

<b>FEATURES</b>		<b>This plan is not available on the SHOP</b>
<b>DEDUCTIBLE</b> (Individual/Family)	\$500 / \$100	
<b>OUT-OF-POCKET MAXIMUM</b> (Individual/Family)	\$4,500 / \$9,000	
<b>MAXIMUM BENEFIT WHILE COVERED<sup>1</sup></b>	Unlimited	
<b>COINSURANCE</b> (after deductible)	20%	1 Some benefits may have limitations.
<b>OFFICE SERVICES</b>		2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.
Telehealth Visits	\$0	3 Available 90 day supply through Kaiser Permanente Pharmacy.
Primary Care	\$20	
Specialty Care	\$40	
Mental Health/Chemical Dependency	\$20	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.
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40	
Vision Exam	\$20	
Laboratory Services	\$0	Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.
Radiology Services	\$0	
High Tech Radiology Services (MRI, CT, PET, others)	\$100	
Preventive Services	\$0	Coinsurance amounts shown are subject to the deductible (if there is a deductible).
<b>EMERGENCY SERVICES</b>		
Emergency Room (per visit; copay waived if admitted)	\$350	
Ambulance (per trip)	\$350	This is a summary description and is not intended to replace the Group Agreement, Group Policy, and/or Evidence of Coverage, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.
Urgent Care (per visit)	\$40	
<b>OUTPATIENT SERVICES</b>		
Laboratory Services	\$0	
Radiology Services	\$0	
High Tech Radiology Services (MRI, CT, PET, others)	\$100	
Outpatient Hospital or Surgical Facility	20%	
Physician and Other Professional Fees	20%	
<b>INPATIENT SERVICES</b>		
Hospital (facility)	20%	
Physician and Other Professional Fees	20%	
Mental Health/Chemical Dependency	20%	
<b>PHARMACY SERVICES 2</b>		
Prescription Drug Deductible	N/A	
Tier 1 Generic Drugs	\$5 KP / \$15 Affiliated	
Tier 2 Generic Drugs	\$10 KP / \$20 Affiliated	
Tier 3 Preferred Brand Drugs	\$40 KP / \$60 Affiliated	
Tier 4 Non-Preferred Drugs	\$60 KP / \$90 Affiliated	
Tier 5 Specialty Drugs	25% KP / 35% Affiliated	
Mail Order 3	\$10/\$20/\$80/\$120/25%	

