

Access PPO HSA

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.

- Features an enhanced benefit—coinsurance at Kaiser Permanente medical offices in the Puget Sound region, Spokane and other select providers will be less than at other in-network providers.

- Employers choose how much to contribute to an employee’s HSA, helping offset employee health care costs while staying in control of company costs.
- Employers can build either embedded or aggregate deductibles into the health plan. Either each family member must meet an individual deductible before benefits begin for that person, or a family deductible must be met before benefits kick in for the whole family.

The Access PPO HSA combines a high-deductible health plan with a health savings account for employees to use for qualifying medical expenses.

HOW IS ACCESS PPO DIFFERENT?

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

- Consumer-directed health plans (CDHP) encourage healthy behaviors and better health care choices.
- Linking a wellness program with a CDHP helps 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)	Aggregate: Individual \$1,350, \$1,500, \$1,750, \$2,000, \$2,500, \$3,500, \$4,500 Family \$2,700, \$3,000, \$3,500, \$4,000, \$5,000, \$7,000 Embedded: \$2,700 Individual / \$5,400 Family \$3,500 Individual / \$7,000 Family \$4,500 Individual / \$9,000 Family	Shared or not shared in-network (If not shared option chosen, out-of-network amount is 2x in-network amount)

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COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Out-of-pocket limit	Aggregate: Individual \$3,500, \$4,500, \$5,100, \$6,000, \$6,550, \$6,650 Family \$7,000, \$7,350 Embedded: \$3,500 Individual / \$7,000 Family \$4,500 Individual / \$9,000 Family \$5,100 Individual / \$10,200 Family \$6,000 Individual / \$12,000 Family \$6,550 Individual / \$13,100 Family \$6,650 Individual / \$13,300 Family	Shared or not shared 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%, 20%, 30%, 40% (5%, 10%, 20%, 30% discounted coinsurance at Kaiser Permanente medical offices in the Puget Sound region, Spokane and other select providers)	30%, 40%, 50%
Preventive care	Covered in full	Not covered or Deductible and out-of-network coinsurance apply
Office visits	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply

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	Deductible and in-network coinsurance apply	
Hospital services	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
Outpatient surgery (includes ambulatory surgery centers)	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
Maternity services	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
Lab and X-ray	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply
Acupuncture 8, 12, 15 or unlimited visits PCY	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply Visit limit shared with in-network
Manipulative therapy 8, 15, 20, or unlimited visits PCY	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply Visit limit shared with 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
Skilled nursing facility Choose one: 60, 100, 120, or 180 days PCY	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance 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	Deductible and in-network coinsurance apply	Deductible and out-of-network coinsurance apply Day and visit limits shared with in-network
Home health 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	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) Preventive Meds: Covered in full. First fill at any pharmacy, then covered at the in-network pharmacy cost shares. Member's percentage shown	3-tier* \$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%*) 10% / 10% / 10% (5% / 5% / 5%*) 20% / 20% / 20% (10% / 10% / 10%*) 30% / 30% / 30% (20% / 20% / 20%*) 40% / 40% / 40% (30% / 30% / 30%*) 3-tier with preventive meds* \$10 / \$35 / \$70 (\$10 / \$30 / \$65*) 20% / 20% / 20% (10% / 10% / 10%*)	Not covered**
Prescription mail order (Up to 90-day supply per Rx)	3x cost share	Not applicable

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