



Copay B: Alternative Care & Vision	
January 1, 2019 - December 31, 2019	
Out-of-Pocket Maximum (Note: All Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)	
For one Member	\$1,500
For an entire Family	\$3,000
Office visits	You pay
Routine preventative physical exam	\$0
Primary Care	\$20
Specialty Care	\$30
Urgent Care	\$40
Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$20 per department visit
X-ray, imaging, and special diagnostic procedures	\$20 per department visit
CT, MRI, PET scans	\$50 per department visit
Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	Generic \$10, Preferred \$20, Non-preferred \$40, Specialty \$40 (Per prescription)
Mail Order Prescription drugs (up to a 90 day supply)	2 x Copay
Administered medications, including injections (all outpatient settings)	20% Coinsurance
Nurse treatment room visits to receive injections	\$10
Maternity Care	You pay
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$20 per department visit
X-ray, imaging, and special diagnostic procedures	\$20 per department visit
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
Hospital Services	You pay
Ambulance Services (per transport)	\$75
Emergency department visit	\$200 (Waived if admitted)
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit	\$50
Chemotherapy/radiation therapy visit	\$30
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)	\$30
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0
Chemical Dependency Services	You pay
Outpatient Services (Group visit ½ copay)	\$20
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission
Mental Health Services	You pay
Outpatient Services (Group visit ½ copay)	\$20
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission

Alternative Care*	You pay
Alternative care (self-referred)	\$20 per visit for acupuncture, chiropractic, and naturopathic visits. \$25 per massage therapy visit (up to 12 visits per Calendar Year). \$1,000 benefit maximum for all Services combined. Must use Complimentary Healthcare Plan Providers.
Vision Services	You pay
Routine eye exam (through first month of age 19)	\$0
Vision hardware and optical Services (through first month of age 19)*	No charge for eyeglass lenses or frames or contact lenses every 12 months.
Routine eye exam (age 19 and older)	\$20
Vision hardware and optical Services (ages 19 years and older)*	Balance after \$150 allowance, once every two calendar years

* **Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.***

kp.org Resources:

Here are some ways to make managing your care easier:

Sign on to our convenient online services and stay on top of your treatment from the comfort of your home.

- Find or switch doctors
- View lab test results
- Health risk assessments
- Order prescription refills
- Schedule and cancel appointments
- Exchange secure emails with your doctor and health care team
- Find locations of our medical centers and offices

Appointment Alternatives:

-Advice Nurse Line - If you have a health concern but aren't sure where to go for care, call the Kaiser Permanente advice nurse line at (800) 813-2000. Available 24 hours a day, our advice nurses can give you guidance on getting the care you need, view your medical record, and help schedule an appointment if needed.

-Virtual Care - Virtual care options are available for many health concerns. You can skip a copay and schedule a visit to see a doctor using your computer or mobile device. Call (800) 813-2000 (toll free), (503) 813-2000, or 711 (TTY for the hearing/speech impaired). You can use online scheduling to make an appointment with our Urgent Care providers. We offer both same-day Urgent Care Telephone Appointments and Urgent Care Video Visits.

-Email Your Doctor - You can send a secure email to your doctor and care team for answers to non-urgent health and wellness questions at any time by logging on to kp.org on your computer or mobile device.

Disease Management:

Our integrated health care delivery system provides comprehensive and coordinated care for our members with chronic conditions. All members who are identified by specified criteria are automatically enrolled in one of our disease management programs. Your personal physician, specialists, pharmacists, nurses, nutritionists, class instructors, and others will care for the whole you, body and mind.

Healthy Lifestyle Programs: kp.org/healthylifestyles or kphhealthylifestyles.org:

Digital and telephonic health coaching programs are available at no cost to members. These personalized interactive programs can help a member's goals to lose weight, eat better, manage stress, quit smoking, and more.

The online healthy lifestyle programs include:

- **Balance®** - A weight management program
- **Breathe®** - A program to help you quit smoking ([kp.org/quit smoking](http://kp.org/quit-smoking))
- **Care® for Your Back** – Delivers personalized strategies for preventing and managing back pain
- **Care® for Diabetes** – Tools for managing Diabetes
- **Care for Pain®** - For members living with chronic pain
- **Care® for Depression** – Help with managing depression
- **Care® for sleep** – Tools for sleeping better
- **Relax®** - Stress management

Member Discounts: kp.org/choosehealthy

Available to you at no cost through your health plan, ChooseHealthy™ offers a directory of complementary care providers, an online store, fitness club discounts, savings on health products and services, and more. You'll find reduced rates on:

- Fitness facility memberships
- Chiropractic care
- Health & fitness books & videos
- Massage therapy services
- Acupuncture
- Herbs, vitamins, and supplements

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>.

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.711. Language Interpretation Services, all areas 1-800-324-8010

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 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.