

# 2025 Access PPO VisitsPlus Silver LX - EO

## Access PPO Provider Network

The Access PPO VisitsPlus Silver LX - EO plan provides coverage to only employees, allowing their spouses and dependents to seek other coverage. It provides a good balance between monthly premiums and cost for care and 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)	\$3,000/\$6,000		\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000		No limit
Coinsurance	35%		50%
Benefits			
Preventive care			
Routine physical exam, mammogram, etc.	No charge		50% after deductible
Outpatient services (per visit or procedure)			
Upfront office visits prior to deductible			
Primary care office visit	\$45		50% after deductible
Specialty care office visit	\$65		50% after deductible
Most X-rays	\$50		50% after deductible
Most lab tests	\$50		50% after deductible
MRI, CT, PET	35% after deductible		50% after deductible
Outpatient surgery	35% after deductible		50% after deductible
Mental health visit	\$45		50% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible		50% after deductible
Maternity			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	35% after deductible		50% after deductible
Worldwide emergency and urgent care			
Emergency department visit	35% after deductible		
Urgent care visit	\$65		50% after deductible
Retail prescription drugs (up to 30-day supply)			
	In-network - Enhanced	In-network - Standard	
Tier 1: Preferred generic	\$20	\$30	Not covered
Tier 2: Preferred brand	\$50	\$60	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			
10 chiropractic and 12 acupuncture visits	\$45 primary/\$65 specialty		50% after deductible
Optical			
Pediatric Exam and Hardware (18 and younger)	Covered in full		
Adult Optical Hardware (19 and over)	\$100 allowance per calendar year		
Adult Optical Exam	\$45 primary/\$65 specialty		50% after deductible

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 and Gynecology • Optometry • Osteopathy • Pediatrics • Pharmacist • Urgent Care • 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 [kp.org/wa/smallgroup](https://kp.org/wa/smallgroup).