

SMALL GROUP | WASHINGTON

## 2021 Virtual Plus Gold

### Connect Provider Network

The Gold plan offers affordable care through a suite of convenient, no-charge virtual options, with access to in-person care when needed. The Connect network includes Kaiser Permanente and other preferred providers.

Features		In Network		
Plan type		Deductible		
Annual medical deductible (individual/family)		\$600/\$1,200		
Annual out-of-pocket maximum (individual/family)		\$7,900/\$15,800		
Coinsurance		20%		
Benefits	Virtual	With Authorization	No Authorization	
<b>Preventive care</b>				
Routine physical exam, mammogram, etc.	No charge	No charge	No charge	
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	No charge	\$15	20% after deductible	
Specialty care office visit	No charge	\$30	20% after deductible	
Most X-rays	N/A	20% after deductible	20% after deductible	
Most lab tests	N/A	20% after deductible	20% after deductible	
MRI, CT, PET	N/A	20% after deductible	20% after deductible	
Outpatient surgery	N/A	20% after deductible	20% after deductible	
Mental health visit	No charge	\$15	20% after deductible	
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	N/A	20% after deductible	20% after deductible	
<b>Maternity</b>				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	
Delivery and inpatient well-baby care	N/A	20% after deductible	20% after deductible	
<b>Worldwide emergency and urgent care</b>				
Emergency department visit	20% after deductible	20% after deductible	20% after deductible	
Urgent care visit (Network)	N/A	\$15 primary/\$30 specialty	N/A	
Urgent care visit (Out-of-Network)	N/A	20% after deductible	N/A	
<b>Prescription drugs (up to 30-day supply)</b>				
Tier 1: Preferred generic		\$20 for a 30 day supply*		
Tier 2: Preferred brand		\$50 for a 30 day supply*		
Tier 3: Non-preferred generic and brand		50% after deductible for a 30 day supply*		
Tier 4: Specialty		50% after deductible for a 30 day supply*		
<b>Alternative medicine</b>				
10 chiropractic visits and 12 acupuncture visits	N/A	\$15 primary/\$30 specialty	N/A	
<b>Optical hardware</b>				
Pediatric (18 and younger)	Covered in full	Covered in full	Covered in full	
Adult (age 19 and over)	\$100 allowance per calendar year (deductible and coinsurance do not apply)			

EO = Employee only HD = High deductible LD = Low deductible LX = Lab and X-ray  
 \* 1 maintenance drug fill allowed at any in-network pharmacy. Subsequent maintenance fills must be filled via mail order or at a Kaiser Permanente pharmacy.

## 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](https://kp.org/wa/smallgroup).