

HMO Plan

Cobb County Government

Effective Date 01/01/2021 - 12/31/2021

	Kaiser Permanente Providers
Deductible (Individual/Family)	\$0
Out-of-Pocket Maximum (Individual/Family) <i>includes coinsurance, copays for Essential Health Benefits</i>	\$1,700 / \$5,100
Maximum Benefit While Covered	Unlimited
Coinsurance	10%
Benefits	You Pay
Office Services	
Primary Care	\$35 Copay
Specialist Care	\$40 Copay
Preventive Services	\$0 Copay
Maternity (Pre Natal and 1st Post Natal visit)	10% Coinsurance
Outpatient Services	
Physical and Occupational Therapy (up to 40 visits per year combined)	10% Coinsurance
Outpatient Hospital or Surgical Facility	\$300 per visit; 10% thereafter
Laboratory Services (performed in an outpatient facility/hospital setting)	\$0 Copay
Radiology Services (performed in an outpatient facility/hospital setting)	\$0 Copay
High Tech Radiology Services (MRI, CT, PET, others copay per procedure when performed in an office or free-standing facility)	10% Coinsurance
Physician and Other Professional Charges	10% Coinsurance

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<p>Emergency Services</p> <p>Emergency Services (per visit; copay waived if admitted)</p> <p>Urgent Care (Per Visit)</p> <p>Ambulance (Per Trip)</p>	<p>\$200 copay</p> <p>\$75 copay</p> <p>\$100 copay</p>
<p>Inpatient Services</p> <p>Hospital - Facility Charge (Per Admission)</p> <p>Physician and Other Professional Charges</p>	<p>10% Coinsurance</p> <p>10% Coinsurance</p>
<p>Mental Health & Chemical Dependency Services</p> <p>Outpatient (Unlimited Visits)</p> <p>Inpatient Facility (Per Admission)</p> <p>Inpatient Professional and Other Professional Charges</p>	<p>\$35 copay</p> <p>10% Coinsurance</p> <p>10% Coinsurance</p>
<p>Pharmacy Services</p> <p>Generic Preferred</p> <p>Brand Preferred</p> <p>Generic/Brand Non-Preferred</p> <p>Specialty*</p> <p>Mail Order Pharmacy 2 copays per 90-day supply (KP Pharmacies) 3 copays per 90-day supply (MedImpact Pharmacies)</p>	<p>\$15 (KP Pharmacies) \$25 (MedImpact Pharmacies)</p> <p>\$35 (KP Pharmacies) \$45 (MedImpact Pharmacies)</p> <p>\$60 (KP Pharmacies) \$70 (MedImpact Pharmacies)</p> <p>\$200 (KP Pharmacies)</p> <p>Mail Order available</p>
<p>Other Services</p> <p>Durable Medical Equipment/Prosthetics and Orthotics</p> <p>Vision Exam</p> <p>Chiropractic Services (up to 20 visits per year)</p> <p>Infertility Diagnosis only</p>	<p>No Charge</p> <p>\$40 copay</p> <p>\$40 copay</p> <p>\$40 copay</p>

*Mail Order available for coinsurance amount shown

In-network coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. Out-of-network coverage is underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the *Evidence of Coverage*.

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.