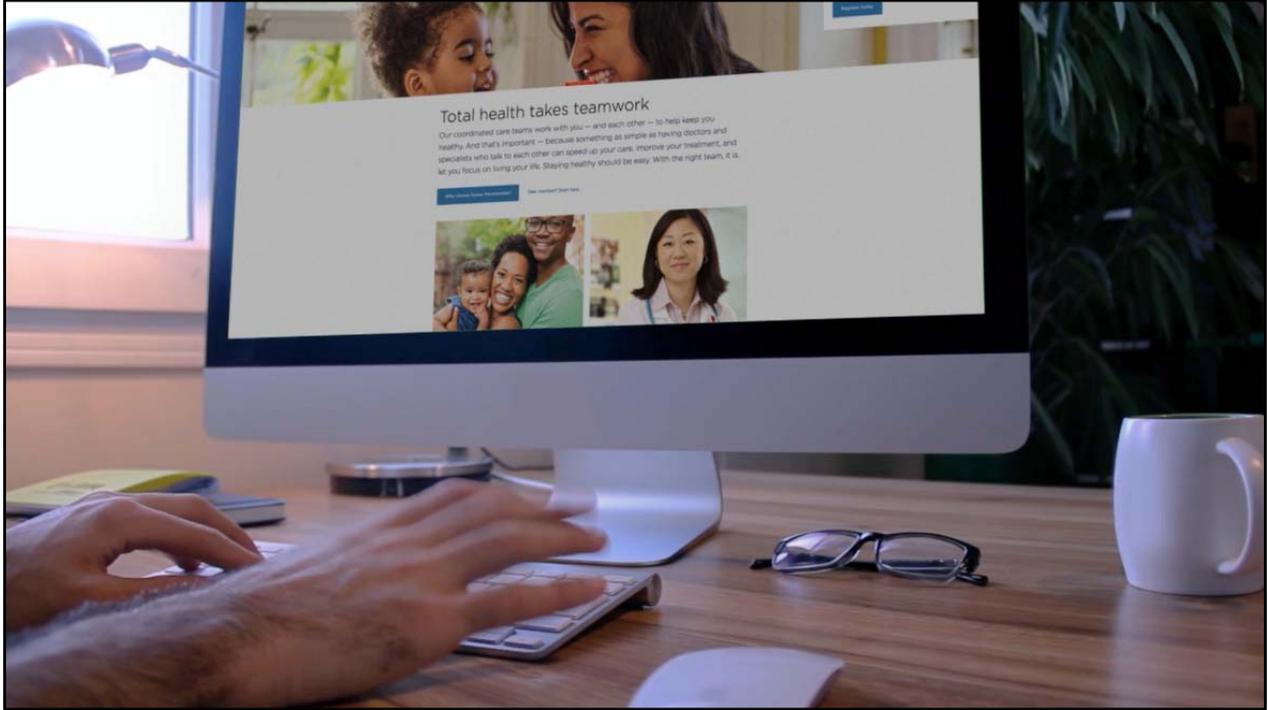




## OEBB + Kaiser Permanente HSA Presentation

I'm here to walk you through Kaiser Permanente's HSA/HRA Plan 3 compatible plan for the 2020–2021 plan year. There are certain tax advantages and benefits to setting aside funds in an HSA or HRA. Talk to your tax advisor for more information.



Before we begin, here are a few reminders:

First, Kaiser Permanente plans are available only in certain areas, and not all **OEBB members** have access to this option. Please look at your open enrollment cover letter to determine which specific plans you can choose from. Second, if you are switching to a us from a non-Kaiser Permanente plan, you will need to select a new provider from our award-winning network.



Here are some of the benefit highlights:

Our plan has a single deductible for medical and prescriptions. After the deductible is met, members then pay coinsurance for covered services. Out-of-pocket expenses for all covered services — for example, the deductible and coinsurance costs — count toward the out-of-pocket maximum.



We want to make sure you are maximizing your benefit under this plan. Here are some tools to make Plan 3 work for you.

- First, remember preventive care services are covered at 100% — you do not need to meet your deductible before receiving services for preventive care.
- You can use [kp.org](http://kp.org) to email your doctor, help manage your care gaps through your Personal Action Plan, and use our Treatment Cost Calculator. You also have access to telephone appointments, scheduled phone and video visits, and our 24-hour care advice line.
- Take advantage of our care management and wellness coaching programs, all at no additional cost to you.

