

Kaiser Permanente for Individuals and Families

2026 Georgia Enrollment Guide

Health care that just works



Get started at buykp.org



Experience simpler, smarter health care

When your health needs are handled
under one plan, you get:

- High-quality in-person
and virtual care experiences
- Support for your
mental health and wellness
- 24/7 access to care
wherever you are
- High-quality preventive,
primary, and specialty care



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Kaiser Permanente care feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind and body.

Important open enrollment dates for 2026

- The open enrollment period for 2026 coverage runs from **November 1, 2025**, through **January 15, 2026**.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Georgia Access.
- For coverage that starts on **January 1, 2026**, we must receive your Application for health coverage no later than **December 15, 2025**.

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/specialenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY **711**).

Combined care and coverage is everything

Your doctors, hospitals, and health plan benefits should work together to give you world-class care, when and where you need it.

From preventive, primary, and virtual care to pharmacy, labs, and mental health support – we put it all together to make your health care work for you.

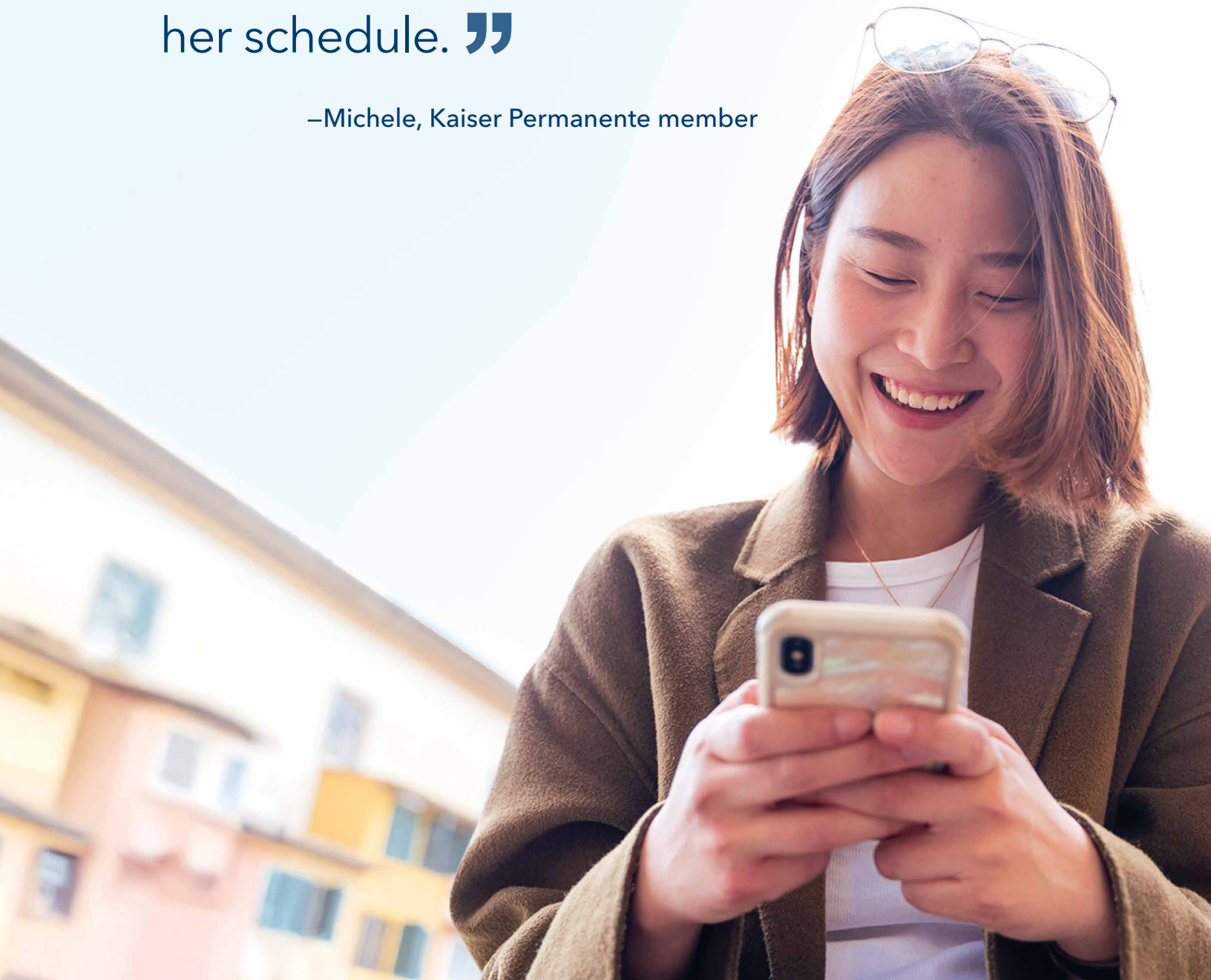
That's why members stay with
Kaiser Permanente nearly twice as
long as other health plans.¹



Discover how we can help you live your
best life at kp.org/learnthebasics.

