

KP/5000/40/S1

Deductible Individual / Family	\$5,000/\$10,000
Coinsurance Max Individual / Family	\$0
Maximum Benefit While Covered	Unlimited ¹
Coinsurance (after deductible)	Plan pays 100%
Benefits	You Pay
Office Services	
Primary Care (including lab and radiology)	\$40 copay
Specialty Care (including lab and radiology)	\$50 copay
High Tech Radiology Services(MRI, CT, PET, others)	\$50 copay
Preventive Services	Plan Pays 100% ²
Maternity (obstetrician/midwife)	Plan Pays 100% ²
Emergency Services	
Emergency Room Visit - per visit; copay waived if admitted	\$250 copay
Ambulance (per trip)	\$150 copay
After-Hours Urgent Care (per visit)	\$80 copay
Outpatient Services	
High Tech Radiology Services(MRI, CT, PET, others)	Plan pays 100%
Physical and Occupational Therapy (20 visits per calendar year)	Plan Pays 100%
Outpatient Hospital or Surgical Facility (including lab and radiology)	Plan Pays 100%
Physician and Other Professional Charges	Plan Pays 100%
Inpatient Services	
Hospital (facility charge)-per admission	Plan Pays 100%
Physician and Other Professional Charges	Plan Pays 100%
Mental Health Services	
Outpatient Mental Health (20 visits per calendar year)	\$50 copay ³
Inpatient Mental Health Facility (30 days per calendar year)	Plan Pays 100% ³
Inpatient Mental Health Professional	Plan Pays 100%
Other Services	
DME / Prosthetics and Orthotics	Plan Pays 100%
Vision Exam	\$50 copay
Pharmacy Services - 30 day supply	

This plan summary is intended to only highlight some of the principal provisions of the plan. Please refer to the Group Agreement or Evidence of Coverage for further details of the plan or for specific limitations and exclusions.

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Preferred Generic Drugs-Kaiser Permanente Pharmacy/Designated Community Pharmacy	\$15 copay/\$25 copay ⁴
Preferred Brand Drugs-Kaiser Permanente Pharmacy/Designated Community Pharmacy	\$30 copay/\$40 copay ⁴
Home Delivery-90-day supply-Kaiser Permanente Pharmacy (Generic Preferred/Brand Preferred)	\$30 copay/\$60 copay
PCP Selection	If a PCP is not chosen upon enrollment, one will be assigned based on the subscriber's home address.
Customer Service	404)261-2590 (888)865-5813 toll free Monday – Friday 7:00 a.m. until 9:00 p.m. Saturday, Sunday 8:00 a.m. until 2:00 p.m.
Referral	You do not need a referral from your Kaiser Permanente personal physician for appointments with Dermatologists, Psychiatrists, Behavioral Health Specialists, Optometrists, and Ophthalmologists and any specialist in the Medical Group.

Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Customer Service at (404)261-2590. Benefits are subject to approval by the Georgia Department of Insurance.

We do not cover the following services under this plan. For a complete list of exclusions and limitations, refer to your Evidence of Coverage: Services that are not medically necessary; Certain exams and other Services required for obtaining or maintaining employment, for insurance or licensing, for foreign travel, on court order or for parole or probation; Cosmetic services; Experimental or investigational services; Eye surgery, such as laser surgery, radial keratotomy to correct refractive defects; Services related to the treatment of morbid obesity (except certain health education programs are covered); Routine foot care; Sexual reassignment services; Reversal of voluntary infertility; Transportation and lodging expenses;

For details on the benefit and claims review and adjudication procedures, please refer to your Evidence of Coverage.

Kaiser Permanente maintains policies regarding the confidentiality, protection, and disclosure of personal health and member identifiable information, including policies related to access to medical records. If you have questions about our policies and procedures to maintain the confidentiality of personal information or would like a more comprehensive notice describing how Kaiser Permanente collects and uses personal information, please call Customer Service at (404)261-2590.

¹Some benefits may have limitations.

²Deductible does not apply.

³Chemical Dependency covered for detoxification only under the Medical Plan.

⁴Refills must be obtained at a Kaiser Permanente Pharmacy or through Home Delivery.