



Healthy together

Care and coverage that fits your life

Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.



Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.



Many services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at kp.org/facilities.



Your doctor, your choice

Choose your doctor based on what's important to you. Go to kp.org/searchdoctors for details about education, specialties, languages spoken, and more. You can also change doctors at any time.



More care options

How you get care is up to you. Choose a phone appointment or video visit,* email your doctor's office with nonurgent questions, or come see us in person.†



Online wellness tools

Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.

*When appropriate and available.

†These features are available when you get care at Kaiser Permanente facilities.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

Choosing your health plan

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

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 – gold, silver, bronze, and catastrophic

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 – silver and bronze

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.* 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.

*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).

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 1500/20 (\$1,500 deductible)	\$20	30% after deductible	Tier 1: \$5* Tier 2: \$10*
KP GA Silver 3000/30 (\$3,000 deductible)	\$30	35% after deductible	Tier 1: \$5* Tier 2: \$15*
KP GA Bronze 5000/50 (\$5,000 deductible)	First 2 office visits: \$50, then 35% after deductible	35% after deductible	Tier 1: \$5* Tier 2: \$35*

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

The cost estimates above are from [kp.org/treatmentestimates](https://www.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.

Important open enrollment dates for 2020

- The open enrollment period for 2020 coverage runs from November 1, 2019, through December 15, 2019.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through the Health Insurance Marketplace.
- For coverage that starts on January 1, 2020, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2019.

Enrolling during a special enrollment period

- Are you getting married, having a baby, 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](https://www.kp.org/specialenrollment) for a list of qualifying life events and instructions.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [buykp.org/apply](https://www.buykp.org/apply) for details.

Have questions? Call us at **1-800-494-5314**. • Go to [buykp.org/apply](https://www.buykp.org/apply). • Or contact your agent or broker.

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

	<div> <div>KP</div> <div>M</div> </div> <div> <div>KP GA Silver 3000/30</div> </div>
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800
Benefits	
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	35% after deductible
Most lab tests	35% after deductible
MRI, CT, PET	\$500
Outpatient surgery	35% after deductible
Mental health visit	\$60
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	35% after deductible
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency Department visit	35% after deductible
Urgent care visit	\$100
Prescription drugs (up to a 30-day supply)	
Generic	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$45* 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	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†



Offered through Kaiser Permanente

Offered through the Health Insurance Marketplace

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 \$3,000 for yourself or \$6,000 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 \$7,900 for yourself and no more than \$15,800 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no 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. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% 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 \$100 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.

†Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

KP Offered through Kaiser Permanente
M Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [healthcare.gov](https://www.healthcare.gov).

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your plan will be in the KP Signature HMO network	<div>KP</div> <div>M</div>	<div>KP</div> <div>M</div>	<div>KP</div> <div>M</div>
	KP GA Signature Bronze 6200/40%/HSA KP GA Bronze 6200/40%/HSA	KP GA Signature Bronze 5000/50 KP GA Bronze 5000/50	KP GA Signature Silver 4500/35 KP GA Silver 4500/35
Plan type	HSA-qualified	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$6,200/\$12,400	\$5,000/\$10,000	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100	\$7,350/\$14,700	\$7,350/\$14,700
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	40% after deductible	First 2 office visits \$50, then 35% after deductible	\$35
Specialty care office visit	40% after deductible	First 2 office visits \$70, then 35% after deductible	\$65
Most X-rays	40% after deductible	35% after deductible	35% after deductible
Most lab tests	40% after deductible	35% after deductible	35% after deductible
MRI, CT, PET	40% after deductible	\$550 after deductible	35% after deductible
Outpatient surgery	40% after deductible	35% after deductible	35% after deductible
Mental health visit	40% after deductible	First 2 office visits \$70, then 35% after deductible	\$65
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	35% after deductible	35% after deductible
Delivery and inpatient well-baby care	40% after deductible	35% after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	40% after deductible	35% after deductible	35% after deductible
Urgent care visit	40% after deductible	\$100	\$100
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5*† Tier 2: 40% after deductible	Tier 1: \$5* Tier 2: \$35*	Tier 1: \$5* Tier 2: \$15*
Preferred brand	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible	\$45* after deductible
Non-preferred brand	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible	50% after deductible
Specialty	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible	50% after deductible
Whole health			
Healthy services	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†

