



KAISER PERMANENTE

# KP Plus Plans - SILVER

# KP PLUS/3700/35/50/S10

## FEATURES

**DEDUCTIBLE** (Individual/Family)

In Network

\$3,700 / \$7,400

Out of Network<sup>4</sup>

N/A

**OUT-OF-POCKET MAXIMUM** (Individual/Family)

\$9,000/\$18,000

N/A

**MAXIMUM BENEFIT WHILE COVERED**<sup>1</sup>

Unlimited

Unlimited

**COINSURANCE** (after deductible)

35%

N/A

## OFFICE SERVICES

Telehealth Visit

\$0

\$20

Primary Care

\$50

\$70

Specialty Care

\$80

\$100

Mental Health/Chemical Dependency

\$50

\$70

Chiropractic Care (spinal manipulation only;  
20 visits per calendar year)

\$80

\$100

Vision Exam

\$50

\$70

Laboratory Services

35%

45%

Radiology Services

35%

45%

High Tech Radiology Services (MRI, CT, PET, others)

\$550 after deductible

Not Covered

Preventive Services

\$0

\$0

## EMERGENCY SERVICES

Emergency Room (per visit; copay waived if admitted)

35%

35%

Ambulance (per trip)

35%

35%

Urgent Care (per visit)

\$100

Not Covered

## OUTPATIENT SERVICES

Laboratory Services

35%

45%

Radiology Services

35%

45%

High Tech Radiology Services (MRI, CT, PET, others)

\$550 after deductible

Not Covered

Outpatient Hospital or Surgical Facility

35%

Not Covered

Physician and Other Professional Fees

35%

Not Covered

## INPATIENT SERVICES

Hospital (facility)

35%

Not Covered

Physician and Other Professional Fees

35%

Not Covered

Mental Health/Chemical Dependency

35%

Not Covered

## PHARMACY SERVICES<sup>4</sup>

Prescription Drug Deductible

N/A

N/A

Tier 1 Generic Drugs

\$5 KP / \$15 Affiliated

\$25

Tier 2 Generic Drugs

\$20 KP / \$30 Affiliated

\$40

Tier 3 Preferred Brand Drugs

\$50 KP / \$70 Affiliated

\$70

Tier 4 Non-Preferred Drugs

\$80 KP / \$110 Affiliated

\$110

Tier 5 Specialty Drugs<sup>2</sup>

35% KP / 45% Affiliated

45%

Mail Order<sup>3</sup>

\$10 / \$40 / \$100 / \$160 / 35%

N/A

**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](https://www.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\_J 09/22  
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