

2027 KP Plus Platinum 350 LX¹

SMALL GROUP | WASHINGTON

Options Provider Network

The KP Plus Platinum 350 LX plan gives members a lower cost for services at a higher premium. Kaiser Permanente Plus (KP Plus) provides access to high-quality care from Kaiser Permanente and affiliated providers, plus the flexibility to get care from out-of-network providers for a limited number of times each year. This plan features the Options Network.

Features	In-network	Out-of-network: (limited to 10 covered services per year, combined)
Plan type	Deductible	
Annual medical deductible (individual/family)	\$350/\$700	N/A
Annual out-of-pocket maximum (individual/family)	\$3,850/\$7,700	N/A
Coinsurance	10%	20%
Benefits		
Preventive care		
Routine physical exam, mammogram, etc.	No charge	No charge
Outpatient services (per visit or procedure)		
Upfront office visits prior to deductible		
Primary care office visit	\$10	\$30
Specialty care office visit	\$30	\$50
Most X-rays	\$20	\$40
Most lab tests	\$10	\$30
MRI, CT, PET	10% after deductible	Not covered
Outpatient surgery	10% after deductible	Not covered
Mental health visit	\$10	\$30
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health	10% after deductible	Not covered
Maternity		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	10% after deductible	Not covered
Worldwide emergency and urgent care		
Emergency department visit	20% after deductible	20% after in-network deductible*
Urgent care visit	\$30	20% after in-network deductible*
Retail prescription drugs (up to 30-day supply)		Limited to 5 prescription fills per year
Tier 1: Preferred generic	\$10	\$30
Tier 2: Preferred brand	\$35	\$55
Tier 3: Nonpreferred generic and brand	40% after deductible	50%
Tier 4: Specialty	50% after deductible	Not covered
Alternative medicine		
Acupuncture visits and 10 chiropractic visits	\$10	\$30
Optical		
Pediatric Exam and Hardware (18 and younger)	Covered in full	Exam covered in full, Hardware not covered
Adult Hardware (19 and older)	\$250 allowance per calendar year	Not covered
Adult Optical Exam	\$10 Primary Care/\$30 Specialty Care	\$30 Primary Care/\$50 Specialty Care

* The limit of 10 covered services per year does not apply.

1. Plan offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

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