

Welcome to Kaiser Permanente

Helping your members live well, be well, and thrive



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

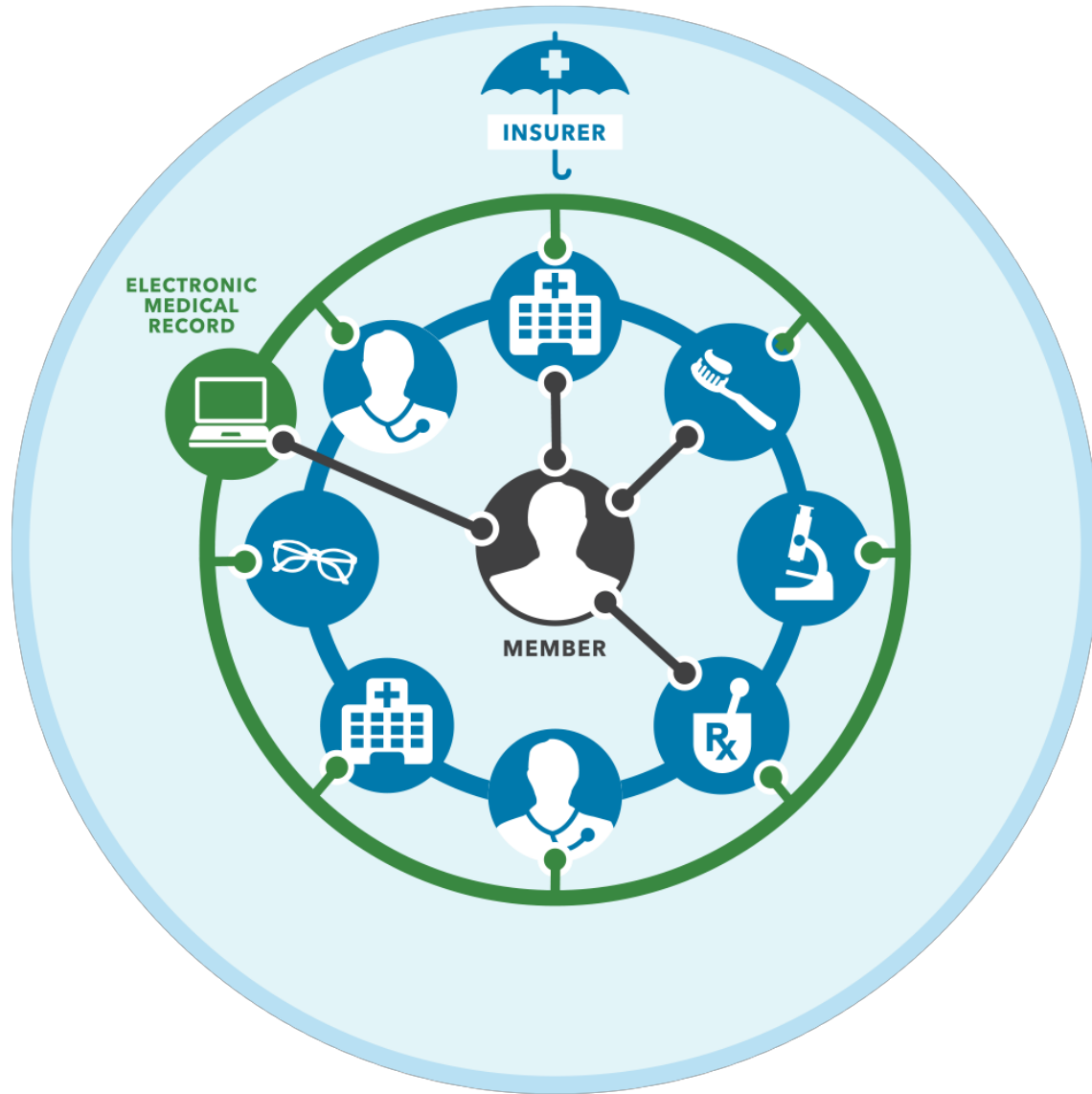
CORE VALUES

Convenience

Compassionate care

Total health

Choice



SERVICE AREA

10 hospitals

20 dental facilities

47 medical facilities, including

6 The Portland Clinic facilities

6 PeaceHealth facilities in Lane County

New facilities in Beaverton

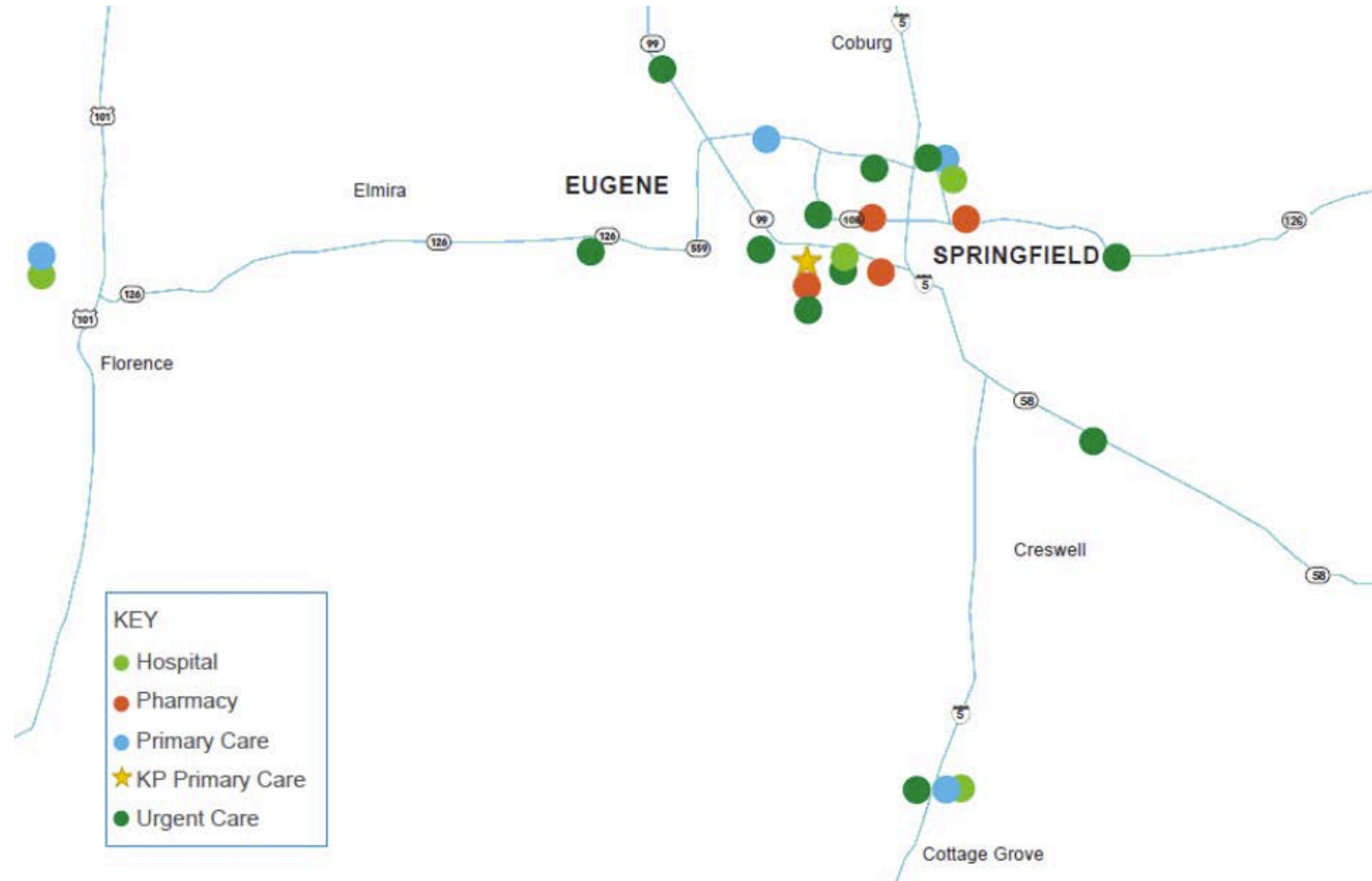
Care Essentials® by Kaiser Permanente



CONVENIENCE

CHOICE

EUGENE-SPRINGFIELD SERVICE AREA



CARE WHEN AND WHERE YOU WANT IT



ADVICE NURSE



SECURE EMAIL



PHONE APPOINTMENTS



VIDEO VISITS

