

# KP Gold Access PPO 2000 LX

SMALL GROUP | WASHINGTON

## Access PPO Provider Network

The KP Gold Access PPO 2000 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)	\$2,000/\$4,000	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	No limit
Coinsurance	25%	50%
<b>Benefits</b>		
<b>Preventive care</b>		
Routine physical exam, mammogram, etc.	No charge	50% after deductible
<b>Outpatient services (per visit or procedure)</b>		
Primary care office visit	\$30	50% after deductible
Specialty care office visit	\$50	50% after deductible
Most X-rays	\$30	50% after deductible
Most lab tests	\$30	50% after deductible
MRI, CT, PET	20% after deductible	50% after deductible
Outpatient surgery	25% after deductible	50% after deductible
Mental health visit	\$30	50% after deductible
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	50% after deductible
<b>Maternity</b>		
Routine prenatal care visits, first postpartum visit	No charge	50% after deductible
Delivery and inpatient well-baby care	25% after deductible	50% after deductible
<b>Worldwide emergency and urgent care</b>		
Emergency department visit	25% after deductible	
Urgent care visit	\$50	50% after deductible

EO = Employee only LD = Low deductible LX = Lab and X-ray

(continues on next page)

## 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 [account.kp.org](https://account.kp.org).