

Summary of Medical Benefits

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

Oregon CCF5

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Inpatient Hospital Services	20% Coinsurance after Deductible
Outpatient Services (other)	You pay
Outpatient surgery visit	\$250
Chemotherapy/radiation therapy visit	\$25 after Deductible
Durable medical equipment	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$25
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible
Mental Health and Substance Use Disorder Services	You pay
Outpatient Services	\$5 for first 3 visits; then \$25 per visit for additional visits in the same Year *
Inpatient hospital & residential Services	20% Coinsurance after Deductible
Alternative Care (self-referred)	You pay
Acupuncture Services (up to 12 visits per Year)	\$25 per visit
Chiropractic Services (up to 20 visits per Year)	\$25 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	\$5 for first 3 visits; then \$25 for additional visits in the same Year *
Vision Services	You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$0
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	No charge for one pair standard frames and lenses or 12-month supply contact lenses per year.
Routine eye exam (For members 19 years and older.)	\$15
Vision hardware and optical Services (For members 19 years and older.)	Allowance of up to \$150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including Medically Necessary contact lenses, not more than once in a two-Year period.

¹ Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

* First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, behavioral health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

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

Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit <https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act>.

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, all areas: 11. Language Interpretation Services, all areas: 1-800-324-8010