“ This was my first appointment with Dr. Rieple, and I could not be more impressed. She made me feel like I was the most important person on her schedule. ”

–Michele, Kaiser Permanente member



Timely, convenient in-person and virtual care

Get the care you need, when you need it. The Kaiser Permanente app makes it easier to manage your care online or connect with your care team on demand. And with our widespread network of locations, specialists, and services, you can get timely lab results and primary care appointments close to home.



24/7 virtual care

Visit kp.org or use our app to talk to a clinician 24/7 by phone or video.² You can also email your care team, view most lab results, and more.



Mail-order pharmacy

Refill prescriptions online, in person, or over the phone – with same-day pickup and same-day or next-day home delivery for most prescriptions.³



Care while traveling

If you're planning to travel, we can help with vaccinations, prescriptions, and more. You also have access to urgent and emergency care worldwide – not just at Kaiser Permanente facilities.

Need care quickly?

When it's not an emergency, you have access to over 90 urgent care centers and 3 Kaiser Permanente 24/7 advanced urgent care centers.

Support for your body and mind

Members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Explore individual and group therapy, health classes, self-care resources, and more.⁴

Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.⁵

- Wellness coaching
- Fitness programs
- Gym memberships

Our members are:

5x

more likely to be
screened for depression⁶

Nearly 2x

more likely to
respond to treatment⁶

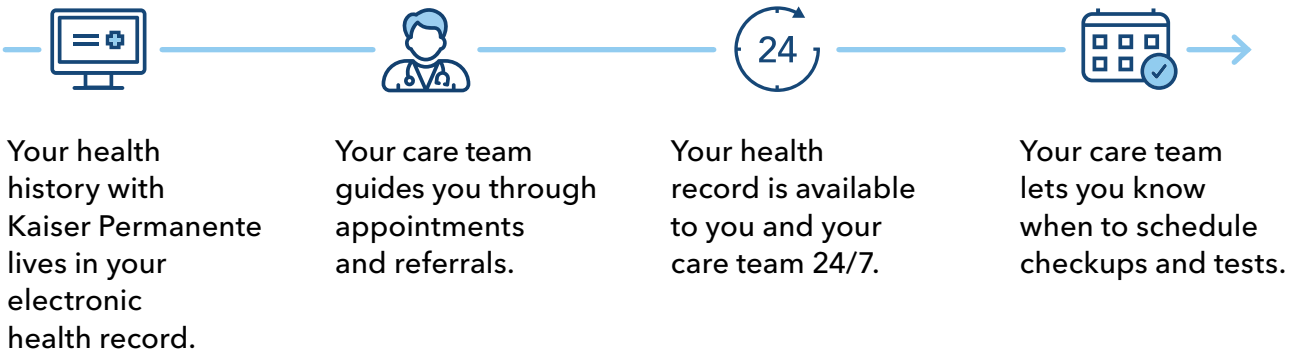
Care that's world class

With most plans, you get a wide range of preventive care at no extra cost. If you need specialty care – for maternity, cancer care, heart health, or anything else – you have access to cutting-edge technology and advanced evidence-based care. You can also change your primary care doctor at any time, so you always have a health partner you know and trust.

Recognized excellence in stroke and heart disease care⁷

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized 38 of our medical centers for commitment to excellence in the treatment of stroke or heart disease.

We guide you every step of the way



“ You have enough stressors in your life. So at Kaiser Permanente we make sure health care isn't one of them. ”

—Dr. Khushboo Mehta



Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Virtual plans

With a virtual plan, your monthly premium is lower, and you'll start most care with a virtual visit. Connect to care how you want – choose from 24/7 online chat or advice line, e-visit, scheduled video visit, phone appointment, or email for nonurgent issues, all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

Copay or coinsurance plans

Copay or coinsurance plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.⁸ And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

New for 2026:

Most bronze plans can be paired with a health savings account. Learn more at healthy.kaiserpermanente.org/page/hsa-overview.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP GA Gold HMO \$1000 \$20 (\$1,000 deductible)	\$20	30% after deductible	Tier 1: \$5* Tier 2: \$10*
KP GA Silver HMO \$3500 \$30 (\$3,500 deductible)	\$30	40% after deductible	Tier 1: \$5* Tier 2: \$15*
KP GA Bronze HMO \$5500 \$60 Virtual Complete (\$5,500 deductible)	Virtual care no charge; first 3 in person visits \$60, and additional in-person visits \$60 after deductible**	30% after deductible	Tier 1: \$5* Tier 2: \$30*

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org for details.

