

# Virtual Plus

Virtual Plus plans are a good option for employees who want affordable care and the convenience of starting most care online.

## Highlights

- Low monthly premiums.
- No charge or referral needed for virtual care, first in-person primary care visit, and all preventive care.
- Get virtual care through 24/7 Care Chat online messaging or nurse phone line, scheduled video visits and phone appointments, e-visits, or email for nonurgent questions.\*
- Virtual visits are with Kaiser Permanente doctors and clinicians – the same ones you'd find in our medical facilities.
- Fill the first prescription for a new medication at an in-network pharmacy or mail order. Get most refills and maintenance medications through mail order. Delivery is free and usually takes 1 to 2 days.
- Includes worldwide in-person emergency and urgent care coverage.

## HOW IT WORKS

For most care, including care from a specialist, members will start with a virtual visit. A Kaiser Permanente doctor or clinician will give members the care and prescriptions they need or refer them for in-person care through our Connect network.

Members can also be referred for additional in-person care by a provider during an in-person visit.

When your employees get in-person care through a referral, their cost will be lower than if they start in-person care on their own.

## Availability

Virtual Plus plans are available to members residing or working in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties.

## Large Group Virtual Plus plans

Note: Except for urgent and emergency care, there is no benefit coverage for out-of-network provider care.

COVERAGE	IN-NETWORK CARE after receiving a referral	IN-NETWORK CARE without receiving a referral
<p><b>Deductible, out-of-pocket (OOP) limit, coinsurance</b> (PCY)</p> <p><b>Deductible:</b></p> <ul style="list-style-type: none"> <li>• Family deductible = 2X Individual</li> <li>• Virtual visits not subject to deductible</li> <li>• Referred in-person office visits not subject to deductible</li> <li>• Deductible does not apply to in-person preventive services, first in-person non-preventive primary care visit, preferred generic drugs, nutritional therapy (dietary formula), or hospice care</li> </ul> <p><b>Out-of-pocket limit:</b></p> <ul style="list-style-type: none"> <li>• Family OOP limit = 2X Individual</li> </ul> <p><b>Coinsurance</b> is member's percentage</p>	<p style="text-align: center;"><b>Virtual Plus (VP) plan options</b></p> <p style="text-align: center;">Individual deductible / Individual OOP limit / Coinsurance</p> <p style="text-align: center;">VP 250 / 2000 / 10%</p> <p style="text-align: center;">VP 500 / 3000 / 20%</p> <p style="text-align: center;">VP 1000 / 3000 / 20%</p> <p style="text-align: center;">VP 1500 / 4000 / 20%</p> <p style="text-align: center;">VP 2000 / 4000 / 20%</p> <p style="text-align: center;">VP 2500 / 5000 / 30%</p> <p style="text-align: center;">VP 3000 / 6000 / 30%</p> <p style="text-align: center;">VP 4000 / 6000 / 30%</p> <p style="text-align: center;">VP 5000 / 8150 / 30%</p> <p style="text-align: center;">Deductible and out-of-pocket limit are shown in dollars.</p>	
<b>Lifetime maximum</b>	No maximum	
<p><b>Virtual care</b> All virtual care is not subject to deductible</p>	Covered in full	
<p><b>Preventive care and medicine</b> (virtual or in-person)</p>	Covered in full	
<p><b>First non-preventive in-person office visit</b> Not subject to deductible</p>	Covered in full	
<p><b>In-person office visits</b> (non-preventive)</p>	<p><b>Copays apply:</b></p> <p><b>Primary \$10 / Specialty \$30</b> - VP 250 / 2000 / 10%</p> <p><b>Primary \$20 / Specialty \$40</b> - VP 500 / 3000 / 20%</p> <p>- VP 1000 / 3000 / 20%</p> <p>- VP 1500 / 4000 / 20%</p> <p><b>Primary \$30 / Specialty \$60</b> - VP 2000 / 4000 / 20%</p> <p>- VP 2500 / 5000 / 30%</p> <p>- VP 3000 / 6000 / 30%</p> <p><b>Primary \$40 / Specialty \$80</b> - VP 4000 / 6000 / 30%</p> <p>- VP 5000 / 8150 / 30%</p>	Deductible and coinsurance apply

PCY = Per calendar year

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Note: Except for urgent and emergency care, there is no benefit coverage for out-of-network provider care.

COVERAGE	IN-NETWORK CARE after receiving a referral	IN-NETWORK CARE without receiving a referral
<b>Emergency room care</b> Copay waived if admitted		Deductible and coinsurance apply \$200 copay
<b>Urgent care</b>		Office visit cost shares apply
<b>Ambulance services</b> (emergent and non-emergent)		20% Deductible does not apply
<b>Hospital services</b> (inpatient)		Deductible and coinsurance apply
<b>Outpatient surgery</b>		Deductible and coinsurance apply
<b>Maternity services</b> (pre- and postnatal office visits)		Office visit cost shares apply
<b>Lab and routine X-ray</b>		Deductible and coinsurance apply
<b>High-end radiology</b>		Deductible and coinsurance apply
<b>Acupuncture</b> Up to 12 visits PCY		Office visit cost shares apply
<b>Manipulative therapy</b> Up to 10 visits PCY		Office visit cost shares apply
<b>Skilled nursing facility</b> 60 days PCY		Deductible and coinsurance apply
<b>Rehabilitation services</b> (physical, occupational, speech, massage, cardiac, pulmonary) 30 days PCY with half copay for group visits		Inpatient and outpatient cost shares apply
<b>Home health services</b> No limit		Covered in full
<b>Routine vision exam</b> 1 visit per 12 months		Office visit cost shares apply (waive deductible and coinsurance if any)
<b>Optional benefit: Vision hardware</b>		\$150 allowance per 12 months (Deductible and coinsurance do not apply)
<b>Devices, equipment, and supplies</b> (Durable medical equipment and prosthetics, including orthotics)		20% Deductible does not apply

PCY = Per calendar year

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Note: Except for urgent and emergency care, there is no benefit coverage for out-of-network provider care.

COVERAGE	IN-NETWORK CARE after receiving a referral	IN-NETWORK CARE without receiving a referral
<p><b>Prescription drugs</b> One 30-day maintenance drug allowed at any retail pharmacy. Most subsequent maintenance refills (including maintenance refills at Kaiser Permanente pharmacies) must be filled via mail order.</p>	<p><b>Generic / Formulary / Specialty</b>  <b>\$10 / \$30 / \$150</b>                      - VP 250 / 2000 / 10%  <b>\$15 / \$35 / \$150</b>                      - VP 500 / 3000 / 20%                      - VP 1000 / 3000 / 20%                      - VP 1500 / 4000 / 20%                      - VP 2000 / 4000 / 20%  <b>\$20 / \$40 / \$150</b>                      - VP 2500 / 5000 / 30%                      - VP 3000 / 6000 / 30%                      - VP 4000 / 6000 / 30%                      - VP 5000 / 8150 / 30%</p>	<p>Not applicable</p>
<p><b>Prescription mail order</b> Up to 90-day supply per prescription, except specialty Fill the first medication of a new prescription at an in-network pharmacy or through mail order, then get most refills and maintenance medications through mail order.</p>	<p><b>Generic / Formulary / Specialty</b> \$5 / 2x prescription cost share / \$150</p>	<p>Not applicable</p>

PCY = Per calendar year

This document is not intended to be a full summary of coverage. Members should be directed to plan documents for coverage.