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 - Custom Traditional Plan

7/1/2025 - 6/30/2026

City of Gresham, A Municipal Corporation of The State of Oregon dba City of	
Gresham	

Group Number: 18120-001

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

Prescription drugs (up to a 30 day supply)\$10 per prescriptionMail Order Prescription drugs (up to a 90 day supply)\$20 per prescriptionAdministered medications, including injections (all outpatient settings)\$0Nurse treatment room visits to receive injections\$10Maternity CareYou payScheduled prenatal care visits and postpartum visits\$0Laboratory\$0X-ray, imaging, and special diagnostic procedures\$0Inpatient Hospital Services\$0	Deductible	
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Ambulance Services (per transport)\$75Emergency services\$75 (Waived if admitted)	Inpatient Hospital Services	\$0
Emergency services \$75 (Waived if admitted)	Hospital Services	You pay
	Ambulance Services (per transport)	\$75
Inpatient Hospital Services \$0	Emergency services	\$75 (Waived if admitted)
	Inpatient Hospital Services	\$0

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Outpatient Services (other)	You pay
Outpatient surgery visit	\$10
Chemotherapy/radiation therapy visit	\$10
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$10
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	\$0
Mental Health and Substance Use Disorder Services	You pay
Outpatient Services	\$5 for first 3 visits; then \$10 per visit for additional visits in the same Year *
Inpatient hospital & residential Services	\$0
Alternative Care (self-referred)	You pay
Acupuncture Services (up to 12 visits per Year)	\$10 per visit
Chiropractic Services (up to 20 visits per Year)	\$10 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	\$5 for first 3 visits; then \$10 for additional visits in the same Year *
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.)	No charge for one pair standard frames and lenses or 12-month supply contact lenses per year.
Routine eye exam (For members 19 years and older.)	\$10
Vision hardware and optical Services (For members 19 years and older.)	Allowance of up to \$150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including Medically Necessary contact lenses, not more than once in a two-Year period

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

* First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, behavioral health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient 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 **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 <u>https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act</u>.

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

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KAISER PERMANENTE

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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