



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

Summary of Medical Benefits

Oregon DP18 - Custom

April 1st, 2018 ±March 31st, 2019

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers
Deductible			
For one Member per Calendar Year	\$750	\$1,000	\$3,000
For an entire Family per Calendar Year	\$2,250	\$3,000	\$9,000

Out-of-Pocket Maximum (All Deductible, Copayment, and Coinsurance amounts count toward the Out of Pocket Maximum, unless otherwise noted. The amounts you pay for covered Services that count toward the Out of Pocket Maximum)

Mail Order Prescription drugs (up to a 90 day supply at Select Provider pharmacies)	\$30 generic/\$60 preferred brand/\$100 non-preferred brand	At MedImpact Pharmacy: \$60 generic/\$120 preferred brand/\$180 non-preferred brand	
Administered medications, including injections (all outpatient settings) Nurse treatment room visits to receive injections	0% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible



