Kaiser Foundation Health Plan of the NW — High Deductible Health Plan

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

Benefit Description	Non-Medicare Qualified HDHP Plan
Eligible Providers	Kaiser Permanente facilities and affiliated providers. See kp.org/locations
	Member Pays:
Calendar Year Medical/ Pharmacy Deductible	$3,000 per individual If enrolled as a family, a total of $6,000 for all members combined.[1]
Calendar Year Medical/Pharmacy Out-of-Pocket Maximum	$6,650 per individual $13,300 per family
Preventive Care	Covered in full per ACA guidelines
Inpatient Care:	
• Inpatient Hospital Care	• 20% after deductible
• Skilled Nursing Facility	• 20% after deductible
Outpatient Care:	
• Physician Office Visits	• 20% after deductible[2]
• Specialist Office Visits	• 20% after deductible
• Outpatient Surgery	• 20% after deductible
• Ambulance (air-ground)	• 20% after deductible
• Emergency Services	• 20% after deductible
• Urgent Care	• 20% after deductible
Outpatient Care:	
• DME[3]	• 20% after deductible
• Lab Test[4]	• 20% after deductible
• X-ray	• 20% after deductible
• Diagnostic Procedures (CT/MRI/PET)	• 20% after deductible
• OT/PT/ST Therapies[5]	• 20% after deductible
Other Services:	
• Alternative Care[6]	• 20% after deductible
Calendar Year Pharmacy Out-of-Pocket Maximum	Combined with Medical
Prescription Drugs:	
• Brand	• 20% after deductible
• Generic	• 20% after deductible
• Specialty	• 20% after deductible
Rates (per member, per month):	
• Adult	• $708.89
• Child	• $216.78

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

Once enrolled in the Qualified HDHP plan, you cannot switch to the Core Value plan at any time in the future.

1 *A family has to meet the entire family deductible before covered expenses are paid at the plan coinsurance level for any of the family members.*

2 *One annual preventive primary care visit per year at $0. First three primary care or primary care-related visits per year at $5 per visit. This includes any combination of in-person or virtual care.*

3 *Certain DME are covered prior to deductible per IRS guidelines.*

4 *Certain diagnosis-based screening and lab tests available at $0 cost-share and prior to deductible per IRS guidelines.*

5 *Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy. Limited to 20 visits per therapy per calendar year.*

6 *Spinal manipulation is limited to 20 visits and acupuncture is limited to 12 visits per calendar year. Naturopathy, no visit limit. Massage therapy not covered.*