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

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‡ Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more 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, or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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Plan type	Deductible	HSA-qualified
Features		
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$3,200/\$6,400
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$6,000/\$12,000
Benefits		
Preventive care		
Routine physical exam, mammograms, etc.	No charge	No charge
Outpatient services (per visit or procedure)		
Primary care office visit	\$30	20% after deductible
Specialty care office visit	\$60	20% after deductible
Most X-rays	35% after deductible	20% after deductible
Most lab tests	35% after deductible	20% after deductible
MRI, CT, PET	\$500	20% after deductible
Outpatient surgery	35% after deductible	20% after deductible
Mental health visit	\$60	20% after deductible
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	20% after deductible
Maternity		
Routine prenatal care visit, first postpartum visit	35% after deductible	20% after deductible
Delivery and inpatient well-baby care	35% after deductible	20% after deductible
Emergency and urgent care		
Emergency Department visit	35% after deductible	20% after deductible
Urgent care visit	\$100	20% after deductible
Prescription drugs (up to a 30-day supply)		
Generic	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5*† Tier 2: \$15* after deductible
Preferred brand	\$45* after \$500/\$1,000 pharmacy deductible	\$45* after deductible
Non-preferred brand	50% after \$500/\$1,000 pharmacy deductible	50% after deductible
Specialty	50% after \$500/\$1,000 pharmacy deductible	50% after deductible
Whole health		
Healthy services	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.‡	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.‡

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Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$500/\$1,000	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,150/\$14,300	\$8,150/\$16,300
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$20	First 3 office visits no charge, then no charge after deductible
Specialty care office visit	\$40	\$40	No charge after deductible
Most X-rays	30% after deductible	30%	No charge after deductible
Most lab tests	30% after deductible	30%	No charge after deductible
MRI, CT, PET	\$250	\$250	No charge after deductible
Outpatient surgery	30% after deductible	30% after deductible	No charge after deductible
Mental health visit	\$40	\$40	First 3 office visits no charge, then no charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	No charge after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	No charge after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	\$300	No charge after deductible
Urgent care visit	\$75	\$75	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*	No charge after deductible
Preferred brand	\$30* after \$500/\$1,000 pharmacy deductible	\$30* after \$500/\$1,000 pharmacy deductible	No charge after deductible
Non-preferred brand	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	No charge after deductible
Specialty	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	No charge after deductible
Whole health			
Healthy services	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†	Discounts on massage therapy, acupuncture, and more. Visit kp.org/choosehealthy to learn more.†

* **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.

‡ Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

** Only applicants under age 30, or applicants age 30 and older who provide a certificate from Health Insurance Marketplace in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA Catastrophic 8150/0 plan/KP GA Signature Catastrophic 8150/0 plan.

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Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you qualify.
- If you use tobacco

Interested in a family plan?

Find the rate for each family member, based on his or her 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.

The rates in the monthly rates chart apply to these counties. 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	

Pediatric Dental

Under the ACA, we are required to include pediatric dental benefits with your Kaiser Permanente health plans for those ages 18 and younger. The pediatric dental services are provided by Delta Dental Insurance Company. If you currently have pediatric dental coverage through a stand-alone plan, you are no longer required to keep it.

Preventive Services	100%
Basic Services	50% after deductible
Major Services	50% after deductible
Orthodontic Benefits (Medically Necessary)	50% after deductible

Services are covered at 100% after deductible on the KP GA Signature Catastrophic 8150/0 plan and the KP GA Catastrophic 8150/0 plan.

