

Find your healthy place

With care for all that is you



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through the health benefit exchange.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

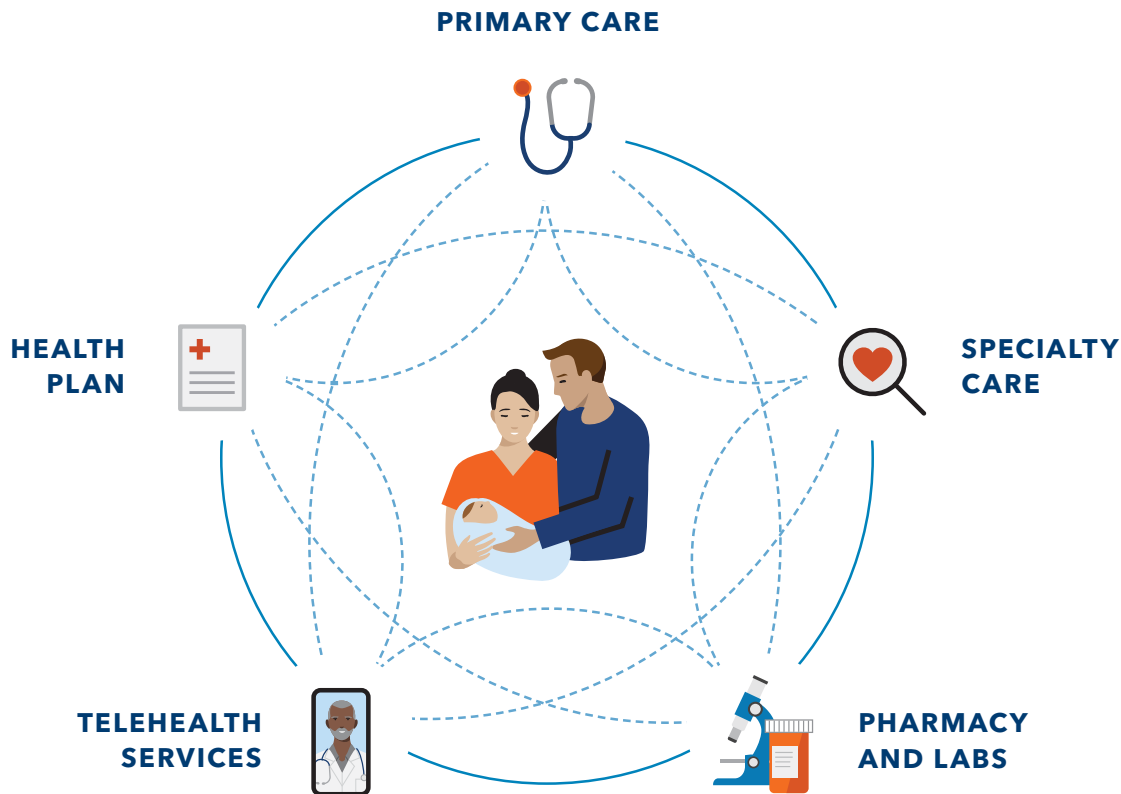
Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/specialenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthyplace.

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get care

Same-day, next-day, and weekend appointments are available and by phone and video.²



Visit us in person
at a location near you.



Talk to a health care professional
by phone or video.²



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.²
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- Chat online with a Kaiser Permanente clinician for advice.

Save time when you connect to care virtually. Telehealth has been part of how we deliver care for years.³



Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.⁴

- Have most delivered directly to your front door.
- Get same-day or next-day delivery for an additional fee.⁵
- Order them for same-day pickup.



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.⁶

Care away from home

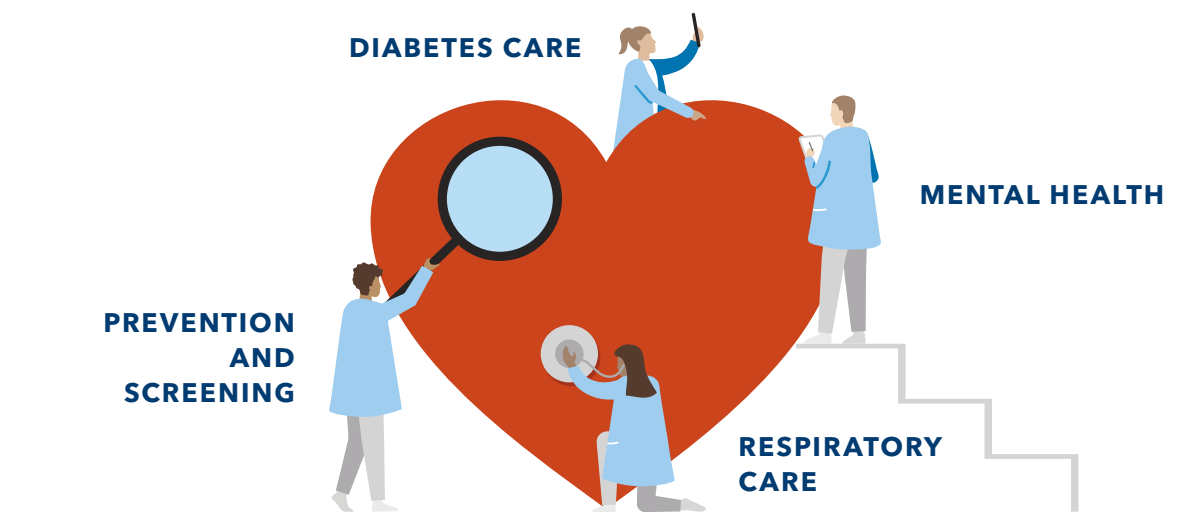
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



Connect to care online

After you enroll, create an account at kp.org and download the Kaiser Permanente app.⁶ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at kp.org/learnthebasics.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements

42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021



773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Virtual Complete plans

With a Virtual Complete plan, your monthly premium is lower, and you'll start most care with a virtual visit. Connect to care how you want – choose from 24/7 online chat or advice phone line, e-visit, scheduled video visit, phone appointment, or email for nonurgent issues, all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

Copay or coinsurance plans

Copay or coinsurance plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – gold, silver, bronze, and catastrophic

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.¹⁰ And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP GA Gold 1500/20 (\$1,500 deductible)	\$20	30% after deductible	Tier 1: \$5* Tier 2: \$10*
KP GA Silver 3400/30 (\$3,400 deductible)	\$30	40% after deductible	Tier 1: \$5* Tier 2: \$15*
KP GA Bronze Virtual Complete 5500/60 (\$5,500 deductible)	Virtual care no charge; First 3 in person visits \$60, and additional in person visits \$60 after deductible ^{††}	30% after deductible	Tier 1: \$5* Tier 2: \$30*

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

^{††} Virtual Complete offers virtual care at no charge; includes unlimited access to chat, email, e-visits, phone, and video visits.

