

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.

Features	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$250/\$500		\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000		\$7,500/\$15,000
Coinsurance	10%		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	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 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		
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.

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