Better health care. Built around you.



KAISER PERMANENTE®

Get the care you deserve at
buykp.org

Health care is better when it all works together

With Kaiser Permanente, you get seamless care and coverage in one plan, so you can focus on your next adventure.

Explore how we support you with:

- **Integrated care teams that connect the dots**
- **Care that works around your schedule**
- **Tools for your mental and physical wellness**
- **Care that makes staying healthy simple**

Care for today. Confidence for tomorrow.

Discover care that moves with you at **kp.org/learnthebasics.**

Seamless care that keeps up with your life

Taking care of your health should be simple. Because your care team shares one connected system, support for your mind and body feels easy. See how Kaiser Permanente's coordinated care helps you confidently take the next step.

Important open enrollment dates for 2027

- The open enrollment period for 2027 coverage runs from **November 1, 2026,** through **January 15, 2027.**
- 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, 2027,** we must receive your application for health coverage no later than **December 15, 2026.**

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can 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**).



Integrated care teams that connect the dots

Your doctors, hospitals, and health plan all work together. With your team in sync and services often in one place, you get proactive care and holistic support for your mind and body. Managing your health is easy and convenient – and your care is personalized to fit your life.

The difference with Kaiser Permanente is that I was able to do everything so simply. It was so seamless and easy.

–Lauren S., Colorado member

Care that works around your schedule



Virtual care made personal

When you need care in the moment, connect by phone or video with someone who knows your health history.[1]



24/7 control with our award-winning app

Use the Kaiser Permanente app to securely message your care team, manage appointments, refill most prescriptions, view most lab results, and more.[2]



Mail-order pharmacy

Order prescription refills online, and we'll deliver them to you at no extra charge.[3] You can also pick them up in person with same-day service.



Support wherever you travel

You're covered worldwide if you need urgent or emergency care when you're away.

Need in-person care quickly?

Choose from over 100 urgent care centers, including any Peachtree Immediate Care. Get care for more serious urgent care issues at our 3 Kaiser Permanente 24/7 Advanced Urgent Cares. Find locations at **kp.org/FindUrgentCare/ga**.

Holistic support for your physical and mental health

Tools to reach your health goals

Stay healthy with programs tailored to your lifestyle. Take advantage of healthy extras like wellness coaching, digital fitness resources, and gym memberships.[4]

Resilient mind, balanced life

You don't need a referral to access therapy or other mental health support within Kaiser Permanente for depression, anxiety, stress, and addiction. Feel your best with the help of mindfulness apps and other self-care resources.[5]

Our members are:[6]

4x
more likely to be screened for depression

Nearly 2x
more likely to respond to treatment



World-class care makes getting and staying healthy simple

Most of our plans include preventive screenings, prenatal care, and nutrition counseling – at no extra cost. If you need specialty care, you'll have access to groundbreaking technology, trusted doctors, and proven treatments tailored to your needs.

Guiding you forward

- Your health history stays secure in your electronic health record.
- Your doctor seamlessly handles referrals and appointments.
- You and your care team can view your records anytime.
- Your care team reaches out when it's time for checkups and tests.



Named #1 for value in the nation

Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one – outranking top brands like Costco, Toyota, and Southwest Airlines.

You deserve care that puts your health first



Kaiser Permanente has really taken care of all of me. They've helped me through everything – from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

–Jessica H., Southern California member

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

These plans have simple copays for many services, and fewer costs that require you to meet your deductible first. They generally have higher premiums.

Deductible plans

These plans have lower monthly premiums, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible.

HSA-Eligible Plans

Combine affordable coverage with tax-advantaged savings[7]

A health savings account (HSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for out-of-pocket health care costs. To fund an HSA, you must be enrolled in an HSA-eligible health plan. Once you've purchased your health plan, you must create and fund a separate HSA with a financial institution in order to take advantage of the tax benefits of an HSA.

Starting in 2026, most bronze and catastrophic plans, along with some silver and gold plans, are HSA eligible.

Pairing an HSA with a bronze plan may be a good fit if:

- You have room in your budget to regularly set aside extra money for health care, beyond your monthly premiums.
- Saving on federal taxes is important to you.
- You don't receive marketplace financial assistance but want a lower monthly premium.
- You can manage higher costs if you need hospital care or other services subject to the deductible.

How can tax benefits help you?

