

Care for all that is you



Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need – from routine checkups to complex treatments to mental wellness support.

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



Discover how we can help you stay healthy and doing what you love at kp.org/learnthebasics.



Go where you feel like your best self

Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2025

- The open enrollment period for 2025 coverage runs from **November 1, 2024**, through **January 15, 2025**.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Georgia Access.
- For coverage that starts on **January 1, 2025**, we must receive your Application for health coverage no later than **December 15, 2024**.

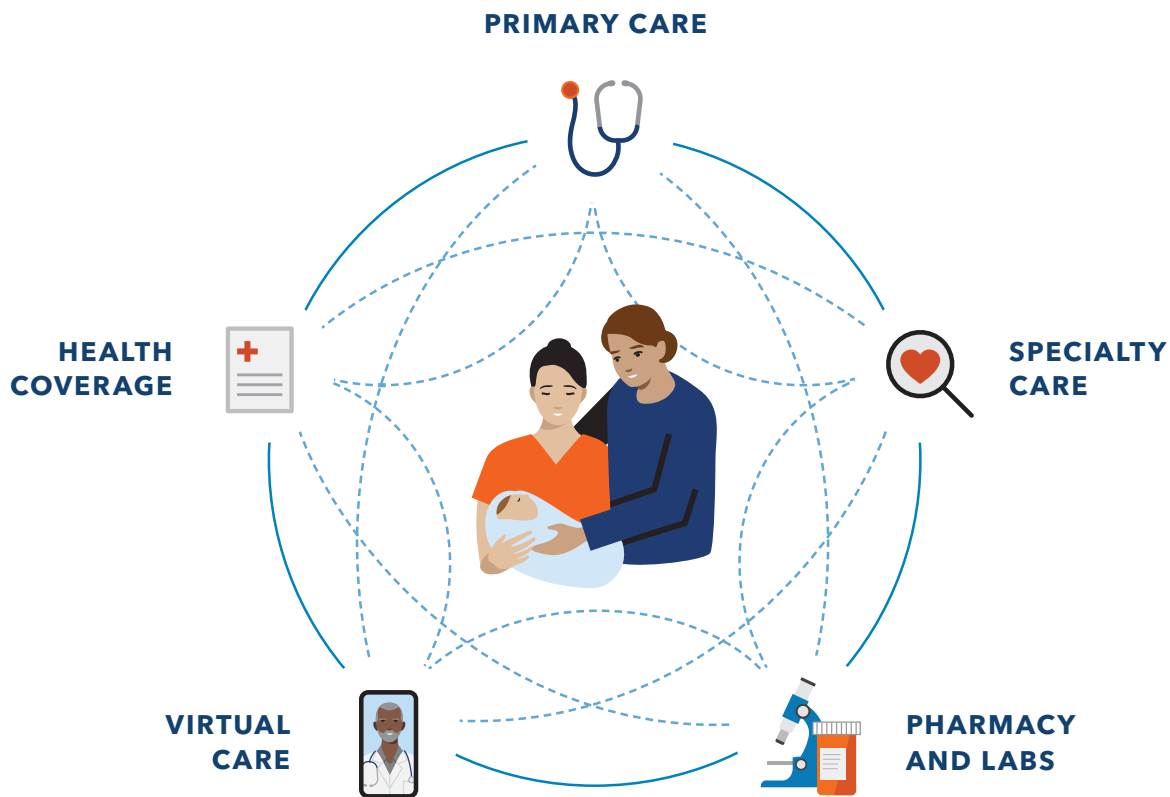
Enrolling during a special enrollment period

- Are you getting married, moving, 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 for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314 (TTY 711)**.





A different kind of care

Your health care should make your life easier – with doctors, hospitals, and health plan benefits that are all connected and focused on providing you with exceptional care.

With Kaiser Permanente, you get

Personalized care from high-quality specialists

24/7 access to care wherever you are

Predictable costs and less paperwork

Members stay with Kaiser Permanente nearly 3 times as long as other health plans.¹

Care that's **personalized**

For the you who deserves to be seen and heard

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you typically don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire Kaiser Permanente medical history through your electronic health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

“ From seeing the doctor to getting lab work, I knew exactly where to go and the flow was seamless. ”

– Kaiser Permanente member

We guide you through every step of your care



Your Kaiser Permanente health history lives in your electronic health record.



