



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

Summary of Medical Benefits

Oregon DP18 - Custom

April 1st, 2018 ±March 31st, 2019

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers
Deductible			
For one Member per Calendar Year	\$750	\$1,000	\$3,000
For an entire Family per Calendar Year	\$2,250	\$3,000	\$9,000

Out-

Mail Order Prescription drugs (up to a 90 day supply at Select Provider pharmacies)	\$30 generic/\$60 preferred brand/\$100 non-preferred brand	At MedImpact Pharmacy: \$60 generic/\$120 preferred brand/\$180 non-preferred brand	
Administered medications, including injections (all outpatient settings) Nurse treatment room visits to receive injections	0% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible



