Summary of Medical Benefits

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

Added Choice Contact Center: 1-866-616-0047

Oregon DX19

1/1/2019 - 12/31/2019

Norris and Stevens

Group Number: 3193-010

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of Pocket Maximums accumulate.			
Deductible			
The amounts you pay for covered Services subject to the Deductible in Tier 1 and Tier 2 cross accumulate. This means that the amounts you pay for covered Services in Tier 1 also count toward the Deductible in Tier 2, and do not count toward the Deductible in Tier 3. The amounts you pay for covered Services subject to the Deductible in Tier 3 only count toward the Deductible in Tier 3.			
For one Member per Year	$1,500	$3,000	$4,500
For an entire Family per Year	$4,500	$9,000	$13,500
Out-of-Pocket Maximum **			
For one Member per Year	$5,350	$7,350	$9,000
For an entire Family per Year	$10,700	$14,700	$18,000
Office visits		**You pay**	
Routine preventive physical exam	$0	$0	40% Coinsurance after Deductible
Primary Care	$25	$35	40% Coinsurance after Deductible
Specialty Care	$35	$45	40% Coinsurance after Deductible
Urgent Care	$45	$55	40% Coinsurance after Deductible
Tests (outpatient)		**You pay**	
Preventive Tests	$0	$0	40% Coinsurance after Deductible
Laboratory	$25 per department visit	$35 per department visit	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	$25 per department visit	$35 per department visit	40% Coinsurance after Deductible
CT, MRI, PET scans	$100 per department visit	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Medications (outpatient)		**You pay**	
Prescription drugs (up to a 30 day supply)	$15 generic / $30 preferred brand / $50 non-preferred brand	At MedImpact Pharmacy $20 generic/$40 preferred brand/$60 non-preferred brand	

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Mail Order Prescription drugs (up to a 90 day supply)	$30 generic / $60 preferred brand / $100 non-preferred brand	MedImpact Mail-Order call CVS Caremark 1-800-237-2767	
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Nurse treatment room visits to receive injections	$10	$35	40% Coinsurance after Deductible
Maternity Care		**You pay**	
Scheduled prenatal care visits and postpartum visit	$0	$0	40% Coinsurance after Deductible
Laboratory	$25 per department visit	$35 per department visit	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	$25 per department visit	$35 per department visit	40% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Hospital Services		**You pay**	
Ambulance Services (per transport)	20% Coinsurance after Deductible		
Emergency services	$200 after Deductible (Waived if admitted)		
Inpatient Hospital Services	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Services (other)		**You pay**	
Outpatient surgery visit	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	$35 after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Durable medical equipment	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	$35	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Skilled Nursing Facility Services		**You pay**	
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Chemical Dependency Services		**You pay**	
Outpatient Services	$25	$35	40% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health Services		**You pay**	
Outpatient Services	$25 per visit	$35	40% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Alternative Care (self-referred) ***		**You pay**	

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Benefit Maximum per Year (all Covered Services combined)		$1,000	
Acupuncture Services	$20	$20	$20
Chiropractic Services	$20	$20	$20
Massage Therapy	$25	$25	$25
Naturopathic Medicine	$20	$20	$20
Vision Services		**You pay**	
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	$25	$35	40% Coinsurance after Deductible
Vision hardware and optical Services (through first month of age 19)	Not covered		Not covered
Routine eye exam (For members 19 years and older.)	$25	$35	40% Coinsurance after Deductible
Vision hardware and optical Services (age 19 and older)	Not Covered		

* Tier 3 may be subject to balance billing.