Your care team helps guide you through appointments and referrals.



Your health record is available to you and your care team 24/7.



Your care team lets you know when to schedule checkups and tests.

Care that's world class

For the you who expects high quality

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to highly skilled doctors, cutting-edge technology, and advanced evidence-based care.



Explore high-quality care options for every health need at buykp.org.

We're a national leader in outcomes

We are one of the national leaders in outcomes for conditions like cancer and heart disease, and we're among the top-rated health plans in every state we serve.^{2,3,4,5,6}



Kaiser Permanente members are

33% more likely to **survive heart disease**⁵

52% more likely to **survive colorectal cancer**⁶

20% **less likely to die early** of cancer⁵

Recognized excellence in stroke and heart disease care⁷

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized **38 of our medical centers** for commitment to excellence in the treatment of stroke or heart disease.

Leading Georgia in 51 effectiveness-of-care measures²

In 2023, Kaiser Permanente led the state as the top performer in 51 HEDIS® effectiveness-of-care measures. Among the measures Kaiser Permanente led Georgia in were:

- Controlling high blood pressure
- Breast, cervical, and colorectal cancer screening
- Eye exams, statin therapy, and kidney health evaluations for members with diabetes
- Timely prenatal care
- Asthma management

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.⁸ No matter how you connect, you'll always speak with a medical professional who can see your Kaiser Permanente health history and pick up where you left off.



More than half of members avoided a trip to the ER or urgent care by meeting a clinician for a video visit.⁹

Your health at your fingertips

- Get 24/7 virtual care.
- Email your care team.
- View most lab results and doctor's notes.
- Refill most prescriptions.
- Check in for appointments.
- Pay bills and view statements.

Do more in one visit

Most of our facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

Additional online care options

- Chat with a clinician online.
- Use an e-visit to answer a questionnaire and get a response with self-care advice and, if needed, treatment advice from a physician.

Care you can count on

For the you who wants dependable service

You should always have the right care – when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

At Kaiser Permanente, most members say they get primary care appointments as soon as they expect – or sooner.¹⁰

You can get timely, convenient service with:

- ✓ More primary care appointments
- ✓ Quick lab results
- ✓ 24/7 virtual care
- ✓ A large clinician network



See how to get care that meets you where you are at kp.org/connectedtocare.



Mail-order pharmacy

- Easy refills online, in person, or over the phone
- Most are same-day pickup
- Most prescriptions delivered to your front door¹¹
- Same-day or next-day home delivery available for an additional fee¹¹



Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities

Need care quickly?

When it's not an emergency, you have access to over 90 urgent care centers and 3 Kaiser Permanente 24/7 advanced urgent care centers.

Care that's all-encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes¹²
- Medication
- Self-care resources
- Mental wellness apps¹³

Not sure where to start? Talk to your personal doctor about your concerns or call us to talk with our mental health team.



Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.¹⁴

- Discounts on acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs¹⁴
- Wellness coaching¹⁴



Enjoy special deals
on fitness programs and online resources.



Stay active and fit with a variety of reduced rates on studios, gyms, fitness gear, and online classes at kp.org/exercise.

Choosing your health plan

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

Virtual Complete plans

With a Virtual Complete plan, your monthly premium is lower, and you'll start most care with a virtual visit. Connect to care how you want – choose from 24/7 online chat or advice phone line, e-visit, scheduled video visit, phone appointment, or email for nonurgent issues, all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

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 – 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.¹⁵ 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.

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 1000 Ded/500 Rx Ded (\$1,000 deductible)	\$20	30% after deductible	Tier 1: \$5* Tier 2: \$10*
KP GA Silver 3400 Ded/500 Rx Ded (\$3,400 deductible)	\$30	40% after deductible	Tier 1: \$5* Tier 2: \$15*
KP GA Bronze Virtual Complete 5500 Ded/1500 Rx Ded (\$5,500 deductible)	Virtual care no charge; First 3 in person visits \$60, and additional in-person visits \$60 after deductible**	30% after deductible	Tier 1: \$5* Tier 2: \$30*

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org for details.



