

OUT-OF-POCKET MAXIMUM (Individual/Family) Applies to all services  MAXIMUM BENEFIT WHILE COVERED¹  Unlimited  OCINSURANCE (after deductible)  OFFICE SERVICES  Primary Care Specialty Care Specialty Care Mental Health/Chemical Dependency Chiropractic Care (spinal manipulation only; 20 visits per calendar year) Mision Exam Sadiology Services Radiology Services High Tech Radiology Services (MRI, CT, PET, others) Preventive Services  Emergency Room (per visit; copay waived if admitted) Ambulance (per trip) Urgent Care (per visit)  OUTPATIENT SERVICES Radiology Radiol	FEATURES	
MAXIMUM BENEFIT WHILE COVERED¹ COINSURANCE (after deductible)  OFFICE SERVICES  Primary Care Specialty Care Mental Health/Chemical Dependency Chiropractic Care (spinal manipulation only; 20 visits per calendar year) Vision Exam S20 Laboratory Services Radiology Services High Tech Radiology Services (MRI, CT, PET, others) Preventive Services Emergency Room (per visit; copay waived if admitted) S350 Ambulance (per trip) Urgent Care (per visit) S40 OUTPATIENT SERVICES Laboratory Services High Tech Radiology Services (MRI, CT, PET, others) Physician and Other Professional NPATIENT SERVICES  INPATIENT SERVICES INPATIEN	DEDUCTIBLE (Individual/Family)	Not Applicable
COINSURANCE (after deductible)  OFFICE SERVICES  Primary Care Specialty Care Specialty Care Specialty Care Mental Health/Chemical Dependency Chiropractic Care (spinal manipulation only; 20 visits per calendar year) Vision Exam Saco Laboratory Services Radiology Services Radiology Services Radiology Services Radiology Services Refligh Tech Radiology Services So  Emergency Services Emergency Noom (per visit; copay waived if admitted) Saso Ambulance (per trip) Urgent Care (per visit) Sources High Tech Radiology Services Radiology Services So  OUTPAIRINT SERVICES Laboratory Services So Radiology Services High Tech Radiology Services High Tech Radiology Services So Radiology Ser	OUT-OF-POCKET MAXIMUM (Individual/Family) Applies to all services	\$2,500/\$5,000
OFFICE SERVICES Primary Care \$20 Specialty Care \$40 Mental Health/Chemical Dependency \$20 Chiropractic Care (spinal manipulation only; 20 visits per calendar year) \$40 Vision Exam \$20 Laboratory Services \$0 Radiology Services \$0 High Tech Radiology Services (MRI, CT, PET, others) \$100 Preventive Services \$0 EMERGENCY SERVICES Emergency Room (per visit; copay waived if admitted) \$350 Ambulance (per trip) \$350 Urgent Care (per visit) \$40 OUTPATIENT SERVICES Laboratory Services \$0 Radiology Services \$0 Unipatient of Services \$0 No Noutpatient Office (MRI, CT, PET, others) \$100 OUTPATIENT SERVICES Laboratory Services \$0 Radiology Services \$0 No Noutpatient Hospital or Surgical Facility \$250 Outpatient Hospital or Surgical Facility \$250 Physician and Other Professional \$0 Noutpatient Services Hospital (facility) \$500 per day Physician and Other Professional \$0 Mental Health/Chemical Dependency \$500 per day PHARMACY SERVICES Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$40 KF/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KF/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KF/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KF/\$50 Affiliated Tier 5 Specialty Drugs \$56 KF/\$25% Affiliated Tier 5 Specialty Drugs \$66 KF/\$70 Affiliated	MAXIMUM BENEFIT WHILE COVERED 1	Unlimited
Primary Care \$20 Specialty Care \$40 Mental Health/Chemical Dependency \$20 Chiropractic Care (spinal manipulation only; 20 visits per calendar year) \$40 Vision Exam \$20 Laboratory Services \$0 Radiology Services \$0 High Tech Radiology Services (MRI, CT, PET, others) \$100 Preventive Services \$0 EMERGENCY SERVICES Emergency Room (per visit; copay waived if admitted) \$350 Ambulance (per trip) \$350 Urgent Care (per visit) \$40  OUTPATIENT SERVICES Laboratory Services \$0 High Tech Radiology Services (MRI, CT, PET, others) \$100  OUTPATIENT SERVICES Laboratory Services \$0 Radiology Services \$0 No High Tech Radiology Services (MRI, CT, PET, others) \$100 OUTPATIENT SERVICES Laboratory Services \$0 Radiology Services \$0 No Noutpatient Hospital or Surgical Facility \$250 Physician and Other Professional \$0 No Noutpatient Services Hospital (facility) \$500 per day Physician and Other Professional \$0 Mental Health/Chemical Dependency \$500 per day PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 5 Specialty Drugs \$500 KP/\$70 Affiliated	COINSURANCE (after deductible)	Not Applicable
