

KP GA Signature Silver Virtual Complete 0/94% CSR - HMO

Because you qualify for a Cost Sharing Reduction (CSR), **Silver plans** like this one are an especially good value.



- Cheaper doctor visits**
- Cheaper hospital visits**
- Cheaper prescriptions**
- Lower deductibles**
- Lower out-of-pocket max**



Plan costs

Click the down arrow to learn more about each of these.

| | | |
|--------------------------|--|---|
| Monthly premium | \$0.00 per month <small>was \$1,487.54</small> | ▼ |
| Deductible (Health + Rx) | \$0 per person | ▼ |
| Out-of-pocket max | \$1,500 per person | ▼ |
| Network type | HMO | ▼ |
| Metal tier | Silver | ▼ |
| Overall rating | 5 | ▼ |

| | |
|--------------------|---|
| Official documents | Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure |
|--------------------|---|



Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

Tier Selector

In network



Before deductible is met

After deductible is met

Primary care visit

\$20

\$20



| | | |
|-------------------------|------|------|
| Specialist visit | \$40 | \$40 |
|-------------------------|------|------|

| | | |
|------------------------------|-----------|-----------|
| Preventive care visit | No charge | No charge |
|------------------------------|-----------|-----------|



Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

Tier Selector

In network



Before deductible is met

After deductible is met

| | | |
|----------------|-----------|-----------|
| Generic | No charge | No charge |
|----------------|-----------|-----------|

| | | |
|--------------|----|----|
| Brand | 5% | 5% |
|--------------|----|----|

| | | |
|----------------------------|-----|-----|
| Non-preferred Brand | 50% | 50% |
|----------------------------|-----|-----|

| | | |
|------------------|-----|-----|
| Specialty | 50% | 50% |
|------------------|-----|-----|



Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network



Before deductible is met

After deductible is met

| | | |
|---------------|----|----|
| X-rays | 5% | 5% |
|---------------|----|----|

| | | |
|-----------------------------|-------|-------|
| Imaging (CT/PET/MRI) | \$100 | \$100 |
|-----------------------------|-------|-------|

| | | |
|-------------------|-----------|-----------|
| Blood work | No charge | No charge |
|-------------------|-----------|-----------|



Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

Tier Selector

In network



| | Before deductible is met | After deductible is met |
|---|---------------------------------|--------------------------------|
| Urgent care | \$40 | \$40 |
| Emergency room | 5% | 5% |
| Ambulance | 5% | 5% |
| Hospital stay (facility) | 5% | 5% |
| Hospital stay (physician) | 5% | 5% |
| Outpatient procedure (facility) | 5% | 5% |
| Outpatient procedure (physician) | 5% | 5% |
| Physical rehabilitation | \$40 | \$40 |



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

Tier Selector

In network



| | Before deductible is met | After deductible is met |
|----------------------------------|---------------------------------|--------------------------------|
| Outpatient services | \$20 | \$20 |
| Psychiatric hospital stay | 5% | 5% |



Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network

**Before deductible is met****After deductible is met****Well baby care**

No charge

No
charge**Labor, delivery, hospital stay**

5%

5%

Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening**Alcohol misuse screening and counseling****Aspirin use****Blood pressure screening****Cholesterol screening****Colorectal cancer screening****Depression screening****Diabetes screening****Diet counseling****Falls prevention****Hepatitis B screening****Hepatitis C screening****HIV screening****Immunization vaccines****Lung cancer screening****Obesity screening and counseling****Sexually transmitted infection (STI) prevention counseling****Statin preventive medication****Syphilis screening**



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$153, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **lowest** annual out-of-pocket estimate of all 120 plans available to you.

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

| | | |
|-------------------------------|------------------|----------------|
| 12 | Monthly premiums | \$0 |
| 4 | Doctor visits | \$120 |
| 2 | Labs or tests | \$0 |
| 24 | Prescriptions | \$33 |
| Annual estimate | | \$153 |
| Monthly estimate (on average) | | \$13 per month |