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

** Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-Visits, phone, and video visits.

The cost estimates above are from 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.

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

Benefit highlights	Deductible
Plan type	Deductible
Annual medical deductible (individual/family)	\$3,400/\$6,800
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
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	40% after deductible
Most lab tests	40% after deductible
MRI, CT, PET	\$500
Outpatient surgery	40% after deductible
Mental health visit	\$30
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	40% after deductible
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency Department visit	40% after deductible
Urgent care visit	\$60
Prescription drugs (up to a 30-day supply)	
Generic	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50* 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	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

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 \$3,400 for yourself or \$6,800 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 \$9,100 for yourself and no more than \$18,200 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge
Most preventive care services—including routine physical exams and mammograms—are covered at no additional 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.

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 \$60 copay for urgent care visits, whether or not you have met your deductible.

Coinsurance
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 40% 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.

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

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

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

Benefit highlights	KP E KP GA Signature Standard Bronze 7500/50 KP GA Standard Bronze 7500/50	KP E KP GA Signature Bronze 6500/40%/HSA KP GA Bronze 6500/40%/HSA	KP E KP GA Signature Bronze Virtual Complete 5500/1500 RxDed KP GA Bronze Virtual Complete 5500 Ded/1500 RxDed
	Deductible	HSA-qualified	Deductible
Plan type			
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,500/\$13,000	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$7,500/\$15,000	\$9,100/\$18,200
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	Chat, Email: No charge. E-visit, Phone, and Video visit: No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$50	40% after deductible	Virtual care no charge; First 3 in-person visits \$60, and additional in person visits \$60 after deductible ^{††}
Specialty care office visit	\$100	40% after deductible	\$80 after deductible
Most X-rays	50% after deductible	40% after deductible	30% after deductible
Most lab tests	50% after deductible	40% after deductible	No charge after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible
Outpatient surgery	50% after deductible	40% after deductible	30% after deductible
Mental health visit	\$50	40% after deductible	\$60
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	30% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible
Emergency and urgent care			
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible
Urgent care visit	\$75	40% after deductible	\$100
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$25* Tier 2: \$25*	Tier 1: \$25* [†] Tier 2: 40% after deductible	Tier 1: \$5* Tier 2: \$30*
Preferred brand	\$50* after deductible	50% after deductible	30% after \$1,500/\$3,000 pharmacy deductible
Non-preferred brand	\$100* after deductible	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible
Specialty	\$500* after deductible	50% after deductible	50% after \$1,500/\$3,000 pharmacy deductible
Whole health			
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

* 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.

^{††} Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for 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 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

Benefit highlights	KP E KP GA Standard Silver 5000/40 KP GA Signature Standard Silver 5000/40	KP E KP GA Silver Virtual Complete 5500 KP GA Signature Silver Virtual Complete 5500	KP E KP GA Signature Silver Virtual Complete 5000 KP GA Silver Virtual Complete 5000
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$5,500/\$11,000	\$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$8,100/\$16,200	\$7,900/\$15,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$40	Virtual care no charge; First 3 in-person visits \$50, and additional in-person visits \$50 after deductible ^{††}	Virtual care no charge; First 3 in-person visits \$40, and additional in-person visits \$40 after deductible ^{††}
Specialty care office visit	\$80	\$70 after deductible	\$60 after deductible
Most X-rays	40% after deductible	40% after deductible	30% after deductible
Most lab tests	40% after deductible	No charge	No charge
MRI, CT, PET	40% after deductible	\$550 after deductible	\$250
Outpatient surgery	40% after deductible	40% after deductible	30% after deductible
Mental health visit	\$40	\$50	\$40
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	30% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	40% after deductible	30% after deductible
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	30% after deductible
Emergency and urgent care			
Emergency Department visit	40% after deductible	40% after deductible	30% after deductible
Urgent care visit	\$60	\$80 after deductible	\$80 after deductible
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$20* Tier 2: \$20*	Tier 1: \$5* Tier 2: \$25*	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$40*	40% after deductible	30% after deductible
Non-preferred brand	\$80* after deductible	50% after deductible	50% after deductible
Specialty	\$350* after deductible	50% after deductible	50% after deductible
Whole health			
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

