

KP Bronze Access PPO 8000 LX

SMALL GROUP | WASHINGTON

Access PPO Provider Network

The Access KP Bronze Access PPO 8000 LX plan provides low cost for care at a higher premium. It provides in-network 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	Out-of-Network
Plan type	Deductible	
Annual medical deductible (individual/family)	\$8,000/\$16,000	\$16,000/\$32,000
Annual out-of-pocket maximum (individual/family)	\$10,150/\$20,300	No limit
Coinsurance	40%	50%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	50% after deductible
Outpatient services (per visit or procedure)		
Primary care office visit	\$50	50% after deductible
Specialty care office visit	\$100	50% after deductible
Most X-rays	40% after deductible	50% after deductible
Most lab tests	40% after deductible	50% after deductible
MRI, CT, PET	40% after deductible	50% after deductible
Outpatient surgery	40% after deductible	50% after deductible
Mental health visit	\$50	50% after deductible
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	50% after deductible
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible
Delivery and inpatient well-baby care	40% after deductible	50% after deductible
Worldwide emergency and urgent care		
Emergency department visit	40% after deductible	
Urgent care visit	\$100	50% after deductible

EO = Employee only LX = Lab and X-ray

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Retail prescription drugs (up to 30-day supply)	In-network - Enhanced	In-network - Standard	
Tier 1: Preferred generic	\$35	\$55	Not covered
Tier 2: Preferred brand	30% after deductible	50% after deductible	Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible	50% after deductible	Not covered
Alternative medicine			
Acupuncture visits and 10 chiropractic visits	\$50		50% after deductible
Optical			
Pediatric Exam and Hardware (18 and younger)	Covered in full		50% after deductible
Adult Optical Hardware (19 and over)	\$100 allowance per calendar year		
Adult Optical Exam	\$50 Primary/\$100 Specialty		50% after deductible

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 and gynecology, optometry, osteopathy, pediatrics, pharmacist, urgent care, and women's health care (nonpreventive).

Specialty Care

These types of care are considered specialty care: allergy and Immunology, anesthesiology, audiology, cardiology (pediatric and cardiovascular disease), critical care medicine, dentistry, dermatology, endocrinology, enterostomal therapy, gastroenterology, general surgery (all

specific surgeries), 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, 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 account.kp.org.