

Access PPO Basic

Our Access PPO features an extensive national network, giving employees access to nearly any care provider they want—including access to those who practice at Kaiser Permanente medical offices in the Puget Sound region and Spokane.

Here are some of the Access PPO Basic characteristics:

- Features an enhanced benefit—office visit copays with select providers, including Kaiser Permanente medical offices in the Puget Sound region
- and Spokane, will be less than at other in-network providers.
- A traditional health plan with copays, a deductible, and coinsurance, allowing for a more predictable experience.
- All preventive care received in-network is covered in full, not subject to the deductible or coinsurance.
- All in-network office visits are covered with a copay; deductible and coinsurance don't apply.

HOW IS ACCESS PPO DIFFERENT?

In addition to an enhanced benefit—reduced office visit and prescription copays with specific medical groups—Access PPO offers features designed to engage employees in improving their health and well-being.

- Value-based benefit design encourages healthy behaviors and better health care choices.
- Wellness programs improve health, energy, and productivity.
- Access to health professionals through multiple channels encourages early, lower-cost utilization of services.
- Care management reaches out to employees who need help managing chronic or complex conditions.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Individual / family deductible (PCY)	Individual \$100-\$5,000 / Family 2x or 3x Individual	Shared or not shared with in-network (If not shared option chosen, out-of-network amount is 2x in-network amount)
Out-of-pocket limit	Individual \$1,000-\$7,350 / Family 2x or 3x Individual (max. \$14,700)	Shared or not shared with in-network (If not shared option chosen, out-of-network amount is 2x in-network amount)
Lifetime maximum	No maximum	No maximum
Coinsurance (member's percentage) Enhanced benefit in parentheses 10 percent less than in-network coinsurance (except 10% in-network coinsurance has 5% reduction for enhanced benefit)	10%, 15%, 20%, 30%, 50% (5%, 5%, 10%, 20%, 40% at Kaiser Permanente medical offices in the Puget Sound region, Spokane and other select providers)	30%, 35%, 40%, 50%
Preventive care	Covered in full	Not covered or Deductible and out-of-network coinsurance apply
Pre-deductible office visits	Unlimited	Not applicable

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Office visits Enhanced benefit in parentheses \$10 less than in-network copay but never less than \$5	\$10, \$15, \$20, \$25, \$30, \$35, \$40, \$50 (\$5, \$10, \$15, \$20, \$25, \$30, \$40 at Kaiser Permanente medical offices in the Puget Sound region, Spokane, and other select providers) Deductible and coinsurance do not apply	Deductible and out-of-network coinsurance apply Same copayment as in-network
Differential specialty copays Primary / Specialty Enhanced benefit in parentheses Specialty is \$20 less than in-network copay but never less than \$10	\$10 / \$20, \$15 / \$30, \$20 / \$40, \$30 / \$60, \$40 / \$80, \$50 / \$100 (Specialty copay of \$10, \$20, \$40, \$60, \$80 at Kaiser Permanente medical offices in the Puget Sound region, Spokane, and other select providers) Deductible and coinsurance do not apply	Deductible and out-of-network coinsurance apply Same copayment as in-network

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Emergency room care Copay waived if admitted	Deductible and in-network coinsurance apply Choose copayment amount: \$0, \$50, \$75, \$100, \$150, \$200, \$250	
Ambulance services	Choose one of the following: Deductible and coinsurance apply (ground/air) or Coinsurance only (deductible waived, ground/air)	
Hospital services	Deductible and in-network coinsurance apply Choose one of the following: No copay IP \$100 / 1 IP \$100 / 3 IP \$100 / 5 IP \$200 / 1 IP \$200 / 3 IP \$200 / 5	Deductible and out-of-network coinsurance apply Same copayment as in-network
Outpatient surgery (includes ambulatory surgery centers)	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
Maternity services	Inpatient & outpatient in-network cost shares apply	Out-of-network inpatient & outpatient cost shares apply
Lab and routine X-ray	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
High-end radiology	Deductible and in-network coinsurance apply, or \$50 copay, deductible, and coinsurance, or \$100 copay, deductible, and coinsurance	Deductible and out-of-network coinsurance apply, same copay as in-network

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PCY = Per calendar year

* At Kaiser Permanente medical offices in the Puget Sound region and Spokane

** Prescriptions can be filled at Kaiser Permanente medical facility pharmacies in the Puget Sound region and Spokane or any in-network pharmacies, including OptumRx's national network of pharmacies

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Acupuncture 8, 12, 15, or unlimited visits PCY	Office visit cost shares apply	Out-of-network office visit cost shares apply Visit limit shared with in-network
Manipulative therapy 8, 15, 20, or unlimited visits PCY	Office visit cost shares apply	Out-of-network office visit cost shares apply Visit limit shared with in-network
Skilled nursing facility Choose one: 60, 100, 120, or 180 days PCY	In-network inpatient cost shares apply	Out-of-network inpatient cost shares apply Day limit shared with in-network
Rehabilitation services (Physical, occupational, speech, massage, cardiac, pulmonary) 60 days / 60 visits PCY or 30 days / 45 visits PCY	In-network inpatient & outpatient cost shares apply	Out-of-network inpatient & outpatient cost shares apply Day and visit limits shared with in-network
Home health services 130 visits PCY or no limit	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply Visit limit shared with in-network
Routine vision exam 1 visit per 12 months	Covered in full (deductible and coinsurance waived)	
Vision hardware Medically necessary hardware for eye diseases covered separately. \$50-\$300 allowance per 12 or 24 months (\$50 increments)	Not covered or Covered in full (deductible and coinsurance waived) up to allowance Allowance limit shared	
Devices, equipment, and supplies (DME and prosthetics) (Orthotics: \$300 max, \$600 max, or not covered)	Deductible and in-network coinsurance apply or coinsurance only (deductible waived)	Deductible and out-of-network coinsurance apply Dollar limit shared with in-network
Prescription drugs Up to 30-day supply per Rx (Reduced member cost shares available when prescriptions are filled at Kaiser Permanente medical facility pharmacies in the Puget Sound region and Spokane or by mail order) Value-Based Benefit Design (VBBD) Meds: Select medicines at a reduced cost share when filled through Kaiser Permanente pharmacies in the Puget Sound region, Spokane or mail order	3-tier* \$5 / \$35 / \$70 (\$5 / \$30 / \$60*) \$5 / \$45 / \$90 (\$5 / \$35 / \$80*) \$10 / \$35 / \$70 (\$10 / \$30 / \$65*) \$10 / \$50 / 50% up to \$125 (\$5 / \$40 / 50% up to \$125*) \$10 / \$40 / 50% (\$10 / \$30 / 50%*) \$15 / \$25 / \$45 (\$10 / \$20 / \$40*) \$20 / \$35 / \$55 (\$15 / \$30 / \$50*) \$20 / \$45 / \$65 (\$20 / \$40 / \$60*) \$20 / \$50 / \$95 (\$15 / \$45 / \$85*) VBBD* \$5 / \$10 / \$40 / 50% (\$5 / \$10 / \$30 / 50%*)	Not covered**
Prescription mail order (Up to 90 day supply per Rx)	2x cost share	Not applicable

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