

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

<b>Student Out-of-area Coverage</b>	
Routine, continuing, and follow-up Services (up to \$1200 per Calendar Year)	20% of the allowed amount plus any fees that exceed the allowed amount. The allowed amount is the lesser of 1) the provider's actual fee, or 2) the 70 <sup>th</sup> percentile of the fees for the same or similar Service in the geographic area where the Service was received, according to the most current survey data published by Medicode's Ingenix UCR Database.
Questions? Call Membership Services (M-F, 8am – 6pm) Portland: 503-813-2000, outside Portland: 1-800-813-2000. TTY...1-800-735-2900. 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 of your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (or EOC) or call Membership Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.	

## Kaiser Permanente HMO Part-time and Retiree Benefit Summary

This is a summary of the most frequently asked questions about benefits and the Copayments and Coinsurance. This chart does not describe benefits, the benefit limitations, or exclusions in full. To see what is covered for each benefit (including exclusions and limitations), and for complete explanations, and for additional benefits that are not included in this summary, please refer to the "Copayments, Coinsurance and Benefits," "Exclusions and Limitations" and "Reductions" sections of the Evidence of Coverage.

<b>Out-of-Pocket Maximum</b>	
For one Member	\$1,500
For an entire Family	\$3,000
<b>Deductible</b>	
For one Member	None
For an entire Family	None
<b>Lifetime Maximum</b>	None
<b>Outpatient Services</b>	<b>You Pay</b>
Routine preventive physical exam ( <i>includes adult and well child</i> )	\$0
Primary care visit, including urgent care	\$30
Specialty care visit	\$30
Scheduled prenatal care and first postpartum visit	\$0
Routine eye exam	\$30
All injections provided in the Nurse Treatment Area	\$5
Immunizations	\$0

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

Outpatient surgery visit	\$30
Breast, cervical, prostate, and colorectal cancer screenings	\$0
Chemotherapy/radiation therapy	\$30
Emergency department visit (waived if admitted)	\$100 plus any other charges that normally apply
<b>Inpatient Hospital Services</b>	<b>You Pay</b>
Room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs	\$500 per admission
<b>Ambulance Services</b>	<b>You Pay</b>
Per transport	\$75
<b>Chemical Dependency Services</b>	<b>You Pay</b>
Outpatient Services	\$30
Inpatient hospital Services	\$500 per admission
Residential Services	\$50 per day, up to \$250 maximum per admission
Day treatment Services	\$30 per day
<b>Dialysis Services</b>	<b>You Pay</b>
Outpatient dialysis	\$0
Home dialysis	\$0
Inpatient hospital	\$0
Skilled nursing facility (up to 100 days per Calendar Year)	\$0
<b>Hearing Aids</b>	<b>You Pay</b>
Hearing exam	\$30
Hearing aids (up to \$4,000 every four years)	10%
<b>Home Health Services</b>	<b>You Pay</b>
\$0	
<b>Hospice Services</b>	<b>You Pay</b>
\$0	
<b>Infertility Services</b>	<b>You Pay</b>
Diagnosis, treatment, and artificial insemination	50%
<b>Mental Health Services</b>	<b>You Pay</b>
Outpatient and intensive outpatient Services	
Outpatient Services	\$30
Intensive outpatient Services	\$30 per day
Inpatient Hospital Services	\$500 per admission
Residential Services	\$50 per day up to \$250 maximum per admission
<b>Outpatient Durable Medical Equipment</b>	<b>You Pay</b>

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

	50%
	20% for diabetic supplies
<b>Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures</b>	<b>You Pay</b>
	\$10
	\$0 for preventative
<b>Outpatient Prescription Drugs, Supplies, and Supplements</b>	<b>You Pay</b>
No charge smoking cessation drugs when used in conjunction with an approved smoking cessation program	<b>\$0</b>
Generic drugs, supplies, or supplements for up to a 30-day supply	\$10
Brand-name drugs, supplies, or supplements for up to a 30-day supply	\$25
Generic drugs, supplies, or supplements from our Mail-Delivery Pharmacy	
for up to a 30-day supply	\$10
for 31-90 days supply	\$20
Brand-name drugs, supplies, or supplements from our Mail-Delivery Pharmacy	
for up to a 30-day supply	\$25
for 31-90 days supply	\$50
Medical foods and formulas	\$0
Oral chemotherapy medications used for the treatment of cancer	\$0
Post-surgical immunosuppressive drugs after covered transplant services	\$0
<b>Rehabilitative Therapy</b>	<b>You Pay</b>
Outpatient occupational therapy (up to 20 visits per Calendar Year)	\$30
Outpatient physical therapy (up to 20 visits per Calendar Year)	\$30
Outpatient speech therapy (up to 20 visits per Calendar Year)	\$30
Outpatient respiratory therapy	\$30
Multidisciplinary rehabilitation (up to a combined total of 60 days per condition per Calendar Year for inpatient and outpatient rehabilitation)	
Inpatient multidisciplinary rehabilitation	\$50 per day, up to \$250

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

	maximum per admission
Outpatient multidisciplinary rehabilitation	\$30
<b>Skilled Nursing Facility Care</b>	<b>You Pay</b>
Up to 100 days per Calendar Year	\$0
<b>Student Out-of-area Coverage</b>	
Routine, continuing, and follow-up Services (up to \$1200 per Calendar Year)	20% of the allowed amount plus any fees that exceed the allowed amount. The allowed amount is the lesser of 1) the provider's actual fee, or 2) the 70 <sup>th</sup> percentile of the fees for the same or similar Service in the geographic area where the Service was received, according to the most current survey data published by Medicode's Ingenix UCR Database.
<p><b>Questions? Call Membership Services (M-F, 8am – 6pm)</b>  Portland: 503-813-2000, outside Portland: 1-800-813-2000. TTY...1-800-735-2900.  Language Interpretation Services, all areas...1-800-324-8010</p>	
<p>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 of your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (or EOC) or call Membership Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.</p>	