- **When money goes in:** HSA contributions may reduce your federal taxable income.
- **While your money is in the account:** Interest can grow tax-free.
- **When money comes out:** HSA withdrawals for qualified health care expenses are generally tax-free.

You may get the greatest value from an HSA by contributing regularly and any money you do not spend rolls over from year to year and remains yours, even if you change plans or carriers.

Ready to get started?

Learn more at **healthy.kp.org/pages/hsa-overview**.

Example of your cost 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 Signature Gold HMO $1000 $25 ($1,000 deductible)	$25	30% after deductible	**Tier 1**: $5* **Tier 2**: $10*
KP GA Signature Silver HMO $3600 ($3,600 deductible)	$35	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

Benefit highlights	KP E KP GA Signature Silver HMO $3600 $35 KP GA Silver HMO $3600 $35
Plan type	Deductible
Annual medical deductible (individual/family)	$3,600/$7,200
Annual out-of-pocket maximum (individual/family)	$11,300/$22,600
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	$35
Specialty care office visit	$65
Most X-rays	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	$550
Outpatient surgery	40% after deductible
Mental health visit	$35
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	$65
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.

KP Offered through Kaiser Permanente

E 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 $3,600 for yourself or $7,200 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 $11,300 for yourself and no more than $22,600 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 $35 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 $65 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.

Benefit highlights	KP KP GA Signature Bronze HMO $7500 $50 KP GA Bronze HMO $7500 $50	E KP GA Signature Bronze HMO $7500 $50 HSA KP GA Bronze HMO $7500 $50 HSA	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)	$11,000/$22,000	$11,000/$22,000	$8,500/$17,000
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.		

*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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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.

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 HSA KP GA Bronze HMO $5500 $60 Virtual Complete HSA	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)	$11,000/$22,000	$11,000/$22,000	$9,800/$19,600	$9,900/$19,800
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 $5500 $0 HSA KP GA Silver HMO $5500 $0 HSA
Plan type	**Deductible**	**Deductible**	**HSA-qualified**
Annual medical deductible (individual/family)	$5,500/$11,000	$5,000/$10,000	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$10,900/$21,800	$10,700/$21,400	$8,300/$16,600
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	30% after deductible	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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Benefit highlights	KP E KP GA Signature Silver HMO $4500 $35 KP GA Silver HMO $4500 $35	KP KP GA Signature Silver HMO $4500 $0 HSA KP GA Silver HMO $4500 $0 HSA	KP E KP GA Signature Silver HMO $3600 $35 KP GA Silver HMO $3600 $35
Plan type	**Deductible**	**HSA-qualified**	**Deductible**
Annual medical deductible (individual/family)	$4,500/$9,000	$4,500/$9,000	$3,600/$7,200
Annual out-of-pocket maximum (individual/family)	$10,500/$20,100	$8,500/$17,000	$11,300/$22,600
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	$35
Specialty care office visit	$65	No charge after deductible	$65
Most X-rays	35% after deductible	25% after deductible	40% after deductible
Most lab tests	35% after deductible	25% after deductible	40% after deductible
MRI, CT, PET	35% after deductible	25% after deductible	$550
Outpatient surgery	35% after deductible	25% after deductible	40% after deductible
Mental health visit	$35	No charge after deductible	$35
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	25% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	25% after deductible	40% after deductible
Delivery and inpatient well-baby care	35% after deductible	25% after deductible	40% after deductible
Emergency and urgent care			
Emergency Department visit	35% after deductible	25% after deductible	40% after deductible
Urgent care visit	$65	25% after deductible	$65
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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Benefit highlights	KP KP GA Signature Gold HMO $4000 $25 KP GA Gold HMO $4000 $25	KP KP GA Signature Gold HMO $3600 $0 HSA KP GA Gold HMO $3600 $0 HSA	KP E KP GA Signature Gold HMO $2000 $30 KP GA Gold HMO $2000 $30
Plan type	**Deductible**	**HSA-qualified**	**Deductible**
Annual medical deductible (individual/family)	$4,000/$8,000	$3,600/$7,200	$2,000/$4,000
Annual out-of-pocket maximum	$8,200/$16,400	$5,000/$10,000	$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	$30
Specialty care office visit	$50	No charge after deductible	$60
Most X-rays	$20	10% after deductible	$60
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	$30
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.

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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.

