

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

## Summary of medical benefits

Free Geek 11367-302, 305

Oregon Traditional Copayment Plan Cas2

December 1, 2012 through November 30, 2013

### Out-of-Pocket Maximum (Not all services apply to the maximum.)

For one Member \$2,000 per Calendar Year

For an entire Family \$6,000 per Calendar Year

### Preventive Care Services

#### You pay

Routine preventive physical exam (includes adult, well baby, and well child) \$0

Scheduled prenatal care and first postpartum visit \$0

Immunizations \$0

Preventive tests \$0

### Outpatient Services

Primary care visit \$20

Specialty care visit \$20

Urgent care visit \$40

Emergency department visit \$150 (Waived if admitted)

Outpatient surgery visit \$150

Chemotherapy/radiation therapy visit \$20

Laboratory, X-ray, imaging, and special diagnostic procedures \$20 per department visit

CT, MRI, PET scans \$100

Administered medications (all outpatient settings) 20% Coinsurance

Routine eye exam \$20

Injection visit provided in nurse treatment area \$10

Durable medical equipment, external prosthetic devices, and orthotic devices 20% Coinsurance

Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year) \$20

Physician-referred acupuncture (limited to 12 visits per Calendar Year) \$20

**Inpatient Hospital Services** \$300 per day up to \$1,500 per admission

**Ambulance Services** (per transport) \$150

**Hearing Aids for Children** (up to \$4,211 every 48 months, per Member under age 18 and any child Dependent) 20% Coinsurance

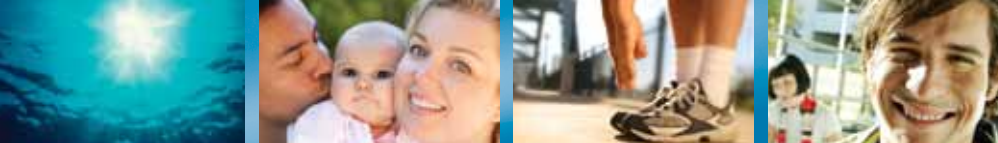
**Skilled Nursing Facility Services** (up to 100 days per Calendar Year) \$0

### Optional Benefits

Alternative care ( self-referred) \$20 per visit for chiropractic, naturopathic and acupuncture visits. \$25 per massage therapy visits (up to 12 visits per Calendar Year). \$1,000 benefit maximum for all Services combined.

Outpatient prescription drugs \$20 generic/\$40 brand/\$60 approved nonformulary brand up to 30-day supply; up to 90-day supply of maintenance drugs for two Copayments when you use mail delivery.

Vision hardware and optical Services Balance after \$150 allowance every 24 months



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**Chemical Dependency Services**

Outpatient Services	\$20
Inpatient hospital & residential Services	\$300 per day up to \$1,500 per admission

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**Mental Health Services**

Outpatient Services	\$20
Inpatient hospital & residential Services	\$300 per day up to \$1,500 per admission

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**Exclusions and Limitations**

The Services listed below are either completely excluded from coverage or partially limited. This applies to all Services that would otherwise be covered and is in addition to the exclusions and limitations that apply only to a particular Service as listed in the description of that Service in the Evidence of Coverage.

**Acupuncture.** Limited to the following: (a) when a Participating Physician makes a referral for Services in accord with Medical Group criteria or (b) your employer Group has purchased the Alternative Care (self-referred Acupuncture Services) rider.; **Certain exams and Services; Chiropractic Services received without a referral by Kaiser Permanente.** Limited to the following: (a) when a Participating Physician makes a referral for Services in accord with Medical Group criteria or (b) Alternative Care Services or Chiropractic Services (self-referred Chiropractic Care) rider has been purchased.; **Cosmetic Services; Custodial Services; Dental Services.** Except when Medically Necessary for Members who have a medical condition that would place undue risk if performed in a dental office. The procedure is subject to Utilization Review.; **Designated blood donations; Detained or confined members; Employer responsibility; Experimental or investigational Services; Eye surgery; Family Services.** Services provided by a member of your immediate family.; **Genetic testing; Government agency responsibility; Hearing aids; Hypnotherapy; Intermediate Services; Massage therapy Services.** Limited to when: (a) a Participating Physician makes a referral for Services in accord with Medical Group criteria or (b) Alternative Care (Massage Therapy) benefit rider has been purchased.; **Naturopathy Services.** Limited to when: (a) referral for Services in accord with Medical Group criteria; or (b) Alternative Care (Naturopathy Services) rider has been purchased.; **Non-Medically Necessary Services; Nonreusable medical supplies; Outpatient Prescription Drugs.** Unless the Outpatient Prescription Drug rider has been purchased. Kaiser Permanente formulary applies. We cover non-formulary drugs only when you meet exception criteria unless specifically covered by your prescription drug plan.; **Services performed by unlicensed people; Services related to a non-covered Service; Services that are not health care Services, supplies, or items; Sexual reassignment surgery; Supportive care and other Services; Travel and lodging.** Limited to: (a) Medically Necessary "Ambulance Services" in this *Summary*, and (b) certain expenses that we preauthorize.; **Travel Services.** All travel-related Services including travel-only immunizations (such as yellow fever, typhoid, and Japanese encephalitis); **Vision hardware and optical Services.** Unless the Vision Hardware and Optical Services rider has been purchased.; **Vision therapy and orthoptics or eye exercises; Professional Services for fitting and follow-up care for contact lenses; Low-vision aids; Weight control or Obesity Services.**

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**Questions? Call Membership Services** (M-F, 8 am-6 pm) or visit **kp.org**

Portland area..503-813-2000. All other areas..1-800-813-2000. TTY..1-800-735-2900.

Language Interpretation Services, all areas..1-800-324-8010

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