CARE IN THE PALM OF YOUR HAND

Make a routine appointment

Get mail-order prescriptions

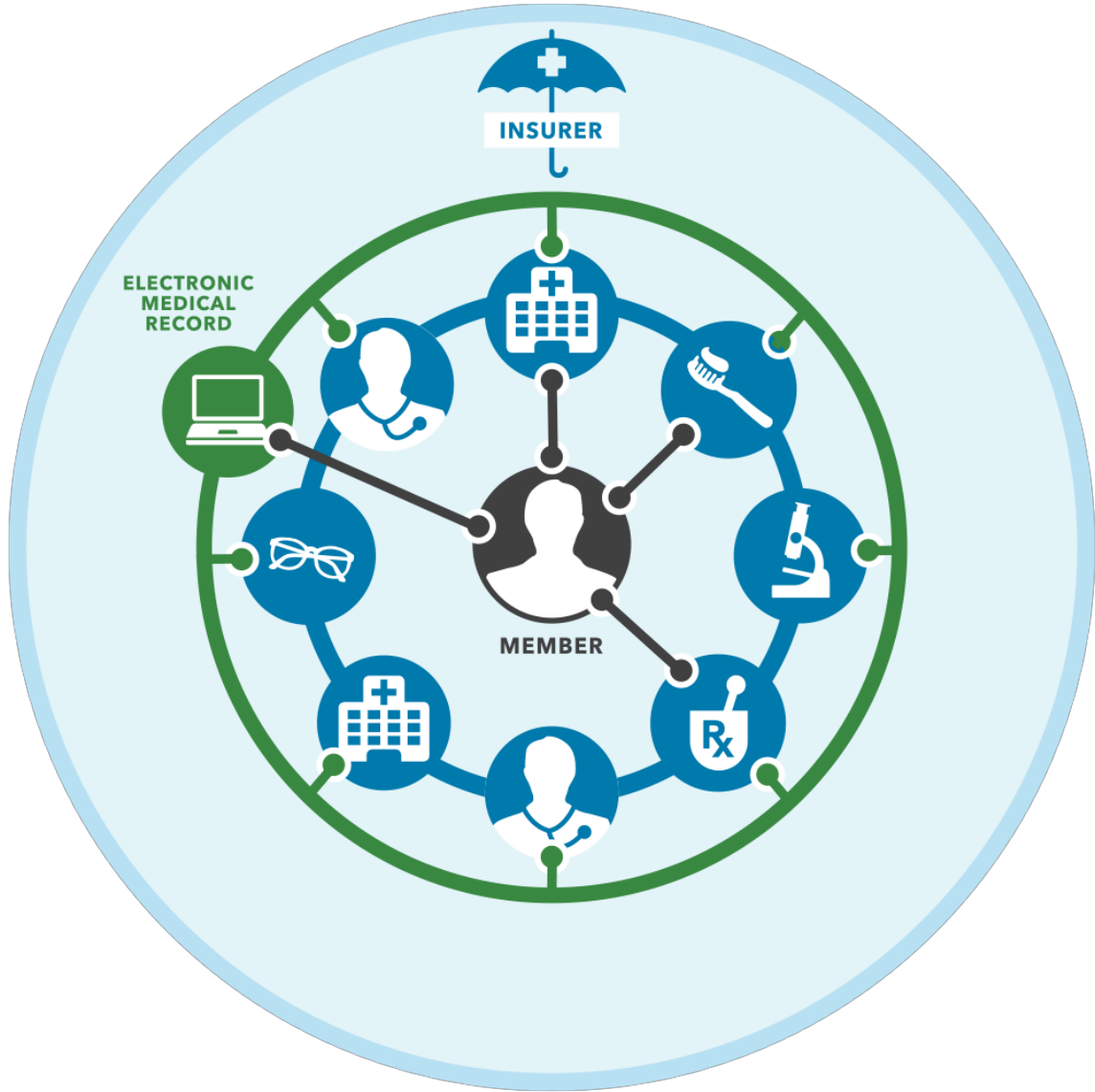
Check test results

Make a payment



INTEGRATED CARE

HELPS US PROVIDE A BETTER EXPERIENCE





CARE INDIVIDUALIZED TO YOUR NEEDS

MEDICAL BENEFITS

Plan benefits	Plan 1	Plan 2	Plan 3
Plan year deductible	None	\$800/individual* \$2,400/family**	\$1,600/individual* \$3,200/family**
Out-of-pocket maximum per plan year	\$1,500/individual* \$3,000/family**	\$4,000/individual* \$12,000/family**	\$6,550/individual* \$13,100/family**
Preventive care services	\$0	\$0	\$0
Prenatal care	\$0	\$0	\$0
Well-baby routine visits	\$0	\$0	\$0
Preventive tests	\$0	\$0	\$0