Specialty Care \$40  Mental Health/Chemical Dependency \$20  Chiropractic Care (spinal manipulation only; 20 visits per calendar year) \$40  Vision Exam \$20  Laboratory Services \$50  Radiology Services \$90  High Tech Radiology Services (MRI, CT, PET, others) \$1000  Preventive Services \$0  EMERGENCY SERVICES  Emergency Room (per visit; copay waived if admitted) \$350  Ambulance (per trip) \$350  Urgent Care (per visit) \$40  OUTPATIENT SERVICES  Laboratory Services \$90  High Tech Radiology Services (MRI, CT, PET, others) \$100  OUTPATIENT SERVICES  Laboratory Services \$90  High Tech Radiology Services (MRI, CT, PET, others) \$100  Outpatient Hospital or Surgical Facility \$250  Physician and Other Professional \$90  INPATIENT SERVICES  Hospital (facility) \$500 per day  Physician and Other Professional \$90  INPATIENT SERVICES  Tier 1 Generic Drugs \$55 KP/515 Affiliated  Tier 2 Generic Drugs \$100 KP/\$50 Affiliated  Tier 2 Generic Drugs \$40 KP/\$50 Affiliated  Tier 3 Preferred Brand Drugs \$60 KP/\$70 Affiliated  Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$560 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$560 KP/\$70 Affiliated	OFFICE SERVICES	
Mental Health/Chemical Dependency Chiropractic Care (spinal manipulation only; 20 visits per calendar year) Vision Exam Laboratory Services S0 Radiology Services S0 High Tech Radiology Services (MRI, CT, PET, others) Preventive Services S0 EMERGENCY SERVICES Emergency Room (per visit; copay waived if admitted) Ambulance (per trip) Urgent Care (per visit) Jurgent Care (	Primary Care	\$20
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)  Vision Exam  \$20  Laboratory Services \$30  Radiology Services \$40  High Tech Radiology Services (MRI, CT, PET, others)  Preventive Services  EMERGENCY SERVICES  Emergency Room (per visit; copay waived if admitted)  Ambulance (per trip)  Urgent Care (per visit)  \$40  OUTPATIENT SERVICES  Radiology Services  \$50  High Tech Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility Physician and Other Professional  INPATIENT SERVICES  Hospital (facility)  \$500 per day  Physician and Other Professional  Mental Health/Chemical Dependency  PHARMACY SERVICES  Tier 1 Generic Drugs  \$5 KP/\$15 Affiliated  Prescription Drug Deductible  Tier 2 Generic Drugs  \$40 KP/\$50 Affiliated  Tier 3 Preferred Brand Drugs  \$60 KP/\$70 Affiliated  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  \$50 KP/\$570 Affiliated  Tier 5 Specialty Drugs	Specialty Care	\$40
Vision Exam \$20  Laboratory Services \$0  Radiology Services \$0  High Tech Radiology Services (MRI, CT, PET, others) \$100  Preventive Services \$0  EMERGENCY SERVICES  Emergency Room (per visit; copay waived if admitted) \$350  Ambulance (per trip) \$350  Urgent Care (per visit) \$40  OUTPATIENT SERVICES  Laboratory Services \$0  Radiology Services (MRI, CT, PET, others) \$100  Outpatient Hospital or Surgical Facility \$250  Physician and Other Professional \$0  INPATIENT SERVICES  Hospital (facility) \$500 per day  Physician and Other Professional \$0  Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated  Tier 2 Generic Drugs \$10 KP/\$20 Affiliated  Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated  Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$50 KP/\$570 Affiliated	Mental Health/Chemical Dependency	\$20
Laboratory Services Radiology Services Radiology Services Radiology Services Singular Services Singula	Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40
Radiology Services High Tech Radiology Services (MRI, CT, PET, others) Preventive Services \$0  EMERGENCY SERVICES Emergency Room (per visit; copay waived if admitted) Ambulance (per trip) Urgent Care (per visit) \$350  Urgent Care (per visit) \$40  UUTPATIENT SERVICES Laboratory Services Radiology Services High Tech Radiology Services (MRI, CT, PET, others) \$100  Outpatient Hospital or Surgical Facility \$250  Physician and Other Professional  INPATIENT SERVICES Hospital (facility) \$500 per day Physician and Other Professional  Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$40 KP/\$20 Affiliated Tier 3 Preferred Brand Drugs Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs	Vision Exam	\$20
