

DeKalb County
Effective Dates: July 1, 2022 - June 30, 2023

General Information	
Website:	www.kp.org\georgia
Member Services: (Eligibility, Coverage Verification & General Questions)	(404) 261-2590 locally; (888) 865-5813 toll-free Monday-Friday 7:00 a.m. to 7:00 p.m.
Health Line:	(404) 365-0966 locally; (800) 611-1811 toll-free
<ul style="list-style-type: none"> Appointment Scheduling or Prescription Help: Nurse Advice: 	Monday-Friday 7:00 a.m. to 7:00 p.m. 24 hours a day, 7 days a week
Lifetime Benefit Maximum	None
Coinsurance	Plan pays 90% after deductible
Annual Deductible: Individual/Family	\$350 / \$1,050
Annual Out-of-Pocket Max: Individual/Family	\$7,900 / \$15,800
Office Visits (Outpatient)	
Primary Care	\$25 copay
Specialty Care	\$40 copay
Preventive Care	100% covered
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered for routine care
Well-Baby Care (through age 5)	100% covered
Vision Exam – Optometrist & Ophthalmologist	\$40 copay, includes refractions
Physical, Occupational, Speech Therapy	Plan pays 90% after deductible (PT/OT limited to 20 visits combined per cal yr; ST limited to 20 visits per calendar year)
Outpatient/Ambulatory Surgery	Plan pays 90% after deductible
Lab and X-Ray	
Laboratory	100% covered in office; Plan pays 90% after deductible in outpatient hosp setting
X-Ray	100% covered in office; Plan pays 90% after deductible in outpatient hosp setting
MRI/CT/PET/Nuclear Medicine	Plan pays 90% after deductible regardless of setting
Emergency Care	
Ambulance (Ground or Air)	\$150 copay, per trip
Emergency Room	\$300 copay; waived if admitted
Urgent Care	\$50 copay; at designated facilities
Inpatient Services	
Hospital Facility, Physician & other Professional Charges	\$250 admin copay; Plan pays 90% after deductible
Delivery and Inpatient Baby Care	Plan pays 90% after deductible

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Mental Health and Chemical Dependency	
Mental Health Outpatient (Individual)	\$25 copay, unlimited visits per calendar year
Mental Health Outpatient (Group)	\$13 copay, unlimited visits per calendar year
Mental Health Inpatient	Plan pays 90% after deductible, unlimited days per calendar year
Chemical Dependency Outpatient (Individual)	\$25 copay, unlimited visits per calendar year
Chemical Dependency Outpatient (Group)	\$13 copay, unlimited visits per calendar year
Chemical Dependency Inpatient	Plan pays 90% after deductible, unlimited days per calendar year
Prescription Drugs	
Prescription Drug Annual Deductible	None
Pharmacy/Retail: Generic	\$15 copay at KP Pharmacies & \$25 copay at Network Pharmacies for 1x fill*
Pharmacy/Retail: Preferred Brand	30% coinsurance (\$100 max) at KP Pharmacies & Network Pharmacies for 1x fill*
Pharmacy/Retail: Non-Preferred Brand	40% coinsurance (\$180 max) at KP Pharmacies & Network Pharmacies for 1x fill*
Pharmacy/Retail: Day Supply	30-Day Supply
Mail Order: Generic	\$30 copay through Kaiser Permanente Pharmacies only
Mail Order: Preferred Brand	30% coinsurance (max \$200) through Kaiser Permanente Pharmacies only
Mail Order: Non-Preferred Brand	40% coinsurance (max \$240) through Kaiser Permanente Pharmacies only
Mail Order: Day Supply	90-Day Supply
Other	
Skilled Nursing Facility (SNF)	Plan pays 90% after deductible, up to 60 days per calendar year
Hospice Care	Plan pays 90% after deductible
Home Health Care	Plan pays 90% after deductible, up to 120 visits per calendar year. Private Duty Nursing is not covered.
Durable Medical Equipment (DME)	Plan pays 90% after deductible, unlimited \$40 copay in office for Diagnosis only.
Infertility Services	Plan pays 50% after deductible for tests related to reproductive issues and treatment, up to an including In-vitro.
Chiropractic Care	\$25 copay, up to 30 visits per calendar year

Notes

*Members have the option to get their initial prescriptions filled at one of our network pharmacies like Rite Aid and Walgreens at a higher copay. Subsequent refills will be available only through Kaiser Permanente Pharmacies, either at our facilities or through our mail order/home delivery option.