

SMALL GROUP | WASHINGTON

## 2021 Elect PPO VisitsPlus Platinum LX

### Elect PPO Provider Network

The 2021 Elect PPO VisitsPlus Platinum LX gives members the lowest costs we offer when they come in for services, with a higher premium. And it includes unlimited office visits without having to pay the deductible. This plan features the Elect PPO network, which offers access to specially selected providers within the plan's service area for greater value, and access to a large network of providers outside of the service area for broader choice.

Features	In Network	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%
<b>Benefits</b>		
<b>Preventive care</b>		
Routine physical exam, mammogram, etc.	No charge	50% after deductible
<b>Outpatient services (per visit or procedure)</b>		
Upfront office visits prior to deductible		
Primary care office visit	\$5	50% after deductible
Specialty care office visit	\$20	50% after deductible
Most X-rays	\$5	50% after deductible
Most lab tests	\$5	50% after deductible
MRI, CT, PET	10% after deductible	50% after deductible
Outpatient surgery	10% after deductible	50% after deductible
Mental health visit	\$5	50% after deductible
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% 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	10% after deductible	50% after deductible
<b>Worldwide emergency and urgent care</b>		
Emergency department visit	10% after deductible	
Urgent care visit	\$5 primary / \$20 specialty	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>		
Tier 1: Preferred generic	\$5	50% after deductible
Tier 2: Preferred brand	\$15	50% after deductible
Tier 3: Non-preferred generic and brand	40% after deductible	50% after deductible
Tier 4: Specialty	40% after deductible	Not covered
<b>Alternative medicine</b>		
10 chiropractic and 12 acupuncture visits	\$5 primary / \$20 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. Elect PPO plans are available only to small businesses headquartered in King, Kitsap, Pierce, Snohomish, and Thurston counties.

For more information, including premium rates, visit [kp.org/wa/smallgroup](http://kp.org/wa/smallgroup).