**2018 VisitsPlus Gold** Core Provider Network

The VisitsPlus Gold plan gives members a lower cost for services, with a higher premium. This plan provides members unlimited office visits without having to pay their deductible. It features the Core network, which offers access to specially selected providers for the greatest value.

### Features

<table>
<thead>
<tr>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
</tr>
</tbody>
</table>

### Benefits

#### Preventive Care

- Routine physical exam, mammogram, etc.: No charge
- Outpatient services (per visit or procedure): Unlimited office visits prior to deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care office visit</td>
<td>$10</td>
</tr>
<tr>
<td>Specialty care office visit</td>
<td>$30</td>
</tr>
<tr>
<td>Most X-rays</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Most lab tests</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Mental health visit</td>
<td>$10</td>
</tr>
</tbody>
</table>

#### Inpatient hospital care

- Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 20% 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: 20% after deductible
- Urgent care visit: $10; outside service area 20% after deductible

#### Prescription drugs (up to 30-day supply)

- Tier 1: Preferred generic: $15
- Tier 2: Preferred brand: $45
- Tier 3: Non-preferred generic and brand: 40%
- Tier 4: Specialty: 40%

#### Whole health

- Healthy Services: 10 chiropractic visits and 12 acupuncture visits: $10

For more information, including premium rates, visit kp.org/wa/sbg.
Primary Care
These types of care are considered primary care:

- Acupuncture
- Chemical Dependency/Substance Abuse
- Chiropractic/Manipulative Therapy
- Emergency Medicine
- Family Medicine
- Family Planning
- Internal Medicine
- Mental Health
- Midwifery
- Naturopathy
- Obstetrics/Gynecology
- Optometry
- Osteopathy
- Pediatrics
- Urgent Care
- Women’s Health Care

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
- Genetics
- Hematology
- Hepatology
- Infectious Disease
- Massage Therapy
- Neonatal-Perinatal Medicine
- Nephrology
- Neurology
- Nutrition (non-preventive)
- Occupational Medicine
- Occupational Therapy
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose, and throat)
- Pain Management
- Pathology
- Physiatry (rehabilitation)
- Physical Therapy
- Podiatry
- Pulmonary Medicine/Disease
- Radiology (nuclear medicine, radiation therapy)
- Respiratory Therapy
- Rheumatology
- Speech Therapy
- Sports Medicine
- General Surgery
- 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.

For more information, including premium rates, visit [kp.org/wa/sbg](http://kp.org/wa/sbg).