KAISER PERMANENTE®

HMO Plan
Cobb County Government

Effective Date 01/01/2023 - 12/31/2023

	Kaiser Permanente Providers
Deductible (Individual/Family)	$0
Out-of-Pocket Maximum (Individual/Family) ***includes coinsurance, copays for Essential Health Benefits***	$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

Kaiser Foundation Health Plan of Georgia, Inc. Nine Piedmont Center3495 Piedmont Road, N.E. Atlanta, GA 30305-1736

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Emergency Services	
Emergency Services (per visit; copay waived if admitted)	$200 copay
Urgent Care (Per Visit)	$75 copay
Ambulance (Per Trip)	$100 copay
Inpatient Services	
Hospital - Facility Charge (Per Admission)	$300 per visit; 10% thereafter
Physician and Other Professional Charges	10% Coinsurance
Mental Health & Chemical Dependency Services	
Outpatient (Unlimited Visits)	$35 copay
Inpatient Facility (Per Admission)	$300 per visit; 10% thereafter
Inpatient Professional and Other Professional Charges	10% Coinsurance
Pharmacy Services	
Generic Preferred	$15 (KP Pharmacies) $25 (Network Pharmacies)
Brand Preferred	$35 (KP Pharmacies) $45 (Network Pharmacies)
Generic/Brand Non-Preferred	$60 (KP Pharmacies) $70 (Network Pharmacies)
Specialty*	$200 (KP Pharmacies)
Mail Order Pharmacy 2 copays per 90-day supply (KP Pharmacies) 3 copays per 90-day supply (Network Pharmacies)	Mail Order Available
Other Services	
Durable Medical Equipment/Prosthetics and Orthotics	No Charge
Vision Exam	$40 copay
Chiropractic Services (up to 20 visits per year)	$40 copay
Infertility Diagnosis only	$40 copay

*Mail Oder 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.

Kaiser Foundation Health Plan of Georgia, Inc. Nine Piedmont Center3495 Piedmont Road, N.E. Atlanta, GA 30305-1736 **Please recycle.**