SMALL GROUP | WASHINGTON

2021 Access PPO VisitsPlus Platinum LX

Access PPO Provider Network

The Access PPO VisitsPlus Platinum 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.

Annual medical deductible (individual/family) Annual medical deductible (individual/family) Annual out-of-pocket maximum (individual/family) S2,500/\$5,000 \$7,500/\$15,000 S0% Bonefits Preventive care Routine physical exam, mammogram, etc. No charge No charge No charge No charge S0% after deductible Primary care office visit S5 S20 S0% after deductible Most lab tests S5 S20 S0% after deductible Most lab tests S5 S20 S0% after deductible MRI, CT, PET 10% after deductible 10% after deductible S0% after deductible Mental health visit S5 S20 S0% after deductible Monetal health visit S5 S20 S0% after deductible Most lab tests S5 S20 S0% after deductible MRI, CT, PET 10% after deductible 10% after deductible S0% after deductible Mental health visit S5 S20 S0% after deductible Monetal health visit S5 S20 S0% after deductible Monetal health visit S5 S20 S0% after deductible Duitpatient hospital care Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit No charge S0% after deductible Delivery and inpatient well-bady care 10% after deductible Delivery and inpatient well-bady care Noon and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit No charge S0% after deductible Delivery and inpatient well-bady care 10% after deductible No charge S0% after deductible Not covered Tier 2: Preferred generic and brand S5 primary / \$20 specialty S0% after deductible Not covered Tier 2: Preferred generic and brand S5 primary / \$20 specialty S0% after deductible Not covered Tier 2: Preferred generic and brand S5 primary / \$20 specialty S0% after deductible Not c	Features	In Network - Enhanced	In Network - Standard	Out of Network
Annual out-of-pocket maximum (individual/family) Coinsurance 80-06155 Preventive care Routine physical exam, mammogram, etc. No charge No charge No charge No charge No charge So% after deductible Primary care office visit Specialty	Plan type	Deductible		
Coinsurance 10% 50% Benefits Preventive care Routine physical exam, mammogram, etc. No charge No charge 50% after deductible Outpatient services (per visit or procedure) Primary care office visit Specialty S	Annual medical deductible (individual/family)	\$250/\$500		\$500/\$1,000
Routine physical exam, mammogram, etc. No charge No charge No charge No charge No charge No charge So% after 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 Iab tests \$5 \$20 \$50% after deductible 10% after deductible 10% after deductible Most Iab tests \$5 \$20 \$50% after deductible Most Iab tests \$5 \$20 \$50% after deductible Most After deductible Most After deductible Most After deductible Inpatient hospital care Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care 10% after deductible Worldwide emergency and urgent care Emergency department visit S5 primary / \$20 specialty \$50	Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		\$7,500/\$15,000
Routine physical exam, mammogram, etc. No charge No charge No charge No charge No charge So% after deductible Diffront office visits prior to deductible Specialty care office visit \$5 \$20 \$53\$ 50% after deductible Specialty care office visit \$5 \$20 \$33\$ 50% after deductible Most X-rays \$5 \$20 \$50% after deductible Most Lab tests \$5 \$20 \$50% after deductible Most Lab tests \$5 \$20 \$50% after deductible MRI, CT, PET 10% after deductible 10% after deductible Outpatient surgery 10% after deductible 10% after deductible Non after deductible Inpatient hospital care Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care To% after deductible Worldwide emergency and urgent care Emergency department visit Urgent care visit \$5 \$70 \$10 \$after deductible To% after deductible No charge \$50% after deductible So% after deductible To% after deduct	Coinsurance	10%		50%
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Specialty care office visit \$20 \$35 \$0% after deductible Most X-rays \$5 \$20 \$0% after deductible Most lab tests \$5 \$20 \$0% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Outpatient surgery 10% after deductible 10% after deductible 50% after deductible Mental health visit 10% after deductible 10% after deductible Towa after deductible Most after deductible Most after deductible Most after deductible Most after deductible Most after deductible Most covered Tier 1: Preferred generic \$5 \$10 Not covered Tier 2: Preferred brand \$15 \$20 Not covered Tier 2: Non-preferred generic and brand 35% after deductible 40% after deductible Not covered Tier 4: Specialty 40% after deductible After adductible 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	Outpatient services (per visit or procedure)	Upfront office visits prior to deductible		
Most X-rays \$5 \$20 50% after deductible Most lab tests \$5 \$20 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Outpatient surgery 10% after deductible 10% 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 Maternity Routine prenatal care visits, first postpartum visit No charge 50% after deductible Delivery and inpatient well-baby care 10% after deductible 50% after deductible Worldwide emergency and urgent care Emergency department visit 10% 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	Primary care office visit	\$5	\$20	50% after deductible