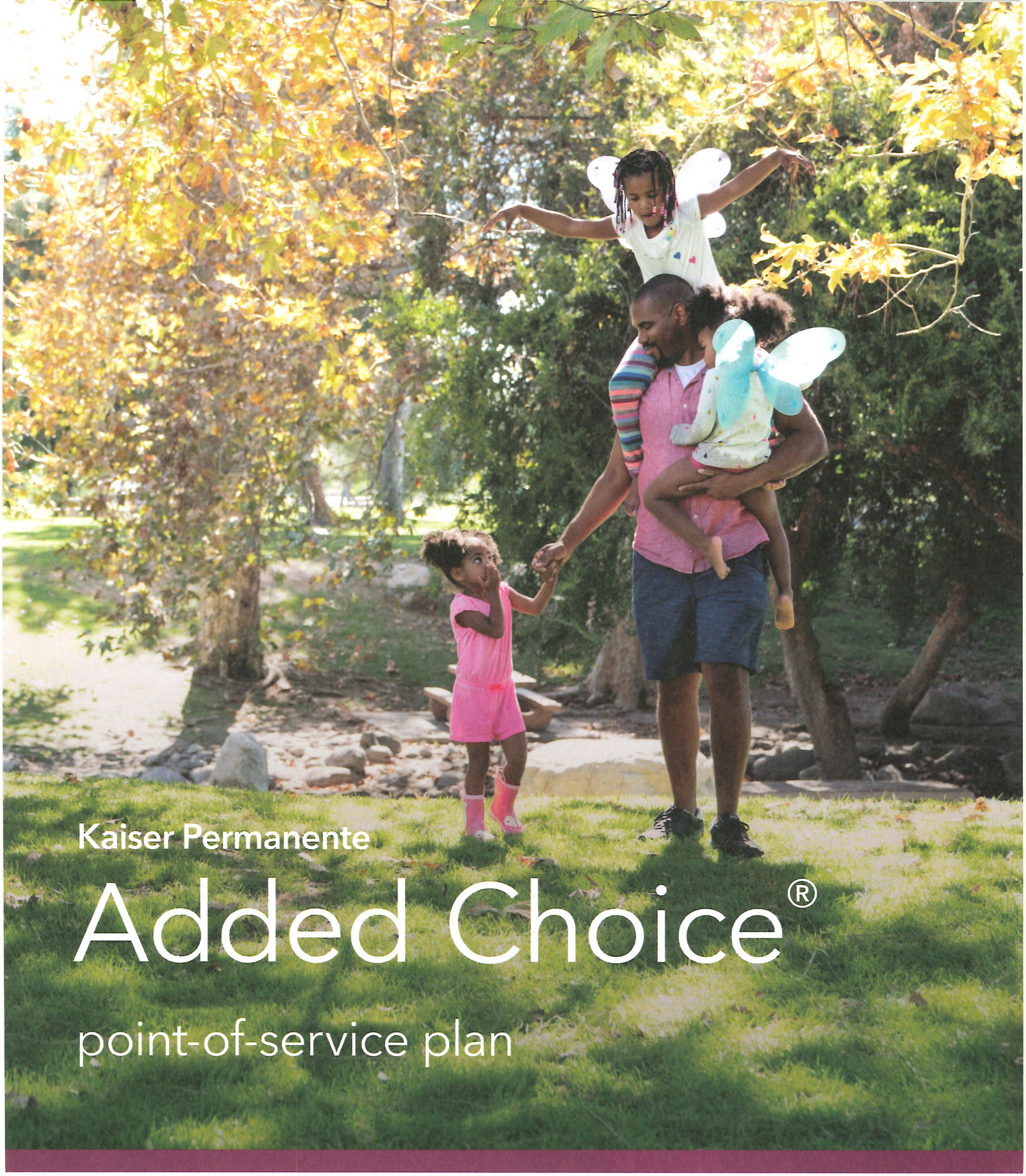
** Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

***Refer to your Evidence of Coverage (EOC) for any applicable visits limits for self referred Alternative Care services.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to http://www.kp.org/plandocuments

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This condensed summary of benefits 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 EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.



