

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>Deductible, out-of-pocket (OOP) limit, coinsurance (PCY)</p> <p>Deductible:</p> <ul style="list-style-type: none"> • Family deductible = 2X Individual • Virtual visits not subject to deductible • Referred in-person office visits not subject to deductible • 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 <p>Out-of-pocket limit:</p> <ul style="list-style-type: none"> • Family OOP limit = 2X Individual <p>Coinsurance is member's percentage</p>	<p style="text-align: center;">Virtual Plus (VP) plan options</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>	
Lifetime maximum	No maximum	
Virtual care All virtual care is not subject to deductible	Covered in full	
Preventive care and medicine (virtual or in-person)	Covered in full	
First non-preventive in-person office visit Not subject to deductible	Covered in full	
In-person office visits (non-preventive)	<p>Copays apply:</p> <p>Primary \$10 / Specialty \$30 - VP 250 / 2000 / 10%</p> <p>Primary \$20 / Specialty \$40 - VP 500 / 3000 / 20%</p> <p>- VP 1000 / 3000 / 20%</p> <p>- VP 1500 / 4000 / 20%</p> <p>Primary \$30 / Specialty \$60 - VP 2000 / 4000 / 20%</p> <p>- VP 2500 / 5000 / 30%</p> <p>- VP 3000 / 6000 / 30%</p> <p>Primary \$40 / Specialty \$80 - 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
Emergency room care Copay waived if admitted		Deductible and coinsurance apply \$200 copay
Urgent care		Office visit cost shares apply
Ambulance services (emergent and non-emergent)		20% Deductible does not apply
Hospital services (inpatient)		Deductible and coinsurance apply
Outpatient surgery		Deductible and coinsurance apply
Maternity services (pre- and postnatal office visits)		Office visit cost shares apply
Lab and routine X-ray		Deductible and coinsurance apply
High-end radiology		Deductible and coinsurance apply
Acupuncture Up to 12 visits PCY		Office visit cost shares apply
Manipulative therapy Up to 10 visits PCY		Office visit cost shares apply
Skilled nursing facility 60 days PCY		Deductible and coinsurance apply
Rehabilitation services (physical, occupational, speech, massage, cardiac, pulmonary) 30 days PCY with half copay for group visits		Inpatient and outpatient cost shares apply
Home health services No limit		Covered in full
Routine vision exam 1 visit per 12 months		Office visit cost shares apply (waive deductible and coinsurance if any)
Optional benefit: Vision hardware		\$150 allowance per 12 months (Deductible and coinsurance do not apply)
Devices, equipment, and supplies (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>Prescription drugs 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>Generic / Formulary / Specialty \$10 / \$30 / \$150 - VP 250 / 2000 / 10% \$15 / \$35 / \$150 - VP 500 / 3000 / 20% - VP 1000 / 3000 / 20% - VP 1500 / 4000 / 20% - VP 2000 / 4000 / 20% \$20 / \$40 / \$150 - VP 2500 / 5000 / 30% - VP 3000 / 6000 / 30% - VP 4000 / 6000 / 30% - VP 5000 / 8150 / 30%</p>	<p>Not applicable</p>
<p>Prescription mail order 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>Generic / Formulary / Specialty \$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.