High Tech Radiology Services (MRI, CT, PET, others)  Preventive Services \$0  EMERGENCY SERVICES  Emergency Room (per visit; copay waived if admitted) \$350  Ambulance (per trip) \$350  Urgent Care (per visit) \$40  OUTPATIENT SERVICES  Laboratory Services \$0  Radiology Services (MRI, CT, PET, others) \$100  Outpatient Hospital or Surgical Facility \$250  Physician and Other Professional \$0  INPATIENT SERVICES  Hospital (facility) \$500 per day  Physician and Other Professional \$0  Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated  Tier 2 Generic Drugs \$40 KP/\$20 Affiliated  Tier 3 Preferred Brand Drugs \$60 KP/\$70 Affiliated  Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$60 KP/\$70 Affiliated	Laboratory Services	\$0
Preventive Services \$0  EMERGENCY SERVICES  Emergency Room (per visit; copay waived if admitted) \$350  Ambulance (per trip) \$350  Urgent Care (per visit) \$40  OUTPATIENT SERVICES  Laboratory Services \$0  Radiology Services (MRI, CT, PET, others) \$100  Outpatient Hospital or Surgical Facility \$250  Physician and Other Professional \$0  INPATIENT SERVICES  Hospital (facility) \$500 per day  Physician and Other Professional \$0  Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated  Tier 2 Generic Drugs \$10 KP/\$20 Affiliated  Prescription Drug Deductible N/A  Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated  Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs \$60 KP/\$70 Affiliated	Radiology Services	\$0
Emergency Room (per visit; copay waived if admitted)  Ambulance (per trip)  Urgent Care (per visit)  Sa50  Urgent Care (per visit)  Urgent Services  Badiology Services  Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility  Physician and Other Professional  So0  INPATIENT SERVICES  Hospital (facility)  Sa500 per day  Physician and Other Professional  So0  Mental Health/Chemical Dependency  PHARMACY SERVICES  Tier 1 Generic Drugs  Tier 2 Generic Drugs  Prescription Drug Deductible  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  Sa50  Sa	High Tech Radiology Services (MRI, CT, PET, others)	\$100
Emergency Room (per visit; copay waived if admitted)  Ambulance (per trip)  Urgent Care (per visit)  S40  OUTPATIENT SERVICES  Laboratory Services  Radiology Services  Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility  Physician and Other Professional  INPATIENT SERVICES  Hospital (facility)  Physician and Other Professional  S00  INPATIENT SERVICES  Hospital (facility)  Physician and Other Professional  S00  INPATIENT SERVICES  Tier 1 Generic Drugs  Tier 2 Generic Drugs  S5 KP/\$15 Affiliated  Tier 2 Generic Drugs  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  25% KP/25% Affiliated  Tier 5 Specialty Drugs  25% KP/25% Affiliated	Preventive Services	\$0
Ambulance (per trip)  Urgent Care (per visit)  Substituting the Care (per visit)  Subs	EMERGENCY SERVICES	
Urgent Care (per visit)  OUTPATIENT SERVICES Laboratory Services Radiology Services Radiology Services \$0 High Tech Radiology Services (MRI, CT, PET, others) Outpatient Hospital or Surgical Facility Physician and Other Professional So  INPATIENT SERVICES Hospital (facility) Physician and Other Professional So Mental Health/Chemical Dependency Stoop per day PHARMACY SERVICES Tier 1 Generic Drugs Tier 2 Generic Drugs Story Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs Tier 4 Non-Preferred Drugs Tier 5 Specialty Drugs Story Affiliated Tier 5 Specialty Drugs	Emergency Room (per visit; copay waived if admitted)	\$350
OUTPATIENT SERVICES Laboratory Services \$0 Radiology Services \$0 High Tech Radiology Services (MRI, CT, PET, others) \$100 Outpatient Hospital or Surgical Facility \$250 Physician and Other Professional \$0 INPATIENT SERVICES Hospital (facility) \$500 per day Physician and Other Professional \$0 Mental Health/Chemical Dependency \$500 per day PHARMACY SERVICES  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs \$55 KP/\$55 Affiliated Tier 5 Specialty Drugs \$60 KP/\$50 Affiliated	Ambulance (per trip)	\$350
Laboratory Services  Radiology Services  Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility  Physician and Other Professional  INPATIENT SERVICES  Hospital (facility)  Physician and Other Professional  So  Mental Health/Chemical Dependency  PHARMACY SERVICES <sup>2</sup> Tier 1 Generic Drugs  Tier 2 Generic Drugs  Stype St	Urgent Care (per visit)	\$40
Radiology Services  High Tech Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility  Physician and Other Professional  INPATIENT SERVICES  Hospital (facility)  Physician and Other Professional  Mental Health/Chemical Dependency  PHARMACY SERVICES  Tier 1 Generic Drugs  Tier 2 Generic Drugs  Prescription Drug Deductible  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  \$0  \$100  \$100  \$250	OUTPATIENT SERVICES	