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

**Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-Visits, phone, and video visits. The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Understanding the plans: Benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

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Benefit highlights

Plan type

Deductible

Annual medical deductible (individual/family)

\$3,500/\$7,000

Annual out-of-pocket maximum (individual/family)

\$10,150/\$20,300

Benefits

Virtual care

Chat, Email, E-visit, Phone, and Video visit

No charge

Preventive care

Routine physical exam, mammograms, etc.

No charge

Outpatient services (per visit or procedure)

Primary care office visit

\$30

Specialty care office visit

\$60

Most X-rays

40% after deductible

Most lab tests

40% after deductible

MRI, CT, PET

\$500

Outpatient surgery

40% after deductible

Mental health visit

\$30

Inpatient hospital care

Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care

40% after deductible

Maternity

Routine prenatal care visit, first postpartum visit

40% after deductible

Delivery and inpatient well-baby care

40% after deductible

Emergency and urgent care

Emergency Department visit

40% after deductible

Urgent care visit

\$60

Prescription drugs (up to a 30-day supply)

Generic

Tier 1: \$5*
Tier 2: \$15*

Preferred brand

\$50 after \$500/\$1,000 pharmacy deductible*

Non-preferred brand

50% after \$500/\$1,000 pharmacy deductible

Specialty

50% after \$500/\$1,000 pharmacy deductible

Whole health

Healthy services

As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare.

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Offered through Kaiser Permanente

Offered through the health benefit exchange

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$3,500 for yourself or \$7,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$10,150 for yourself and no more than \$20,300 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge

Most preventive care services—including routine physical exams and mammograms—are covered at no additional charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 40% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$60 copay for urgent care visits, whether or not you have met your deductible.

***Mail order:** 90-day supply of qualified prescriptions for the cost of a 60-day supply.

- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on [GeorgiaAccess.gov](https://www.GeorgiaAccess.gov).

Benefit highlights	KP KP GA Signature Bronze HMO \$7500 \$50 KP GA Bronze HMO \$7500 \$50	E KP GA Signature Bronze HMO \$7500 \$50 KP GA Bronze HMO \$7500 \$50	KP E KP GA Signature Bronze HMO \$6500 40% HSA KP GA Bronze HMO \$6500 40% HSA
Plan type	Deductible	HSA-qualified	HSA-qualified
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$10,000/\$20,000	\$7,500/\$15,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$50	\$50	40% after deductible
Specialty care office visit	\$100	\$100	40% after deductible
Most X-rays	50% after deductible	50% after deductible	40% after deductible
Most lab tests	50% after deductible	50% after deductible	40% after deductible
MRI, CT, PET	50% after deductible	50% after deductible	40% after deductible
Outpatient surgery	50% after deductible	50% after deductible	40% after deductible
Mental health visit	\$50	\$50	40% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	50% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	50% after deductible	50% after deductible	40% after deductible
Delivery and inpatient well-baby care	50% after deductible	50% after deductible	40% after deductible
Emergency and urgent care			
Emergency Department visit	50% after deductible	50% after deductible	40% after deductible
Urgent care visit	\$75	\$75	40% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$25* Tier 2: \$25*	Tier 1: \$25* Tier 2: \$25*	Tier 1: \$25* [‡] Tier 2: 40% after deductible
Preferred brand	\$50 after deductible*	\$50 after deductible*	50% after deductible
Non-preferred brand	\$100 after deductible*	\$100 after deductible*	50% after deductible
Specialty	\$500 after deductible*	\$500 after deductible*	50% after deductible
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

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[†]HSA-qualified plans contain generics used for preventive care; deductible does not apply.

