



Kaiser Permanente Plus™ plans

Quality care when and where it works for you

With KP Plus, you get comprehensive care from Kaiser Permanente doctors and facilities as well as affiliated providers. And, you have the choice to see out-of-network providers for a limited number of times each year.

How KP Plus works



Pay a lower copay or coinsurance when you see Kaiser Permanente doctors and affiliated providers.



See out-of-network providers for up to 10 doctor visits or outpatient medical services and a total of 5 prescription fills or refills per year.

Care from Kaiser Permanente and affiliated providers

- **Fixed out-of-pocket costs** with set copays or coinsurance for most covered services
- **Preventive care services**, such as routine physicals, well-child visits, and certain screening tests, with \$0 copay
- **Talk to a clinician by phone or video** with Kaiser Permanente 24/7 virtual care
- **Some services** – including inpatient care, outpatient surgery, and maternity care – are only available through Kaiser Permanente and affiliated providers*
- **Anytime access to kp.org**, including most test and lab results, scheduling routine appointments, checking prescription status, and more
- **A deductible may or may not apply**, depending on your plan*



Care from out-of-network providers

- **Maximum 10 doctor visits or outpatient medical services** per year, including lab and radiology
- **Maximum 5 prescription fills or refills** per year
- **Out-of-network providers** include First Choice Health providers in Alaska, Idaho, Montana, Oregon, and Washington; First Health Network providers in all other states; any other licensed provider nationwide; and Optum Rx pharmacy network
- **Charges from out-of-network providers do not count toward your out-of-pocket maximum** or plan deductible
- **Some out-of-network providers** may require payment in full at the time of service, and you'd need to submit a claim for reimbursement
 - First Choice Health and First Health Network providers will submit claims on your behalf
- **You don't need a referral** or prior authorization to get care
- **Get care from out-of-network providers** when traveling

Glossary

Coinsurance – A percentage of the charges you pay for covered services. For example, a 20% coinsurance for a \$200 procedure means you'd pay \$40.

Copay – A set amount of money you pay for covered services. For example, a \$20 copay for an office visit, or a \$10 copay for generic prescription drugs.

Deductible – The amount of money you pay for covered services each year before your health plan provides those services at a copay or coinsurance.

Out-of-pocket maximum – The maximum amount of out-of-pocket expenses you pay for certain services. Once reached, covered services are paid at 100% for the rest of the calendar year.

Optimizing your out-of-network KP Plus benefits

Combining your network and out-of-network benefits can help you save money on care. In this example, you develop a severe case of the flu and visit a provider who is out of network. In addition to your office visit, the provider orders a lab test and directs you to an out-of-network lab. You're also given a prescription for a flu medication.

Here are 2 options you could consider with a KP Plus plan:

1

100% out-of-network services

Out-of-network provider office visit:



- You pay the higher copay or coinsurance
- The visit counts as 1 service toward your 10-service limit

Out-of-network lab service:



- You pay the higher copay or coinsurance
- The lab test counts as 1 service toward your 10-service limit

Out-of-network pharmacy:



- You pay the higher copay or coinsurance
- The prescription fill counts as 1 fill toward your 5-fill limit

2

Combined in-network and out-of-network services

Out-of-network provider office visit:



- You pay the higher copay or coinsurance
- The visit counts as 1 service toward your 10-service limit

You bring the lab order to a Kaiser Permanente medical office:



- You pay the lower copay or coinsurance
- The lab test doesn't count toward your 10-service limit

You bring the prescription to a Kaiser Permanente pharmacy:



- You pay the lower copay or coinsurance
- The prescription fill doesn't count toward your 5-fill limit

Result:

\$

Overall, you pay a higher cost for your care, and you use 2 of your 10 out-of-network services, and 1 of your 5 total out-of-network prescription fills or refills.

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Overall, you pay a lower cost for your care, and you use only 1 of your 10 out-of-network services, and none of your 5 total out-of-network prescription fills or refills.

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*Refer to your plan's *Evidence of Coverage* for more details.