2020 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2020 effective date	KP GA Signature Bronze 6200/40%/HSA	KP GA Bronze 6200/40%/HSA	KP GA Signature Bronze 5000/50	KP GA Bronze 5000/50	KP GA Signature Silver 4500/35	KP GA Silver 4500/35	KP GA Signature Silver 3000/30	KP GA Silver 3000/30
0-14	\$254.35	\$279.52	\$258.26	\$283.82	\$289.12	\$317.74	\$306.31	\$336.63
15	276.96	304.37	281.21	309.04	314.82	345.98	333.54	366.55
16	285.60	313.87	289.99	318.69	324.65	356.78	343.95	377.99
17	294.25	323.37	298.77	328.34	334.48	367.58	354.36	389.43
18	303.56	333.60	308.22	338.72	345.06	379.21	365.57	401.76
19	312.87	343.83	317.67	349.11	355.64	390.84	376.79	414.08
20	322.51	354.43	327.46	359.87	366.60	402.88	388.40	426.84
21	332.48	365.39	337.59	371.00	377.94	415.34	400.41	440.04
22	332.48	365.39	337.59	371.00	377.94	415.34	400.41	440.04
23	332.48	365.39	337.59	371.00	377.94	415.34	400.41	440.04
24	332.48	365.39	337.59	371.00	377.94	415.34	400.41	440.04
25	333.81	366.85	338.94	372.49	379.45	417.00	402.01	441.80
26	340.46	374.16	345.69	379.91	387.01	425.31	410.02	450.60
27	348.44	382.93	353.80	388.81	396.08	435.28	419.63	461.16
28	361.41	397.18	366.96	403.28	410.82	451.48	435.25	478.32
29	372.05	408.87	377.76	415.15	422.91	464.77	448.06	492.40
30	377.37	414.72	383.17	421.09	428.96	471.41	454.47	499.44
31	385.35	423.49	391.27	429.99	438.03	481.38	464.08	510.00
32	393.33	432.26	399.37	438.90	447.10	491.35	473.69	520.57
33	398.32	437.74	404.43	444.46	452.77	497.58	479.69	527.17
34	403.64	443.58	409.84	450.40	458.82	504.23	486.10	534.21
35	406.29	446.51	412.54	453.36	461.84	507.55	489.30	537.73
36	408.95	449.43	415.24	456.33	464.86	510.87	492.50	541.25
37	411.61	452.35	417.94	459.30	467.89	514.19	495.71	544.77
38	414.27	455.27	420.64	462.27	470.91	517.52	498.91	548.29
39	419.59	461.12	426.04	468.20	476.96	524.16	505.32	555.33
40	424.91	466.97	431.44	474.14	483.01	530.81	511.72	562.37
41	432.89	475.74	439.54	483.04	492.08	540.78	521.33	572.93
42	440.54	484.14	447.31	491.58	500.77	550.33	530.54	583.05
43	451.18	495.83	458.11	503.45	512.86	563.62	543.36	597.13
44	464.48	510.45	471.61	518.29	527.98	580.23	559.37	614.73
45	480.11	527.62	487.48	535.73	545.74	599.75	578.19	635.42
46	498.73	548.08	506.39	556.50	566.91	623.01	600.62	660.06
47	519.67	571.10	527.65	579.88	590.72	649.18	625.84	687.78
48	543.61	597.41	551.96	606.59	617.93	679.09	654.67	719.46
49	567.22	623.35	575.93	632.93	644.76	708.57	683.10	750.71
50	593.82	652.59	602.94	662.61	675.00	741.80	715.13	785.91
51	620.08	681.45	629.61	691.92	704.86	774.61	746.77	820.67
52	649.01	713.24	658.98	724.20	737.74	810.75	781.60	858.96
53	678.27	745.39	688.69	756.84	770.99	847.30	816.84	897.68
54	709.85	780.11	720.76	792.09	806.90	886.76	854.88	939.48
55	741.44	814.82	752.83	827.33	842.80	926.21	892.92	981.29
56	775.68	852.45	787.60	865.55	881.73	968.99	934.16	1,026.61
57	810.26	890.45	822.71	904.13	921.04	1,012.19	975.80	1,072.37
58	847.17	931.01	860.18	945.31	962.99	1,058.29	1,020.25	1,121.22
59	865.45	951.11	878.75	965.72	983.77	1,081.14	1,042.27	1,145.42
60	902.36	991.67	916.22	1,006.90	1,025.72	1,127.24	1,086.71	1,194.26
61	934.28	1,026.74	948.63	1,042.52	1,062.01	1,167.11	1,125.15	1,236.51
62	955.23	1,049.76	969.90	1,065.89	1,085.82	1,193.28	1,150.38	1,264.23
63	981.49	1,078.63	996.57	1,095.20	1,115.67	1,226.09	1,182.01	1,298.99
64+	997.44	1,096.16	1,012.76	1,113.00	1,133.81	1,246.02	1,201.22	1,320.11

