



KAISER PERMANENTE KP Plus Plans - GOLD KP PLUS/0/0/30/S10

FEATURES

	In Network	Out of Network ⁴
DEDUCTIBLE (Individual/Family)	N/A	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,700/\$17,400	N/A
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited	Unlimited
COINSURANCE (after deductible)	0%	N/A
OFFICE SERVICES		
Telehealth Visit	\$0	\$20
Primary Care	\$30	\$50
Specialty Care	\$60	\$80
Mental Health/Chemical Dependency	\$30	\$50
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$60	\$80
Vision Exam (Adult)	\$30	\$50
Laboratory Services	\$0	\$20
Radiology Services	\$20	\$40
High Tech Radiology Services (MRI, CT, PET, others)	\$400	Not Covered
Preventive Services	\$0	\$0
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	\$550	\$550
Ambulance (per trip)	\$550	\$550
Urgent Care (per visit)	\$60	Not Covered
OUTPATIENT SERVICES		
Laboratory Services	\$0	\$20
Radiology Services	\$20	\$40
High Tech Radiology Services (MRI, CT, PET, others)	\$400	Not Covered
Outpatient Hospital or Surgical Facility	\$550	Not Covered
Physician and Other Professional Fees	\$0	Not Covered
INPATIENT SERVICES		
Hospital (facility)	\$800 per day	Not Covered
Physician and Other Professional Fees	\$0	Not Covered
Mental Health/Chemical Dependency	\$800 per day	Not Covered
PHARMACY SERVICES ⁴		
Prescription Drug Deductible (Single/Family)	N/A	N/A
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated	\$25
Tier 2 Generic Drugs	\$10 KP / \$20 Affiliated	\$30
Tier 3 Preferred Brand Drugs	\$50 KP / \$70 Affiliated	\$70
Tier 4 Non-Preferred Drugs	\$80 KP / \$110 Affiliated	\$110
Tier 5 Specialty Drugs ²	35% KP / 45% Affiliated	45%
Mail Order ³	\$10 / \$20 / \$100 / \$160 / 35%	Not Covered

KP Plus plans are not available on the SHOP.

1 Some benefits may have limitations.

2 To pay the in-network member cost-share, specialty medications must be filled at an in-network Specialty Pharmacy. For a current listing of in-network pharmacies that dispense Specialty Drugs call Customer Service at 1-855-364-3185.

3 Available 90-day supply through Kaiser Permanente Pharmacy and Affiliated Pharmacies.

4 Services covered out of network are subject to 10 visits/services and 5 Rx fill/refill per year

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.

Coinsurance amounts shown are subject to the deductible (if there is a deductible).

This is a summary description and is not intended to replace the *Group Policy*, and/or *Certificate of Insurance*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.



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950731210_D 09/22
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