



**KAISER PERMANENTE**

**City of Salem HMO Health Plan**

**Summary of Benefits**

**PCEA Union Represented Members**

**Grandfathered Plan**

Annual Deductible	Individual - \$150 per calendar year (1) Family \$450 per calendar year (1)
Annual Out of Pocket Maximum	Individual - \$2,000 (1) Family - \$6,000 (1)
Primary Care, Including Urgent Care	\$15 co-pay
Specialty Care	\$25 co-pay
Prenatal Care	\$15 co-pay
Routine Eye Exams	\$15 co-pay
Allergy Shots and other Injections	\$5
Preventative Care	\$15 co-pay (\$0 for age 0-2)
Routine Immunizations	No Charge
Rehabilitation Therapies Outpatient rehab Inpatient rehab	\$25 co-pay – After deductible 20%- After deductible
Outpatient Surgery	20% - After deductible
Labs, X-Rays and special diagnostic procedures	\$10 per department visit
Hospital Inpatient Care	20% - After deductible (2)
Hospital Maternity Care	20% - After deductible (2)
Emergency Department Visit	20% - After deductible (coinsurance not waived if admitted)
Ambulance	20%
Mental Health Services Inpatient hospital or Residential Outpatient services or day treatment	20% - After deductible \$15 co-pay per day
Chemical dependency services Inpatient hospital or Residential Outpatient services or day treatment	20% - After deductible \$15 co-pay per day
Home Health Care	20% - After deductible (3)
Skilled Nursing Facility Care	20% for up to 100 days per year
Infertility Treatment	50% for diagnosis and treatment
Durable Medical Equipment	20%
Prescription Eyeglasses and Contact Lenses	Not Covered - See your vision plan
Outpatient prescription drugs at Kaiser Pharmacies. 30 Day supply. Drugs must be prescribed in accordance with the formulary process; non-formulary prescriptions are not covered.	\$15 co-pay
Mail Order - free home delivery 90 day supply of drugs considered maintenance drugs.	\$30 co-pay

Notes: (1) Annual deductibles are for calendar year. Deductibles do not apply to out of pocket maximums. (2) Hospital inpatient care includes room, board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs. (3) Home health care for up to 130 visits per year.

The above information is intended as a brief outline of the City of Salem Kaiser plan. In the event of a discrepancy, the benefit contract will supersede the information provided in this summary. **You should refer to the summary plan document (SPD) for exact benefit plan terms and conditions.**



## **Kaiser Permanente Frequently Asked Questions**

### **Do I need to go to a Kaiser Permanente clinic in order to receive care?**

Yes, you must receive your regular health care at a Kaiser Permanente Clinic unless a Kaiser Permanente Provider refers you to another health care provider. Kaiser Permanente does contract with Salem Hospital. In the event of an out of area emergency, you may go to a non-Kaiser facility.

### **Can I choose the doctor I want to see at a Kaiser Permanente facility and can I change if needed?**

Yes. They ask that you choose a primary care physician from their provider list, but you can make changes by contacting Kaiser Membership Service.

### **Can I go to any Kaiser Permanente facility, even if it is out of state?**

No, we contract with the Kaiser Permanente facilities in Salem, Portland metropolitan area and the Southwest Washington (Vancouver) areas. Please contact Kaiser Permanente for complete details.

### **What is the Kaiser group Number?**

The group number is 3246.

### **Who is my Vision Administrator?**

Kaiser covers the routine eye exam at \$15 co-pay for all Kaiser members. All PCEA Union members have UMR for their vision carrier.

### **Kaiser Online Member Access**

The Kaiser Permanente website [www.kaiserpermanente.org](http://www.kaiserpermanente.org) allows members online access to some of the following services:

- **Health and Wellness Tools and resources**
- Benefit and Eligibility information
- Prescription refill requests
- Schedule appointments
- Email your doctor questions
- Test results

Some of the information above is only available after registering and creating a member account.