Rates are effective January 1, 2020, through December 31, 2020.

2020 Monthly rates

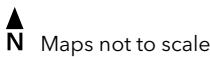
If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2020 effective date	KP GA Signature Silver 3200/20%/HSA	KP GA Silver 3200/20%/HSA	KP GA Signature Gold 1500/20	KP GA Gold 1500/20	KP GA Signature Gold 500/20	KP GA Gold 500/20	KP GA Signature Catastrophic 8150/0	KP GA Catastrophic 8150/0
0-14	\$296.55	\$325.90	\$352.42	\$387.30	\$359.84	\$395.45	\$222.46	\$244.48
15	322.91	354.86	383.74	421.72	391.83	430.61	242.23	266.21
16	332.98	365.94	395.72	434.88	404.06	444.05	249.79	274.52
17	343.06	377.02	407.70	448.05	416.29	457.49	257.35	282.82
18	353.92	388.94	420.60	462.22	429.46	471.96	265.50	291.77
19	364.77	400.87	433.50	476.40	442.63	486.43	273.64	300.72
20	376.01	413.23	446.86	491.08	456.27	501.43	282.07	309.99
21	387.64	426.01	460.68	506.27	470.38	516.93	290.80	319.58
22	387.64	426.01	460.68	506.27	470.38	516.93	290.80	319.58
23	387.64	426.01	460.68	506.27	470.38	516.93	290.80	319.58
24	387.64	426.01	460.68	506.27	470.38	516.93	290.80	319.58
25	389.19	427.71	462.52	508.29	472.26	519.00	291.96	320.85
26	396.95	436.23	471.73	518.42	481.67	529.34	297.77	327.25
27	406.25	446.46	482.79	530.57	492.96	541.75	304.75	334.91
28	421.37	463.07	500.76	550.31	511.30	561.91	316.09	347.38
29	433.77	476.70	515.50	566.51	526.36	578.45	325.40	357.60
30	439.97	483.52	522.87	574.62	533.88	586.72	330.05	362.72
31	449.28	493.74	533.92	586.77	545.17	599.13	337.03	370.39
32	458.58	503.97	544.98	598.92	556.46	611.53	344.01	378.06
33	464.40	510.36	551.89	606.51	563.52	619.29	348.37	382.85
34	470.60	517.17	559.26	614.61	571.04	627.56	353.03	387.96
35	473.70	520.58	562.95	618.66	574.80	631.69	355.35	390.52
36	476.80	523.99	566.63	622.71	578.57	635.83	357.68	393.08
37	479.90	527.40	570.32	626.76	582.33	639.96	360.00	395.63
38	483.00	530.80	574.00	630.81	586.09	644.10	362.33	398.19
39	489.20	537.62	581.37	638.91	593.62	652.37	366.98	403.30
40	495.41	544.44	588.74	647.01	601.15	660.64	371.64	408.42
41	504.71	554.66	599.80	659.16	612.43	673.05	378.62	416.09
42	513.63	564.46	610.40	670.81	623.25	684.94	385.30	423.44
43	526.03	578.09	625.14	687.01	638.31	701.48	394.61	433.66
44	541.54	595.13	643.56	707.26	657.12	722.16	406.24	446.45
45	559.76	615.15	665.22	731.05	679.23	746.45	419.91	461.47
46	581.46	639.01	691.01	759.40	705.57	775.40	436.19	479.36
47	605.88	665.85	720.04	791.30	735.20	807.97	454.51	499.50
48	633.79	696.52	753.21	827.75	769.07	845.19	475.45	522.51
49	661.32	726.77	785.91	863.69	802.47	881.89	496.10	545.20
50	692.33	760.85	822.77	904.20	840.10	923.24	519.36	570.76
51	722.95	794.50	859.16	944.19	877.26	964.08	542.33	596.01
52	756.68	831.57	899.24	988.24	918.18	1,009.05	567.63	623.81
53	790.79	869.05	939.78	1,032.79	959.58	1,054.54	593.22	651.93
54	827.62	909.52	983.54	1,080.88	1,004.26	1,103.65	620.85	682.29
55	864.44	950.00	1,027.31	1,128.98	1,048.95	1,152.76	648.47	712.65
56	904.37	993.87	1,074.76	1,181.13	1,097.40	1,206.00	678.43	745.57
57	944.68	1,038.18	1,122.67	1,233.78	1,146.32	1,259.77	708.67	778.80
58	987.71	1,085.47	1,173.80	1,289.97	1,198.53	1,317.15	740.95	814.28
59	1,009.03	1,108.90	1,199.14	1,317.82	1,224.40	1,345.58	756.94	831.85
60	1,052.06	1,156.18	1,250.28	1,374.01	1,276.61	1,402.96	789.22	867.33
61	1,089.27	1,197.08	1,294.50	1,422.62	1,321.77	1,452.58	817.14	898.01
62	1,113.70	1,223.92	1,323.52	1,454.51	1,351.40	1,485.15	835.46	918.14
63	1,144.32	1,257.57	1,359.92	1,494.51	1,388.56	1,525.99	858.43	943.39
64+	1,162.92	1,278.01	1,382.02	1,518.80	1,411.13	1,550.79	872.38	958.72

