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.

Plant type Sebut tible Annual medical deductible (individual/family) \$250/\$50.00 \$500/\$1,000 Annual out-of-pocket maximum (individual/family) \$25,007/\$5,000 \$7,500/\$15,000 \$7	Features	In Network - Enhanced	In Network - Standard	Out of Network
Annual out-of-pocket maximum (individual/family) Coinsurance 10% 50%	Plan type	Deductible		
Coinsurance 50% Preventive care Routine physical exam, mammogram, etc. No charge No charge So% 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 Iblestes \$5 \$20 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Mental health visit \$5 \$20 50% after deductible Upstatient hospital care \$5 \$20 50% after deductible Inpatient hospital care \$5 \$20 50% after deductible Maternity \$5 \$20 50% after deductible Inpatient hospital care \$10% after deductible 50% after deductible Routine prenatal care visits, first postpartum visit No charge \$50% after deductible Delivery and inpatient	Annual medical deductible (individual/family)	\$250/\$500		\$500/\$1,000
Preventive care Routine physical exam, mammogram, etc. No charge So% after deductible Primary care office visit \$5 \$20 \$50% after deductible Most X-rays \$5 \$20 \$50% after deductible Most X-rays \$5 \$20 \$50% after deductible Most I ab tests \$5 \$20 \$50% after deductible Most I ab tests \$5 \$20 \$50% after deductible Most I ab tests \$5 \$20 \$50% after deductible Most I ab tests \$5 \$20 \$50% after deductible Most I ab tests \$5 \$20 \$50% after deductible Mort I per deductible I per deduct	Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		\$7,500/\$15,000
Routine physical exam, mammogram, etc. No charge No charge 50% after deductible Outpatient services (per visit or procedure) Primary care office visit Specialty care office visit observed eductible Not covered Tier 2: Preferred generic Specialty care office visit observed in full Outcomed Atternative medicine Outcollaboration of the description of the de	Coinsurance	10%		50%
Routine physical exam, mammogram, etc. No charge Upfront office visits prior to deductible Primary care office visit \$5 \$20 \$50% after deductible Specialty care office visit \$5 \$20 \$50% after deductible Most X-rays \$5 \$20 \$50% after deductible Most Labets \$5 \$20 \$50% after deductible Most Labets \$5 \$20 \$50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Mental health visit \$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 Delivery and inpatient well-baby care 10% after deductible 50% after deductible Worldwide emergency and urgent care Emergency department 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 generic and brand \$5% after deductible 40% after deductible Not covered Tier 2: Preferred generic and brand \$5% after deductible 40% after deductible Not covered Tier 4: Specialty 40% after deductible Not covered Tier 4: Specialty 40% after deductible Not covered Tier 4: Specialty 50% after deductible Not covered Tier 5: Non-preferred generic and 50% after deductible Not covered Tier 5: Non-pr	Benefits			
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 \$335 50% after deductible Most X-rays \$5 \$20 50% after deductible Most Iab 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 \$5 \$20 50% after deductible Inpatient hospital care \$5 \$20 50% after deductible Inpatient hospital care visits, first postpartum visit \$0 hearge \$0% after deductible Notarrity \$0 hearth \$0 hearth \$0 hearth Worldwide emergency and urgent care \$5 primary \$20 specialty \$20 primary \$35 specialty \$50% after deductible Urgent care visit \$5 primary \$20 specialty \$20 primary \$35 specialty	Preventive care			
Primary care office visit \$5 \$20 \$50% after deductible Specialty care office visit \$20 \$335 \$50% after deductible Most X-rays \$5 \$20 \$50% after deductible Most X-rays \$5 \$20 \$50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible MRI, CT, PET 10% after deductible 10% after deductible 50% after deductible Mental health visit \$5 \$20 \$50% after deductible Mental health visit \$5 \$20 \$50% after deductible Mental health visit \$5 \$20 \$50% after deductible Materialy \$50% after deductible \$50% aft	Routine physical exam, mammogram, etc.	No charge	No charge	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 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 \$5 \$20 50% after deductible Maternity Routine prenatal care visits, first postpartum visit \$5 \$5 \$5% after deductible Delivery and inpatient well-baby care 10% after deductible 50% after deductible Worldwide emergency and urgent care Emergency department visit \$5 primary \$20 specialty \$0% after deductible Urgent care visit \$5 primary \$20 specialty \$0% after deductible Prescription drugs (up to 30-day supply) Tier 1: Preferred generic \$5 \$10 Not covered Tier 2: Preferred generic \$5 \$10 Not covered Tier 2: Preferr	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 10% after deductible 50% after deductible Maternity Routine prenatal care visits, first postpartum visit No dressert deductible 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 50% after deductible Urgent care visit \$5 primary / \$20 specialty \$0% 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	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% after deductible 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 \$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	Specialty care office visit	\$20	\$35	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 10% after deductible 50% after deductible Maternity 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 Not covered Alternative medicine 10 chiropractic and 12 acupuncture visits	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 10% after deductible 50% after deductible 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 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 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	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 10% after deductible 50% after deductible 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 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) \$5 \$10 Not covered 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 \$5 primary / \$20 specialty 50% after deductible Optical hardware Pediatric (18 and younger) Covered in full	MRI, CT, PET	10% after deductible	10% after deductible	50% after deductible
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care 10% after deductible 50% after deductible	Outpatient surgery	10% after deductible	10% after deductible	50% after deductible
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care 10% after deductible 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	Mental health visit	\$5	\$20	50% after deductible
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	Inpatient hospital care			
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 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty 50% after deductible Optical hardware Pediatric (18 and younger) Covered in full	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 50% after deductible Not covered Not covered 40% after deductible 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	Maternity			
Worldwide emergency and urgent care Emergency department visit Urgent care visit \$5 primary / \$20 specialty \$20 primary / \$35 specialty Frescription 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	Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
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	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			
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 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty 50% after deductible Optical hardware Pediatric (18 and younger) Covered in full	Emergency department visit	10% after deductible		
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 40% after deductible Not covered Alternative medicine 10 chiropractic and 12 acupuncture visits \$5 primary / \$20 specialty Optical hardware Pediatric (18 and younger) Covered in full	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 \$5 primary / \$20 specialty 50% after deductible Optical hardware Pediatric (18 and younger) Covered in full	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
	Pediatric (18 and younger)	Covered in full		
	, <u>, , , , , , , , , , , , , , , , , , </u>	\$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**.