

Medical Plans

Kaiser Permanente NW Deductible

my.kp.org/pebb

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible²	\$250/individual, \$750/family Some services not subject to deductible	\$250/individual, \$750/family Some services not subject to deductible
Additional non-HEM participant deductible³	Additional deductible: \$100/individual, \$300/family applies to all services unless otherwise noted	
Out-of-pocket max	\$1500/individual \$4500/family	\$1500/individual, \$4500/family
Providers	Kaiser Permanente network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	\$5, deductible waived	\$30, deductible waived
Chronic care visit⁵	\$5, deductible waived	\$30, deductible waived
Specialty visit	\$5 w/referral, deductible waived	\$30 w/referral, deductible waived
Outpatient mental health care	\$5, deductible waived	\$30, deductible waived
Substance abuse treatment	\$0, deductible waived	\$0, deductible waived
Prenatal, first postnatal visit	\$0, deductible waived	\$0, deductible waived
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	\$0, deductible waived	\$0, deductible waived
Lab & X-ray	\$15, deductible waived	\$20, deductible waived
Inpatient hospital per admission	\$50/day up to \$250 max	\$500
Emergency department⁶	\$75	\$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	\$0 or 0%, deductible waived	
Additional Cost Tier \$100 copay⁸	\$100 copay, deductible waived	\$100 copay, deductible waived
Additional Cost Tier \$500 copay	Standard copay only, applies to out of pocket maximum	Standard copay only, applies to out of pocket maximum
Alternative care provider visits¹³	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services¹³	\$10, deductible waived	\$30 with physician's authorization referral, deductible waived
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$5 generic \$25 brand 50% up to \$100 max non-formulary brand \$50 Specialty Mail order (31-90 day), \$5 generic, \$25 formulary brand, 50% up to \$100 max non-formulary brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty Mail order 2 copays for up to 90-day supply

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Medical Plans Footnotes

¹ To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.

² All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In-Medical Home and Out-of-Medical Home (see 1 above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

³ See Health Engagement Model (HEM), page 15.

⁴ PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.

⁵ These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.

⁶ Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for

observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.

⁷ These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.

⁸ Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.

⁹ These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.

¹⁰ The prescription drug deductible is \$50 per person or \$150 for families with three or more members. It applies separately from the medical deductible.

¹¹ The prescription drug out-of-pocket maximum is \$1,000 per person, with a family maximum of \$3,000. It accrues separately from the medical out-of-pocket maximum.

¹² All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)

¹³ Limited to \$1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.