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

Oregon DED Everyday Care Plan $5000 **1/1/2025 - 12/31/2025**

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible	
Self-only Deductible per Year (for a Family of one Member)	$5,000
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	$5,000
Family Deductible per Year (for an entire Family)	$10,000
Out-of-Pocket Maximum [1]	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	$5,000
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	$5,000
Family Out-of-Pocket Maximum per Year (for an entire Family)	$10,000
Office Visits	**You pay**
Routine preventive physical exam	$0
Telehealth (phone/video)	$0
Primary Care	$0
Specialty Care	$0
Urgent Care	$0
Tests (outpatient)	**You pay**
Preventive Tests	$0
Laboratory	$0
X-ray, imaging, and special diagnostic procedures	$0
CT, MRI, PET scans	$500 per department visit
Medications (outpatient)	**You pay**
Prescription drugs (up to a 30-day supply)	$0 generic / $50 preferred brand / $125 non-preferred brand / $250 specialty
Mail Order Prescription drugs (up to a 90-day supply)	$0 generic / $100 preferred brand / $250 non-preferred brand
Administered medications, including injections (all outpatient settings)	$0 after Deductible
Nurse treatment room visits to receive injections	$0
Maternity Care	**You pay**
Scheduled prenatal care visits and postpartum visits	$0
Laboratory	$0
X-ray, imaging, and special diagnostic procedures	$0
Inpatient Hospital Services	$0 after Deductible

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Hospital Services	**You pay**
Ambulance Services (per transport)	$500
Emergency services	$500 (Waived if admitted)
Inpatient Hospital Services	$0 after Deductible
Outpatient Services (other)	**You pay**
Outpatient surgery visit	$0 after Deductible
Chemotherapy/radiation therapy visit	$0 after Deductible
Durable medical equipment	$0 after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	$0
Skilled Nursing Facility Services	**You pay**
Inpatient skilled nursing Services (up to 100 days per Year)	$0 after Deductible
Mental Health and Substance Use Disorder Services	**You pay**
Outpatient Services	$0
Inpatient hospital & residential Services	$0 after Deductible
Alternative Care (self-referred)	**You pay**
Acupuncture Services	Rider Available for Purchase
Chiropractic Services	
Massage Therapy	
Naturopathic Medicine	$0
Vision Services	**You pay**
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	$0
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Rider Available for Purchase
Routine eye exam (For members 19 years and older.)	$0
Vision hardware and optical Services (For members 19 years and older.)	Rider Available for Purchase

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

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 **kp.org/plandocuments**.

Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit **https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act.**

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, all areas: 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.

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