

SUMMARY OF MEDICAL BENEFITS

10/01/2008 through 09/30/2009

OREGON EDUCATION BENEFIT BOARD – MEDICAL PLAN 1

Annual Out-Of-Pocket Maximum	
For one Member	\$1,000 per Plan Year
For an entire Family	\$2,000 per Plan Year
Lifetime benefit maximum	Unlimited
Outpatient Services	You Pay
Routine preventive physical exam (includes adult and well child)	\$10
Well Baby routine preventive physical exam (ages 0 – 2)	\$0
Primary care visit (includes routine OB/GYN visits and medical office visits, hearing exams, Urgent Services and Diabetic Outpatient self-management training and education, including medical nutrition therapy)	\$10
Specialty care visit (includes TMJ therapy and Diabetic Outpatient self-management training and education, including medical nutrition therapy; see Primary care for OB/GYN visits)	\$10
Scheduled prenatal care and first postpartum visit	\$0
Routine eye exam	\$5
Injections provided in Nurse Treatment Area	\$5
Emergency Department visit (waived if admitted)	\$100
Immunizations	\$0
Outpatient surgery visit	\$50
Outpatient prescription drugs (optional benefit rider) (\$1,000 out of pocket maximum per individual per year)	You pay
Generic (30-day supply)	\$5
Preferred Brand (30-day supply)	\$15
Non-Preferred Brand (30-day supply)	\$15 if deemed medically necessary by KP provider
Mail order	90 day supply of maintenance medications for two copayments
Hospital Inpatient Services	You Pay
Room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs	\$100 per day, up to \$500 per admission max
Alternative Care Referred Services (\$2,500 Combined Annual Benefit Maximum)	You Pay
Chiropractic Care	\$10
Acupuncture	\$25
Massage Therapy (12 visit limit per Plan year)	\$25
Ambulance Services	You Pay
Per transport	\$75
Chemical Dependency Services	You Pay
Outpatient Services	\$10
Inpatient Hospital Services	\$100 per day, up to \$500 per admission max
Residential Services	\$100 per day, up to \$500 per admission max
Day Treatment Services	\$10

Outpatient Durable Medical Equipment, External Prosthetics and Orthotics	You Pay
Outpatient Durable Medical Equipment, External Prosthetics and Orthotics	20% Coinsurance
Health Education Services	You Pay
Primary Care for specific medical conditions	\$10
Specialty Care for specific medical conditions	\$10
Classes and phone-based services	See <i>Healthy Living</i> Catalog
Home Health Services	You Pay
Home Health (up to 130 visits per Plan Year for part-time or intermittent home health Services)	\$0
Mental Health Services	You Pay
Outpatient Services	\$10
Inpatient Hospital Services	\$100 per day, up to \$500 per admission max
Residential or day treatment (up to 45 days per Plan Year)	\$100 per day, up to \$500 per admission max
Intensive Outpatient Services	\$10 per day
Outpatient Laboratory, X-rays, Imaging, and Special Diagnostic Procedures	You Pay
Laboratory, X-rays, Imaging, and Special Diagnostic Procedures visit	\$0 per department visit
Rehabilitative Therapy Services	You Pay
Outpatient Physical, Speech, and Occupational therapies (limited to 20 visits per therapy per Plan Year)	\$10
Outpatient Respiratory therapy	\$10
Multidisciplinary rehabilitation (limited to a combined total of 60 days per condition per Plan Year for inpatient and outpatient rehabilitation)	
Inpatient multidisciplinary rehabilitation	\$100 per day, up to \$500 per admission max
Outpatient multidisciplinary rehabilitation	\$10
Skilled Nursing Facility Services	You Pay
Inpatient Skilled Nursing Services (100 day maximum per plan year)	\$0
Prescription eyeglasses and contact lenses (optional benefit rider)	You Pay
Lenses Single Vision	No charge up to \$58.50
Lenses Bifocal	No charge up to \$86
Lenses Lenticular	No charge up to \$86
Lenses Trifocal	No charge up to \$109
Conventional Contact Lenses	No charge up to \$192.50
Disposable Contact Lenses	No charge up to \$192.50
Lense Frequency	12 months
Frames	No charge up to \$75
Frames Frequency	12 months child (under 18) 24 months adult

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

All areas...1-866-223-2375. 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 of your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (or EOC) or call Membership Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.