Office visit copay	\$20	\$25	20% after deductible
Specialist copay	\$30	\$35	20% after deductible
Outpatient surgery	\$75	20% after deductible	20% after deductible
Emergency room copay	\$100	20% after deductible	20% after deductible
Hospital inpatient care	\$100 per day, up to \$500 per admission max	20% after deductible	20% after deductible
Bariatric surgery ¹	\$500 + hospital inpatient care cost share	\$500 + 20% after deductible	\$500 + 20% after deductible
Lab/X-ray/diagnostics	\$20	\$25	20% after deductible
Prescription Mail-order pharmacy is available at 2 copays for a 90-day supply.	\$5 generic \$25 formulary brand \$45 non-formulary brand 25% up to \$100 specialty	\$5 generic \$25 formulary brand \$45 non-formulary brand 25% up to \$100 specialty	20% after deductible
Prescription annual out-of-pocket maximum per person	\$1,100	\$1,100	Subject to medical out of pocket maximum
Self-referred alternative care: chiropractic, naturopathy, and acupuncture	\$20 \$2,000 combined annual benefit maximum applies to alternative care services	\$25 \$2,000 combined annual benefit maximum applies to alternative care services	20% after deductible \$2,000 combined annual benefit maximum applies to alternative care services
Routine eye exam	\$5	\$5	20% after deductible

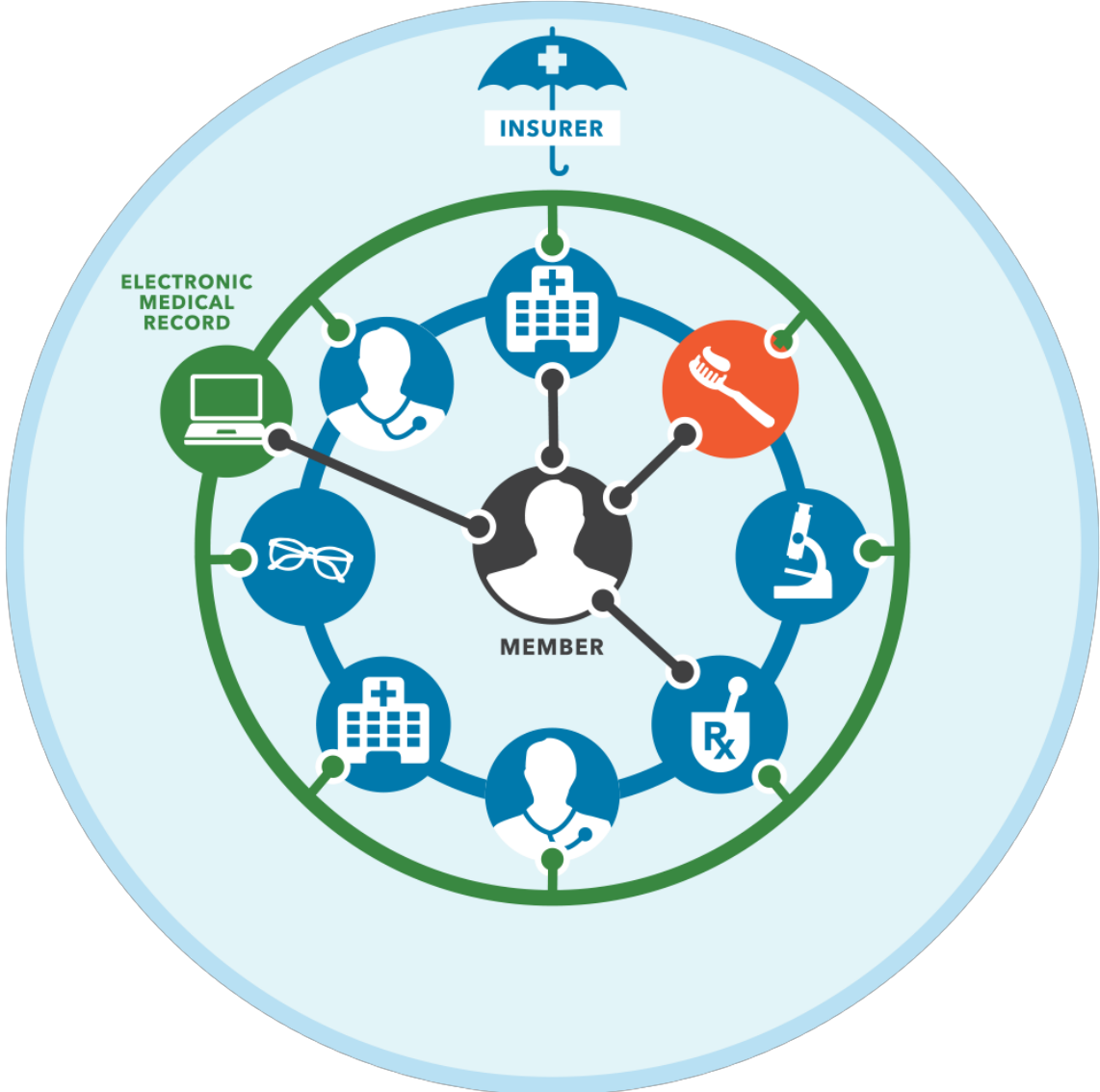
¹See Plan Handbook for specific criteria regarding this benefit.

