

SMALL GROUP | WASHINGTON

## 2021 Access PPO VisitsPlus Silver LX

### Access PPO Provider Network

The Access PPO VisitsPlus Silver LX plan provides a good balance between monthly premiums and cost for care, featuring 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)	\$2,900/\$5,800		\$5,800/\$11,600
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300		\$24,450/\$48,900
Coinsurance	30%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services (per visit or procedure)</b>			
	Upfront office visits prior to deductible		
Primary care office visit	\$25	\$35	50% after deductible
Specialty care office visit	\$45	\$55	50% after deductible
Most X-rays	\$35	\$45	50% after deductible
Most lab tests	\$35	\$45	50% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	30% after deductible	50% after deductible
Mental health visit	\$25	\$35	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	30% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	30% after deductible		
Urgent care visit	\$25 primary/\$45 specialty	\$35 primary/\$55 specialty	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$20	\$30	Not covered
Tier 2: Preferred brand	\$55	\$65	Not covered
Tier 3: Non-preferred generic and brand	45% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible	50% after deductible	Not covered
<b>Alternative medicine</b>			
10 chiropractic and 12 acupuncture visits	\$25 primary / \$45 specialty		50% after deductible
<b>Optical hardware</b>			
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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