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

^{††} Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

Benefit highlights	KP E KP GA Signature Silver 4500/35 KP GA Silver 4500/35	KP E KP GA Signature Silver 3400 Ded/500 Rx Ded KP GA Silver 3400 Ded/500 Rx Ded	KP E KP GA Signature Gold 2000 Ded/500 Rx Ded KP GA Gold 2000 Ded/500 Rx Ded
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$3,400/\$6,800	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$9,100/\$18,200	\$8,700/\$17,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$35	\$30	\$20
Specialty care office visit	\$65	\$60	\$40
Most X-rays	35% after deductible	40% after deductible	\$50
Most lab tests	35% after deductible	40% after deductible	35%
MRI, CT, PET	35% after deductible	\$500	35% after deductible
Outpatient surgery	35% after deductible	40% after deductible	35% after deductible
Mental health visit	\$35	\$30	\$20
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	40% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	40% after deductible	35% after deductible
Delivery and inpatient well-baby care	35% after deductible	40% after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	35% after deductible	40% after deductible	35% after deductible
Urgent care visit	\$65	\$60	\$50
Prescription drugs (up to a 30-day supply)			
Generic	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$50* after deductible	\$50* after \$500/\$1,000 pharmacy deductible	\$50* after \$500/\$1,000 pharmacy deductible
Non-preferred brand	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Specialty	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible
Whole health			
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

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- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange

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Benefit highlights	KP E KP GA Signature Standard Gold 1500/30 KP GA Standard Gold 1500/30	KP E KP GA Signature Gold 1000 Ded/500 Rx Ded KP GA Gold 1000 Ded/500 Rx Ded	KP E KP GA Signature Gold 500 Ded/500 Rx Ded KP GA Gold 500 Ded/500 Rx Ded	KP E KP GA Signature Catastrophic 9200†† KP GA Catastrophic 9200††
	Deductible	Deductible	Deductible	Deductible
Plan type				
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	\$500/\$1,000	\$9,200/\$18,400
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$6,500/\$13,000	\$8,000/\$16,000	\$9,200/\$18,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$30	\$20	\$20	First 3 office visits no charge; additional visits no charge after deductible
Specialty care office visit	\$60	\$40	\$40	No charge after deductible
Most X-rays	25% after deductible	30% after deductible	\$50	No charge after deductible
Most lab tests	25% after deductible	30% after deductible	30%	No charge after deductible
MRI, CT, PET	25% after deductible	\$350	\$350	No charge after deductible
Outpatient surgery	25% after deductible	30% after deductible	30% after deductible	No charge after deductible
Mental health visit	\$30	\$20	\$20	No charge after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	30% after deductible	30% after deductible	No charge after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	25% after deductible	30% after deductible	30% after deductible	No charge after deductible
Delivery and inpatient well-baby care	25% after deductible	30% after deductible	30% after deductible	No charge after deductible
Emergency and urgent care				
Emergency Department visit	25% after deductible	30% after deductible	30% after deductible	No charge after deductible
Urgent care visit	\$45	\$50	\$50	No charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$15* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$10*	No charge after deductible
Preferred brand	\$30*	\$40* after \$500/\$1,000 pharmacy deductible	\$30* after \$500/\$1,000 pharmacy deductible	No charge after deductible
Non-preferred brand	\$60*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	No charge after deductible
Specialty	\$250*	45% after \$500/\$1,000 pharmacy deductible	45% after \$500/\$1,000 pharmacy deductible	No charge after deductible
Whole health				
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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†† Only applicants under age 30, or applicants age 30 and older who provide a certificate from the health benefit exchange in Georgia demonstrating hardship or lack of affordable coverage, may purchase a KP GA/KP GA Signature Catastrophic plan.

