

KP Silver Core 5000

SMALL GROUP | WASHINGTON

Core Provider Network

The KP Silver Core 5000 plan provides a good balance between monthly premiums and cost for care. This plan features the Core network, which offers access to specially selected providers for the greatest value.

Features	In-network
Plan type	Deductible
Annual medical deductible (individual/family)	\$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	\$10,000/\$20,000
Coinsurance	30%
Benefits	
Preventive care	
Routine physical exam, mammogram, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$40
Specialty care office visit	\$75
Most X-rays	\$65
Most lab tests	\$65
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	30% after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visits, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Worldwide emergency and urgent care	
Emergency department visit	30% after deductible
Urgent care visit	\$75
Retail prescription drugs (up to 30-day supply)	
Tier 1: Preferred generic	\$35
Tier 2: Preferred brand	\$75
Tier 3: Nonpreferred generic and brand	50% after deductible
Tier 4: Specialty	50% after deductible
Alternative medicine	
Acupuncture visits and 10 chiropractic visits	\$40
Optical	
Pediatric Exam and Hardware (18 and younger)	Covered in full
Adult Optical Hardware (19 and over)	\$100 allowance per calendar year
Adult Optical Exam	\$40 Primary / \$75 Specialty

EO = Employee only LX = Lab and X-ray

For more information, including premium rates, visit account.kp.org.

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, and 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, psychiatry (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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