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

^{†††}Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

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Benefit highlights	KP KP GA Signature Bronze HMO \$5500 \$60 Virtual Complete KP GA Bronze HMO \$5500 \$60 Virtual Complete	E KP GA Signature Bronze HMO \$5500 \$60 Virtual Complete KP GA Bronze HMO \$5500 \$60 Virtual Complete	KP KP GA Signature Silver HMO \$6500 \$60 KP GA Silver HMO \$6500 \$60	KP E KP GA Signature Silver HMO \$6000 \$50 KP GA Silver HMO \$6000 \$50
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$5,500/\$11,000	\$6,500/\$13,000	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$8,800/\$17,600	\$8,600/\$17,200
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	Virtual care no charge; First 3 in-person visits \$60, and additional in person visits \$60 after deductible ^{††}	Virtual care no charge; First 3 in-person visits \$60, and additional in person visits \$60 after deductible ^{††}	\$60	\$50
Specialty care office visit	\$80 after deductible	\$80 after deductible	\$90	\$80
Most X-rays	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Most lab tests	No charge after deductible	No charge after deductible	40% after deductible	40% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Outpatient surgery	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Mental health visit	\$60	\$60	\$60	\$50
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$100	\$100	\$90 after deductible	\$70
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$5* Tier 2: \$30*	Tier 1: \$5* Tier 2: \$30*	Tier 1: \$3* Tier 2: \$25*	Tier 1: \$20* Tier 2: \$20*
Preferred brand	30% after \$1,500/\$3,000 pharmacy deductible	30% after \$1,500/\$3,000 pharmacy deductible	\$50 after deductible*	\$40*
Non-preferred brand	50% after \$1,500/\$3,000 pharmacy deductible	50% after \$1,500/\$3,000 pharmacy deductible	50% after deductible	\$80 after deductible*
Specialty	50% after \$1,500/\$3,000 pharmacy deductible	50% after \$1,500/\$3,000 pharmacy deductible	50% after deductible	\$350 after deductible*
Whole health				
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .			

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]HSA-qualified plans contain generics used for preventive care; deductible does not apply.

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

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- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange

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Benefit highlights	KP KP GA Signature Silver HMO \$5500 \$50 Virtual Complete KP GA Silver HMO \$5500 \$50 Virtual Complete	KP E KP GA Signature Silver HMO \$5000 \$40 Virtual Complete KP GA Silver HMO \$5000 \$40 Virtual Complete	KP KP GA Signature Silver HMO \$5000 \$0 HSA KP GA Silver HMO \$5000 \$0 HSA
Plan type	Deductible	Deductible	HSA-qualified
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$5,000/\$10,000	\$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,900/\$17,800	\$7,700/\$15,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	Virtual care no charge; First 3 in-person visits \$50, and additional in-person visits \$50 after deductible ^{††}	Virtual care no charge; First 3 in-person visits \$40, and additional in-person visits \$40 after deductible ^{††}	No charge after deductible
Specialty care office visit	\$70 after deductible	\$60 after deductible	No charge after deductible
Most X-rays	40% after deductible	30% after deductible	30% after deductible
Most lab tests	No charge	No charge	30% after deductible
MRI, CT, PET	\$550 after deductible	\$250	30% after deductible
Outpatient surgery	40% after deductible	30% after deductible	30% after deductible
Mental health visit	\$50	\$40	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	30% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	30% after deductible
Emergency and urgent care			
Emergency Department visit	40% after deductible	30% after deductible	30% after deductible
Urgent care visit	\$80 after deductible	\$80 after deductible	30% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$25*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$3* [‡] Tier 2: 30% after deductible
Preferred brand	40% after deductible	30% after deductible	30% after deductible
Non-preferred brand	50% after deductible	50% after deductible	30% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

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Plan type	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$4,000/\$8,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$8,500/\$17,000	\$10,150/\$20,300
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$35	No charge after deductible	\$30
Specialty care office visit	\$65	No charge after deductible	\$60
Most X-rays	35% after deductible	20% after deductible	40% after deductible
Most lab tests	35% after deductible	20% after deductible	40% after deductible
MRI, CT, PET	35% after deductible	20% after deductible	\$500
Outpatient surgery	35% after deductible	20% after deductible	40% after deductible
Mental health visit	\$35	No charge after deductible	\$30
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	20% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	20% after deductible	40% after deductible
Delivery and inpatient well-baby care	35% after deductible	20% after deductible	40% after deductible
Emergency and urgent care			
Emergency Department visit	35% after deductible	20% after deductible	40% after deductible
Urgent care visit	\$65	20% after deductible	\$60
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$3* [‡] Tier 2: 20% after deductible	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50 after deductible*	20% after deductible	\$50 after \$500/\$1,000 pharmacy deductible*
Non-preferred brand	50% after deductible	20% after deductible	50% after \$500/\$1,000 pharmacy deductible
Specialty	50% after deductible	50% after deductible	50% after \$500/\$1,000 pharmacy deductible
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

