

**OREGON EDUCATORS BENEFIT BOARD 2014-15 PLAN YEAR
SUMMARY OF KAISER PERMANENTE MEDICAL AND PHARMACY BENEFITS**

	Med Plan 1		Med Plan 2		Med Plan 3	
Medical Plans <i>no lifetime maximum on any medical plans</i>	Kaiser (HMO)		Kaiser (HMO)		Kaiser (HMO) HSA-Compliant Plan (HSA Optional)	
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays
Deductible per person	None	See Plan Handbook	\$200	See Plan Handbook	\$1,500	See Plan Handbook
Maximum deductible per family	None	See Plan Handbook	\$600	See Plan Handbook	\$3,000 ²	See Plan Handbook
Out-of-pocket maximum per person	\$1,500	See Plan Handbook	\$3,400	See Plan Handbook	\$5,000	See Plan Handbook
Out-of-pocket maximum per family	\$3,000	See Plan Handbook	\$6,800	See Plan Handbook	\$10,000	See Plan Handbook
Preventive Care Services						
Includes routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Provider Services						
Primary Care Services as described in Plan Handbook	\$20	Not Covered	\$25 ¹	Not Covered	20%	Not Covered
Specialist office visits	\$30	Not Covered	\$35 ¹	Not Covered	20%	Not Covered
Mental health office visits	\$20	Not Covered	\$25 ¹	Not Covered	20%	Not Covered
Mental health inpatient and residential services	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	\$0	Not Covered	\$0	Not Covered	20%	Not Covered
Alternative Care Services (\$2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc.	\$20 per service	Not Covered	\$25 ¹ per service	Not Covered	20%	Not Covered
Maternity						
Outpatient Maternity Care	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Delivery & Routine Newborn Nursery Care	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered
Outpatient and Hospital Services						
Inpatient Care	\$100 per day, up to \$500 per admission maximum	See Plan Handbook	20%	See Plan Handbook	20%	See Plan Handbook
Outpatient Surgery, Upper Endoscopies	\$75	Not Covered	20%	Not Covered	20%	Not Covered
Outpatient Rehabilitation (physical, occupational & speech therapy) <i>Maximum 20 visits per therapy per Plan Year</i>	\$30 per visit	Not Covered	\$35 ¹ per visit	Not Covered	20%	Not Covered
Laboratory / X-Ray, Imaging (CT, PET & MRI), Lumbar Discographies, and Sleep Studies	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered
Viscosupplementation	\$30	Not Covered	\$35 ¹	Not Covered	20%	Not Covered
Emergency and Urgent Care						
Urgent care visit	\$35	See Plan Handbook	\$40 ¹	See Plan Handbook	20%	See Plan Handbook
Emergency Room	\$100 per visit (waived if admitted)		20%		20%	
Ambulance	\$75		\$100 ¹		20%	
Other Covered Services						
Hearing Aids (children up to age 19 and students to age 26, replacement every 48 months) as described in Plan Handbook	10%	Not Covered	10% ¹	Not Covered	20%	Not Covered
Durable Medical Equipment	20%	Not Covered	20% ¹	Not Covered	20%	Not Covered
Weight Management (subscriber and covered dependents unless noted otherwise)						
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)	\$0		\$0		\$0	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0		\$0		\$0	
Bariatric Surgery (subscribers only, not covered for dependents) See Plan Handbook for specific criteria.	\$500 + Inpatient Care costs		\$500 + 20%		\$500 + 20%	
Tobacco Cessation Program						
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.	
Pharmacy Services						
Pharmacy Out-of-Pocket Maximum (per person)	\$1,100		\$1,100		Rx applies toward plan OOP max	
Retail						
Select Generic	\$5 per 30/31-day supply	See Plan Handbook	\$5 per 30/31-day supply	See Plan Handbook	20%	See Plan Handbook
Preferred	\$25 per 30/31-day supply	See Plan Handbook	\$25 per 30/31-day supply	See Plan Handbook	20%	See Plan Handbook
Non-preferred	\$25 per 30/31-day supply if criteria met	See Plan Handbook	\$25 per 30/31-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook
Mail						
Select Generic	\$10 per 90-day supply	See Plan Handbook	\$10 per 90-day supply	See Plan Handbook	20%	See Plan Handbook
Preferred	\$50 per 90-day supply	See Plan Handbook	\$50 per 90-day supply	See Plan Handbook	20%	See Plan Handbook
Non-preferred	\$50 per 90-day supply if criteria met	See Plan Handbook	\$50 per 90-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook

¹ Deductible Waived

² Plan 3 Individual Deductible and Out-of-Pocket Maximum apply to single coverage only. Family Deductible and Out-of-Pocket Maximum apply when two or more individuals are covered on the Plan. This Deductible must be met before benefits will be paid (except where ¹ indicates Deductible Waived).

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.