

**The Exclusive Provider Organization (EPO) Plan from Kaiser Permanente
Emory University/Emory Healthcare employee benefit summary
Effective Dates: January 1, 2023-December 31, 2023**

The services described below are covered only if all of the terms and conditions in the *Summary Plan Description* are satisfied.

PLAN FEATURES	
Annual out of pocket maximum - Per person/Per family	\$3,000 / \$6,000
Lifetime maximum	None
Annual deductible	\$0
Professional services	YOU PAY
Routine preventive physical exams	\$0
Primary care (includes urgent care)	\$25
Specialty care	\$35
Well-child preventive care visits (0–24 months)	\$0
Family planning visits	\$0
Scheduled prenatal care visits and first postpartum visit	\$0
Routine vision exams (refractive)	\$0
Routine hearing tests	\$0
Physical, occupational, and speech therapy visits (up to 90 visits combined per Plan year)	\$25
Outpatient services	
Outpatient surgery and certain other outpatient procedures	\$150
Non-routine vaccines (immunizations)	\$25
X-rays and lab tests	\$0
Hospitalization services, per admission	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$250
Emergency health coverage	
Emergency Department visits (copay waived if admitted)	\$250
Urgent care	\$25
Ambulance services	
Ambulance services (per trip)	\$75
Infertility services (subject to a \$25,000 lifetime maximum)	
Infertility office visits and infertility treatments	\$25 / \$35
Infertility diagnostic lab tests, X-rays, and surgery	\$0
Prescription drug coverage (most drugs covered in accord with formulary guidelines)	
Tier 1 – Preventative Generic (up to 30-day supply)	\$0
Tier 2 – Preferred Generic (up to 30-day supply)	\$10
Tier 3 – Preferred Brand (up to 30-day supply)	\$30
Tier 4 – Non- Preferred (up to 30-day supply)	\$60
Tier 5 – Specialty (up to 30-day supply)	\$90
Prescription Mail Order drugs	
Tier 1 – Preventative Generic (up to 90-day supply)	\$0
Tier 2 – Preferred Generic (up to 90-day supply)	\$25
Tier 3 – Preferred Brand (up to 90-day supply)	\$75
Tier 4 – Non- Preferred (up to 90-day supply)	\$150

Mental health services	
Inpatient psychiatric hospitalization, per admission	\$250
Outpatient individual visits	\$25
Outpatient group visits	\$12
Chemical dependency services	
Inpatient detoxification, per admission	\$250
Outpatient individual visits	\$25
Outpatient group visits	\$12
Home health services	
Home health care (up to 120 visits per Plan year)	\$25
Other	
Skilled nursing facility care (Unlimited days per Plan year)	\$250
Hospice care	\$0

This chart is a summary. It does not explain maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete description of your Plan, please refer to the *Summary Plan Description*.

Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente provides only administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.