KP Plans - SILVER

KP/5500/0/50/S11

FEATURES	
DEDUCTIBLE (Individual/Family)	$5,500 / $11,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	$9,000 / $18,000
MAXIMUM BENEFIT WHILE COVERED1	Unlimited
COINSURANCE (after deductible)	0%
OFFICE SERVICES	
Telehealth Visits	$0
Primary Care	$50
Specialty Care	$80
Mental Health/Chemical Dependency	$50
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	$80
Vision Exam	$50
Laboratory Services	$0 after deductible
Radiology Services	$50
High Tech Radiology Services (MRI, CT, PET, others)	$450 after deductible
Preventive Services	$0
EMERGENCY SERVICES	
Emergency Room (per visit; copay waived if admitted)	$600 after deductible
Ambulance (per trip)	$350 after deductible
Urgent Care (per visit)	$100
OUTPATIENT SERVICES	
Laboratory Services	$0 after deductible
Radiology Services	$50
High Tech Radiology Services (MRI, CT, PET, others)	$450 after deductible
Outpatient Hospital or Surgical Facility	$200 after deductible
Physician and Other Professional Fees	$0 after deductible
INPATIENT SERVICES	
Hospital (facility)	$500 after deductible
Physician and Other Professional Fees	0%
Mental Health/Chemical Dependency	$500 after deductible
PHARMACY SERVICES 2	
Prescription Drug Deductible	N/A
Tier 1 Generic Drugs	$5 KP / $15 Affiliated
Tier 2 Generic Drugs	$20 KP / $30 Affiliated
Tier 3 Preferred Brand Drugs	$50 KP / $70 Affiliated
Tier 4 Non-Preferred Drugs	$80 KP / $110 Affiliated
Tier 5 Specialty Drugs	30% KP / 40% Affiliated
Mail Order 3	$10/$40/$100/$160/30%

KP and HDHP plans are also available on the SHOP (with the exception of Platinum Plans KP/0/0/20/S11 and KP/500/20/20/S11)

1 Some benefits may have limitations.
2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.
3 Available 90 day supply through Kaiser Permanente Pharmacy.

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.

Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.

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 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.

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