Kaiser Foundation Health Plan of the NW — Traditional Core Value Plan

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

Benefit Description	Non-Medicare Traditional Core Value
Eligible Providers	Kaiser Permanente facilities and affiliated providers. See kp.org/locations
	Member Pays:
Calendar Year Deductible	None
Calendar Year Medical Out-of-Pocket Maximum	$2,000 per individual $4,000 per family (2 or more)
Preventive Care	Covered in full per ACA guidelines
Inpatient Care:	
• Inpatient Hospital Care	• $200 copay/day; $1,000 max per admit
• Skilled Nursing Facility	• Covered in full
Outpatient Care:	
• Physician Office Visits	• $30 copay[1]
• Specialist Office Visits	• $40 copay
• Outpatient Surgery	• $200 copay
• Ambulance (air-ground)	• $100 copay
• Emergency Services	• $200 copay
• Urgent Care	• $30 copay
• DME	• 20%
• Lab Test[2]	• $30 copay
• X-ray	• $30 copay
• Diagnostic Procedures (CT/MRI/PET)	• 20%
• OT/PT/ST Therapies[3]	• $40 copay

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Other Services: • Alternative Care[4] • Vision	• $30 copay • Exam: $30 copay; Hardware: $100 allowance every 2 years for lenses, frames and/or contacts
Calendar Year Pharmacy Out-of-Pocket Maximum	$5,000 per individual
Pharmacy[5]:	
• Tier 1	• Up to an $8 copay per 30-day supply
• Tier 2	• Up to a $15 copay per 30-day supply
• Tier 3	• 40% to $250 max per script/30-day supply
• Tier 4	• 40% to $250 max per script/30-day supply
• Tier 5	• 40% to $250 max per script/30-day supply
• Tier 6	• $0 cost share
Rates (per member, per month):	
• Adult	• $1,187.10
• Child	• $360.26

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.

1 *One annual preventative 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.*

2 *Certain diagnosis-based screening and lab tests available at $0 cost-share per IRS guidelines.*

3 *Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy. Benefit is limited to 20 visits per therapy per calendar year.*

4 *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.*

5 *See Health Plan EOC for more details on each tier. EOC may contain expanded language.*