* For subscriber only coverage per year

** For a family of two or more members per year

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, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook*, also known as the *Evidence of Coverage (EOC)*, or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail.

DENTAL CARE AT KAISER PERMANENTE



EXPANDED ACCESS

2017-2018

Kaiser Permanente Dental at Johnson Creek
Tanasbourne Medical and Dental Office
+34 exam rooms

2019

Beaverton Dental Office
Keizer Station Dental Office



DENTAL BENEFITS

Plan benefits	Dental Plan
Dental office visit copayment*	\$20
Deductible	None
Plan year maximum	\$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	\$0
Routine fillings, inlays, and stainless steel crowns ^{1,2,3}	\$0
Simple tooth extractions ³	\$0
Surgical tooth extractions, including diagnosis and evaluation ³	\$50
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing ³	\$0
Root canal and related therapy including diagnosis and evaluation ³	\$50
Gold or porcelain crowns and onlays ³	\$250
Full and partial dentures, relines, rebases ³	\$100
Bridge retainers and pontics ³	\$250
Orthodontic treatment ³	\$2,500 copay +\$20 per visit
Implants	50% (limit of 4 per lifetime)
Occlusal Guards (Night Guards) and Athletic Mouth Guards	10%

¹Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See handbook for details.

*Office visit copayment applies at each visit, in addition to any plan copayments for services.

²Posterior fillings paid to amalgam fee.