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Plan type	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$3,500/7,000	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$4,300/\$8,600	\$10,000/\$20,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$25	No charge after deductible	\$20
Specialty care office visit	\$50	No charge after deductible	\$40
Most X-rays	\$20	10% after deductible	\$50
Most lab tests	30% after deductible	10% after deductible	35%
MRI, CT, PET	\$300	10% after deductible	35% after deductible
Outpatient surgery	30% after deductible	10% after deductible	35% after deductible
Mental health visit	\$25	No charge after deductible	\$20
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	30% after deductible	10% after deductible	35% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	10% after deductible	35% after deductible
Urgent care visit	\$60	10% after deductible	\$50
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$3* Tier 2: \$15*	Tier 1: \$3* [†] Tier 2: 20% after deductible	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50 after \$500/\$1,000 pharmacy deductible*	20% after deductible	\$50 after \$500/\$1,000 pharmacy deductible*
Non-preferred brand	45% after \$500/\$1,000 pharmacy deductible	20% after deductible	45% after \$500/\$1,000 pharmacy deductible
Specialty	45% after \$500/\$1,000 pharmacy deductible	50% after deductible	45% after \$500/\$1,000 pharmacy deductible
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]HSA-qualified plans contain generics used for preventive care; deductible does not apply.

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

^{†††}Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-888-865-5813 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on [GeorgiaAccess.gov](https://www.GeorgiaAccess.gov).

Benefit highlights	KP E KP GA Signature Gold HMO \$1500 \$30 KP GA Gold HMO \$1500 \$30	KP E KP GA Signature Gold HMO \$1000 \$20 KP GA Gold HMO \$1000 \$20	KP E KP GA Signature Gold HMO \$500 \$20 KP GA Gold HMO \$500 \$20	KP KP GA Signature Gold HMO \$0 \$25 KP GA Gold HMO \$0 \$25
	Deductible	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	\$500/\$1,000	None/None
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,600/\$19,200
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$30	\$20	\$20	\$25
Specialty care office visit	\$60	\$40	\$40	\$50
Most X-rays	25% after deductible	30% after deductible	\$50	\$75
Most lab tests	25% after deductible	30% after deductible	30%	30%
MRI, CT, PET	25% after deductible	\$350	\$350	\$300
Outpatient surgery	25% after deductible	30% after deductible	30% after deductible	30%
Mental health visit	\$30	\$20	\$20	\$25
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	30% after deductible	30% after deductible	30%
Maternity				
Routine prenatal care visit, first postpartum visit	25% after deductible	30% after deductible	30% after deductible	30%
Delivery and inpatient well-baby care	25% after deductible	30% after deductible	30% after deductible	30%
Emergency and urgent care				
Emergency Department visit	25% after deductible	30% after deductible	30% after deductible	30%
Urgent care visit	\$45	\$50	\$50	\$50
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$15* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$3* Tier 2: \$10*
Preferred brand	\$30*	\$40 after \$500/\$1,000 pharmacy deductible*	\$30 after \$500/\$1,000 pharmacy deductible*	\$30 after \$500/\$1,000 pharmacy deductible*
Non-preferred brand	\$60*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Specialty	\$250*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Whole health				
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .			

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

*HSA-qualified plans contain generics used for preventive care; deductible does not apply.

**Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP Signature Catastrophic plan.

**Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange
- CSR** Cost-sharing reduction variants

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on [GeorgiaAccess.gov](https://www.GeorgiaAccess.gov).

Benefit highlights	KP KP GA Signature Catastrophic HMO \$10600 \$0 ^{††} KP GA Catastrophic HMO \$10600 \$0 ^{††}	E KP GA Signature Catastrophic HMO \$10600 \$0 ^{††} KP GA Catastrophic HMO \$10600 \$0 ^{††}	E CSR 73 KP GA Signature Silver HMO \$3000 \$40 KP GA Silver HMO \$3000 \$40	E CSR 87 KP GA Signature Silver HMO \$700 \$20 KP GA Silver HMO \$700 \$20
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$10,600/\$21,200	\$10,600/\$21,200	\$3,000/\$6,000	\$700/\$1,400
Annual out-of-pocket maximum (individual/family)	\$10,600/\$21,200	\$10,600/\$21,200	\$7,400/\$14,800	\$3,300/\$6,600
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	First 3 office visits no charge; additional visits no charge after deductible	First 3 office visits no charge; additional visits no charge after deductible	\$40	\$20
Specialty care office visit	No charge after deductible	No charge after deductible	\$80	\$40
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Most lab tests	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Mental health visit	No charge after deductible	No charge after deductible	\$40	\$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	30% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	\$60	\$30
Prescription drugs (up to a 30-day supply)				
Generic	No charge after deductible	No charge after deductible	Tier 1: \$20* Tier 2: \$20*	Tier 1: \$10* Tier 2: \$10*
Preferred brand	No charge after deductible	No charge after deductible	\$40*	\$20*
Non-preferred brand	No charge after deductible	No charge after deductible	\$80 after deductible*	\$60 after deductible*
Specialty	No charge after deductible	No charge after deductible	\$350 after deductible*	\$250 after deductible*
Whole health				
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .			