The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

Benefit highlights	<div> <div>KP</div> <div>E</div> </div> <div> KP GA Signature Silver 3400/30 KP GA Silver 3400/30 </div>
Plan type	Deductible
Annual medical deductible (individual/family)	\$3,400/\$6,800
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$60
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	\$500
Outpatient surgery	40% after deductible
Mental health visit	\$60
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	40% after deductible
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency Department visit	40% after deductible
Urgent care visit	\$60
Prescription drugs (up to a 30-day supply)	
Generic	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50* after \$500/\$1,000 pharmacy deductible
Non-preferred brand	50% after \$500/\$1,000 pharmacy deductible
Specialty	50% after \$500/\$1,000 pharmacy deductible
Whole health	
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more.†

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$3,400 for yourself or \$6,800 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$9,100 for yourself and no more than \$18,200 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge

Most preventive care services—including routine physical exams and mammograms—are covered at no additional charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 40% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$60 copay for urgent care visits, whether or not you have met your deductible.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

Benefit highlights	KP KP GA Signature Standard Bronze 7500/50 KP GA Standard Bronze 7500/50	E KP GA Signature Bronze 6500/40%/HSA KP GA Bronze 6500/40%/HSA	KP KP GA Signature Bronze Virtual Complete 5500/60 KP GA Bronze Virtual Complete 5500/60	E KP GA Standard Silver 5800/40 KP GA Signature Standard Silver 5800/40	KP KP GA Signature Silver Virtual Complete 4800/40 KP GA Silver Virtual Complete 4800/40	E KP GA Signature Silver 4500/35 KP GA Silver 4500/35
	Deductible	HSA-qualified	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,500/\$13,000	\$5,500/\$11,000	\$5,800/\$11,600	\$4,800/\$9,600	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$6,900/\$13,800	\$9,100/\$18,200	\$8,900/\$17,800	\$8,500/\$17,000	\$8,150/\$16,300
Benefits						
Virtual care						
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	Chat, Email: No charge. E-visit, Phone and Video visit: No charge after deductible	No charge	Same as in-person services	No charge	No charge
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	\$50	40% after deductible	Virtual care no charge; First 3 in person visits \$60, and additional in person visits \$60 after deductible††	\$40	Virtual care no charge; First 3 in person visits \$40, and additional in person visits \$40 after deductible††	\$35
Specialty care office visit	\$100	40% after deductible	\$80 after deductible	\$80	\$60 after deductible	\$65
Most X-rays	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Most lab tests	50% after deductible	40% after deductible	No charge after deductible	40% after deductible	No charge	35% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Outpatient surgery	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Mental health visit	\$50	40% after deductible	\$60	\$40	\$40	\$65
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Emergency and urgent care						
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible
Urgent care visit	\$75	40% after deductible	\$100	\$60	\$80 after deductible	\$65
Prescription drugs (up to a 30-day supply)						
Generic	Tier 1: \$25* Tier 2: \$25*	Tier 1: \$25*† Tier 2: 40% after deductible	Tier 1: \$5* Tier 2: \$30*	Tier 1: \$20* Tier 2: \$20*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50* after deductible	50% after deductible	35% after \$1,500/\$3,000 pharmacy deductible	\$40*	30% after deductible	\$50* after deductible
Non-preferred brand	\$100* after deductible	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible	\$80* after deductible	50% after deductible	50% after deductible
Specialty	\$500* after deductible	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible	\$350* after deductible	50% after deductible	50% after deductible
Whole health						
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more.†					

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† HSA-qualified plans contain generics used for preventive care; deductible does not apply.

‡ Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic 9100/0 plan.

†† Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

Benefit highlights	KP E KP GA Signature Silver 3500/20%/HSA KP GA Silver 3500/20%/HSA	KP E KP GA Signature Silver 3400/30 KP GA Silver 3400/30	KP E KP GA Standard Gold 2000/30 KP GA Signature Standard Gold 2000/30	KP E KP GA Signature Gold 1800/25 KP GA Gold 1800/25	KP E KP GA Signature Gold 1500/20 KP GA Gold 1500/20	KP E KP GA Signature Gold 500/20 KP GA Gold 500/20
	HSA-qualified	Deductible	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$3,400/\$6,800	\$2,000/\$4,000	\$1,800/\$3,600	\$1,500/\$3,000	\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$9,100/\$18,200	\$8,700/\$17,400	\$8,500/\$17,000	\$6,500/\$13,000	\$8,150/\$16,300
Benefits						
Virtual care						
Chat, Email, E-visit, Phone and Video visit	Chat, Email: No charge. E-visit, Phone and Video visit: No charge after deductible	No charge	Same as in-person services	No charge	No charge	No charge
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	20% after deductible	\$30	\$30	\$25	\$20	\$20
Specialty care office visit	20% after deductible	\$60	\$60	\$55	\$40	\$40
Most X-rays	20% after deductible	40% after deductible	25% after deductible	\$50	30% after deductible	\$50
Most lab tests	20% after deductible	40% after deductible	25% after deductible	35%	30% after deductible	30%
MRI, CT, PET	20% after deductible	\$500	25% after deductible	35% after deductible	\$350	\$350
Outpatient surgery	20% after deductible	40% after deductible	25% after deductible	35% after deductible	30% after deductible	30% after deductible
Mental health visit	20% after deductible	\$60	\$30	\$55	\$40	\$40
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	40% after deductible	25% after deductible	35% after deductible	30% after deductible	" 30% after deductible "
Maternity						
Routine prenatal care visit, first postpartum visit	20% after deductible	40% after deductible	25% after deductible	35% after deductible	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	20% after deductible	40% after deductible	25% after deductible	35% after deductible	30% after deductible	30% after deductible
Emergency and urgent care						
Emergency Department visit	20% after deductible	40% after deductible	25% after deductible	35% after deductible	30% after deductible	30% after deductible
Urgent care visit	20% after deductible	\$60	\$45	\$50	\$50	\$50
Prescription drugs (up to a 30-day supply)						
Generic	Tier 1: \$5* Tier 2: \$15* after deductible	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$15* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*
Preferred brand	\$50* after deductible	\$50* after \$500/\$1,000 pharmacy deductible	\$30*	\$50* after \$500/\$1,000 pharmacy deductible	\$40* after \$500/\$1,000 pharmacy deductible	\$30* after \$500/\$1,000 pharmacy deductible
Non-preferred brand	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	\$60*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Specialty	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	\$250*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Whole health						
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more. [†]					

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† HSA-qualified plans contain generics used for preventive care; deductible does not apply.

† Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic 9100/0 plan.

†† Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at **1-800-777-7902**, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

Benefit highlights	KP KP GA Signature Catastrophic 9100/0 ^{††} KP GA Catastrophic 9100/0 ^{††}	E KP GA Standard Silver 5700/30/73% CSR KP GA Signature Standard Silver 5700/30/73% CSR	E KP GA Standard Silver 800/20/87% CSR KP GA Signature Standard Silver 800/20/87% CSR	E KP GA Standard Silver 0/0/94% CSR KP GA Signature Standard Silver 0/0/94% CSR	E KP GA Signature Silver Virtual Complete 3000/40/73% CSR KP GA Silver Virtual Complete 3000/40/73% CSR	E KP GA Signature Silver Virtual Complete 500/30/87% CSR KP GA Silver Virtual Complete 500/30/87% CSR
Plan type	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$9,100/\$18,200	\$5,700/\$11,400	\$800/\$1,600	None/None	\$3,000/\$6,000	\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$7,200/\$14,400	\$3,000/\$6,000	\$1,700/\$3,400	\$7,250/\$14,500	\$2,900/\$5,800
Benefits						
Virtual care						
Chat, Email, E-visit, Phone, and Video visit	No charge	Same as in-person services	Same as in-person services	Same as in-person services	No charge	No charge
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	First 3 office visits no charge; additional visits no charge after deductible	\$30	\$20	No charge	Virtual care no charge; First 3 in person visits \$40, and additional in person visits \$40 after deductible ^{‡‡}	Virtual care no charge; First 3 in person visits \$30, and additional in person visits \$30 after deductible ^{‡‡}
Specialty care office visit	No charge after deductible	\$60	\$40	\$10	\$60 after deductible	\$50 after deductible
Most X-rays	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Most lab tests	No charge after deductible	40% after deductible	30% after deductible	25%	No charge	No charge
MRI, CT, PET	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Outpatient surgery	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Mental health visit	No charge after deductible	\$30	\$20	No charge	\$40	\$30
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Delivery and inpatient well-baby care	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Emergency and urgent care						
Emergency Department visit	No charge after deductible	40% after deductible	30% after deductible	25%	30% after deductible	20% after deductible
Urgent care visit	No charge after deductible	\$45	\$30	\$5	\$80 after deductible	\$60 after deductible
Prescription drugs (up to a 30-day supply)						
Generic	No charge after deductible	Tier 1: \$20* Tier 2: \$20*	Tier 1: \$10* Tier 2: \$10*	Tier 1: No charge Tier 2: No charge	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*
Preferred brand	No charge after deductible	\$40*	\$20*	\$15*	30% after deductible	20% after deductible
Non-preferred brand	No charge after deductible	\$80* after deductible	\$60* after deductible	\$50*	50% after deductible	50% after deductible
Specialty	No charge after deductible	\$350* after deductible	\$250* after deductible	\$150*	50% after deductible	50% after deductible
Whole health						
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more. [‡]					

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† HSA-qualified plans contain generics used for preventive care; deductible does not apply.

