

Summary of Medical Benefits

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

Membership Services: 1-800-813-2000

Oregon C17C

10/1/2017 - 9/30/2018

West Linn Wilsonville School District

Group Number: 16503-005

Calendar year is the time period (Year) in which dollar, day, and visit limits, and Out-of-Pocket Maximums accumulate.

Deductible

For one Member per Year	\$0
For an entire Family per Year	\$0

Out-of-Pocket Maximum (Note: All Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)

For one Member	\$600
For an entire Family	\$1,200

Office visits	You pay
Routine preventive physical exam	\$0
Primary Care	\$10
Specialty Care	\$10
Urgent Care	\$10

Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
CT, MRI, PET scans	\$0 per department visit

Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	\$10 per prescription
Mail Order Prescription drugs (up to a 90 day supply)	\$20 per prescription
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$0

Maternity Care	You pay
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
Inpatient Hospital Services	\$0

Hospital Services	You pay
Ambulance Services (per transport)	\$50
Emergency department visit	\$25 (Waived if admitted)
Inpatient Hospital Services	\$0

Outpatient Services (other)	You pay
Outpatient surgery visit	\$10
Chemotherapy/radiation therapy visit	\$10

SSOB ORLGTRAD 0117_0516

Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$10
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	\$0
Chemical Dependency Services	You pay
Outpatient Services	\$10
Inpatient hospital & residential Services	\$0
Mental Health Services	You pay
Outpatient Services	\$10
Inpatient hospital & residential Services	\$0
Alternative Care*	You pay
Alternative care (self-referred)	\$10 per visit for acupuncture, chiropractic, and naturopathic visits. \$25 per massage therapy visit (up to 12 visits per Year). \$1,000 benefit maximum for all Services combined.
Vision Services	You pay
Routine eye exam (through first month of age 19)	\$0
Vision hardware and optical Services (through first month of age 19)*	No charge for eyeglass lenses or frames or contact lenses every 12 months.
Routine eye exam (age 19 and older)	\$10
Vision hardware and optical Services (ages 19 years and older)*	Balance after \$150 allowance, once every two years

*Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.

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 **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

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 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.