Rates are effective January 1, 2020, through December 31, 2020.

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](https://www.kp.org/facilities) to find the one nearest you.



365028348 Georgia 2020

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 **404-261-2590**.

Preauthorization

When you need to obtain preauthorization for covered services or have a question about whether a service requires preauthorization, 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 preauthorization 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 preauthorization 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 to treat an injury incurred while committing a felony, except for Emergency Services.
- 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 one device for the same part of the body or same function
- 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 view our *Member Handbook* and CCO Brochure online. For a paper copy, just call Member Services.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide 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, and accessible electronic formats
- Provide 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>.

HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)፡

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)፡

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).

Notes

Dotted lines for note-taking.

Helpful websites and phone numbers

Have questions about enrolling or getting started with Kaiser Permanente? Want to learn more about our services? Use this information to explore the resources available to members, or to get answers to any questions you have.

Kaiser Permanente

Discover Kaiser Permanente..... kp.org/thrive

Enrollment resources

Apply online buykp.org/apply

Get started if you're a new member kp.org/newmember

Enroll during a special enrollment period kp.org/specialenrollment

Member resources

Manage your care kp.org

Find a location near you..... kp.org/facilities

Choose your doctor kp.org/searchdoctors

Create your online account kp.org/registernow

Get an idea of what your care will cost kp.org/treatmentestimates

Get an estimate of what you'll pay for your care..... kp.org/costestimates

Get a copy of your *Evidence of Coverage*..... kp.org/plandocuments

Additional resources

Find resources for healthier living kp.org/healthyliving

Get in touch with us by phone

Get general information about Kaiser Permanente..... 1-800-494-5314

The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

Visit **kp.org** or call us at **1-800-494-5314** (TTY 711).

Stay connected to good health



facebook.com/kpthrive



youtube.com/kaiserpermanenteorg, youtube.com/kpganews



[@kpthrive](https://twitter.com/kpthrive), [@aboutkp](https://twitter.com/aboutkp), [@kpgeorgia](https://twitter.com/kpgeorgia)



Kaiser Foundation Health Plan, Inc.

Nine Piedmont Center
3495 Piedmont Road NE
Atlanta, GA 30305