‡ Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic 9100/0 plan.

‡‡ Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

950973931 Georgia 2023

E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

Benefit highlights	E	E	E	E	E
	KP GA Signature Silver Virtual Complete 200/20/94% CSR KP GA Silver Virtual Complete 200/20/94% CSR	KP GA Signature Silver 3500/35/73% CSR KP GA Silver 3500/35/73% CSR	KP GA Signature Silver 850/15/87% CSR KP GA Silver 850/15/87% CSR	KP GA Signature Silver 150/5/94% CSR KP GA Silver 150/5/94% CSR	KP GA Signature Silver 2700/20%/73% CSR KP GA Silver 2700/20%/73% CSR
Plan type	Deductible	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$200/\$400	\$3,500/\$7,000	\$850/\$1,700	\$150/\$300	\$2,700/\$5,400
Annual out-of-pocket maximum (individual/family)	\$1,000/\$2,000	\$7,250/\$14,500	\$2,700/\$5,400	\$1,300/\$2,600	\$6,500/\$13,000
Benefits					
Virtual care					
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	Virtual care no charge; First 3 in person visits \$20, and additional in person visits \$20 after deductible ^{††}	\$35	\$15	\$5	20% after deductible
Specialty care office visit	\$40 after deductible	\$65	\$45	\$10	20% after deductible
Most X-rays	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Most lab tests	No charge	30% after deductible	30% after deductible	10% after deductible	20% after deductible
MRI, CT, PET	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Outpatient surgery	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Mental health visit	\$20	\$65	\$45	\$10	20% after deductible
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Delivery and inpatient well-baby care	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Emergency and urgent care					
Emergency Department visit	5% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Urgent care visit	\$40 after deductible	\$65	\$45	\$10	20% after deductible
Prescription drugs (up to a 30-day supply)					
Generic	Tier 1: \$5* Tier 2: \$5*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$15* after deductible
Preferred brand	5% after deductible	\$45* after deductible	\$20* after deductible	\$20* after deductible	\$45* after deductible
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Whole health					
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more. [‡]				

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† HSA-qualified plans contain generics used for preventive care; deductible does not apply.

† Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic 9100/0 plan.

‡ Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

	E	E	E	E	E
Benefit highlights	KP GA Signature Silver 800/10%/87% CSR KP GA Silver 800/10%/87% CSR	KP GA Signature Silver 100/5%/94% CSR KP GA Silver 100/5%/94% CSR	KP GA Signature Silver 3300/30/73% CSR KP GA Silver 3300/30/73% CSR	KP GA Signature Silver 750/20/87% CSR KP GA Silver 750/20/87% CSR	KP GA Signature Silver 0/5/94% CSR KP GA Silver 0/5/94% CSR
Plan type	Deductible	Deductible	Deductible	Deductible	Copayment
"Annual medical deductible (individual/family)"	\$800/\$1,600	\$100/\$200	\$3,300/\$6,600	\$750/\$1,500	None/None
"Annual out-of-pocket maximum (individual/family)"	\$2,850/\$5,700	\$2,700/\$5,400	\$7,250/\$14,500	\$2,700/\$5,400	\$1,900/\$3,800
Benefits					
Virtual care					
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	10% after deductible	5% after deductible	\$30	\$20	\$5
Specialty care office visit	10% after deductible	5% after deductible	\$60	\$50	\$10
Most X-rays	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Most lab tests	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
MRI, CT, PET	10% after deductible	5% after deductible	\$500	\$500	\$100
Outpatient surgery	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Mental health visit	10% after deductible	5% after deductible	\$60	\$50	\$10
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Maternity					
Routine prenatal care visit, first postpartum visit	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Delivery and inpatient well-baby care	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Emergency and urgent care					
Emergency Department visit	10% after deductible	5% after deductible	40% after deductible	30% after deductible	15%
Urgent care visit	10% after deductible	5% after deductible	\$60	\$50	\$10
Prescription drugs (up to a 30-day supply)					
Generic	Tier 1: \$5* Tier 2: \$10* after deductible	Tier 1: \$5* Tier 2: \$10* after deductible	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$5*
Preferred brand	\$20* after deductible	\$15* after deductible	\$45* after \$500/\$1,000 pharmacy deductible	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Specialty	50% after deductible	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Whole health					
Healthy services	Discounts on massage therapy, acupuncture and more. Visit kp.org/choosehealthy to learn more. [†]				

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† HSA-qualified plans contain generics used for preventive care; deductible does not apply.

‡ Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic 9100/0 plan.

‡‡ Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.
- If you use tobacco

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates in the monthly rates chart apply to these counties. Please check that your county is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Service Area – Counties Signature HMO Plan		
Clayton	DeKalb	Gwinnett
Cobb	Fulton	Henry

Service Area – Counties HMO Plan		
Bartow	Fayette	Pike
Butts	Forsyth	Rockdale
Cherokee	Lamar	Spalding
Coweta	Newton	Walton
Douglas	Paulding	