# 2020-2021 Medical Benefits Summary

Plan benefits	Plan 1	Plan 2	Plan 3
Plan year deductible	None	\$800/individual <sup>1</sup> \$2,400/family <sup>2</sup>	\$1,600/individual <sup>1</sup> \$3,200/family <sup>2</sup>
Out-of-pocket maximum per plan year	\$1,500/individual <sup>1</sup> \$3,000/family <sup>2</sup>	\$4,000/individual <sup>1</sup> \$12,000/family <sup>2</sup>	\$6,550/individual <sup>1</sup> \$13,100/family <sup>2</sup>
Preventive care services	\$0	\$0	\$0
Prenatal care	\$0	\$0	\$0
Well-baby routine visits	\$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
Urgent care	\$35	\$40	30% after deductible
Emergency room copay	\$100	20% after deductible	20% after deductible
Hospital inpatient care	\$100 per day, up to \$500 per admission	20% after deductible	20% after deductible
Bariatric surgery <sup>3</sup>	\$500 + hospital inpatient care costshare	\$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 nonformulary brand 25% up to \$100 specialty	\$5 generic \$25 formulary brand \$45 nonformulary brand 25% up to \$100 specialty	20% after deductible \$0 for preventive
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

<sup>1</sup>For subscriber only coverage per year.

<sup>2</sup>For a family of 2 or more members per year.

<sup>3</sup>\$500 copay applies to all bariatric surgery procedures in addition to normal hospital inpatient care copays and coinsurance. See Evidence of Coverage for specific criteria regarding this benefit.

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 Evidence of Coverage (EOC) or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

To learn more about Kaiser Permanente, visit [kp.org](http://kp.org).

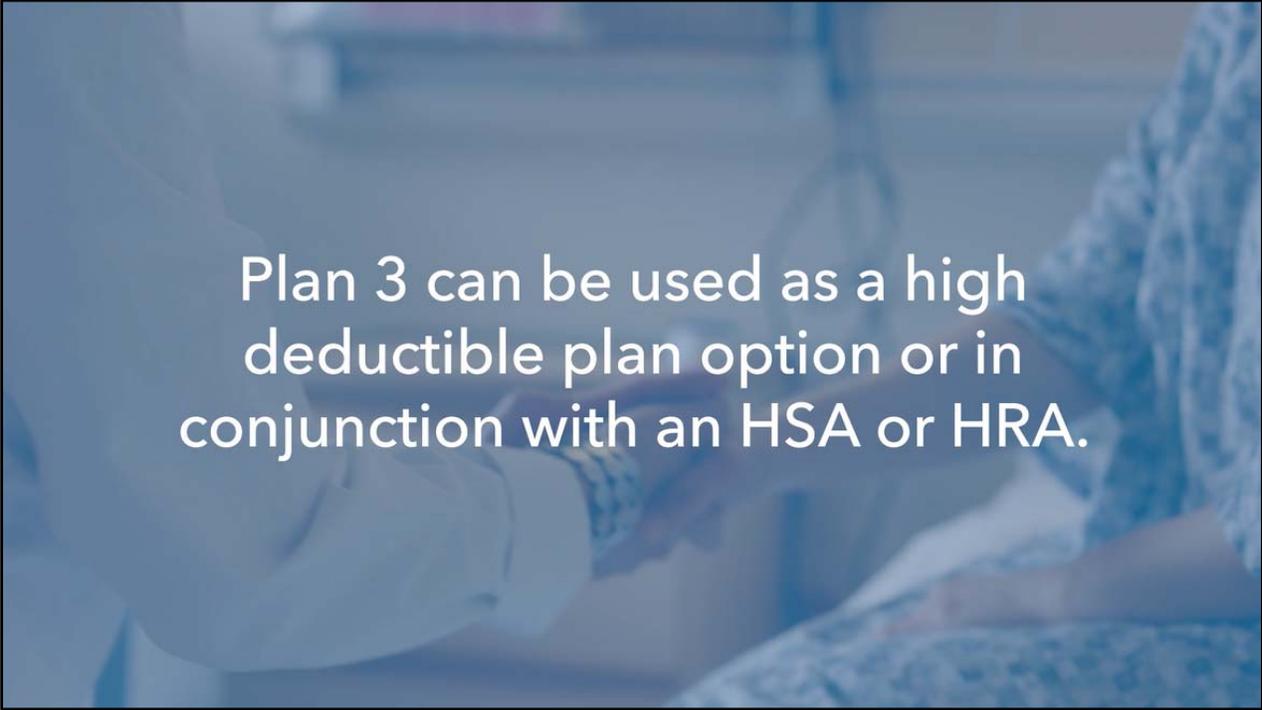
Here are the medical benefits for Plan 3 effective October 1, 2020.