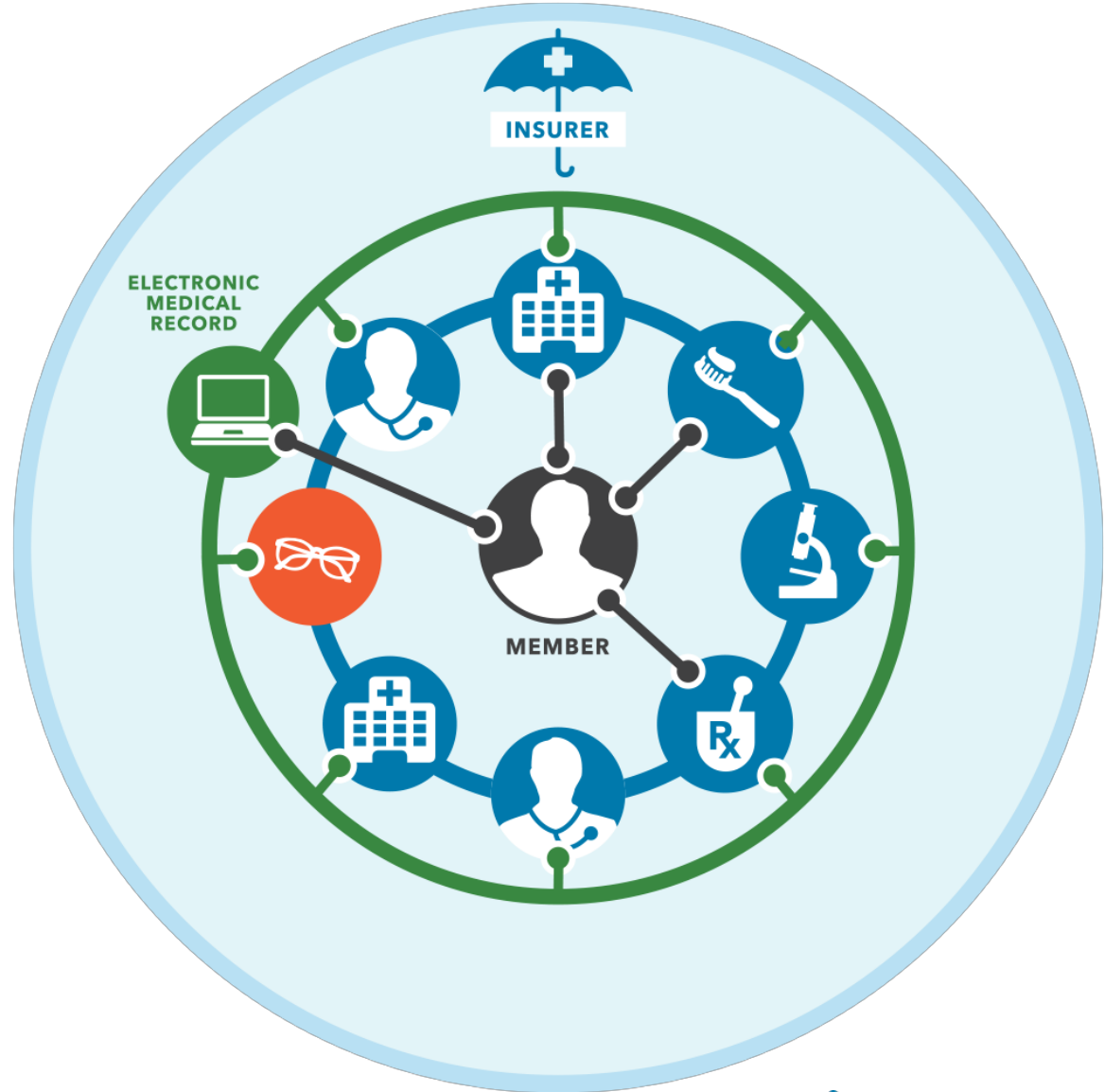
³Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors, and one-surface composite posteriors.

Patients may request composite fillings, which are considered a buy-up, and additional fees may apply.

⁴Benefit is subject to a 12-month benefit waiting period for late enrollees.

VISION CARE

AT KAISER
PERMANENTE



VISION ESSENTIALS

- Online scheduling at kp.org
- Online contact lens ordering at kp2020.org
- Glasses made locally by Kaiser Permanente