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Bronze 6500/40%/HSA	KP GA Bronze 6500/40%/HSA	KP GA Signature Standard Bronze 7500/50	KP GA Standard Bronze 7500/50	KP GA Signature Bronze Virtual Complete 5500/60	KP GA Bronze Virtual Complete 5500/60	KP GA Signature Silver Virtual Complete 3000/40/73% CSR	KP GA Silver Virtual Complete 3000/40/73% CSR
0-14	\$208.01	\$228.59	\$217.11	\$238.60	\$207.13	\$227.62	\$262.20	\$288.14
15	226.50	248.91	236.41	259.81	225.54	247.86	285.50	313.76
16	233.57	256.68	243.79	267.92	232.58	255.59	294.41	323.55
17	240.63	264.45	251.17	276.03	239.62	263.33	303.32	333.34
18	248.25	272.82	259.12	284.76	247.20	271.66	312.92	343.89
19	255.86	281.18	267.06	293.50	254.78	279.99	322.52	354.44
20	263.75	289.85	275.29	302.54	262.63	288.62	332.46	365.36
21	271.90	298.81	283.81	311.90	270.75	297.55	342.74	376.66
22	271.90	298.81	283.81	311.90	270.75	297.55	342.74	376.66
23	271.90	298.81	283.81	311.90	270.75	297.55	342.74	376.66
24	271.90	298.81	283.81	311.90	270.75	297.55	342.74	376.66
25	272.99	300.01	284.94	313.15	271.83	298.74	344.11	378.17
26	278.43	305.99	290.62	319.38	277.25	304.69	350.97	385.70
27	284.96	313.16	297.43	326.87	283.75	311.83	359.19	394.74
28	295.56	324.81	308.50	339.03	294.31	323.43	372.56	409.43
29	304.26	334.37	317.58	349.01	302.97	332.96	383.53	421.48
30	308.61	339.15	322.12	354.00	307.30	337.72	389.01	427.51
31	315.14	346.33	328.93	361.49	313.80	344.86	397.24	436.55
32	321.66	353.50	335.75	368.97	320.30	352.00	405.46	445.59
33	325.74	357.98	340.00	373.65	324.36	356.46	410.60	451.24
34	330.09	362.76	344.54	378.64	328.69	361.22	416.09	457.27
35	332.27	365.15	346.81	381.14	330.86	363.60	418.83	460.28
36	334.44	367.54	349.09	383.63	333.02	365.98	421.57	463.29
37	336.62	369.93	351.36	386.13	335.19	368.36	424.31	466.31
38	338.79	372.32	353.63	388.62	337.36	370.74	427.05	469.32
39	343.14	377.10	358.17	393.61	341.69	375.51	432.54	475.34
40	347.49	381.88	362.71	398.61	346.02	380.27	438.02	481.37
41	354.02	389.06	369.52	406.09	352.52	387.41	446.25	490.41
42	360.27	395.93	376.05	413.26	358.75	394.25	454.13	499.07
43	368.97	405.49	385.13	423.25	367.41	403.77	465.10	511.13
44	379.85	417.44	396.48	435.72	378.24	415.67	478.81	526.19
45	392.63	431.49	409.82	450.38	390.97	429.66	494.92	543.90
46	407.86	448.22	425.71	467.85	406.13	446.32	514.11	564.99
47	424.99	467.05	443.59	487.50	423.18	465.07	535.70	588.72
48	444.56	488.56	464.03	509.95	442.68	486.49	560.38	615.84
49	463.87	509.78	484.18	532.10	461.90	507.62	584.71	642.58
50	485.62	533.68	506.88	557.05	483.56	531.42	612.13	672.71
51	507.10	557.29	529.30	581.69	504.95	554.93	639.21	702.47
52	530.76	583.28	554.00	608.82	528.51	580.81	669.03	735.24
53	554.68	609.58	578.97	636.27	552.33	607.00	699.19	768.39
54	580.51	637.97	605.93	665.90	578.05	635.26	731.75	804.17
55	606.35	666.36	632.89	695.53	603.78	663.53	764.31	839.95
56	634.35	697.13	662.13	727.66	631.66	694.18	799.61	878.75
57	662.63	728.21	691.64	760.09	659.82	725.12	835.26	917.92
58	692.81	761.38	723.15	794.72	689.88	758.15	873.30	959.73
59	707.77	777.81	738.76	811.87	704.77	774.52	892.15	980.45
60	737.95	810.98	770.26	846.49	734.82	807.54	930.19	1,022.26
61	764.05	839.67	797.50	876.43	760.81	836.11	963.10	1,058.41
62	781.18	858.49	815.38	896.08	777.87	854.85	984.69	1,082.14
63	802.66	882.10	837.80	920.72	799.26	878.36	1,011.77	1,111.90
64+	815.70	896.43	851.42	935.68	812.25	892.63	1,028.21	1,129.97

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Silver Virtual Complete 4800/40	KP GA Silver Virtual Complete 4800/40	KP GA Signature Silver Virtual Complete 500/30/87% CSR	KP GA Silver Virtual Complete 500/30/87% CSR	KP GA Signature Silver Virtual Complete 200/20/94% CSR	KP GA Silver Virtual Complete 200/20/94% CSR	KP GA Signature Silver 4500/35	KP GA Silver 4500/35
0-14	\$262.20	\$288.14	\$262.20	\$288.14	\$262.20	\$288.14	\$277.13	\$304.56
15	285.50	313.76	285.50	313.76	285.50	313.76	301.76	331.63
16	294.41	323.55	294.41	323.55	294.41	323.55	311.18	341.98
17	303.32	333.34	303.32	333.34	303.32	333.34	320.60	352.33
18	312.92	343.89	312.92	343.89	312.92	343.89	330.74	363.48
19	322.52	354.44	322.52	354.44	322.52	354.44	340.89	374.62
20	332.46	365.36	332.46	365.36	332.46	365.36	351.39	386.17
21	342.74	376.66	342.74	376.66	342.74	376.66	362.26	398.11
22	342.74	376.66	342.74	376.66	342.74	376.66	362.26	398.11
23	342.74	376.66	342.74	376.66	342.74	376.66	362.26	398.11
24	342.74	376.66	342.74	376.66	342.74	376.66	362.26	398.11
25	344.11	378.17	344.11	378.17	344.11	378.17	363.71	399.70
26	350.97	385.70	350.97	385.70	350.97	385.70	370.95	407.67
27	359.19	394.74	359.19	394.74	359.19	394.74	379.65	417.22
28	372.56	409.43	372.56	409.43	372.56	409.43	393.78	432.75
29	383.53	421.48	383.53	421.48	383.53	421.48	405.37	445.49
30	389.01	427.51	389.01	427.51	389.01	427.51	411.16	451.86
31	397.24	436.55	397.24	436.55	397.24	436.55	419.86	461.41
32	405.46	445.59	405.46	445.59	405.46	445.59	428.55	470.97
33	410.60	451.24	410.60	451.24	410.60	451.24	433.99	476.94
34	416.09	457.27	416.09	457.27	416.09	457.27	439.78	483.31
35	418.83	460.28	418.83	460.28	418.83	460.28	442.68	486.49
36	421.57	463.29	421.57	463.29	421.57	463.29	445.58	489.68
37	424.31	466.31	424.31	466.31	424.31	466.31	448.48	492.86
38	427.05	469.32	427.05	469.32	427.05	469.32	451.38	496.05
39	432.54	475.34	432.54	475.34	432.54	475.34	457.17	502.42
40	438.02	481.37	438.02	481.37	438.02	481.37	462.97	508.79
41	446.25	490.41	446.25	490.41	446.25	490.41	471.66	518.34
42	454.13	499.07	454.13	499.07	454.13	499.07	479.99	527.50
43	465.10	511.13	465.10	511.13	465.10	511.13	491.59	540.24
44	478.81	526.19	478.81	526.19	478.81	526.19	506.08	556.16
45	494.92	543.90	494.92	543.90	494.92	543.90	523.10	574.87
46	514.11	564.99	514.11	564.99	514.11	564.99	543.39	597.17
47	535.70	588.72	535.70	588.72	535.70	588.72	566.21	622.25
48	560.38	615.84	560.38	615.84	560.38	615.84	592.29	650.91
49	584.71	642.58	584.71	642.58	584.71	642.58	618.02	679.18
50	612.13	672.71	612.13	672.71	612.13	672.71	647.00	711.03
51	639.21	702.47	639.21	702.47	639.21	702.47	675.61	742.48
52	669.03	735.24	669.03	735.24	669.03	735.24	707.13	777.12
53	699.19	768.39	699.19	768.39	699.19	768.39	739.01	812.15
54	731.75	804.17	731.75	804.17	731.75	804.17	773.42	849.97
55	764.31	839.95	764.31	839.95	764.31	839.95	807.84	887.79
56	799.61	878.75	799.61	878.75	799.61	878.75	845.15	928.80
57	835.26	917.92	835.26	917.92	835.26	917.92	882.83	970.20
58	873.30	959.73	873.30	959.73	873.30	959.73	923.04	1,014.39
59	892.15	980.45	892.15	980.45	892.15	980.45	942.96	1,036.29
60	930.19	1,022.26	930.19	1,022.26	930.19	1,022.26	983.17	1,080.48
61	963.10	1,058.41	963.10	1,058.41	963.10	1,058.41	1,017.95	1,118.70
62	984.69	1,082.14	984.69	1,082.14	984.69	1,082.14	1,040.77	1,143.78
63	1,011.77	1,111.90	1,011.77	1,111.90	1,011.77	1,111.90	1,069.39	1,175.23
64+	1,028.21	1,129.97	1,028.21	1,129.97	1,028.21	1,129.97	1,086.77	1,194.33

