KAISER PERMANENTE®

Custom HMO

Central Garden & Pet Company

	Kaiser Permanente Providers
Deductible (Individual/Family)	None
Out-of-Pocket Maximum (Individual/Family) *includes deductible, coinsurance, copays for Essential Health Benefits*	$1,500 / $3,000
Maximum Benefit While Covered	Unlimited
Coinsurance (after deductible)	0%
Benefits	**You Pay**
Office Services	
Primary Care	$25 Copay
Specialist Care	$25 Copay
Preventive Services	$0 Copay
Maternity (Pre Natal and 1st Post Natal visit)	$0 Copay
Outpatient Services	
Physical and Occupational Therapy (up to 20 visits per therapy per year)	$25 Copay
Outpatient Hospital or Surgical Facility	$25 Copay
Laboratory Services (performed in an outpatient facility/hospital setting)	$0 Copay
Radiology Services (performed in an outpatient facility/hospital setting)	$0 Copay
High Tech Radiology Services (MRI, CT, PET, others copay per procedure when performed in an office or free-standing facility)	$0 Copay
Physician and Other Professional Charges	$0 Copay

Kaiser Foundation Health Plan of Georgia, Inc. Nine Piedmont Center3495 Piedmont Road, N.E. Atlanta, GA 30305-1736

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Emergency Services	
Emergency Services (per visit; copay waived if admitted)	$200 Copay
Urgent Care (Per Visit)	$25 Copay
Ambulance (Per Trip)	$50 Copay
Inpatient Services	
Hospital - Facility Charge (Per Admission)	$250 Copay
Physician and Other Professional Charges	$0 Copay
Mental Health & Chemical Dependency Services	
Outpatient (Unlimited Visits)	$25 Copay
Inpatient Facility (Per Admission)	$250 Copay
Inpatient Professional and Other Professional Charges	$0 Copay
Pharmacy Services	
Generic	$10 (KP Pharmacies) $20 (Designated Community Pharmacy)[1]
Brand	$30 (KP Pharmacies) $40 (Designated Community Pharmacy)[1]
Specialty[2]	20% to $150 max (KP Pharmacies) 20% (Designated Community Pharmacy)[1]
Mail Order Pharmacy 2 copays per 90-day supply (KP Pharmacies)	Mail Order available
Other Services	
Durable Medical Equipment/Prosthetics and Orthotics	0% coinsurance
Vision Exam	$0 Copay
Infertility Diagnosis /Treatment & RX	$25 Copay /50% Coinsurance

1 One time fill only per medication at Designated Community Pharmacies. Subsequent refills available only through Kaiser Permanente Pharmacies, either at Kaiser Permanente facilities or through mail order.

2 Mail Oder available for coinsurance amount shown.

3 Spinal Manipulation Only.

In-network coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. Out-of-network coverage is underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the *Evidence of Coverage*.

This is a summary description and is not intended to replace the *Group Agreement, Group Policy,* and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

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