

SMALL GROUP | WASHINGTON

## 2021 Access PPO Silver HSA

### Access PPO Provider Network

The Access PPO Silver HSA plan is compatible with a health savings account (HSA) and provides a good balance between monthly premiums and cost for care. This plan features the Access PPO network, which offers virtually unlimited provider choice – locally, regionally, and nationally.

Features	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	HSA-qualified		
Annual medical deductible (individual/family)	\$3,500/\$7,000		\$7,000/\$14,000
Annual out-of-pocket maximum (individual/family)	\$6,900/\$13,800		\$19,050/\$38,100
Coinsurance	30%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	20% after deductible	30% after deductible	50% after deductible
Specialty care office visit	20% after deductible	30% after deductible	50% after deductible
Most X-rays	30% after deductible	30% after deductible	50% after deductible
Most lab tests	30% after deductible	30% after deductible	50% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	30% after deductible	50% after deductible
Mental health visit	20% after deductible	30% after deductible	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	30% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	30% after deductible		
Urgent care visit	20% after deductible	30% after deductible	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	15% after deductible	20% after deductible	Not covered
Tier 2: Preferred brand	25% after deductible	30% after deductible	Not covered
Tier 3: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible	50% after deductible	Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	20% after deductible		50% after deductible
<b>Optical hardware</b>			
Pediatric (18 and younger)	Covered in full		
Adult (age 19 and over)	\$100 allowance per calendar year		

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray

## Primary Care

These types of care are considered primary care:

Acupuncture • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Family Planning • Family Practice • General Practice • Gerontology/Geriatrics • Internal Medicine • Mental Health • Midwifery • Naturopathy • Obstetrics & Gynecology • Optometry • Osteopathy • Pediatrics • Pharmacist • Urgent Care • Women's Health Care (nonpreventive)

## Specialty Care

These types of care are considered specialty care:

Allergy & Immunology • Anesthesiology • Audiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Enterostomal Therapy • Gastroenterology • Genetics • Hepatology • Infectious Disease • Massage Therapy • Neonatal-Perinatal Medicine • Nephrology • Neurology • Hematology/Oncology • Nutrition (nonpreventive) • Occupational Medicine • Occupational Therapy • Oncology Pharmacist • Ophthalmology • Orthopedics • ENT/Otolaryngology • Pain Management • Pathology • Physiatry (Physical Medicine) • Physical Therapy • Podiatry • Pulmonary Medicine/Disease • Radiology (Nuclear Medicine, Radiation Therapy) • Respiratory Therapy • Rheumatology • Speech Therapy • Sports Medicine • General Surgery (all specific surgeries) • Urology

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

For more information, including premium rates, visit [kp.org/wa/smallgroup](http://kp.org/wa/smallgroup).