



KAISER PERMANENTE

Dual Choice PPO Plans - BRONZE

PPO HDHP/6850/10/S8

FEATURES

	In Network	Out of Network
DEDUCTIBLE (Individual/Family)	\$6,850 / \$13,700	\$13,700 / \$27,400
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$6,900 / \$13,800	\$13,800 / \$27,600
MAXIMUM BENEFIT WHILE COVERED ¹	Unlimited	Unlimited
COINSURANCE (after deductible)	10%	40%
OFFICE SERVICES		
Telehealth Visit	Primary: 10% KP / 20% Network Specialty: 10% KP / 20% Network	40%
Primary Care	10% (KP Providers) / 20% (Network Providers)	40%
Specialty Care	10% (KP Providers) / 20% (Network Providers)	40%
Mental Health/Chemical Dependency	10% (KP Providers) / 20% (Network Providers)	40%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	10%	40%
Vision Exam	10%	40%
Laboratory Services	10%	40%
Radiology Services	10%	40%
High Tech Radiology Services (MRI, CT, PET, others)	10%	40%
Preventive Services	\$0	30%
EMERGENCY SERVICES		
Emergency Room (per visit; copay waived if admitted)	10%	10%
Ambulance (per trip)	10%	10%
Urgent Care (per visit)	10% (KP Providers) 20% (Network Providers)	40%
OUTPATIENT SERVICES		
Laboratory Services	10%	40%
Radiology Services	10%	40%
High Tech Radiology Services (MRI, CT, PET, others)	10%	40%
Outpatient Hospital or Surgical Facility	10%	40%
Physician and Other Professional Fees	10%	40%
INPATIENT SERVICES		
Hospital (facility)	10%	40%
Physician and Other Professional Fees	10%	40%
Mental Health/Chemical Dependency	10%	40%
PHARMACY SERVICES		
Prescription Drug Deductible	Medical ded applies (except Tier 1 Generics)	Medical ded applies
Tier 1 Generic Drugs	\$5 KP / \$15 MedImpact	40%
Tier 2 Generic Drugs	10% KP / 20% MedImpact	40%
Tier 3 Preferred Brand Drugs	10% KP / 20% MedImpact	40%
Tier 4 Non-Preferred Drugs	10% KP / 20% MedImpact	40%
Tier 5 Specialty Drugs ²	10% KP / 20% MedImpact	40%
Mail Order ³	\$10 / 10% / 10% / 10% / 10% KP \$45 / 20% / 20% / 20% / 20% MedImpact	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_M 12/20
©2020 Kaiser Foundation Health Plan of Georgia, Inc.