

Oregon Medical Insurance Pool/Federal Medical Insurance Pool

2012 FMIP Benefit Summary

	Medical Plan 500	Medical Plan 750
Lifetime Maximum Benefit	\$2,000,000	\$2,000,000
FMIP Pre-existing Waiting Period, including Pregnancy	None	None

	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Annual Medical Deductible	\$500		\$750	
Maximum Annual Medical Out-of-Pocket, excluding medical deductible, per individual^①	\$1,500	\$3,000	\$3,000	\$6,000
Doctor Visits	20%	40%	20%	40%
Hospital	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%
Skilled Nursing Care – limited to 60 days	20%	40%	20%	40%
Home Health Care – limited to 130 visits	20%	40%	20%	40%
Emergency Room^②	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay
Ambulance	20%		20%	
Maternity	20%	40%	20%	40%
Diagnostic X-ray/Lab	20%	40%	20%	40%
Transplant^②	0%	40%	0%	40%
Hospice	20%	40%	20%	40%
Rehabilitation Inpatient/Outpatient – limited to 60 days	20%	40%	20%	40%
Durable Medical Equipment	20%		20%	
Mental Health/Chemical Dependency	20%	40%	20%	40%
Women’s Health Care Services^③	20%	Not Covered	20%	Not Covered
Men’s Health Care Services^③	20%	Not Covered	20%	Not Covered
Immunizations^③	20%	Not Covered	20%	Not Covered
Well-Baby Care/Well-Child Care^③	20%	Not Covered	20%	Not Covered
Preventive Care under the PPACA^③	0%	Not Covered	0%	Not Covered
Prescription Drugs: Deductibles and out-of-pocket maximum on prescription drugs^②	\$0 Rx deductible		\$0 Rx deductible	
	\$4,050 out-of-pocket max.		\$2,300 out-of-pocket max.	
Generic Coinsurance^④	Up to \$5		Up to \$5	
Preferred Brand Coinsurance^④	Up to \$40		Up to \$40	
Non-Preferred Brand Coinsurance	Up to \$70		Up to \$70	

- ^① This is the maximum amount you will pay for covered medical services per individual, per calendar year, excluding the deductibles, before FMIP will begin paying 100% for covered services.
- ^② The emergency room co-pay, out-of-pocket prescription drug payments, transplants (\$250,000 max. per transplant on FMIP plans) performed at non-contracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.
- ^③ These services do **NOT** accumulate towards the maximum annual out-of-pocket expense. Also, you do not have to meet the annual medical deductible before FMIP pays for these services. Coverage is provided only for those preventative care services designated by: The United States Preventive Services Task Force (USPSTF) for services with an A or B rating in the current recommendations; by the Health Resources and Services Administration (HRSA); or by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).
- ^④ \$0 co-payment for fluoride, regular aspirin, and iron as specified by the **Patient Protection Affordable Care Act** and **specific** diabetic supplies, insulin (excluding pumps), and evidence-based generic maintenance medications as determined by OMIP. A list of these medications can be found on our website at www.omip.state.or.us. **This list is subject to change.**

This Health Benefit Plan Summary is intended only as a brief summary of our benefit plans. Please refer to the contract for specific details. Exact terms, conditions, provisions, exclusions, and limitations are defined in the contract.