

# 2026 KP Silver Access PPO 3500 LX

SMALL GROUP | WASHINGTON

## Access PPO Provider Network

The KP Silver Access PPO 3500 LX plan provides a good balance between monthly premiums and cost for care, featuring 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)	\$3,500/\$7,000		\$7,000/\$14,000
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000		No limit
Coinsurance	35%		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>			
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
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% 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	35% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	35% after deductible		
Urgent care visit	\$65		50% after deductible
<b>Retail prescription drugs (up to 30-day supply)</b>			
	<b>In-network - Enhanced</b>	<b>In-network - Standard</b>	
Tier 1: Preferred generic	\$25	\$35	Not covered
Tier 2: Preferred brand	\$55	\$65	Not covered
Tier 3: Nonpreferred generic and brand	40% after deductible	50% after deductible	Not covered
Tier 4: Specialty	50% after deductible		Not covered
<b>Alternative medicine</b>			
Acupuncture visits and 10 chiropractic visits	\$45		50% after deductible
<b>Optical</b>			
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		50% after deductible

EO = Employee only 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.

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