Kaiser Permanente

Added Choice®

point-of-service plan

kp.org/addedchoice/nw

KAISER PERMANENTE®

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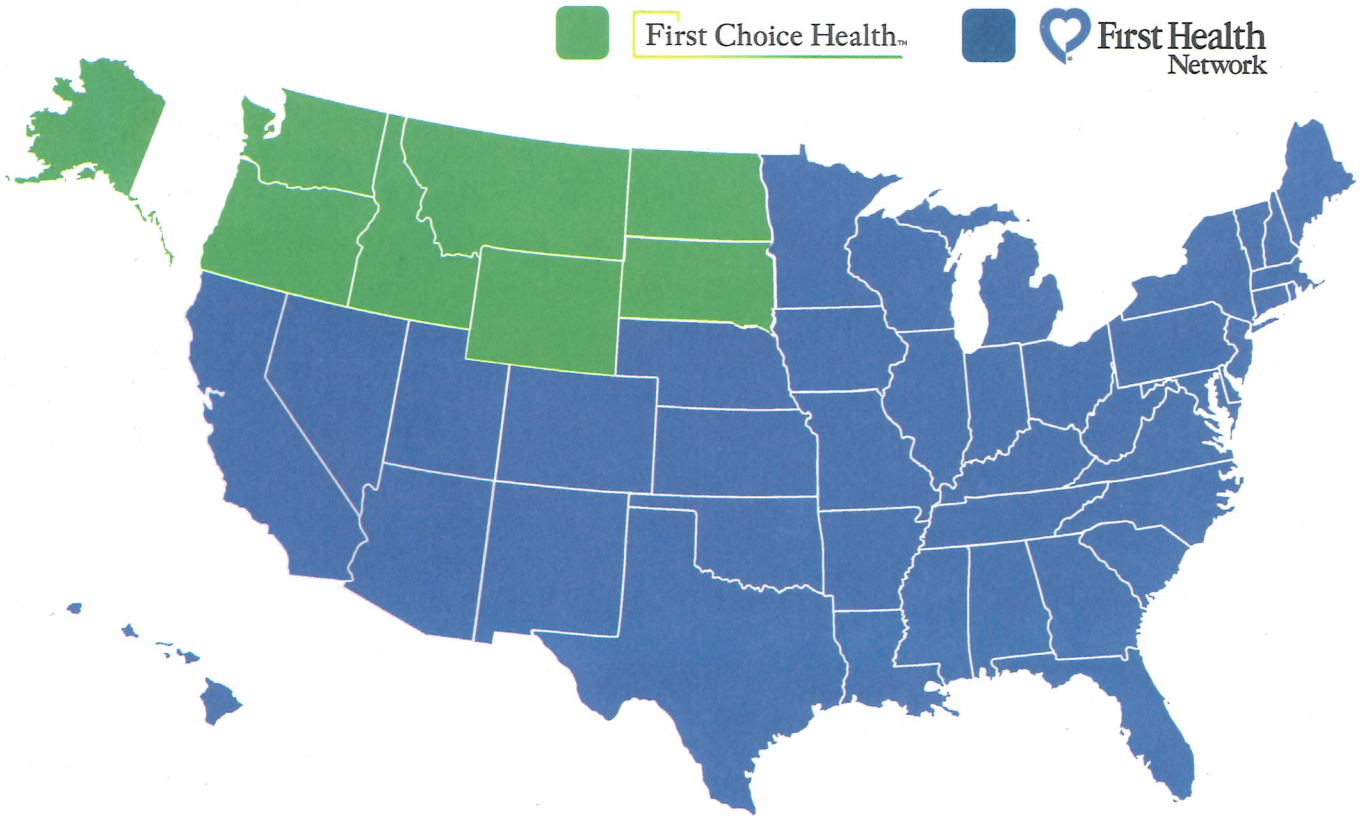
All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

PPO network: more choice, greater flexibility

With the Kaiser Permanente Added Choice plan, you'll have the freedom to choose any doctor or hospital you want, anywhere in the country. But you'll get more value when you select a preferred provider from our extensive local, regional, and national network of quality providers.

Transition of care

If you're managing chronic conditions or using specialty medications, our staff will connect you with doctors and specialists within our network or help manage pre-authorizations and billing for providers outside the Kaiser Permanente network. Contact us at **1-866-616-0047** to get help with ongoing conditions.



Local and regional coverage

Access to the regional First Choice Health network.

National coverage

Access to First Health Network.

To learn more about PPO providers and facilities, visit **kp.org/addedchoice/nw**.

Seeking more flexibility in your health plan?

If you're looking for choice and convenience, we've got a solution – our Added Choice® point-of-service (POS) plan. As an Added Choice member, you have access to all that Kaiser Permanente offers, plus the option to seek covered services from licensed providers across the country.

Benefit tiers

Added Choice offers 3 levels of coverage, called tiers. Members can move from 1 tier to another to get care. The choices you make determine which doctors you see, which medical facilities you use, and how much you pay.

TIER 1 $	TIER 2 $$	TIER 3 $$$
SELECT PROVIDERS*	PPO PROVIDERS*	NON-PARTICIPATING PROVIDERS*
Choose a provider from Kaiser Permanente or The Portland Clinic, conveniently located throughout our service area. With a referral, members can also choose other contracted community providers and facilities, such as OHSU Doernbecher Children's Hospital and Legacy Salmon Creek Medical Center. This tier has the lowest out-of-pocket costs.	Choose a preferred provider (PPO) from First Choice Health or First Health Network. This is a good choice for those who want to keep their current PPO provider or who live outside our service area.	Choose a non-participating provider nationwide. Non-participating providers include any licensed providers who are not select providers or PPO providers. This tier has the highest out-of-pocket costs.