Most lab tests \$5 \$20 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Outpatient surgery 10% after deductible 10% 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 50% after deductible 50%	Specialty care office visit	\$20	\$35	50% after deductible
MRI, CT, PET 10% after deductible 10% after deductible 10% 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 Maternity Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care Morldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic Tier 2: Preferred brand Tier 3: Non-preferred generic and brand Tier 3: Non-preferred generic and brand Tier 4: Specialty Alternative medicine 10 (Covered in full) Sow after deductible Coptical hardware Pediatric (18 and younger) Tow after deductible 10% after deductible 50% after deductible	Most X-rays	\$5	\$20	50% after deductible
Outpatient surgery 10% 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 Maternity Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care Worldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic Tier 2: Preferred brand Tier 3: Non-preferred generic and brand 35% after deductible 40% after deductible Not covered Tier 4: Specialty Alternative medicine 10 covered in full Covered in full	Most lab tests	\$5	\$20	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 Maternity Routine prenatal care visits, first postpartum visit No charge 50% after deductible Delivery and inpatient well-baby care 10% after deductible Worldwide emergency and urgent care Emergency department visit 10% 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 Not covered Alternative medicine 10 Chical hardware Pediatric (18 and younger) Covered in full	MRI, CT, PET	10% after deductible	10% after deductible	50% after deductible
Inpatient hospital care Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care Worldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic S5 \$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 Tier 4: Specialty Alternative medicine 10 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty	Outpatient surgery	10% after deductible	10% after deductible	50% after deductible
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care Maternity Routine prenatal care visits, first postpartum visit No charge Delivery and inpatient well-baby care Worldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic S 5 \$ \$10 \$ Not covered Tier 2: Preferred brand S 7 Sy after deductible Worldwide emergency department visit Tier 3: Non-preferred generic and brand S 35% after deductible 40% after deductible Not covered Alternative medicine 10 Covered in full Covered in full	Mental health visit	\$5	\$20	50% after deductible
Routine prenatal care visits, first postpartum visit No charge 50% after deductible 10% after deductible 50% after deductible Worldwide emergency and urgent care Emergency department visit 10% after deductible Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic 15 \$10 Not covered Tier 2: Preferred brand 16 \$15 \$20 Not covered Tier 3: Non-preferred generic and brand 35% after deductible 40% after deductible Not covered Tier 4: Specialty Alternative medicine 10 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty Covered in full	Inpatient hospital care			
Routine prenatal care visits, first postpartum visit Delivery and inpatient well-baby care Worldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic Some after deductible 10% after deducti	Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible		50% after deductible
Delivery and inpatient well-baby care Worldwide emergency and urgent care Emergency department visit Urgent care visit Prescription drugs (up to 30-day supply) Tier 1: Preferred generic Tier 2: Preferred brand Tier 3: Non-preferred generic and brand Tier 4: Specialty Alternative medicine 10% after deductible 10% after deductible 10% after deductible 50% after deductible Not covered Not covered 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	Maternity			
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Emergency department visit 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	Delivery and inpatient well-baby care	10% after deductible		50% 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	Worldwide emergency and urgent care			
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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	Urgent care visit	\$5 primary / \$20 specialty	\$20 primary / \$35 specialty	50% after deductible
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	Prescription drugs (up to 30-day supply)			
Tier 3: Non-preferred generic and brand 35% after deductible 40% after deductible Not covered	Tier 1: Preferred generic	\$5	\$10	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	Tier 2: Preferred brand	\$15	\$20	Not covered
Alternative medicine 10 chiropractic and 12 acupuncture visits Sometical hardware Pediatric (18 and younger) \$5 primary / \$20 specialty	Tier 3: Non-preferred generic and brand	35% after deductible	40% after deductible	Not covered
10 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty 50% after deductible Optical hardware Pediatric (18 and younger) Covered in full	Tier 4: Specialty	40% after deductible	40% after deductible	Not covered
Optical hardware Pediatric (18 and younger) Covered in full	Alternative medicine			
Pediatric (18 and younger) Covered in full	10 chiropractic and 12 acupuncture visits	\$5 primary / \$20 specialty		50% after deductible
	Optical hardware			
	Pediatric (18 and younger)	Covered in full		
, J , , , , , , , , , , , , , , , , , ,	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**.