The plan includes \$1,600 per individual and \$3,200 per family deductible and \$6,550 individual and \$13,100 family out-of-pocket maximums.



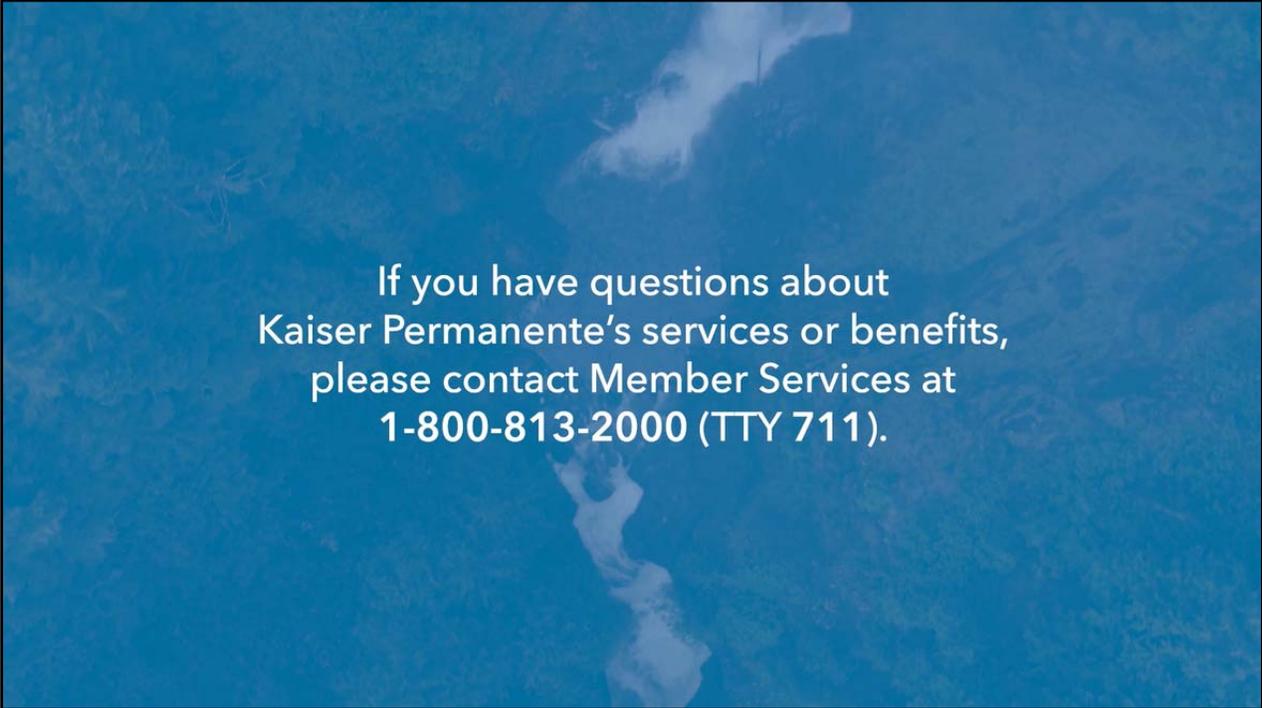
On this plan, everything is subject to the deductible excluding preventive. The entire deductible must be met before the plan starts paying for covered services.

After your deductible has been met, you will pay only 20% for services until you meet your out-of-pocket maximum. All out-of-pocket expenses for all covered services — for example, the deductible and coinsurance costs — count toward the out-of-pocket maximum.



Plan 3 can be used as a high deductible plan option or in conjunction with an HSA or HRA.

Plan 3 can be used simply as a high deductible plan option or offered in conjunction with an HSA or HRA; however, this is optional.



If you have questions about  
Kaiser Permanente's services or benefits,  
please contact Member Services at  
**1-800-813-2000 (TTY 711).**

If you are interested in pairing this with an HSA or HRA, talk to your employer to learn more about setting up this account. If you have questions about Kaiser Permanente's services or benefits, please contact our Member Services at **1-800-813-2000 (TTY 711).**

