



KAISER PERMANENTE®

Type of Plan

Health Maintenance Organization (HMO)

Service Area

The Kaiser Permanente service area is approximately a 30-mile radius of any Kaiser Permanente facility. The service area is defined by zip codes. If you live in one of the zip codes listed here, your coverage will be provided through the Kaiser Permanente Medical Plan.

You are eligible for enrollment and continued coverage as long as you reside in the service area. The service area consists of the following counties within the following ZIP codes:

In Oregon

Benton: 97330, 97331, 97333, 97339, 97370

Clackamas: 97004, 97009, 97011, 97013, 97015, 97017, 97022, 97023, 97027, 97034, 97035, 97036, 97038, 97042, 97045, 97049, 97055, 97067, 97068, 97070, 97086, 97089, 97222, 97267, 97268, 97269

Columbia: All ZIP codes

Hood River: 97014,

Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389

Marion: 97002, 97020, 97026, 97032, 97071, 97137, 97301, 97302, 97303, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97342, 97346, 97352, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392

Multnomah: All ZIP codes

Polk: All ZIP codes

Washington: All ZIP codes

Yamhill: All ZIP codes

In Washington

Clark: All ZIP codes

Cowlitz: All ZIP codes

Lewis: 98591, 98593, 98596

Skamania: 98639, 98648, 98671

Wahkiakum: 98612, 98647

Out of Network Care

Not covered, except for emergency and urgent care when you are not able to get to a Kaiser Permanente facility.

Covered Providers

You must use Kaiser Permanente providers and facilities to be eligible for benefit coverage under this plan. Kaiser encourages you to choose a primary care physician to coordinate your medical care and authorize referrals to other Kaiser physicians and specialists.

You can review the providers at each Kaiser facility by going to www.kaiserpermanente.org or you can request a list of physicians and facilities by telephone to HUBB or Kaiser Permanente Member Services.

Dependent Age Limits

Your group plan covers enrolled dependents to age 26 (see Eligibility Rules, Section 1 for definition of eligible family members).

Member Services (M-F, 8am-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



KAISER PERMANENTE®

Summary of Medical Plan Benefits

April 1, 2011 – December 31, 2011

OREGON HOME CARE COMMISSION	11428-001
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 provider)	You pay
Office visits	
Preventive care	\$0
Primary care	\$20
Urgent Care	\$20
Specialty care	\$20 ²
Prenatal care	\$0
Routine eye exam	\$20
Allergy shots and other injections	\$5
Routine immunizations	\$0
Rehabilitative therapies	\$20 ³
Outpatient surgery	\$20 ²
X-rays, imaging, laboratory, and special diagnostic procedures	\$0
Outpatient prescription drugs	\$10 generic/ \$20 brand. 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. ⁴
Hospital inpatient care	\$0 ⁵
Hospital maternity care for mother and newborn	Same as hospital inpatient care.
Emergency department visit– Kaiser-affiliated hospital	\$75 ⁶
Emergency department visit– Kaiser Emergicenter or Urgent Care Clinics	\$20
Ambulance services	\$75
Mental health services	
Inpatient and Residential care	\$0 ⁵
Day treatment	\$20 copay per day
Outpatient treatment	\$20 copay
Chemical dependency services	
Inpatient and Residential care	\$0 ⁵
Day treatment	\$20 copay per day
Outpatient treatment	\$20 copay



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Summary of Medical Plan Benefits

April 1, 2011 – December 31, 2011

Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)

You pay

Skilled nursing facility care	\$0 for up to 100 days per year
Home health care	\$0 for up to 130 visits per year
Infertility services	50% for diagnosis and treatment
Durable medical equipment	20%
Prescription eyeglasses and contact lenses	Balance after \$150 credit is applied. Your benefit renews every 24 months on a rolling year basis from date of service. ⁷

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. ²\$0 for preventative procedures. ³Limited to 20 visits per therapy year. ⁴Kaiser Permanente formulary applies. We cover nonformulary drugs only when you meet exception criteria. ⁵Includes room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs. ⁶Copay waived if admitted. ⁷Professional fees for cosmetic contact lenses not covered. If the full credit is not used in the first visit, the balance is forfeited. No charge for standard frames and lenses post cataract surgery.

