

SMALL GROUP | WASHINGTON

2021 Access PPO VisitsPlus Platinum HD LX

Access PPO Provider Network

The new Access PPO VisitsPlus Platinum HD LX plan gives members the lowest cost we offer for services at a higher premium. This plan provides unlimited office visits without having to pay the deductible. 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	Deductible		
Annual medical deductible (individual/family)	\$400/\$800		\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$4,000/\$8,000		\$9,000/\$18,000
Coinsurance	20%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge	No charge	50% after deductible
Outpatient services (per visit or procedure)			
	Upfront office visits prior to deductible		
Primary care office visit	\$5	\$20	50% after deductible
Specialty care office visit	\$20	\$35	50% after deductible
Most X-rays	\$5	\$20	50% after deductible
Most lab tests	\$5	\$20	50% after deductible
MRI, CT, PET	20% after deductible	20% after deductible	50% after deductible
Outpatient surgery	20% after deductible	20% after deductible	50% after deductible
Mental health visit	\$5	\$20	50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	20% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	20% after deductible		
Urgent care visit	\$5 primary / \$20 specialty	\$20 primary / \$35 specialty	50% after deductible
Prescription drugs (up to 30-day supply)			
Tier 1: Preferred generic	\$5	\$10	Not covered
Tier 2: Preferred brand	\$15	\$20	Not covered
Tier 3: Non-preferred generic and brand	35% after deductible	40% after deductible	Not covered
Tier 4: Specialty	40% after deductible	40% after deductible	Not covered
Alternative medicine			
10 chiropractic and 12 acupuncture visits	\$5 primary / \$20 specialty		50% after deductible
Optical hardware			
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.