

| FEATURES | In Network | Out of Network ⁴ |
|--|--|-----------------------------|
| DEDUCTIBLE (Individual/Family) | \$2,700 / \$5,400 | N/A |
| OUT-OF-POCKET MAXIMUM (Individual/Family) | \$8,900 / \$17,800 | N/A |
| MAXIMUM BENEFIT WHILE COVERED¹ | Unlimited | Unlimited |
| COINSURANCE (after deductible) | 35% | N/A |
| OFFICE SERVICES | | |
| Telehealth Visits | \$0 | \$20 |
| Primary Care | \$50 | \$70 |
| Specialty Care | \$80 | \$100 |
| Mental Health/Chemical Dependency | \$50 | \$70 |
| Chiropractic Care (spinal manipulation only; 20 visits per calendar year) | \$80 | \$100 |
| Vision Exam | \$50 | \$70 |
| Laboratory Services | 35% | 45% |
| Radiology Services | 35% | 45% |
| High Tech Radiology Services (MRI, CT, PET, others) | \$550 after deductible | Not Covered |
| Preventive Services | \$0 | \$0 |
| EMERGENCY SERVICES | | |
| Emergency Room (per visit; copay waived if admitted) | 35% | 35% |
| Ambulance (per trip) | 35% | 35% |
| Urgent Care (per visit) | \$100 | Not Covered |
| OUTPATIENT SERVICES | | |
| Laboratory Services | 35% | 45% |
| Radiology Services | 35% | 45% |
| High Tech Radiology Services (MRI, CT, PET, others) | \$550 after deductible | Not Covered |
| Outpatient Hospital or Surgical Facility | 35% | Not Covered |
| Physician and Other Professional Fees | 35% | Not Covered |
| INPATIENT SERVICES | | |
| Hospital (facility) | 35% | Not Covered |
| Physician and Other Professional Fees | 35% | Not Covered |
| Mental Health/Chemical Dependency | 35% | Not Covered |
| PHARMACY SERVICES | | |
| Prescription Drug Deductible | \$450 / \$900 (except Tier 1 & 2 Generics) | N/A |
| Tier 1 Generic Drugs | \$5 KP / \$15 Affiliated | \$25 |
| Tier 2 Generic Drugs | \$20 KP / \$30 Affiliated | \$40 |
| Tier 3 Preferred Brand Drugs | \$50 KP / \$70 Affiliated | \$70 |
| Tier 4 Non-Preferred Drugs | \$80 KP / \$110 Affiliated | \$110 |
| Tier 5 Specialty Drugs 2 | 35% KP / 45% Affiliated | 45% |
| Mail Order 3 | \$10/\$20/\$100/\$160/35% | Not Covered |

KP Plus 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.



Nine Piedmont Center
 3495 Piedmont Road, N.E.
 Atlanta, GA 30305-1736