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

^{††}HSA-qualified plans contain generics used for preventive care; deductible does not apply.

^{†††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

^{††††}Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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- E** Offered through the health benefit exchange
- CSR** Cost-sharing reduction variants

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on [GeorgiaAccess.gov](https://www.GeorgiaAccess.gov).

Benefit highlights	E	CSR 94	E	CSR 73	E	CSR 87	E	CSR 94	
	KP GA Signature Silver HMO \$0 \$0 KP GA Silver HMO \$0 \$0		KP GA Signature Silver HMO \$3000 \$40 Virtual Complete KP GA Silver HMO \$3000 \$40 Virtual Complete		KP GA Signature Silver HMO \$500 \$30 Virtual Complete KP GA Silver HMO \$500 \$30 Virtual Complete		KP GA Signature Silver HMO \$0 \$0 Virtual Complete KP GA Silver HMO \$0 \$0 Virtual Complete		
	Plan type		Copayment		Deductible		Deductible		Copayment
Annual medical deductible (individual/family)		None/None		\$3,000/\$6,000		\$500/\$1,000		None/None	
Annual out-of-pocket maximum (individual/family)		\$2,200/\$4,400		\$8,100/\$16,200		\$3,250/\$6,500		\$2,000/\$4,000	
Benefits									
Virtual care									
Chat, Email, E-visit, Phone, and Video visit		No charge		No charge		No charge		No charge	
Preventive care									
Routine physical exam, mammograms, etc.		No charge		No charge		No charge		No charge	
Outpatient services (per visit or procedure)									
Primary care office visit		No charge		Virtual care no charge; first 3 in person visits \$40, and additional in person visits \$40 after deductible ^{††}		Virtual care no charge; first 3 in person visits \$30, and additional in person visits \$30 after deductible ^{††}		Virtual care no charge; first 3 in person visits no charge, and additional in person visits \$20 ^{††}	
Specialty care office visit		\$10		\$60 after deductible		\$50 after deductible		\$40	
Most X-rays		25%		30% after deductible		20% after deductible		5%	
Most lab tests		25%		No charge		No charge		No charge	
MRI, CT, PET		25%		\$250		\$250		\$100	
Outpatient surgery		25%		30% after deductible		20% after deductible		5%	
Mental health visit		No charge		\$40		\$30		Virtual care no charge; first 3 in person visits no charge, and additional in person visits \$20 ^{††} ,**	
Inpatient hospital care									
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care		25%		30% after deductible		20% after deductible		5%	
Maternity									
Routine prenatal care visit, first postpartum visit		25%		30% after deductible		20% after deductible		5%	
Delivery and inpatient well-baby care		25%		30% after deductible		20% after deductible		5%	
Emergency and urgent care									
Emergency Department visit		25%		30% after deductible		20% after deductible		5%	
Urgent care visit		\$5		\$80 after deductible		\$60 after deductible		\$40	
Prescription drugs (up to a 30-day supply)									
Generic		Tier 1: No charge Tier 2: No charge		Tier 1: \$5* Tier 2: \$15*		Tier 1: \$5* Tier 2: \$10*		Tier 1: \$0* Tier 2: \$0*	
Preferred brand		\$15*		30% after deductible		20% after deductible		5%	
Non-preferred brand		\$50*		50% after deductible		50% after deductible		50%	
Specialty		\$150*		50% after deductible		50% after deductible		50%	
Whole health									
Healthy services		As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .							

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]HSA-qualified plans contain generics used for preventive care; deductible does not apply.