*See your Evidence of Coverage (EOC) or visit **kp.org/addedchoice/nw** for definitions of select provider, PPO provider, and non-participating provider. This brochure is not a contract. Plan details are provided in the EOC. To obtain an EOC for a particular plan, contact Member Services. In the event of any conflict between this brochure and the EOC, the EOC prevails.

Prescription coverage

If your Added Choice plan includes a pharmacy benefit,* you have options of where to fill your prescriptions, based on your tier selection. As a member, you may be able to save time and money by using the mail-order pharmacy option.

	TIER 1	TIER 2 or TIER 3
PHARMACY	Take the prescription to a select pharmacy, including 21 Kaiser Permanente pharmacies, located throughout our service area.	Take the prescription to a retail pharmacy in the MedImpact network. Visit **mp.medimpact.com/pharmacylocator**.
	OR	OR
MAIL ORDER	Use the Kaiser Permanente mail-order service to have your prescription mailed to your home — shipping is free. Call **1-800-548-9809** or sign on to **kp.org/refill**.	Use the Caremark mail-order pharmacy to have your prescription mailed to your home — shipping is free. Call **1-800-841-5550** or sign on to **caremark.com/micro/kpnw**.
OUT-OF-POCKET COSTS	If the medication is listed on the formulary, you will pay the select pharmacy copay or coinsurance shown on your benefit summary or Outpatient Prescription Drug Rider.	You will pay the network pharmacy copay or coinsurance shown on your benefit summary or Outpatient Prescription Drug Rider.

*Not all plans have a network pharmacy benefit, nor do all plans have a select pharmacy rider. For Oregon and Washington residents, consult your benefit summary. For all other residents, consult your Outpatient Prescription Drug Rider. Your Evidence of Coverage (EOC) provides a complete definition of select pharmacy.

To find out if a medication is available at a Kaiser Permanente pharmacy (Tier 1), go to **kp.org/formulary** or call the Formulary Application Services Team (FAST) at **503-261-7900.** For prescriptions under MedImpact (Tiers 2 and 3), call MedImpact at **1-800-788-2949.**

Getting started with Added Choice in 3 easy steps

Visit **kp.org/addedchoice/nw** or call the Added Choice Contact Center at **1-866-616-0047** and we'll help you get started.

1 

Select a tier and choose a doctor

With 3 levels of coverage, called tiers, you have a wide selection of care and doctors to choose from. Each tier determines which health care providers you see, which medical facilities you use, and how much you pay. You may choose a different tier each time you get care.

For Tier 1 select providers, visit **kp.org/chooseyourdoctor**.

For Tier 2 PPO providers, visit **kp.org/addedchoice/nw**.

For Tier 3 non-participating providers, call **1-866-616-0047** to find out whether your provider falls under this category.

2 

Register on kp.org

Get connected to have health at your fingertips. Sign up at **kp.org/register** and start enjoying many time-saving tools to:*

- Make appointments
- View most lab results
- Email your doctor with nonurgent routine questions
- Pay your bills securely
- And more

*These features are available when you get care at Kaiser Permanente facilities.

3 

Fill prescriptions

We're here to help you transition your prescriptions.

For Tier 1 Kaiser Permanente pharmacies, have your prescription information handy and we'll take care of the rest. Simply give us a call at **1-888-491-1124.** To find out if a medication is on our formulary (list of covered drugs) vist **kp.org/formulary**.