High Tech Radiology Services (MRI, CT, PET, others)  Outpatient Hospital or Surgical Facility  Physician and Other Professional  INPATIENT SERVICES  Hospital (facility)  Physician and Other Professional  Mental Health/Chemical Dependency  PHARMACY SERVICES <sup>2</sup> Tier 1 Generic Drugs  Tier 2 Generic Drugs  Prescription Drug Deductible  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  S100  \$100  \$25	Laboratory Services	\$0
Outpatient Hospital or Surgical Facility Physician and Other Professional  INPATIENT SERVICES Hospital (facility) Physician and Other Professional Mental Health/Chemical Dependency S500 per day PHARMACY SERVICES Tier 1 Generic Drugs Tier 2 Generic Drugs S5 KP/\$15 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs Tier 4 Non-Preferred Drugs S60 KP/\$70 Affiliated Tier 5 Specialty Drugs 250 S250 S260 S270 S270 S270 S270 S270 S270 S270 S27	Radiology Services	\$0
Physician and Other Professional \$0  INPATIENT SERVICES Hospital (facility) \$500 per day Physician and Other Professional \$0 Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES 2  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A  Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs \$25 KP/25% Affiliated	High Tech Radiology Services (MRI, CT, PET, others)	\$100
INPATIENT SERVICES Hospital (facility) \$500 per day Physician and Other Professional \$0 Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES <sup>2</sup> Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs \$25% KP/25% Affiliated	Outpatient Hospital or Surgical Facility	\$250
Hospital (facility)  Physician and Other Professional  Mental Health/Chemical Dependency  PHARMACY SERVICES 2  Tier 1 Generic Drugs  Tier 2 Generic Drugs  Stop Prescription Drug Deductible  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  \$500 per day	Physician and Other Professional	\$0
Physician and Other Professional  Mental Health/Chemical Dependency  PHARMACY SERVICES <sup>2</sup> Tier 1 Generic Drugs  Tier 2 Generic Drugs  Prescription Drug Deductible  Prescription Drug Deductible  Tier 3 Preferred Brand Drugs  Tier 4 Non-Preferred Drugs  Tier 5 Specialty Drugs  \$0  \$500 per day  \$5 KP/\$15 Affiliated  \$10 KP/\$20 Affiliated  N/A  \$40 KP/\$50 Affiliated  \$60 KP/\$70 Affiliated	INPATIENT SERVICES	
Mental Health/Chemical Dependency \$500 per day  PHARMACY SERVICES 2  Tier 1 Generic Drugs \$5 KP/\$15 Affiliated  Tier 2 Generic Drugs \$10 KP/\$20 Affiliated  Prescription Drug Deductible N/A  Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated  Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated  Tier 5 Specialty Drugs 25% KP/25% Affiliated	Hospital (facility)	\$500 per day
PHARMACY SERVICES <sup>2</sup> Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	Physician and Other Professional	\$0
Tier 1 Generic Drugs \$5 KP/\$15 Affiliated Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	Mental Health/Chemical Dependency	\$500 per day
Tier 2 Generic Drugs \$10 KP/\$20 Affiliated Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	PHARMACY SERVICES <sup>2</sup>	
Prescription Drug Deductible N/A Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	Tier 1 Generic Drugs	\$5 KP/\$15 Affiliated
Tier 3 Preferred Brand Drugs \$40 KP/\$50 Affiliated Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	Tier 2 Generic Drugs	\$10 KP/\$20 Affiliated
Tier 4 Non-Preferred Drugs \$60 KP/\$70 Affiliated Tier 5 Specialty Drugs 25% KP/25% Affiliated	Prescription Drug Deductible	N/A
Tier 5 Specialty Drugs 25% KP/25% Affiliated	Tier 3 Preferred Brand Drugs	\$40 KP/\$50 Affiliated
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tier 4 Non-Preferred Drugs	\$60 KP/\$70 Affiliated
Mail Order <sup>3</sup> \$10/\$20/\$80/\$120/25%	Tier 5 Specialty Drugs	25% KP/25% Affiliated
	Mail Order <sup>3</sup>	\$10/\$20/\$80/\$120/25%

**KP and HDHP** plans are also available on the SHOP (with the exception of Platinum KP/0/0/20/S5).

- 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 at Kaiser Permanente Pharmacy.

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

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.



Kaiser Foundation Health Plan of Georgia, Inc.

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



60700309\_A 09/17 ©2017 Kaiser Foundation Health Plan of Georgia, Inc.