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

^{**}Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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- CSR** Cost-sharing reduction variants

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Benefit highlights	E CSR 73	E CSR 87	E CSR 94
	KP GA Signature Silver HMO \$3500 \$35 KP GA Silver HMO \$3500 \$35	KP GA Signature Silver HMO \$850 \$15 KP GA Silver HMO \$850 \$15	KP GA Signature Silver HMO \$150 \$5 KP GA Silver HMO \$150 \$5
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$850/\$1,700	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$2,800/\$5,600	\$1,500/\$3,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$35	\$15	\$5
Specialty care office visit	\$65	\$45	\$10
Most X-rays	30% after deductible	30% after deductible	10% after deductible
Most lab tests	30% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	10% after deductible
Outpatient surgery	30% after deductible	30% after deductible	10% after deductible
Mental health visit	\$35	\$15	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$65	\$45	\$10
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*
Preferred brand	\$45 after deductible*	\$20 after deductible*	\$20 after deductible*
Non-preferred brand	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	50% after deductible	50% after deductible
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

**First visits can be any combination of primary care and outpatient mental health.

†HSA-qualified plans contain generics used for preventive care; deductible does not apply.

††Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

‡Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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Benefit highlights	E CSR 73	E CSR 87	E CSR 94
	KP GA Signature Silver HMO \$3300 \$30 KP GA Silver HMO \$3300 \$30	KP GA Signature Silver HMO \$750 \$20 KP GA Silver HMO \$750 \$20	KP GA Signature Silver HMO \$0 \$5 A KP GA Silver HMO \$0 \$5 A
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$3,300/\$6,600	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$8,100/\$16,200	\$3,000/\$6,000	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$20	\$5
Specialty care office visit	\$60	\$50	\$10
Most X-rays	40% after deductible	30% after deductible	15%
Most lab tests	40% after deductible	30% after deductible	15%
MRI, CT, PET	\$500	\$500	\$100
Outpatient surgery	40% after deductible	30% after deductible	15%
Mental health visit	\$30	\$20	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	15%
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	15%
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	15%
Emergency and urgent care			
Emergency Department visit	40% after deductible	30% after deductible	15%
Urgent care visit	\$60	\$50	\$10
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$5*
Preferred brand	\$45 after \$500/\$1,000 pharmacy deductible*	\$45*	\$10*
Non-preferred brand	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Specialty	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Whole health			
Healthy services	As a member, you'll have access to a variety of no-cost, self-care resources for sleep, nutrition, exercise, stress, and more. For details on digital apps, reduced rates, classes, and more, visit kp.org/selfcare .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

*HSA-qualified plans contain generics used for preventive care; deductible does not apply.

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Important details and notices

About your coverage

Before you review the specific plan information, check to make sure you live within our service area. You're eligible to apply for Kaiser Permanente for Individuals and Families (KPIF) coverage if you live in one of the following counties: Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, or Walton.

Once you are enrolled, you can enjoy the benefits of KPIF until you choose to leave the plan, regardless of health. However, please note that coverage can end for failure to pay premiums when due or for intentional misrepresentation of important information on your application.

When you turn 65 or become eligible for Medicare, you have the option to apply for our Senior Advantage plan. You can ask about our coverage for Medicare-eligible members by calling toll free **1-800-232-4404**.

If you have any questions or would like more information, just call our Call Center at **1-800-494-5314** or check out the KPIF website at **buykp.org**.

Drug formulary

Kaiser Permanente uses a drug formulary for our HMO and HSA Option plans. Our drug formulary is a continually updated list of medications that are determined to be safe and effective. Use of formulary drugs enables us to provide quality care at a reasonable cost.

Certain prescriptions require expert review before they can be dispensed.

If you have any questions about the formulary, please visit **kp.org/formulary** or call **1-888-865-5813**.

Prior Authorization

When you need to obtain prior authorization for covered services or have a question about whether a service requires prior authorization, please contact Kaiser Permanente Quality Resource Management at **404-364-7320** or **1-800-221-2412** (TTY/TDD **1-800-255-0056**).

At Kaiser Permanente, the Utilization Management Program works with participating providers to plan, organize, and deliver quality health care services by ensuring these services are medically appropriate, medically necessary, and provided in a cost-effective manner. Some services require prior authorization by the Utilization Management Program.

Examples include, but are not limited to:

- Elective inpatient admissions
- Outpatient surgery
- Specialized services such as home health, medical supplies/equipment, and hospice care
- Skilled nursing and acute rehabilitation facilities
- Certain behavioral health services and/or chemical dependency treatment

Failure to obtain prior authorization may result in penalties against your benefit payment, or we may deny all or part of your claim. In the event any service is denied because it does not meet criteria, you may request an appeal.

Except as prohibited by law, prior guarantee of payment will not result in payment for services that are covered benefits and medically necessary if you are not enrolled on the date that services were provided.

Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based only on appropriateness of care and service, and existence of coverage under the member's benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in underutilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

Exclusions

As with all health plans, there are some exclusions. The following services are excluded from all coverage. (Please note that this is a summary – for a complete list, refer to the *Evidence of Coverage*.)

- Unless otherwise required by law, we decide if a Service is Medically Necessary and our decision is final and conclusive subject to your right to appeal as described in your *Evidence of Coverage*.
- Services that an employer or any government agency is responsible to provide, including workers' compensation
- Items and Services that are not health care items and services, such as teaching manners or etiquette, academic coaching or tutoring, or vocational training.
- Custodial care or care in an intermediate care facility
- Services provided or arranged by criminal justice institutions or mental health institutions for members in the custody of law enforcement officers if you are confined in the institution, except for emergency services
- Cosmetic services (including drugs and injectables)
- Cord blood procurement and storage for possible future need or for a yet-to-be determined member recipient
- Physical examinations required for obtaining or maintaining employment or participation in employee programs, or insurance or government licensing
- Orthoptics (eye exercises)
- Services and drugs related to the treatment of obesity
- Routine foot care services
- Cost of semen and eggs
- Services for conception by artificial means, including infertility drugs
- Reversal of voluntary infertility
- Nonhuman and artificial organs and their implantation
- Court-ordered services
- Testing for ability, aptitude, intelligence, or interest
- Corrective shoes and orthotic foot supports and inserts

- More than 1 orthotic or prosthetic device for the same part of the body aren't covered, except for replacements other than those required because of misuse or loss or to allow for different activities as medically necessary. In such cases, no more than 3 devices will be provided per affected limb over a 3-year period in accord with state or federal guidelines.
- Replacement of lost devices
- Electronic monitors of bodily functions (except infant apnea monitors and blood glucose monitors)
- Devices to perform medical testing of body fluids, excretions, or substances
- Devices not medical in nature
- Convenience, comfort, or luxury items
- Reconstructive surgery following removal of breast implants that were inserted for cosmetic reasons
- Drugs for the treatment of sexual dysfunction disorders
- Most disposable supplies

Who provides the coverage

HMO and HSA Option plans are provided by Kaiser Foundation Health Plan of Georgia, Inc.

This is only a summary

This is a summary description and is not intended to replace your *Individual Agreement* or *Evidence of Coverage*, which contain the complete provisions of this coverage. If you have questions or need additional information, please call **404-261-2590**.

For more information

Have a question that's not answered in this information kit? Just contact our Call Center at **1-800-494-5314** or check out our website at **buykp.org/apply**.

Privacy practices

For more information about our privacy practices, visit **kp.org/privacy** and click on "Notice of Privacy Practices."

Want to learn more?

For helpful information about getting care, and notices about doctor availability; utilization management procedures; potential network, service or benefit restrictions; privacy practices; pharmacy management procedures; and the Consumer Choice Option (CCO), visit **kp.org/formsandpubs** to see the Evidence of Coverage for Individual and Family plans. For a paper copy, just call Member Services.

Find a facility near you



Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit kp.org/facilities to find the one nearest you.⁹



Complete care helps you live a healthier more fulfilled life

With Kaiser Permanente, your care is simpler, smarter, and faster – so you can spend more time doing what you love.



Ready for health care that works for you?
Visit buykp.org to get started.

Call **1-800-494-5314** (TTY **711**)
to talk to an enrollment specialist.

Current members with questions can call Member Services
1-888-865-5813 (TTY **711**)



1. Kaiser Permanente internal data, 2024; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network Open*, February 24, 2022. 2. When appropriate and available. 3. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 4. Some classes may require a fee. 5. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 6. Kaiser Permanente 2024 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 7. American Heart Association and American Stroke Association, July 11, 2024. 8. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov). 9. Maps and facilities are subject to change.



NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/georgia/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-865-5813** ይደውሉ (TTY: 711)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-865-5813** (TTY: 711).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-865-5813** (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-888-865-5813** (TTY: 711) (تلفن متنی) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-888-865-5813** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-865-5813** an (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-888-865-5813** (TTY: 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-888-865-5813** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। **1-888-865-5813** (TTY: 711) पर कॉल करें।

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-888-865-5813** までお電話ください (TTY: 711)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-865-5813** 로 전화해 주세요 (TTY: 711).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódílnih **1-888-865-5813** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-888-865-5813** (TTY: 711).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-865-5813** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-865-5813** (TTY: 711).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-865-5813** (TTY: **711**).

Notes

This image shows a full page of white paper with horizontal blue dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305