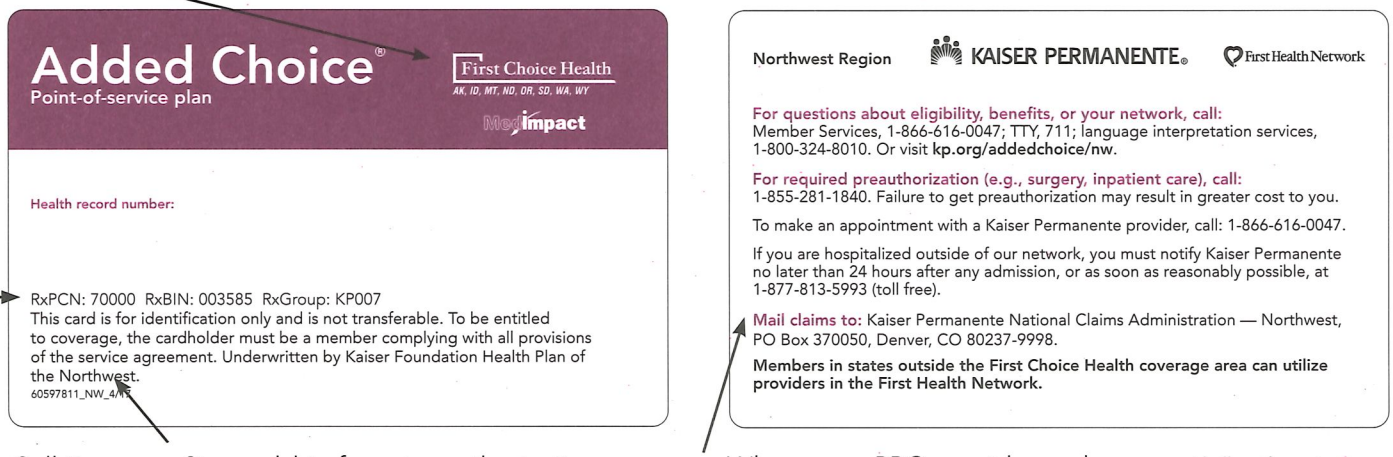
For Tier 2 and 3 MedImpact and Caremark pharmacies, including most national pharmacy chains and many local pharmacies, visit **mp.medimpact.com/pharmacylocator** or call 1-800-788-2949. For a Caremark pharmacy, visit **caremark.com/micro/kpnw**.

Using your Added Choice ID card

Information to share with your PPO provider and pharmacy*

ADDED CHOICE ID CARD

First Choice Health is our PPO provider network.



Call Resource Stewardship for prior authorization for services with PPO providers and non-participating providers.

Pharmacy information when transferring or refilling prescriptions.

Where your PPO provider and non-participating provider can mail claims.

A quick reference guide for First Choice Health and First Health Network

For members in OR, WA, ID, MT, WY, SD, ND & AK and non-participating physicians	**Prior authorization and utilization management:** Kaiser Permanente Resource Stewardship: Portland: 503-813-1031; all other areas: 1-855-281-1840; TTY: 711 **PPO network:** First Choice Health, 1-800-467-5281 **Pharmacy services:** MedImpact customer service, 1-800-788-2949; MedImpact pharmacy locator: **mp.medimpact.com/pharmacylocator**
For members in all other states, First Health PPO, and non-participating physicians	**Prior authorization and utilization management:** Kaiser Permanente Resource Stewardship: Portland: 503-813-1031; all other areas: 1-855-281-1840; TTY: 711 **PPO network:** First Health Network, 1-888-685-7774 **Pharmacy services:** MedImpact customer service, 1-800-788-2949; MedImpact pharmacy locator: **mp.medimpact.com/pharmacylocator**
For all members and physicians	**General information:** Kaiser Permanente Member Services, 1-866-616-0047; TTY: 711 **kp.org/addedchoice/nw**
External claims	Kaiser Permanente National Claims Administration - Northwest, PO Box 370050, Denver, CO 80237-9998

*Not all plans have a network pharmacy benefit, nor do all plans have a select pharmacy rider. Consult your benefit summary. Your Evidence of Coverage (EOC) provides a complete definition of select pharmacy.

Added Choice directory request

Have questions? We're here to help.

Monday through Friday, 8 a.m. to 6 p.m.

Added Choice Contact Center. 1-866-616-0047
TTY. 711
Language interpretation services . . . 1-800-324-8010

DETACH HERE. Tear at perforation.

For the most up-to-date list of the providers and facilities in the Added Choice PPO network, visit **www.fchn.com/ProviderSearch/Kaiser** for First Choice Health or **www.myfirsthealth.com** for First Health Network.

If you would like a printed copy of our *Kaiser Permanente Added Choice Medical Facility Directory,* please fill out this card and mail it back to us.

Name _____

Street address _____

City _____ State _____ ZIP _____

kp.org/addedchoice/nw

KAISER PERMANENTE®

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