

Access PPO Upfront

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 Upfront 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.

- Deductible and coinsurance are waived for: the first handful (4 or 6) of in-network office visits and the first \$500, \$800, or \$1,000 of diagnostic lab and X-ray.
- Includes a range of in-network pharmacy benefit options, with reduced cost shares when members use Kaiser Permanente pharmacy services in the Puget Sound region and Spokane.

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 diagnostic lab / X-ray | First \$500, \$800, or \$1,000 covered in full | |

| COVERAGE | IN-NETWORK | OUT-OF-NETWORK |
|--|---|---|
| Pre-deductible office visits | First 4 or 6 visits not subject to deductible and coinsurance Deductible and coinsurance apply after initial visits exhausted | Not applicable |
| 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 to pre-deductible visits (but do apply after initial visits exhausted) | 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 to pre-deductible visits (but do apply after initial visits exhausted) | 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 Copay, coinsurance, and deductible apply | 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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