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 $25 KP GA Gold HMO $1000 $25	KP E KP GA Signature Gold HMO $500 $25 KP GA Gold HMO $500 $25	KP KP GA Signature Gold HMO $0 $25 KP GA Gold HMO $0 $25
Plan type	**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)	$10,000/$20,000	$9,000/$18,000	$9,800/$19,600	$10,000/$20,000
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	$30	$25	$25	$25
Specialty care office visit	$60	$50	$50	$50
Most X-rays	30% after deductible	30% after deductible	$50	$75
Most lab tests	30% after deductible	30% after deductible	30%	35%
MRI, CT, PET	30% after deductible	$350	$350	$300
Outpatient surgery	30% after deductible	30% after deductible	30% after deductible	35%
Mental health visit	$30	$25	$25	$25
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% after deductible	35%
Maternity				
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	30% after deductible	35%
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30% after deductible	35%
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	30% after deductible	35%
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 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

CSR Cost-sharing reduction variants

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on GeorgiaAccess.gov.

Benefit highlights	KP KP GA Signature Catastrophic HMO $12000 $0†† KP GA Catastrophic HMO $12000 $0††	E KP GA Signature Catastrophic HMO $12000 $0†† HSA KP GA Catastrophic HMO $12000 $0†† HSA	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)	$12,000/$24,000	$12,000/$24,000	$3,000/$6,000	$700/$1,400
Annual out-of-pocket maximum (individual/family)	$12,000/$24,000	$12,000/$24,000	$8,900/$17,800	$3,700/$7,400
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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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.

Benefit highlights	E CSR 94 KP GA Signature Silver HMO $0 $0 KP GA Silver HMO $0 $0	E CSR 73 KP GA Signature Silver HMO $3000 $40 Virtual Complete KP GA Silver HMO $3000 $40 Virtual Complete	E CSR 87 KP GA Signature Silver HMO $500 $30 Virtual Complete KP GA Silver HMO $500 $30 Virtual Complete	E CSR 94 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)	$2,900/$5,800	$9,400/$18,800	$4,000/$8,000	$2,900/$5,800
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%	30% after deductible	20%	5%
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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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.

Benefit highlights	E CSR 73 KP GA Signature Silver HMO $3500 $35 KP GA Silver HMO $3500 $35	E CSR 87 KP GA Signature Silver HMO $850 $15 KP GA Silver HMO $850 $15	E CSR 94 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)	$9,200/$18,400	$3,200/$6,400	$3,000/$6,000
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.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

CSR Cost-sharing reduction variants

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Benefit highlights	E CSR 73 KP GA Signature Silver HMO $3300 $30 KP GA Silver HMO $3300 $30	E CSR 87 KP GA Signature Silver HMO $750 $20 KP GA Silver HMO $750 $20	E CSR 94 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)	$9,600/$19,200	$3,300/$6,600	$3,300/$6,600
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.

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Find your rate

Apply on **buykp.org** to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add a dental plan for members of your family
- If you qualify for federal financial assistance. Visit **buykp.org** or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you use tobacco

Interested in a family plan?

Find the rate for each family member, based on their age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

Please check that your county is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Service Area – Counties Signature HMO Plan		
Clayton	DeKalb	Gwinnett
Cobb	Fulton	Henry

Service Area – Counties HMO Plan		
Bartow	Fayette	Pike
Butts	Forsyth	Rockdale
Cherokee	Lamar	Spalding
Coweta	Newton	Walton
Douglas	Paulding	

