

Department of Community Health

Effective Dates: January 1, 2021 – December 31, 2021

General Information	
Website:	www.kp.org
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 Monday-Friday 7:00 a.m. to 7:00 p.m.
<ul style="list-style-type: none"> Appointment Scheduling or Prescription Help: Nurse Advice: 	24 hours a day, 7 days a week
Lifetime Benefit Maximum	None
Coinsurance	None
Annual Deductible: Individual/Family	None
Annual Out-of-Pocket Max: Individual/Family	\$6,350 / \$12,700 (Copayments Apply)
Office Visits (Outpatient)	
Primary Care	\$35 copay
Specialty Care	\$45 copay
Preventive Care	100% covered
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered for routine care
Well-Baby Care (up to 30 months)	100% covered
Vision Exam	\$0 copay, includes refractions
Physical, Occupational, Speech Therapy, Cardiac Rehab	\$25 copay, up to 40 visits per calendar year for each therapy
Outpatient/Ambulatory Surgery	\$100 copay
Lab and X-Ray	
Laboratory	100% covered for services performed in a Kaiser Permanente Medical Center or a free standing laboratory contracted with Kaiser Permanente; \$100 copay for services performed in an outpatient hospital setting.
X-Ray	100% covered for services performed in a Kaiser Permanente Medical Center or a free standing imaging center contracted with Kaiser Permanente; \$100 copay for services performed in an outpatient hospital setting.
MRI/CT/PET/Nuclear Medicine	\$45 copay for services performed in a Kaiser Permanente Medical Center or a free standing imaging center contracted with Kaiser Permanente; \$100 copay when imaging is performed in outpatient hospital setting.
Emergency Care	
Ambulance (Ground or Air)	\$100 copay (per trip)
Emergency Room	\$150 copay(per visit); waived if admitted
Urgent Care	\$35 copay; at designated facilities
Hospital Care (Inpatient)	
Inpatient	\$250 copay, per admission
Delivery and Inpatient Baby Care	\$250 copay, per admission

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Mental Health and Chemical Dependency

Mental Health Outpatient (Individual)	\$35 copay, unlimited visits per calendar year
Mental Health Outpatient (Group)	\$17 copay, unlimited visits per calendar year
Mental Health Inpatient	\$250 copay, unlimited days per calendar year
Chemical Dependency Outpatient (Individual)	\$35 copay, unlimited visits per calendar year
Chemical Dependency Outpatient (Group)	\$35 copay, unlimited visits per calendar year
Chemical Dependency Inpatient	\$250 copay, unlimited days per calendar year
Prescription Drugs	
Pharmacy/Retail: Generic	\$20 copay at KP Pharmacies*
Pharmacy/Retail: Brand	\$50 copay at KP Pharmacies*
Pharmacy/Retail: Non-Preferred Brand	\$80 copay at KP Pharmacies*
Pharmacy/Retail: Day Supply	30-Day Supply
Mail Order - Generic	\$50 copay through Kaiser Permanente Pharmacies only
Mail Order - Brand	\$125 copay through Kaiser Permanente Pharmacies only
Mail Order – Non-Preferred Brand	\$200 copay through Kaiser Permanente Pharmacies only
Mail Order - Day Supply	90-Day Supply

Other

Skilled Nursing Facility (SNF)	Plan pays 100%, up to 120 days per calendar year
Hospice Care	100% covered
Home Health Care	Plan pays 100%, unlimited Private Duty Nursing is not covered.
Durable Medical Equipment (DME)	100% covered, unlimited
Chiropractic Care	\$45 copay, up to 20 visits per calendar year
Hearing (Non-routine Exams, Tests & Fittings) & Hearing Aids	Adults: 100% covered; Hearing Aids limited to \$1,500 every 5 years; Children up to age 19: 100% covered; Hearing Aids limited to \$,3000 every 4 years.
Infertility Diagnosis Services Only	\$45 copay; Tests covered under “Diagnosis Only” are those only to rule out underlying medical issues. Tests and treatment related to reproductive issues are not covered.

Notes

**For immediate service after an emergency visit, prescriptions may be filled at Rite Aid or Walgreens at a copay \$10 higher than those listed above. This is for a first fill ONLY per prescription. Subsequent refills must be filled through Kaiser Permanente Pharmacies, either at our facilities or through our mail order/home delivery option. Please note: Kaiser Permanente has extended pharmacy hours in the following Medical Centers: Southwood and Townpark Comprehensive Medical Centers – M-F 8:00am–11:00pm & Sat-Sun 9:00am-6:00pm; and Gwinnett Comprehensive Medical Center – MF 8:30am-10:00pm & Sat-Sun 10:00am-6:00pm.*