

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.
- Care at Kaiser Permanente walk-in clinics is not considered urgent care and requires a referral in order to pay a lower out-of-pocket cost.

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.

Small 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
Deductible: <ul style="list-style-type: none"> 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 style="text-align: center;">Virtual Plus Silver Individual \$3,000 / Family \$6,000</p> <p style="text-align: center;">Virtual Plus Gold Individual \$600 / Family \$1,200</p>	
Out-of-pocket limit	<p style="text-align: center;">Virtual Plus Silver Individual \$8,100 / Family \$16,200</p> <p style="text-align: center;">Virtual Plus Gold Individual \$7,900 / Family \$15,800</p>	
Lifetime maximum	<p style="text-align: center;">No maximum</p>	
Coinsurance (member's percentage)	<p style="text-align: center;">Virtual Plus Silver 30%</p> <p style="text-align: center;">Virtual Plus Gold 20%</p>	
Virtual care All virtual care is not subject to deductible	<p style="text-align: center;">Covered in full</p>	
Preventive care (virtual or in-person)	<p style="text-align: center;">Covered in full See WellCare Waivers</p>	
First non-preventive in person office visit Not subject to deductible	<p style="text-align: center;">Covered in full</p>	
In-person office visits (non-preventive)	<p>Virtual Plus Silver Primary \$20 / Specialty \$40</p> <p>Virtual Plus Gold Primary \$15 / Specialty \$30</p>	<p>Deductible and coinsurance apply</p>
Emergency room care Copay waived if admitted	<p style="text-align: center;">Deductible and coinsurance apply</p>	
Urgent care	<p style="text-align: center;">Office visit copays apply</p>	
Ambulance services (emergent and non-emergent)	<p style="text-align: center;">Deductible and coinsurance apply</p>	
Hospital services (inpatient/outpatient) Copay, coinsurance, and deductible apply	<p style="text-align: center;">Deductible and coinsurance apply</p>	

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
Outpatient surgery (office visit for primary care / specialty)	Virtual care: \$0 Primary / \$0 Specialty In-person care: Office visit copays apply	Deductible and coinsurance apply
Maternity services (pre- and postnatal office visits)	Covered in full	
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) Inpatient: 30 days PCY Outpatient: 25 days PCY with half copay for group visits	Virtual care: \$0 Specialty In-person care: Office visit Specialty copays apply	Deductible and coinsurance apply
Home health services No limit	Deductible and coinsurance apply	
Routine vision exam 1 visit per 12 months	Children covered in full Age 19+ office visit copays apply	
Vision hardware Not subject to deductible; coinsurance does not apply	Children covered in full Age 19+ \$100 allowance per 12 months	
Devices, equipment, and supplies (Durable medical equipment and prosthetics, including orthotics)	Deductible and coinsurance apply	

PCY = Per calendar year

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COVERAGE	IN-NETWORK CARE after receiving a referral	IN-NETWORK CARE without receiving a referral
<p>Prescription drugs</p> <p>One 30-day maintenance drug allowed at any retail pharmacy. Most subsequent maintenance fills (including maintenance fills at Kaiser Permanente pharmacies) must be filled via mail order.</p> <p>*Deductible applies</p>	<p>Virtual Plus Silver</p> <p>Tier 1 \$25 for a 30-day supply Tier 2 \$60 for a 30-day supply Tier 3* 50% for a 30-day supply Tier 4* 50%</p> <p>Virtual Plus Gold</p> <p>Tier 1 \$20 for a 30-day supply Tier 2 \$50 for a 30-day supply Tier 3* 50% for a 30-day supply Tier 4* 50%</p>	<p>Not applicable</p>
<p>Prescription mail order</p> <p>Get up to a 90-day supply per prescription, except specialty drugs. 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>*Deductible applies</p>	<p>Virtual Plus Silver</p> <p>Tier 1 \$15 per 90 days Tier 2 \$55 per 30 days Tier 3* 45% per 30 days Tier 4* 50%</p> <p>Virtual Plus Gold</p> <p>Tier 1 \$10 per 90 days Tier 2 \$45 per 30 days Tier 3* 45% per 30 days Tier 4* 50%</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.