

Summary of medical benefits

2006

HSD-CONFIDENTIAL/ACTIVE FT \$5	01404-010
Annual individual deductible	None
Annual family deductible	None
Annual individual out-of-pocket maximum	\$600 ¹
Annual family out-of-pocket maximum	\$1,200 ²
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	\$5
Specialty care	\$5
Prenatal care	No charge
Routine eye exam	\$5
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	\$5/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. ³
Hospital inpatient care	No charge ⁴
Hospital maternity care for mother and newborn	Same as hospital inpatient care
Emergency department visit	\$50
Ambulance services	\$50
Mental health services	2-yr benefit period ends 12/31/07.
Inpatient psychiatric care.	\$100/day up to \$500/admission, for up to 16 days.
Residential/day treatment.	\$50/day up to \$250/admission, for up to 26 days.
Outpatient therapy with mental health professionals.	\$15 per visit for up to 40 visits.
Chemical dependency services	2-yr benefit period ends 12/31/07. ⁵
Inpatient medical treatment	20% ⁶
Residential/day treatment	20% ⁷

Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)	You pay
Outpatient treatment	Primary care copayment per visit for up to 40 visits.
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%
Dependent age limits: Your group plan covers enrolled dependents to age 26.	

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

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

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 A Guide to Your Benefits (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. ²Per calendar year. Maximum can be met by one family member. ³Kaiser Permanente formulary applies. We cover nonformulary drugs only when you meet exception criteria. ⁴Includes room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs. ⁵Total benefit maximum: Kaiser Permanente pays up to \$8,125 for adult/\$13,125 for child under 18. ⁶Kaiser Permanente pays up to \$5,625 for adult/\$5,000 for child under 18. ⁷Kaiser Permanente pays up to \$4,375 for adult/\$3,750 for child under 18.