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Standard Silver 5800/40	KP GA Standard Silver 5800/40	KP GA Signature Standard Silver 5700/30/73% CSR	KP GA Standard Silver 5700/30/73% CSR	KP GA Signature Standard Silver 800/20/87% CSR	KP GA Standard Silver 800/20/87% CSR	KP GA Signature Standard Silver 0/0/94% CSR	KP GA Standard Silver 0/0/94% CSR
0-14	\$267.06	\$293.49	\$267.06	\$293.49	\$267.06	\$293.49	\$267.06	\$293.49
15	290.80	319.58	290.80	319.58	290.80	319.58	290.80	319.58
16	299.87	329.55	299.87	329.55	299.87	329.55	299.87	329.55
17	308.95	339.53	308.95	339.53	308.95	339.53	308.95	339.53
18	318.72	350.27	318.72	350.27	318.72	350.27	318.72	350.27
19	328.50	361.01	328.50	361.01	328.50	361.01	328.50	361.01
20	338.62	372.14	338.62	372.14	338.62	372.14	338.62	372.14
21	349.09	383.64	349.09	383.64	349.09	383.64	349.09	383.64
22	349.09	383.64	349.09	383.64	349.09	383.64	349.09	383.64
23	349.09	383.64	349.09	383.64	349.09	383.64	349.09	383.64
24	349.09	383.64	349.09	383.64	349.09	383.64	349.09	383.64
25	350.49	385.18	350.49	385.18	350.49	385.18	350.49	385.18
26	357.47	392.85	357.47	392.85	357.47	392.85	357.47	392.85
27	365.85	402.06	365.85	402.06	365.85	402.06	365.85	402.06
28	379.47	417.02	379.47	417.02	379.47	417.02	379.47	417.02
29	390.64	429.30	390.64	429.30	390.64	429.30	390.64	429.30
30	396.22	435.44	396.22	435.44	396.22	435.44	396.22	435.44
31	404.60	444.64	404.60	444.64	404.60	444.64	404.60	444.64
32	412.98	453.85	412.98	453.85	412.98	453.85	412.98	453.85
33	418.22	459.61	418.22	459.61	418.22	459.61	418.22	459.61
34	423.80	465.74	423.80	465.74	423.80	465.74	423.80	465.74
35	426.59	468.81	426.59	468.81	426.59	468.81	426.59	468.81
36	429.39	471.88	429.39	471.88	429.39	471.88	429.39	471.88
37	432.18	474.95	432.18	474.95	432.18	474.95	432.18	474.95
38	434.97	478.02	434.97	478.02	434.97	478.02	434.97	478.02
39	440.56	484.16	440.56	484.16	440.56	484.16	440.56	484.16
40	446.14	490.30	446.14	490.30	446.14	490.30	446.14	490.30
41	454.52	499.51	454.52	499.51	454.52	499.51	454.52	499.51
42	462.55	508.33	462.55	508.33	462.55	508.33	462.55	508.33
43	473.72	520.61	473.72	520.61	473.72	520.61	473.72	520.61
44	487.69	535.95	487.69	535.95	487.69	535.95	487.69	535.95
45	504.09	553.98	504.09	553.98	504.09	553.98	504.09	553.98
46	523.64	575.47	523.64	575.47	523.64	575.47	523.64	575.47
47	545.64	599.64	545.64	599.64	545.64	599.64	545.64	599.64
48	570.77	627.26	570.77	627.26	570.77	627.26	570.77	627.26
49	595.56	654.50	595.56	654.50	595.56	654.50	595.56	654.50
50	623.48	685.19	623.48	685.19	623.48	685.19	623.48	685.19
51	651.06	715.50	651.06	715.50	651.06	715.50	651.06	715.50
52	681.43	748.87	681.43	748.87	681.43	748.87	681.43	748.87
53	712.15	782.63	712.15	782.63	712.15	782.63	712.15	782.63
54	745.32	819.08	745.32	819.08	745.32	819.08	745.32	819.08
55	778.48	855.53	778.48	855.53	778.48	855.53	778.48	855.53
56	814.44	895.04	814.44	895.04	814.44	895.04	814.44	895.04
57	850.74	934.94	850.74	934.94	850.74	934.94	850.74	934.94
58	889.49	977.53	889.49	977.53	889.49	977.53	889.49	977.53
59	908.69	998.63	908.69	998.63	908.69	998.63	908.69	998.63
60	947.44	1,041.21	947.44	1,041.21	947.44	1,041.21	947.44	1,041.21
61	980.96	1,078.04	980.96	1,078.04	980.96	1,078.04	980.96	1,078.04
62	1,002.95	1,102.21	1,002.95	1,102.21	1,002.95	1,102.21	1,002.95	1,102.21
63	1,030.53	1,132.52	1,030.53	1,132.52	1,030.53	1,132.52	1,030.53	1,132.52
64+	1,047.27	1,150.92	1,047.27	1,150.92	1,047.27	1,150.92	1,047.27	1,150.92

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3								
Age on 2023 effective date	KP GA Signature Silver 150/5/94% CSR	KP GA Silver 150/5/94% CSR	KP GA Signature Silver 850/15/87% CSR	KP GA Silver 850/15/87% CSR	KP GA Signature Silver 3500/35/73% CSR	KP GA Silver 3500/35/73% CSR	KP GA Signature Silver 800/10%/87% CSR	KP GA Silver 800/10%/87% CSR
0-14	\$277.13	\$304.56	\$277.13	\$304.56	\$277.13	\$304.56	\$278.17	\$305.70
15	301.76	331.63	301.76	331.63	301.76	331.63	302.90	332.87
16	311.18	341.98	311.18	341.98	311.18	341.98	312.35	343.26
17	320.60	352.33	320.60	352.33	320.60	352.33	321.81	353.65
18	330.74	363.48	330.74	363.48	330.74	363.48	331.99	364.84
19	340.89	374.62	340.89	374.62	340.89	374.62	342.17	376.03
20	351.39	386.17	351.39	386.17	351.39	386.17	352.71	387.62
21	362.26	398.11	362.26	398.11	362.26	398.11	363.62	399.61
22	362.26	398.11	362.26	398.11	362.26	398.11	363.62	399.61
23	362.26	398.11	362.26	398.11	362.26	398.11	363.62	399.61
24	362.26	398.11	362.26	398.11	362.26	398.11	363.62	399.61
25	363.71	399.70	363.71	399.70	363.71	399.70	365.08	401.21
26	370.95	407.67	370.95	407.67	370.95	407.67	372.35	409.20
27	379.65	417.22	379.65	417.22	379.65	417.22	381.08	418.79
28	393.78	432.75	393.78	432.75	393.78	432.75	395.26	434.37
29	405.37	445.49	405.37	445.49	405.37	445.49	406.89	447.16
30	411.16	451.86	411.16	451.86	411.16	451.86	412.71	453.56
31	419.86	461.41	419.86	461.41	419.86	461.41	421.44	463.15
32	428.55	470.97	428.55	470.97	428.55	470.97	430.16	472.74
33	433.99	476.94	433.99	476.94	433.99	476.94	435.62	478.73
34	439.78	483.31	439.78	483.31	439.78	483.31	441.44	485.13
35	442.68	486.49	442.68	486.49	442.68	486.49	444.35	488.32
36	445.58	489.68	445.58	489.68	445.58	489.68	447.25	491.52
37	448.48	492.86	448.48	492.86	448.48	492.86	450.16	494.72
38	451.38	496.05	451.38	496.05	451.38	496.05	453.07	497.91
39	457.17	502.42	457.17	502.42	457.17	502.42	458.89	504.31
40	462.97	508.79	462.97	508.79	462.97	508.79	464.71	510.70
41	471.66	518.34	471.66	518.34	471.66	518.34	473.44	520.29
42	479.99	527.50	479.99	527.50	479.99	527.50	481.80	529.48
43	491.59	540.24	491.59	540.24	491.59	540.24	493.43	542.27
44	506.08	556.16	506.08	556.16	506.08	556.16	507.98	558.25
45	523.10	574.87	523.10	574.87	523.10	574.87	525.07	577.04
46	543.39	597.17	543.39	597.17	543.39	597.17	545.43	599.41
47	566.21	622.25	566.21	622.25	566.21	622.25	568.34	624.59
48	592.29	650.91	592.29	650.91	592.29	650.91	594.52	653.36
49	618.02	679.18	618.02	679.18	618.02	679.18	620.34	681.73
50	647.00	711.03	647.00	711.03	647.00	711.03	649.43	713.70
51	675.61	742.48	675.61	742.48	675.61	742.48	678.15	745.27
52	707.13	777.12	707.13	777.12	707.13	777.12	709.79	780.04
53	739.01	812.15	739.01	812.15	739.01	812.15	741.79	815.20
54	773.42	849.97	773.42	849.97	773.42	849.97	776.33	853.16
55	807.84	887.79	807.84	887.79	807.84	887.79	810.88	891.13
56	845.15	928.80	845.15	928.80	845.15	928.80	848.33	932.29
57	882.83	970.20	882.83	970.20	882.83	970.20	886.15	973.85
58	923.04	1,014.39	923.04	1,014.39	923.04	1,014.39	926.51	1,018.20
59	942.96	1,036.29	942.96	1,036.29	942.96	1,036.29	946.51	1,040.18
60	983.17	1,080.48	983.17	1,080.48	983.17	1,080.48	986.87	1,084.54
61	1,017.95	1,118.70	1,017.95	1,118.70	1,017.95	1,118.70	1,021.78	1,122.90
62	1,040.77	1,143.78	1,040.77	1,143.78	1,040.77	1,143.78	1,044.68	1,148.08
63	1,069.39	1,175.23	1,069.39	1,175.23	1,069.39	1,175.23	1,073.41	1,179.65
64+	1,086.77	1,194.33	1,086.77	1,194.33	1,086.77	1,194.33	1,090.85	1,198.82