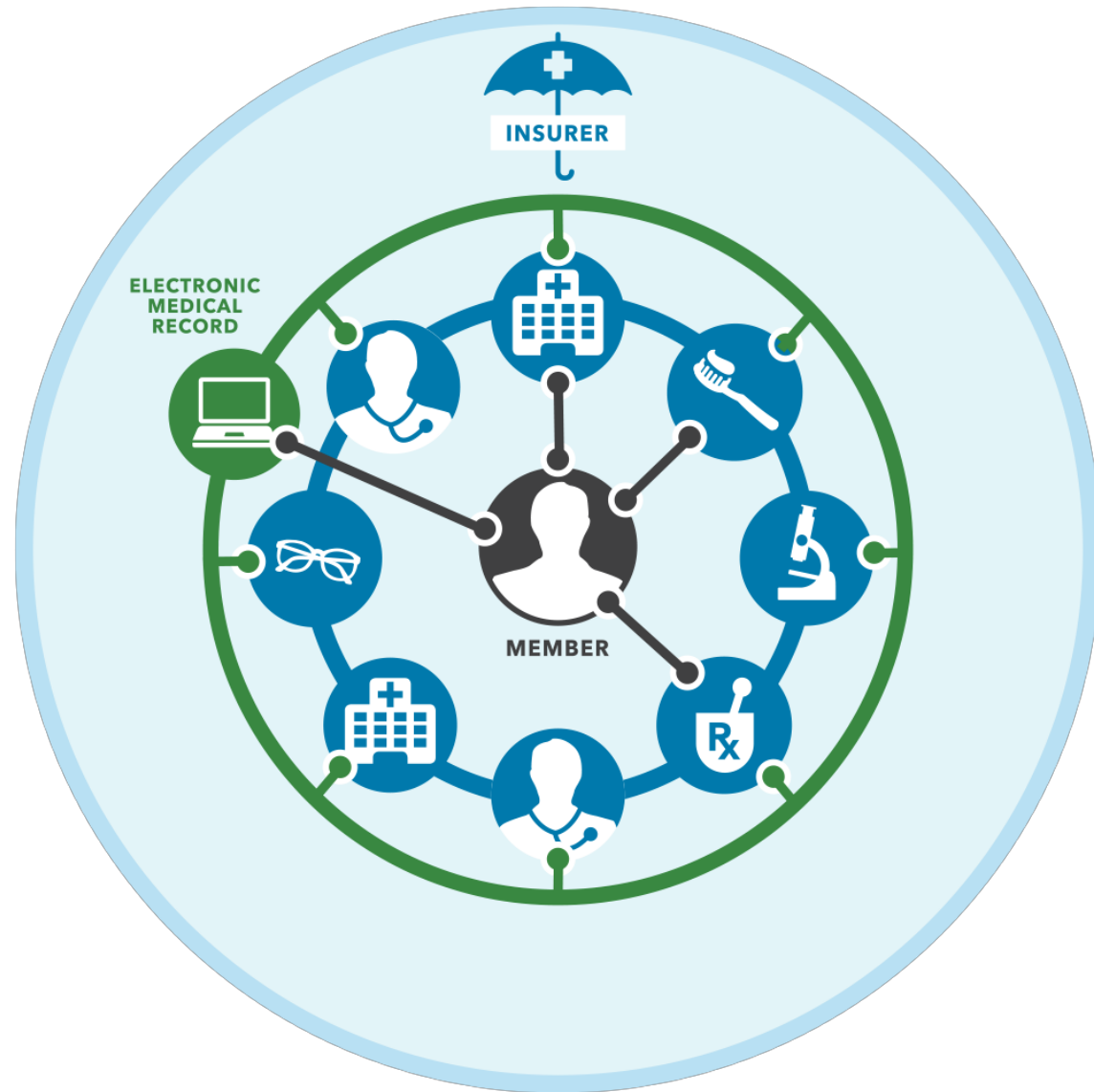


VISION BENEFITS

Plan benefits	Vision Plan ¹
Vision exam	Covered under your Kaiser Permanente Medical Plan with applicable cost share
Diabetic retinopathy screenings	\$0
Hardware allowance²	
Prescription Hardware – frames, lens and contacts	\$250
Non-Prescription Hardware – sunglasses and digital eyestrain glasses	\$100
Additional Benefits	
50/50 protection plan	Included
Second pair of complete glasses	Save 30%

¹Must be enrolled in a Kaiser Permanente Medical plan to enroll in the Kaiser Permanente Vision Plan.

²Once per plan year, members can choose \$250 prescription hardware benefit or \$100 Non-prescription hardware benefit (not both).



QUESTIONS?

THANK YOU FOR CHOOSING KAISER PERMANENTE

Your Account Team

Sophary Sturdevant -- Sophary.X.Sturdevant@kp.org

Troy Marcoe -- Troy.E.Marcoe@kp.org

Shelly Taylor -- Shelly.Taylor@kp.org