

Summary of medical benefits

10/01/2007 through 09/30/2008

HILLSBORO SD 1J - ADMINISTRATORS	01404
Annual individual deductible	None
Annual family deductible	None
Annual individual out-of-pocket maximum	\$600 ¹
Annual family out-of-pocket maximum	\$1,200 ¹
Lifetime benefit maximum	None
Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)	You pay
Office visits for	
Preventive care	See primary care; no charge for age 0-2
Primary care, including urgent care	\$10
Specialty care	\$10
Prenatal care	No charge
Routine eye exam	\$10
Allergy shots and other injections	\$5
Routine immunizations	No charge
Rehabilitative therapies	See specialty care
Outpatient surgery	See specialty care
X-rays, imaging, laboratory, and special diagnostic procedures	No charge
Outpatient prescription drugs	\$10/prescription. You get up to a 30-day supply. When you use mail delivery, you get up to a 90-day supply of maintenance drugs for two copayments. ²
Hospital inpatient care	No charge ³
Hospital maternity care for mother and newborn	Same as hospital inpatient care
Emergency department visit	\$50
Ambulance services	\$50
Mental health services	
Inpatient psychiatric care.	Same as hospital inpatient care
Residential/day treatment.	Residential treatment: Same as inpatient for up to 45 days per year Day treatment: Primary care copay per day
Outpatient treatment.	Primary care copayment
Chemical dependency services	
Inpatient care	Same as hospital inpatient care

Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)	You pay
Residential/day treatment	Same as hospital inpatient care
Outpatient treatment	Primary care copayment
Skilled nursing facility care	No charge for up to 100 days per year
Home health care	No charge
Infertility services	50% for diagnosis and treatment
Durable medical equipment	20%
Alternative care	\$10/chiropractor, acupuncture, or naturopath visit. \$25/massage therapy visit. ⁴

Dependent age limits: Your group plan covers enrolled dependents to age 26.

Questions? Call Membership Services (M-F, 8 am-6 pm)

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

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 your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (or EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.

Footnotes: ¹Per calendar year. ²Kaiser Permanente formulary applies. We cover nonformulary drugs only when you meet exception criteria. ³Includes room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs. ⁴Self referral to network providers. \$1,500 benefit maximum per year. Massage therapy limited to 12 visits per year.