



KAISER PERMANENTE

Dual Choice PPO Plans - BRONZE PPO 6500/20/60/S8

FEATURES

	In Network	Out of Network
DEDUCTIBLE (Individual/Family)	\$6,500 / \$13,000	\$13,000/\$26,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$8,500 / \$17,000	\$17,000 / \$34,000
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited	Unlimited
COINSURANCE (after deductible)	20%	40%
OFFICE SERVICES		
Telehealth Visit	Primary: \$0 KP / \$80 after ded Network (ded waived first 3 visits) Specialty: \$0 KP / \$100 after ded Network	40%
Primary Care	\$60 after ded (ded waived for first 3 visits) (KP Providers) \$80 after ded (ded waived for first 3 visits) (Network Providers)	40%
Specialty Care	\$80 after ded (KP Providers) / \$100 after ded (Network Providers)	40%
Mental Health/Chemical Dependency	\$60 after ded (ded waived for first 3 visits) (KP Providers) \$80 after ded (ded waived for first 3 visits) (Network Providers)	40%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	20%	40%
Vision Exam	\$60	40%
Laboratory Services	20%	40%
Radiology Services	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	20%	40%
Preventive Services	\$0	30%
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	20%	20%
Ambulance (per trip)	20%	20%
Urgent Care (per visit)	\$120 after ded (ded waived for first 3 visits) (KP Providers) \$160 after ded (ded waived for first 3 visits) (Network Providers)	40%
OUTPATIENT SERVICES		
Laboratory Services	20%	40%
Radiology Services	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	20%	40%
Outpatient Hospital or Surgical Facility	20%	40%
Physician and Other Professional Fees	20%	40%
INPATIENT SERVICES		
Hospital (facility)	20%	40%
Physician and Other Professional Fees	20%	40%
Mental Health/Chemical Dependency	20%	40%
PHARMACY SERVICES		
Prescription Drug Deductible	Medical ded applies (except Tier 1 and Tier 2 Generics)	Medical ded applies
Tier 1 Generic Drugs	\$5 KP / \$15 MedImpact	40%
Tier 2 Generic Drugs	\$20 KP / \$30 MedImpact	40%
Tier 3 Preferred Brand Drugs	\$60 KP / \$80 MedImpact	40%
Tier 4 Non-Preferred Drugs	\$100 KP / \$130 MedImpact	40%
Tier 5 Specialty Drugs ²	20% KP / 30% MedImpact	40%
Mail Order ³	\$10 / \$40 / \$120 / \$200 / 20% KP \$45 / \$90 / \$240 / \$390 / 30%	40%

PPO 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 MedImpact Pharmacies.

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).

The Dual Choice PPO is fully underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP), Inc. Provider options and benefit levels are described in the Kaiser Permanente Dual Choice PPO plan guide brochure and the *Certificate of Insurance*.

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.



Kaiser Foundation Health Plan of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road, N.E.
Atlanta, GA 30305-1736



606020275_L 12/20
©2020 Kaiser Foundation Health Plan of Georgia, Inc.