KAISER PERMANENTE®

OEBB 2022-2023 Benefits Summary - Medical

Plan benefits	Plan 1	Plan 2A	Plan 2B	Plan 3
Plan year deductible	None	$800/individual[1] $2,400/family[2]	$1200/individual[1] $3600/family[2]	$1,600/individual[1] $3,200/family[2]
Out-of-pocket maximum	$1,500/individual[1] $3,000/family[2]	$4,000/individual[1] $12,000/family[2]	$4,500/individual[1] $13,500/family[2]	$6,550/individual[1] $13,100/family[2]
Preventive care services	$0	$0	$0	$0
Prenatal care	$0	$0	$0	$0
Well-baby routine visits	$0	$0	$0	$0
Preventive tests	$0	$0	$0	$0
Primary Care	$20	$25	$30	20% after deductible
Specialty Care	$30	$35	$40	20% after deductible
Virtual Care	$0	$0	$0	0% after deductible
Routine Eye Exam	$5	$5	$5	20% after deductible
Outpatient surgery	$75	20% after deductible	20% after deductible	20% after deductible
Emergency room	$100	20% after deductible	20% after deductible	20% after deductible
Hospital inpatient care	$100 per day, up to $500 per admission max	20% after deductible	20% after deductible	20% after deductible
Lab, X-ray and Diagnostics	$20	$25	$30	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	$5 generic $25 formulary brand $45 non-formulary brand 25% up to $100 specialty	20% after deductible
Prescription annual out-of-pocket maximum	$1,100	$1,100	$1,100	Subject to medical out of pocket maximum
Self-referred alternative care: chiropractic, and acupuncture.	$20 20 visit limit for chiropractic 12 visit limit for acupuncture	$25 20 visit limit for chiropractic 12 visit limit for acupuncture	$30 20 visit limit for chiropractic 12 visit limit for acupuncture	20% after deductible 20 visit limit for chiropractic 12 visit limit for acupuncture

[1]For subscriber only coverage per year.
[2]For a family of two or more members per year.

See Plan Handbook for specific criteria regarding this benefit. This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail. Visit my.kp.org/oebb for more information.

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2022-2023 Benefits Summary — Vision

Plan benefits	Vision Plan[1]
Routine Eye Exam	See medical plan summary
Hardware allowance - frames, lenses, and contact lenses. $100 of your annual $250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses.	$250
Additional Benefits	
50/50 Protection Plan	Included
Second pair of complete glasses	Save 30%

[1] Must be enrolled in a Kaiser Permanente medical plan to enroll in the Kaiser Permanente vision plan.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to **http://www.kp.org/plandocuments**
Questions? Call Member Services (M-F, 8 am-6 pm) or visit **my.kp.org/oebb** Portland area: 503-813-2000
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010
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