KAISER PERMANENTE®

OEBB 2021-2022 benefits summary — medical

Plan benefits	Plan 1	Plan 2A (formally Plan 2)	Plan 2B (NEW)	Plan 3
Plan year deductible	None	$800/individual[1] $2,400/family[2]	$1200/individual[1] [2]	$1,600/individual[1] $3,200/family[2]
Out-of-pocket maximum per plan year	$1,500/individual[1] $3,000/family[2]	$4,000/individual[1] $12,000/family[2]	$4,500/individual[1] $13,500/family[2]	$6,550/individual[1] $13,100/family[2]
Preventivecare services	$0	$0	$0	$0
Prenatalcare	$0	$0	$0	$0
Well-baby routine visits	$0	$0	$0	$0
Preventivetests	$0	$0	$0	$0
Office visit copay	$20	$25	$30	20% after deductible
Specialistcopay	$30	$35	$40	20% after deductible
Virtual Care	$0	$0	$0	0% after deductible
Outpatient surgery	$75	20% after deductible	20% after deductible	20% after deductible
Emergency room copay	$100	20% after deductible	20% after deductible	20% after deductible
Hospital inpatient care	$100 per day, up to $500 per admission max	20% after deductible	20% after deductible	20% after deductible
Lab/X-ray/diagnostics	$20	$25	$30	20% after deductible
Prescription Mail-order pharmacy is available at 2 copays for a 90-day supply.	$5 generic $25 formulary brand $45 non-formulary brand 25% up to $100 specialty	$5 generic $25 formulary brand $45 non-formulary brand 25% up to $100 specialty	$5 generic $25 formulary brand $45 non-formulary brand 25% up to $100 specialty	20% after deductible
Prescription annual out-of-pocket maximum per person	$1,100	$1,100	$1,100	Subject to medical out of pocket maximum
Self-referred alternative care: chiropractic, naturopathy, and acupuncture	$20 $2000 combined annual benefit maximum applies to alternative care services	$25 $2000 combined annual benefit maximum applies to alternative care services	$30 $2000 combined annual benefit maximum applies to alternative care services	20% after deductible $2000 combined annual benefit maximum applies to alternative care services

[1] For subscriber only coverage per year.
[2]For a family of two or more members per year.
[3]$500 copay applies to all bariatric surgery procedures in addition to normal hospital inpatient care copays and coinsurance. See Plan Handbook for specific criteria regarding this benefit. 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, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook*, also known as the *Evidence of Coverage (EOC),* or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail.

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OEBB 2021-2022 benefits summary — dental

Plan benefits	Dental Plan †
Dental office visit copayment*	$20
NEW – Preventative care office visit copayment	$0
Deductible	None
Plan year maximum	$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	$0
Routine fillings, inlays, and stainless steel crowns[1,2,3]	$0
Simple tooth extractions[3]	$0
Surgical tooth extractions, including diagnosis and evaluation[3]	$50
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing[3]	$0
Root canal and related therapy including diagnosis and evaluation[3]	$50
Gold or porcelain crowns and onlays[3]	$250
Full and partial dentures, relines, rebases[3]	$100
Bridge retainers and pontics[3]	$250
Orthodontic treatment[3]	$2,500 copay + $20 per visit
Implants	50% (limit of 4 per lifetime)
Occlusal Guards (Night Guards)	10%
Athletic Mouth Guards	10%

†Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See handbook for details.
*Office visit copayment applies at each visit, in addition to any plan copayments for services, except for preventative services, you will pay a $0 office visit copay.
[1]Posterior fillings paid to amalgam fee.
[2]Fillings are covered at 100% for amalgam fillings on back teeth and composite tooth color fillings on front (smile line) teeth. Patients can request composite fillings for back teeth and pay additional fees. Contact Kaiser Permanente directly for fee information.
[3]Benefit is subject to a 12-month benefit waiting period for late enrollees.

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To learn more about Kaiser Permanente, visit **kp.org**.

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OEBB 2021-2022 benefits summary — vision

Plan benefits	Vision Plan[1]
Routine Eye Exam	See medical plan summary
Hardware allowance - frames, lenses, and contact lenses. $100 of your annual $250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses.	$250
Additional Benefits	
50/50 Protection Plan	Included
Second pair of complete glasses	Save 30%

[1] Must be enrolled in a Kaiser Permanente medical plan to enroll in the Kaiser Permanente vision plan.

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