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Silver 100/5%/94% CSR	KP GA Silver 100/5%/94% CSR	KP GA Signature Silver 3500/20%/HSA	KP GA Silver 3500/20%/HSA	KP GA Signature Silver 2700/20%/73% CSR	KP GA Silver 2700/20%/73% CSR	KP GA Signature Silver 0/5/94% CSR	KP GA Silver 0/5/94% CSR
0-14	\$278.17	\$305.70	\$278.17	\$305.70	\$278.17	\$305.70	\$285.81	\$314.10
15	302.90	332.87	302.90	332.87	302.90	332.87	311.22	342.02
16	312.35	343.26	312.35	343.26	312.35	343.26	320.93	352.69
17	321.81	353.65	321.81	353.65	321.81	353.65	330.64	363.37
18	331.99	364.84	331.99	364.84	331.99	364.84	341.10	374.86
19	342.17	376.03	342.17	376.03	342.17	376.03	351.57	386.36
20	352.71	387.62	352.71	387.62	352.71	387.62	362.40	398.27
21	363.62	399.61	363.62	399.61	363.62	399.61	373.61	410.58
22	363.62	399.61	363.62	399.61	363.62	399.61	373.61	410.58
23	363.62	399.61	363.62	399.61	363.62	399.61	373.61	410.58
24	363.62	399.61	363.62	399.61	363.62	399.61	373.61	410.58
25	365.08	401.21	365.08	401.21	365.08	401.21	375.10	412.23
26	372.35	409.20	372.35	409.20	372.35	409.20	382.58	420.44
27	381.08	418.79	381.08	418.79	381.08	418.79	391.54	430.29
28	395.26	434.37	395.26	434.37	395.26	434.37	406.11	446.31
29	406.89	447.16	406.89	447.16	406.89	447.16	418.07	459.44
30	412.71	453.56	412.71	453.56	412.71	453.56	424.05	466.01
31	421.44	463.15	421.44	463.15	421.44	463.15	433.01	475.87
32	430.16	472.74	430.16	472.74	430.16	472.74	441.98	485.72
33	435.62	478.73	435.62	478.73	435.62	478.73	447.58	491.88
34	441.44	485.13	441.44	485.13	441.44	485.13	453.56	498.45
35	444.35	488.32	444.35	488.32	444.35	488.32	456.55	501.73
36	447.25	491.52	447.25	491.52	447.25	491.52	459.54	505.02
37	450.16	494.72	450.16	494.72	450.16	494.72	462.53	508.30
38	453.07	497.91	453.07	497.91	453.07	497.91	465.52	511.59
39	458.89	504.31	458.89	504.31	458.89	504.31	471.49	518.16
40	464.71	510.70	464.71	510.70	464.71	510.70	477.47	524.73
41	473.44	520.29	473.44	520.29	473.44	520.29	486.44	534.58
42	481.80	529.48	481.80	529.48	481.80	529.48	495.03	544.02
43	493.43	542.27	493.43	542.27	493.43	542.27	506.99	557.16
44	507.98	558.25	507.98	558.25	507.98	558.25	521.93	573.59
45	525.07	577.04	525.07	577.04	525.07	577.04	539.49	592.88
46	545.43	599.41	545.43	599.41	545.43	599.41	560.41	615.88
47	568.34	624.59	568.34	624.59	568.34	624.59	583.95	641.74
48	594.52	653.36	594.52	653.36	594.52	653.36	610.85	671.31
49	620.34	681.73	620.34	681.73	620.34	681.73	637.38	700.46
50	649.43	713.70	649.43	713.70	649.43	713.70	667.27	733.30
51	678.15	745.27	678.15	745.27	678.15	745.27	696.78	765.74
52	709.79	780.04	709.79	780.04	709.79	780.04	729.28	801.46
53	741.79	815.20	741.79	815.20	741.79	815.20	762.16	837.59
54	776.33	853.16	776.33	853.16	776.33	853.16	797.65	876.60
55	810.88	891.13	810.88	891.13	810.88	891.13	833.15	915.60
56	848.33	932.29	848.33	932.29	848.33	932.29	871.63	957.89
57	886.15	973.85	886.15	973.85	886.15	973.85	910.48	1,000.59
58	926.51	1,018.20	926.51	1,018.20	926.51	1,018.20	951.95	1,046.17
59	946.51	1,040.18	946.51	1,040.18	946.51	1,040.18	972.50	1,068.75
60	986.87	1,084.54	986.87	1,084.54	986.87	1,084.54	1,013.97	1,114.33
61	1,021.78	1,122.90	1,021.78	1,122.90	1,021.78	1,122.90	1,049.84	1,153.74
62	1,044.68	1,148.08	1,044.68	1,148.08	1,044.68	1,148.08	1,073.38	1,179.61
63	1,073.41	1,179.65	1,073.41	1,179.65	1,073.41	1,179.65	1,102.89	1,212.05
64+	1,090.85	1,198.82	1,090.85	1,198.82	1,090.85	1,198.82	1,120.82	1,231.74