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

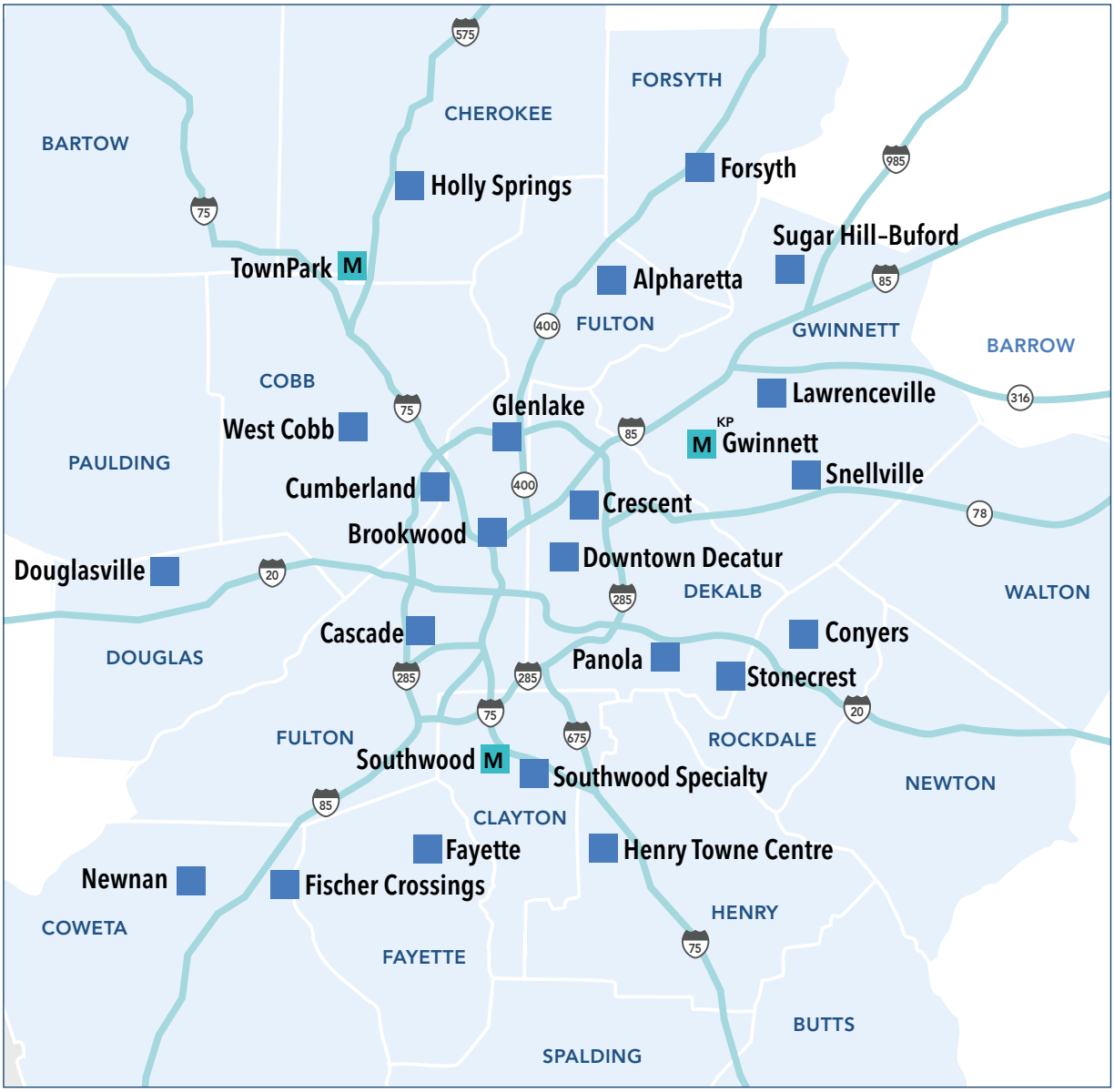
For more information about our privacy practices, visit **kp.org/privacy** and click on "Notice of Privacy Practices."

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]



M Medical Center

Comprehensive Medical Center with 24/7 Advanced Urgent Care

Take the next step toward a better care experience

Ready to make life simpler with smarter coverage? Discover how easy it can be to get care designed around you.

Find the plan that fits your needs

Let's explore your health plan options at **buykp.org**.

Talk to an enrollment specialist

We're here to help. Call **1-800-494-5314** (TTY **711**)
Monday through Friday, 7 a.m. to 6 p.m. Pacific time.



1. When appropriate and available. **2.** These features apply to care you get at Kaiser Permanente facilities. **3.** Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. **4.** 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. **5.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. The apps and services may be discontinued at any time. **6.** Kaiser Permanente 2025 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 2025 and is used with the permission of NCQA. Quality Compass 2025 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.** This information is for general educational purposes and is not tax advice. HSA eligibility, health plan benefits, account availability, fees, qualified expenses, contribution limits, and state tax treatment may vary. Catastrophic plans have separate enrollment eligibility requirements. **8.** 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

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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 (تلفن متنی): **711**) 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 Sprachassistenz 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 કૉલ 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 मुफ़्त 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 yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', 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' hódíílnih **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



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

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