SMALL GROUP | WASHINGTON

2021 Access PPO VisitsPlus Silver LD LX

Access PPO Provider Network

The Access PPO VisitsPlus Silver LD LX plan provides a good balance between monthly premium and cost for care, featuring unlimited office visits without having to pay the deductible. This plan offers a lower deductible (LD) option at the Silver metal level.

Primary care office visit \$25 Specialty care office visit \$55 Most X-rays \$40 Most lab tests \$40 MRI, CT, PET 30% after deduction of the company of the	\$2,200/\$4,400 \$8,200/\$16,400 30%	No charge ductible \$35 \$65 \$55 \$55	\$4,400/\$8,800 \$24,600/\$49,200 50% 50% after deductible 50% after deductible 50% after deductible 50% after deductible
Annual out-of-pocket maximum (individual/family) Coinsurance Benefits Preventive care Routine physical exam, mammogram, etc. No charge Outpatient services (per visit or procedure) Primary care office visit \$25 Specialty care office visit \$55 Most X-rays \$40 Most lab tests \$40 MRI, CT, PET 30% after dedu Outpatient surgery 30% after dedu Mental health visit \$25 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 \$25 primary/\$55 s Prescription drugs (up to 30-day supply) Tier 1: Preferred generic \$25 Tier 2: Preferred brand \$60 Tier 3: Non-preferred generic and brand 45% after dedu	\$8,200/\$16,400 30%	\$35 \$65 \$55	\$24,600/\$49,200 50% 50% after deductible 50% after deductible 50% after deductible
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1 3		\$35	Not covered
Tier 4: Specialty 50% after dedu			Not covered Not covered
'	pecialty \$35 pri	\$35	
Alternative medicine	pecialty \$35 pri	\$35 \$70	Not covered
10 chiropractic and 12 acupuncture visits \$2	pecialty \$35 pri	\$35 \$70 6 after deductible	Not covered Not covered
Optical hardware	pecialty \$35 pri	\$35 \$70 6 after deductible 6 after deductible	Not covered Not covered
Pediatric (18 and younger)	ctible 50%	\$35 \$70 6 after deductible 6 after deductible	Not covered Not covered Not covered
Adult (age 19 and over)	ctible 50% ctible 50% ctible 50% 5 primary / \$55 speci	\$35 \$70 6 after deductible 6 after deductible	Not covered Not covered Not covered

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



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**.