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Silver 3400/30	KP GA Silver 3400/30	KP GA Signature Silver 750/20/87% CSR	KP GA Silver 750/20/87% CSR	KP GA Signature Silver 3300/30/73% CSR	KP GA Silver 3300/30/73% CSR	KP GA Signature Standard Gold 2000/30	KP GA Standard Gold 2000/30
0-14	\$285.81	\$314.10	\$285.81	\$314.10	\$285.81	\$314.10	\$268.82	\$295.43
15	311.22	342.02	311.22	342.02	311.22	342.02	292.72	321.69
16	320.93	352.69	320.93	352.69	320.93	352.69	301.85	331.73
17	330.64	363.37	330.64	363.37	330.64	363.37	310.99	341.77
18	341.10	374.86	341.10	374.86	341.10	374.86	320.83	352.58
19	351.57	386.36	351.57	386.36	351.57	386.36	330.67	363.39
20	362.40	398.27	362.40	398.27	362.40	398.27	340.86	374.59
21	373.61	410.58	373.61	410.58	373.61	410.58	351.40	386.18
22	373.61	410.58	373.61	410.58	373.61	410.58	351.40	386.18
23	373.61	410.58	373.61	410.58	373.61	410.58	351.40	386.18
24	373.61	410.58	373.61	410.58	373.61	410.58	351.40	386.18
25	375.10	412.23	375.10	412.23	375.10	412.23	352.81	387.72
26	382.58	420.44	382.58	420.44	382.58	420.44	359.83	395.45
27	391.54	430.29	391.54	430.29	391.54	430.29	368.27	404.72
28	406.11	446.31	406.11	446.31	406.11	446.31	381.97	419.78
29	418.07	459.44	418.07	459.44	418.07	459.44	393.22	432.13
30	424.05	466.01	424.05	466.01	424.05	466.01	398.84	438.31
31	433.01	475.87	433.01	475.87	433.01	475.87	407.27	447.58
32	441.98	485.72	441.98	485.72	441.98	485.72	415.71	456.85
33	447.58	491.88	447.58	491.88	447.58	491.88	420.98	462.64
34	453.56	498.45	453.56	498.45	453.56	498.45	426.60	468.82
35	456.55	501.73	456.55	501.73	456.55	501.73	429.41	471.91
36	459.54	505.02	459.54	505.02	459.54	505.02	432.22	475.00
37	462.53	508.30	462.53	508.30	462.53	508.30	435.03	478.09
38	465.52	511.59	465.52	511.59	465.52	511.59	437.85	481.18
39	471.49	518.16	471.49	518.16	471.49	518.16	443.47	487.36
40	477.47	524.73	477.47	524.73	477.47	524.73	449.09	493.54
41	486.44	534.58	486.44	534.58	486.44	534.58	457.52	502.81
42	495.03	544.02	495.03	544.02	495.03	544.02	465.61	511.69
43	506.99	557.16	506.99	557.16	506.99	557.16	476.85	524.04
44	521.93	573.59	521.93	573.59	521.93	573.59	490.91	539.49
45	539.49	592.88	539.49	592.88	539.49	592.88	507.42	557.64
46	560.41	615.88	560.41	615.88	560.41	615.88	527.10	579.27
47	583.95	641.74	583.95	641.74	583.95	641.74	549.24	603.60
48	610.85	671.31	610.85	671.31	610.85	671.31	574.54	631.40
49	637.38	700.46	637.38	700.46	637.38	700.46	599.49	658.82
50	667.27	733.30	667.27	733.30	667.27	733.30	627.60	689.72
51	696.78	765.74	696.78	765.74	696.78	765.74	655.36	720.22
52	729.28	801.46	729.28	801.46	729.28	801.46	685.94	753.82
53	762.16	837.59	762.16	837.59	762.16	837.59	716.86	787.81
54	797.65	876.60	797.65	876.60	797.65	876.60	750.24	824.49
55	833.15	915.60	833.15	915.60	833.15	915.60	783.62	861.18
56	871.63	957.89	871.63	957.89	871.63	957.89	819.82	900.96
57	910.48	1,000.59	910.48	1,000.59	910.48	1,000.59	856.36	941.12
58	951.95	1,046.17	951.95	1,046.17	951.95	1,046.17	895.37	983.98
59	972.50	1,068.75	972.50	1,068.75	972.50	1,068.75	914.70	1,005.22
60	1,013.97	1,114.33	1,013.97	1,114.33	1,013.97	1,114.33	953.70	1,048.09
61	1,049.84	1,153.74	1,049.84	1,153.74	1,049.84	1,153.74	987.44	1,085.16
62	1,073.38	1,179.61	1,073.38	1,179.61	1,073.38	1,179.61	1,009.58	1,109.49
63	1,102.89	1,212.05	1,102.89	1,212.05	1,102.89	1,212.05	1,037.34	1,140.00
64+	1,120.82	1,231.74	1,120.82	1,231.74	1,120.82	1,231.74	1,054.19	1,158.53

2023 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

RATE AREA 3

Age on 2023 effective date	KP GA Signature Gold 1800/25	KP GA Gold 1800/25	KP GA Signature Gold 1500/20	KP GA Gold 1500/20	KP GA Signature Gold 500/20	KP GA Gold 500/20	KP GA Signature Catastrophic 9100/0	KP GA Catastrophic 9100/0
0-14	\$261.48	\$287.36	\$273.82	\$300.92	\$284.98	\$313.18	\$180.13	\$197.95
15	284.72	312.90	298.16	327.66	310.31	341.02	196.14	215.55
16	293.61	322.66	307.46	337.89	320.00	351.67	202.26	222.28
17	302.49	332.43	316.77	348.12	329.68	362.31	208.38	229.00
18	312.06	342.95	326.79	359.13	340.11	373.77	214.97	236.25
19	321.63	353.47	336.81	370.15	350.54	385.24	221.57	243.50
20	331.55	364.36	347.19	381.55	361.35	397.11	228.40	251.00
21	341.80	375.63	357.93	393.35	372.52	409.39	235.46	258.76
22	341.80	375.63	357.93	393.35	372.52	409.39	235.46	258.76
23	341.80	375.63	357.93	393.35	372.52	409.39	235.46	258.76
24	341.80	375.63	357.93	393.35	372.52	409.39	235.46	258.76
25	343.17	377.13	359.36	394.93	374.01	411.03	236.40	259.80
26	350.00	384.64	366.52	402.79	381.46	419.22	241.11	264.97
27	358.21	393.66	375.11	412.23	390.40	429.04	246.76	271.18
28	371.54	408.31	389.07	427.58	404.93	445.01	255.94	281.27
29	382.47	420.33	400.52	440.16	416.85	458.11	263.48	289.56
30	387.94	426.34	406.25	446.46	422.81	464.66	267.25	293.70
31	396.15	435.35	414.84	455.90	431.75	474.49	272.90	299.91
32	404.35	444.37	423.43	465.34	440.70	484.31	278.55	306.12
33	409.48	450.00	428.80	471.24	446.28	490.45	282.08	310.00
34	414.95	456.01	434.53	477.53	452.24	497.00	285.85	314.14
35	417.68	459.02	437.39	480.68	455.22	500.28	287.73	316.21
36	420.41	462.02	440.25	483.83	458.20	503.55	289.61	318.28
37	423.15	465.03	443.12	486.97	461.18	506.83	291.50	320.35
38	425.88	468.03	445.98	490.12	464.16	510.10	293.38	322.42
39	431.35	474.04	451.71	496.41	470.12	516.65	297.15	326.56
40	436.82	480.05	457.43	502.71	476.09	523.20	300.92	330.70
41	445.02	489.07	466.02	512.15	485.03	533.03	306.57	336.91
42	452.89	497.71	474.26	521.19	493.59	542.44	311.98	342.86
43	463.82	509.73	485.71	533.78	505.51	555.54	319.52	351.14
44	477.49	524.75	500.03	549.52	520.42	571.92	328.94	361.49
45	493.56	542.41	516.85	568.00	537.92	591.16	340.00	373.65
46	512.70	563.44	536.89	590.03	558.79	614.09	353.19	388.14
47	534.23	587.11	559.44	614.81	582.25	639.88	368.02	404.45
48	558.84	614.15	585.22	643.13	609.08	669.36	384.98	423.08
49	583.11	640.82	610.63	671.06	635.53	698.42	401.69	441.45
50	610.45	670.87	639.26	702.53	665.33	731.17	420.53	462.15
51	637.46	700.55	667.54	733.61	694.76	763.52	439.13	482.59
52	667.19	733.23	698.68	767.83	727.17	799.13	459.62	505.10
53	697.27	766.28	730.18	802.44	759.95	835.16	480.34	527.88
54	729.74	801.97	764.18	839.81	795.34	874.05	502.71	552.46
55	762.21	837.65	798.18	877.18	830.73	912.94	525.07	577.04
56	797.42	876.34	835.05	917.69	869.10	955.11	549.33	603.69
57	832.97	915.40	872.28	958.60	907.84	997.69	573.81	630.60
58	870.91	957.10	912.01	1,002.27	949.19	1,043.13	599.95	659.33
59	889.71	977.76	931.69	1,023.90	969.68	1,065.65	612.90	673.56
60	927.65	1,019.45	971.42	1,067.56	1,011.03	1,111.09	639.04	702.28
61	960.46	1,055.51	1,005.78	1,105.32	1,046.79	1,150.39	661.64	727.12
62	981.99	1,079.18	1,028.33	1,130.11	1,070.26	1,176.18	676.47	743.42
63	1,008.99	1,108.85	1,056.61	1,161.18	1,099.69	1,208.53	695.08	763.87
64+	1,025.39	1,126.87	1,073.78	1,180.05	1,117.56	1,228.17	706.37	776.28

