



QUALITY CARE

WITH YOU
AT THE CENTER

NEW IN 2021!

\$0

Deductible Plan

with the same great
Kaiser Permanente
care.

See reverse for
2021 Benefit Summary.

See how Kaiser Permanente is DIFFERENT:



Locations near you:

3 centers in Cobb County to serve you.



Care made convenient:

One-stop trips to see doctors, pharmacy,
and lab.



Wellness on your schedule:

In person, phone, video, e-visit, and care
while traveling.



Care just for you:

High quality care from Kaiser Permanente
providers at the CobbHealth Wellness Clinic.

 my.kp.org/cobb



KAISER PERMANENTE®

COBB COUNTY GOVERNMENT

Effective Dates: January 1, 2021 – December 31, 2021

Regional HMO Benefit Summary

Deductible, Co-insurance & Out-of-Pocket Maximums		
Annual Deductible:	Co-insurance	Annual Out-of-Pocket Maximum
\$0 Deductible	10%	Individual - \$1,700 / Family - \$5,100
Office Services		
Primary Care		\$35 co-pay
Specialty Care		\$40 co-pay
Preventive Services		\$0 co-pay
Maternity (Pre Natal and 1st Post Natal Visit)		10% after deductible
Outpatient Services		
Physical and Occupational Therapy (up to 40 visits per year combined)		10% after deductible
Outpatient Hospital or Surgical Facility		\$300 per visit; 10% thereafter
Laboratory Services (performed in an outpatient facility/hospital setting)		\$0 co-pay
Radiology Services (performed in an outpatient facility/hospital setting)		\$0 co-pay
High Tech Radiology Services (MRI, CT, PET, others copay per procedure when performed in an office or free-standing facility)		10% after deductible
Physician and Other Professional Charges		10% after deductible
Emergency Care		
Emergency Services (per visit; copay waived if admitted)		\$200 co-pay
Urgent Care (per visit)		\$75 co-pay
Ambulance (per trip)		\$100 co-pay
Inpatient Services		
Hospital - Facility Charge (Per Admission)		10% after deductible
Physician and Other Professional Charges		10% after deductible
Pharmacy Services		
Generic Preferred		\$15 (KP Pharmacies / \$25 (MedImpact Pharmacies)
Brand Preferred		\$35 (KP Pharmacies / \$45 (MedImpact Pharmacies)
Generic/Brand Non-Preferred		\$60 (KP Pharmacies / \$70 (MedImpact Pharmacies)
Specialty*		\$200 (KP Pharmacies)
Mail Order Pharmacy		Mail Order available
2 copays per 90-day supply (KP Pharmacies)		3 copays per 90-day supply (MedImpact Pharmacies)
Other Services		
Durable Medical Equipment/Prosthetics and Orthotics		No Charge after deductible
Vision Exam		\$40 co-pay
Chiropractic Services (up to 20 visits per year)		\$40 co-pay
Infertility Diagnosis only		\$40 copay

*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.