

Oregon Medical Insurance Pool/Federal Medical Insurance Pool

2011 OMIP Benefit Summary

	Medical Plan 500	Medical & Portability Plan 750		Medical Plan 1000	Medical & Portability Plan 1500	
Lifetime Maximum Benefit	\$2,000,000	\$2,000,000		\$2,000,000	\$2,000,000	
OMIP Pre-existing Waiting Period, including Pregnancy	6 months	<i>Medical:</i> 6 months	<i>Portability:</i> None	6 months	<i>Medical:</i> 6 months	<i>Portability:</i> None

There is no pre-existing wait period for children under the age of 19.

	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Annual Medical Deductible	\$500		\$750		\$1,000		\$1,500	
Maximum Annual Medical Out-of-Pocket, excluding medical deductible, per individual¹	\$1,500	\$3,000	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000
Doctor Visits	20%	40%	20%	40%	20%	40%	30%	50%
Hospital	20%	40%	20%	40%	20%	40%	30%	50%
Outpatient Surgery	20%	40%	20%	40%	20%	40%	30%	50%
Skilled Nursing Care – limited to 60 days	20%	40%	20%	40%	20%	40%	30%	50%
Home Health Care – limited to 130 visits	20%	40%	20%	40%	20%	40%	30%	50%
Emergency Room²	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	30%+\$200 co-pay	30%+\$200 co-pay
Ambulance	20%		20%		20%		30%	
Maternity	20%	40%	20%	40%	20%	40%	30%	50%
Diagnostic X-ray/Lab	20%	40%	20%	40%	20%	40%	30%	50%
Transplant²	0%	40%	0%	40%	0%	40%	0%	50%
Hospice	20%	40%	20%	40%	20%	40%	30%	50%
Rehabilitation Inpatient/Outpatient – limited to 60 days	20%	40%	20%	40%	20%	40%	30%	50%
Durable Medical Equipment	20%		20%		20%		30%	
Mental Health/Chemical Dependency	20%	40%	20%	40%	20%	40%	30%	50%
Women’s Health Care Services³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Men’s Health Care Services³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Immunizations³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Well-Baby Care/Well-Child Care³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Preventive Care under the PPACA³	0%	Not Covered	0%	Not Covered	0%	Not Covered	0%	Not Covered
Prescription Drugs: No out-of-pocket maximum on prescription drugs²	\$0 Rx deductible		\$0 Rx deductible		\$0 Rx deductible		\$1,000 Rx deductible (annual)	
Generic Coinsurance⁴	Up to \$5		Up to \$5		Up to \$5		Up to \$5	
Preferred Brand Coinsurance⁴	Up to \$40		Up to \$40		Up to \$40		Up to \$40	
Non-Preferred Brand Coinsurance	Up to \$70		Up to \$70		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 OMIP will begin paying 100% for covered services.
- ² The emergency room co-pay, out-of-pocket prescription drug payments, transplants performed at noncontracting 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 OMIP 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.

Oregon Medical Insurance Pool/Federal Medical Insurance Pool

2011 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	
	\$3,950 out-of-pocket max.		\$2,200 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 noncontracting 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.

FMIP Benefit Limitations And Exclusions

FMIP contracts place some exclusions and limitations on the benefits available for the treatment of certain conditions and the use of certain procedures. These exclusions and limitations are explained in the FMIP contract under Benefit Exclusions and Benefit Limitations. You can access a copy of a contract at <http://www.omip.state.or.us/>.

Under no circumstances will FMIP pay more than \$2 million in lifetime benefits for any enrollee. This amount applies to all contracts and is reduced by benefits paid under any prior FMIP contract.

Following is a **BRIEF** list of contract exclusions:

- Abortion (***except as defined in the FMIP Contract***)
- Acupuncture
- Appliances or equipment primarily for comfort or convenience
- Charges in excess of reasonable amounts for services and supplies
- Chiropractic care
- Cosmetic or reconstructive surgery
- Custodial care
- Dental examinations and treatment
- Experimental or investigational procedures
- Family planning services and supplies
- Hearing aids (***except as defined in the FMIP Contract***), eyeglasses, and contacts
- Massage or massage therapy
- Naturopathic medicine and treatment
- Off the shelf orthopedic shoes and off the shelf orthopedic inserts
- Orthognathic surgery (***except as defined in the FMIP Contract***)
- Transplant (\$250,000 max. per transplant)
- Treatment for obesity or weight control (***except as defined in the FMIP Contract***)

OMIP Benefit Limitations And Exclusions

OMIP contracts place some exclusions and limitations on the benefits available for the treatment of certain conditions and the use of certain procedures. These exclusions and limitations are explained in the OMIP contract under Benefit Exclusions and Benefit Limitations. You can access a copy of a contract at <http://www.omip.state.or.us/>.

Under no circumstances will OMIP pay more than \$2 million in lifetime benefits for any enrollee. This amount applies to all contracts and is reduced by benefits paid under any prior OMIP contract.

Following is a **BRIEF** list of contract exclusions:

- Acupuncture
- Appliances or equipment primarily for comfort or convenience
- Charges in excess of reasonable amounts for services and supplies
- Chiropractic care
- Cosmetic or reconstructive surgery
- Custodial care
- Dental examinations and treatment
- Experimental or investigational procedures
- Family planning services and supplies
- Hearing aids (***except as defined in the OMIP Contract***), eyeglasses, and contacts
- Massage or massage therapy
- Naturopathic medicine and treatment
- Off the shelf orthopedic shoes and off the shelf orthopedic inserts
- Orthognathic surgery (***except as defined in the OMIP Contract***)
- Treatment for obesity or weight control (***except as defined in the OMIP Contract***)

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications, and other electronic formats. E-mail omip.mail@state.or.us or call **1-800-542-3104** to arrange for the alternative format that will work best for you.