Important details and notices

About your coverage

Before you review the specific plan information, check to make sure you live within our service area. You're eligible to apply for Kaiser Permanente for Individuals and Families (KPIF) coverage if you live in one of the following counties: Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, or Walton.

Once you are enrolled, you can enjoy the benefits of KPIF until you choose to leave the plan, regardless of health. However, please note that coverage can end for failure to pay premiums when due or for intentional misrepresentation of important information on your application.

When you turn 65 or become eligible for Medicare, you have the option to apply for our Senior Advantage plan. You can ask about our coverage for Medicare-eligible members by calling toll free **1-800-232-4404**.

If you have any questions or would like more information, just call our Call Center at **1-800-494-5314** or check out the KPIF website at [buykp.org](https://www.buykp.org).

Drug formulary

Kaiser Permanente uses a drug formulary for our HMO and HSA Option plans. Our drug formulary is a continually updated list of medications that are determined to be safe and effective. Use of formulary drugs enables us to provide quality care at a reasonable cost.

Certain prescriptions require expert review before they can be dispensed.

If you have any questions about the formulary, please visit [kp.org/formulary](https://www.kp.org/formulary) or call **1-888-865-5813**.

Prior Authorization

When you need to obtain prior authorization for covered services or have a question about whether a service requires prior authorization, please contact Kaiser Permanente Quality Resource Management at **404-364-7320** or **1-800-221-2412** (TTY/ TDD **1-800-255-0056**).

At Kaiser Permanente, the Utilization Management Program works with participating providers to plan, organize, and deliver quality health care services by ensuring these services are medically appropriate, medically necessary, and provided in a cost-effective manner. Some services require prior authorization by the Utilization Management Program.

Examples include, but are not limited to:

- Elective inpatient admissions
- Outpatient surgery
- Specialized services such as home health, medical supplies/equipment, and hospice care
- Skilled nursing and acute rehabilitation facilities
- Certain behavioral health services and/or chemical dependency treatment

Failure to obtain prior authorization may result in penalties against your benefit payment, or we may deny all or part of your claim. In the event any service is denied because it does not meet criteria, you may request an appeal.

Except as prohibited by law, prior guarantee of payment will not result in payment for services that are covered benefits and medically necessary if you are not enrolled on the date that services were provided.

Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based only on appropriateness of care and service, and existence of coverage under the member's benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in underutilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

Exclusions

As with all health plans, there are some exclusions. The following services are excluded from all coverage. (Please note that this is a summary – for a complete list, refer to the *Evidence of Coverage*.)

- Unless otherwise required by law, we decide if a Service is Medically Necessary and our decision is final and conclusive subject to your right to appeal as described in your *Evidence of Coverage*.
- Services that an employer or any government agency is responsible to provide, including workers' compensation
- Items and Services that are not health care items and services, such as teaching manners or etiquette, academic coaching or tutoring, or vocational training.
- Custodial care or care in an intermediate care facility
- Services provided or arranged by criminal justice institutions or mental health institutions for members in the custody of law enforcement officers if you are confined in the institution, except for emergency services
- Cosmetic services (including drugs and injectables)
- Cord blood procurement and storage for possible future need or for a yet-to-be determined member recipient
- Physical examinations required for obtaining or maintaining employment or participation in employee programs, or insurance or government licensing
- Orthoptics (eye exercises)
- Services and drugs related to the treatment of obesity
- Routine foot care services
- Cost of semen and eggs
- Services for conception by artificial means, including infertility drugs
- Reversal of voluntary infertility
- Nonhuman and artificial organs and their implantation
- Court-ordered services
- Testing for ability, aptitude, intelligence, or interest
- Corrective shoes and orthotic foot supports and inserts

- More than one device for the same part of the body or same function
- Replacement of lost devices
- Electronic monitors of bodily functions (except infant apnea monitors and blood glucose monitors)
- Devices to perform medical testing of body fluids, excretions, or substances
- Devices not medical in nature
- Convenience, comfort, or luxury items
- Reconstructive surgery following removal of breast implants that were inserted for cosmetic reasons
- Drugs for the treatment of sexual dysfunction disorders
- Most disposable supplies

Who provides the coverage

HMO and HSA Option plans are provided by Kaiser Foundation Health Plan of Georgia, Inc.

This is only a summary

This is a summary description and is not intended to replace your *Individual Agreement* or *Evidence of Coverage*, which contain the complete provisions of this coverage. If you have questions or need additional information, please call **404-261-2590**.

For more information

Have a question that's not answered in this information kit? Just contact our Call Center at **1-800-494-5314** or check out our website at **buykp.org/apply**.

Privacy practices

For more information about our privacy practices, visit **kp.org/privacy** and click on "Notice of Privacy Practices."

Want to learn more?

For helpful information about getting care, and notices about doctor availability; utilization management procedures; potential network, service or benefit restrictions; privacy practices; pharmacy management procedures; and the Consumer Choice Option (CCO), visit **kp.org/formsandpubs** to view our *Member Handbook* and CCO Brochure online. For a paper copy, just call Member Services.

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit kp.org/facilities to find the one nearest you.



1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 7. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)፡

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)፡

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).

Notes

Notes

Notes

Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

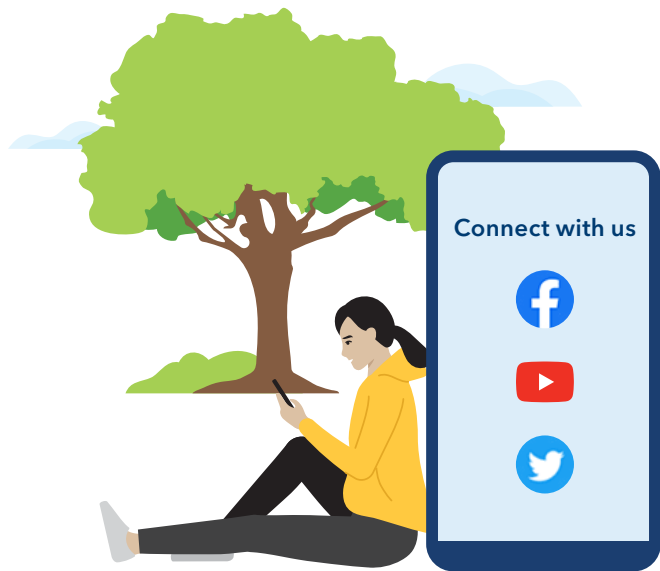
Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY **711**).

Visit kp.org/myhealthyplace to see how we can make your care experience better, no matter what stage of life you're in.

Current members with questions can call Member Services.

- **1-888-865-5813**
- **711** (TTY)



In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305.