

Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

Oregon 18B

7/1/2018 - 6/30/2019

City of Keizer

Group Number: 14060-001

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible	
For one Member per Year	\$0
For an entire Family per Year	\$0
Out-of-Pocket Maximum *	
For one Member per year	\$600
For an entire Family per year	\$1,200
Office visits	You pay
Routine preventive physical exam	\$0
Primary Care	\$10
Specialty Care	\$20
Urgent Care	\$30
Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
CT, MRI, PET scans	\$50 per department visit
Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand / \$50 non-preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand / \$100 non-preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance
Nurse treatment room visits to receive injections	\$10
Maternity Care	You pay
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
Inpatient Hospital Services	\$50 per day up to \$250 per admission
Hospital Services	You pay
Ambulance Services (per transport)	\$75
Emergency department visit	\$200 (Waived if admitted)
Inpatient Hospital Services	\$50 per day up to \$250 per admission
Outpatient Services (other)	You pay

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Outpatient surgery visit	\$20
Chemotherapy/radiation therapy visit	\$20
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$20
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	\$0
Chemical Dependency Services	You pay
Outpatient Services	\$10
Inpatient hospital & residential Services	\$50 per day up to \$250 per admission
Mental Health Services	You pay
Outpatient Services	\$10 per visit
Inpatient hospital & residential Services	\$50 per day up to \$250 per admission
Alternative Care (self referred) **	You pay
Benefit Maximum per Year (all Covered Services combined)	\$1,000
Acupuncture Services	\$10
Chiropractic Services	\$10
Massage Therapy	\$25
Naturopathic Medicine	\$10
Vision Services	You pay
Routine eye exam (through first month of age 19)	\$0
Vision hardware and optical Services (through first month of age 19)	No charge up to \$150 for one pair standard frames and lenses or contact lenses per year.
Routine eye exam (age 19 and older)	\$10
Vision hardware and optical Services (age 19 years and older)	Initial allowance of up to \$150 for eyeglasses or contact lenses, not more than once in a two Year period.

*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

** Refer to your Evidence of Coverage (EOC) for any applicable visits limits.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.