HDHP/6200/30/S8</b> (formerly KP Bronze HDHP/5000/20/S7)	<ul style="list-style-type: none"> <li>Annual Deductible changed to \$6,200/\$12,400 (individual/family)</li> <li>Annual Out-of-Pocket Maximum changed to \$6,900/\$13,800 (individual/family)</li> <li>Coinsurance on all services (except for Preventive Services) changed to 30% after the deductible</li> </ul> <p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>All prescription drugs at a Kaiser Permanente Pharmacy and for mail order (except Tier 1 Generic Drugs) changed to 30% coinsurance after deductible</li> <li>All prescription drugs at a Network Pharmacy (except Tier 1 Generic Drugs) changed to 40% coinsurance after deductible</li> </ul>
<b>KP GA Bronze 6250/20/60/S8</b> (formerly KP Bronze 5500/20/50/S7)	<ul style="list-style-type: none"> <li>Annual Deductible changed to \$6,250/\$12,500 (individual/family)</li> <li>Annual Out-of-Pocket Maximum changed to \$8,500/\$17,000 (individual/family)</li> <li>Primary Care changed to \$60 copay after deductible (deductible waived for first 3 visits)</li> <li>Specialty Care changed to \$80 copay after deductible</li> <li>Adult and Pediatric Optical Exam changed to \$60 copay</li> <li>Urgent Care changed to \$120 copay/visit after the deductible (deductible waived for first 3 visits)</li> </ul> <p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>Tier 3 Preferred Drugs at a Kaiser Permanente pharmacy changed to \$60 copay after deductible and mail order changed to \$120 copay after deductible</li> <li>Tier 3 Preferred Drugs at a Network pharmacy changed to \$80 copay after deductible</li> <li>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</li> <li>Tier 4 Non-Preferred Drugs at a Network pharmacy changed to \$130 copay after deductible</li> </ul>
<b>KP GA Bronze HDHP/6850/0/S8</b> (formerly KP GA Bronze HDHP/6550/0/S7)	<ul style="list-style-type: none"> <li>Annual Deductible changed to \$6,850/\$13,700 (individual/family)</li> <li>Annual Out-of-Pocket Maximum changed to \$6,850/\$13,700 (individual/family)</li> </ul>

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