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E Offered through the health benefit exchange

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

Benefit highlights	E KP GA Standard Silver 3000/40/73% CSR KP GA Signature Standard Silver 3000/40/73% CSR	E KP GA Standard Silver 500/20/87% CSR KP GA Signature Standard Silver 500/20/87% CSR	E KP GA Standard Silver 0/0/94% CSR KP GA Signature Standard Silver 0/0/94% CSR	E KP GA Signature Silver Virtual Complete 3000/73% CSR KP GA Silver Virtual Complete 3000/73% CSR
	Deductible	Deductible	Copayment	Deductible
Plan type				
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$500/\$1,000	None/None	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$6,400/\$12,800	\$3,000/\$6,000	\$2,000/\$4,000	\$7,000/\$14,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	Same as in-person services	Same as in-person services	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$40	\$20	No charge	Virtual care no charge; first 3 in person visits \$40, and additional in person visits \$40 after deductible ^{††}
Specialty care office visit	\$80	\$40	\$10	\$60 after deductible
Most X-rays	40% after deductible	30% after deductible	25%	30% after deductible
Most lab tests	40% after deductible	30% after deductible	25%	No charge
MRI, CT, PET	40% after deductible	30% after deductible	25%	\$250
Outpatient surgery	40% after deductible	30% after deductible	25%	30% after deductible
Mental health visit	\$40	\$20	No charge	\$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	25%	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	25%	30% after deductible
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	25%	30% after deductible
Emergency and urgent care				
Emergency Department visit	40% after deductible	30% after deductible	25%	30% after deductible
Urgent care visit	\$60	\$30	\$5	\$80 after deductible
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$20* Tier 2: \$20*	Tier 1: \$10* Tier 2: \$10*	Tier 1: No charge Tier 2: No charge	Tier 1: \$5* Tier 2: \$15*
Preferred brand	\$40*	\$20*	\$15*	30% after deductible
Non-preferred brand	\$80* after deductible	\$60* after deductible	\$50*	50% after deductible
Specialty	\$350* after deductible	\$250* after deductible	\$150*	50% after deductible
Whole health				
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

^{††} Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for 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 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

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

Benefit highlights	E	E	E	E
	KP GA Signature Silver Virtual Complete 500/87% CSR KP GA Silver Virtual Complete 500/87% CSR	KP GA Signature Silver Virtual Complete 0/94% CSR KP GA Silver Virtual Complete 0/94% CSR	KP GA Signature Silver 3500/35/73% CSR KP GA Silver 3500/35/73% CSR	KP GA Signature Silver 850/15/87% CSR KP GA Silver 850/15/87% CSR
Plan type	Deductible	Copayment	Deductible	Deductible
Annual medical deductible (individual/family)	\$500/\$1,000	None/None	\$3,500/\$7,000	\$850/\$1,700
Annual out-of-pocket maximum (individual/family)	\$2,900/\$5,800	\$1,500/\$3,000	\$6,700/\$13,400	\$2,550/\$5,100
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	Virtual care no charge; first 3 in person visits \$30, and additional in person visits \$30 after deductible ^{††}	Virtual care no charge; first 3 in person visits no charge, and additional in person visits \$20 ^{††**}	\$35	\$15
Specialty care office visit	\$50 after deductible	\$40	\$65	\$45
Most X-rays	20% after deductible	5%	30% after deductible	30% after deductible
Most lab tests	No charge	No charge	30% after deductible	30% after deductible
MRI, CT, PET	\$250	\$100	30% after deductible	30% after deductible
Outpatient surgery	20% after deductible	5%	30% after deductible	30% after deductible
Mental health visit	\$30	Virtual care no charge; first 3 in person visits no charge, and additional in person visits \$20 ^{††**}	\$35	\$15
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	5%	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	20% after deductible	5%	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	20% after deductible	5%	30% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	20% after deductible	5%	30% after deductible	30% after deductible
Urgent care visit	\$60 after deductible	\$40	\$65	\$45
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$0* Tier 2: \$0*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$10*
Preferred brand	20% after deductible	5%	\$45* after deductible	\$20* after deductible
Non-preferred brand	50% after deductible	50%	50% after deductible	50% after deductible
Specialty	50% after deductible	50%	50% after deductible	50% after deductible
Whole health				
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

†† Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for 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 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

Benefit highlights	E	E	E	E
	KP GA Signature Silver 150/5/94% CSR KP GA Silver 150/5/94% CSR	KP GA Signature Silver 3300 Ded/500 Rx Ded/73% CSR KP GA Silver 3300 Ded/500 Rx Ded/73% CSR	KP GA Signature Silver 750/87% CSR KP GA Silver 750/87% CSR	KP GA Signature Silver 0/94% CSR KP GA Silver 0/94% CSR
Plan type	Deductible	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$150/\$300	\$3,300/\$6,600	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$1,250/\$2,500	\$7,350/\$14,700	\$2,700/\$5,400	\$1,900/\$3,800
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$5	\$30	\$20	\$5
Specialty care office visit	\$10	\$60	\$50	\$10
Most X-rays	10% after deductible	40% after deductible	30% after deductible	15%
Most lab tests	10% after deductible	40% after deductible	30% after deductible	15%
MRI, CT, PET	10% after deductible	\$500	\$500	\$100
Outpatient surgery	10% after deductible	40% after deductible	30% after deductible	15%
Mental health visit	\$5	\$30	\$20	\$5
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	40% after deductible	30% after deductible	15%
Maternity				
Routine prenatal care visit, first postpartum visit	10% after deductible	40% after deductible	30% after deductible	15%
Delivery and inpatient well-baby care	10% after deductible	40% after deductible	30% after deductible	15%
Emergency and urgent care				
Emergency Department visit	10% after deductible	40% after deductible	30% after deductible	15%
Urgent care visit	\$10	\$60	\$50	\$10
Prescription drugs (up to a 30-day supply)				
Generic	Tier 1: \$5* Tier 2: \$10*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$15*	Tier 1: \$5* Tier 2: \$5*
Preferred brand	\$20* after deductible	\$45* after \$500/\$1,000 pharmacy deductible	\$45*	\$10*
Non-preferred brand	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Specialty	50% after deductible	50% after \$500/\$1,000 pharmacy deductible	50%	50%
Whole health				
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

† Virtual Complete offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for 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 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

Find your rate



Apply on buykp.org to have your rate calculated automatically.

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 or call us at **1-800-494-5314 (TTY 711)** to see if you may 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.

Please check that your county is listed below. If it isn't, call us at **1-800-494-5314 (TTY 711)** 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 9200 plan and the KP GA Catastrophic 9200 plan.

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 **1-888-865-5813**.

Prior Authorization

When you need to obtain prior authorization for covered services or have a question about whether a service requires prior authorization, 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 prior authorization 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 prior authorization 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 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 see the Evidence of Coverage for Individual and Family plans. For a paper copy, just call Member Services.

Find a facility near you



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 to find the one nearest you.¹⁶



Complete care to help you live a fuller, healthier life

With Kaiser Permanente, our trusted care teams coordinate and personalize your care – so you can spend more time doing what you love.

Have questions about your plan options?



Visit buykp.org
to get started.

Call **1-800-494-5314** (TTY 711)
to talk to an enrollment specialist.

Current members with questions can call Member
Services at **1-888-865-5813** (TTY 711).



1. Kaiser Permanente internal data, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network*, February 24, 2022. **2.** Kaiser Permanente 2023 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2023 and is used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **3.** 2022 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report). **4.** NCQA's Private Health Insurance Plan Ratings 2023-2024, National Committee for Quality Assurance, 2023: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). **5.** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022. **6.** Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. **7.** American Heart Association and American Stroke Association, July 11, 2024. **8.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **9.** Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. **10.** Kaiser Permanente National Market Research, November 2023. **11.** Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. **12.** Some classes may require a fee. **13.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. **14.** The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **15.** 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). **16.** Maps and facilities are subject to change.

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 ሊያገዝዎት 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 ed 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**).

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In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc.,
Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305.