Dual Choice PPO Plans - Bronze

PPO/HDHP/7250/10/S11

FEATURES	In Network	Out of Network 4
DEDUCTIBLE (Individual/Family)	$7,250/$14,500	$14,500 / $29,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	$7,300/$14,600	$14,600/$29,200
MAXIMUM BENEFIT WHILE COVERED1	Unlimited	Unlimited
COINSURANCE (after deductible)	10%	40%
OFFICE SERVICES		
Telehealth Visits	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	$25 KP / $35 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 Affiliated Pharmacies.
4 Services covered out of network are subject to 10 visits/services and 5 Rx fill/refill per year Phone visits are available for many specialties and primary care for members who are registered on kp.org and have seen their doctor in the past year. Coinsurance amounts shown are subject to the deductible (if there is a deductible).
This is a summary description and is not intended to replace the Group Policy, and/or Certificate of Insurance, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

KAISER PERMANENTE®

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