

Fulton County
HMO
Effective Date: January 1, 2023 – December 31, 2023

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
<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
Annual Deductible: Individual/Family	None
Annual Out-of-Pocket Max: Individual/Family	\$6,450 / \$12,900
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 (30 months or younger)	100% covered
Vision Exam – Optometrist & Ophthalmologist	\$40 copay, includes refractions
Physical, Occupational, Speech Therapy	\$40 copay (PT/OT combined - up to 60 visits/cal yr; ST - up to 30 visits/cal yr)
Outpatient/Ambulatory Surgery	\$150 copay
Lab and X-Ray	
Laboratory	100% covered, regardless of setting
X-Ray	100% covered, regardless of setting
MRI/CT/PET/Nuclear Medicine	100% covered, regardless of setting
Emergency Care	
Ambulance (Ground or Air)	100% covered
Emergency Room	\$150 copay, waived if admitted
Urgent Care	\$50 copay, at designated facilities
Inpatient Services	
Hospital Facility, Physician & other Professional Charges	\$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)	\$25 copay, unlimited visits per calendar year
Mental Health Outpatient (Group)	\$12 copay, unlimited visits per calendar year
Mental Health Inpatient (per admission)	\$250 copay, unlimited days per calendar year
Chemical Dependency Outpatient (Individual)	\$25 copay, unlimited visits per calendar year
Chemical Dependency Outpatient (Group)	\$25 copay, unlimited visits per calendar year
Chemical Dependency Inpatient (per admission)	\$250 copay, unlimited days per calendar year

Prescription Drugs

Prescription Drug Deductible	None
KP Pharmacy / Network: Generic	\$10 at Kaiser Permanente Pharmacies / \$20 at Network Pharmacies*
KP Pharmacy / Network: Preferred Brand	\$30 at Kaiser Permanente Pharmacies / \$40 at Network Pharmacies*
KP Pharmacy / Network: Non-Preferred Brand	\$50 at Kaiser Permanente Pharmacies / \$60 at Network Pharmacies*
KP Pharmacy / Network: Specialty	\$75 at Kaiser Permanente Pharmacies / \$85 at Network Pharmacies*
KP Pharmacy / Network: Day Supply	30-Day Supply
Mail Order: Generic	\$20 copay through Kaiser Permanente only
Mail Order: Preferred Brand	\$60 copay through Kaiser Permanente only
Mail Order: Non-Preferred Brand	\$100 copay through Kaiser Permanente only
Mail Order: Specialty	\$150 copay through Kaiser Permanente only
Mail Order: Day Supply	90-Day Supply

Other

Skilled Nursing Facility (SNF)	100% covered, up to 120 days per calendar year
Infertility Diagnosis	\$40 copay for diagnosis in office (Treatment & Drugs are not covered).
Hospice Care	100% covered
Home Health Care	100% covered, up to 120 visits per calendar year; Private Duty nursing is not covered.
Durable Medical Equipment (DME)	100% covered, unlimited
Chiropractic Care	\$40 copay, up to 20 visits per calendar year
Hearing Aids	\$2,000 Calendar Year Maximum

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.*

Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Member Services at (404)261-2590.