

MEDICAL PLANS OVERVIEW FOR OREGON SMALL BUSINESSES

OREGON
2012

with 2–50 eligible employees.
For coverage effective on or after January 1, 2012.

THE MODEL FOR THE FUTURE OF HEALTH CARE

Kaiser Permanente provides prevention-focused, integrated care that helps keep your workers healthy and productive. Our top marks for quality and customer loyalty combined with our innovative plan choices bring the future of health care to employers today.

ONLINE RESOURCES FOR YOU AND YOUR EMPLOYEES

It's easy to manage your account. With the tools at Online Account Services, you can view and pay bills, view group member details, update information, and much more. Preview these features by taking a tour of our online services at businessnet.kp.org/nw.

MEDICAL BENEFIT PLAN SOLUTIONS FOR SMALL EMPLOYERS

Our medical plan portfolio for 2012 offers a wide array of choices to meet your needs. We've added a new lower premium Traditional plan with \$40 office visit copayments. Our Traditional plans are most popular for their zero deductible and predictable copayment features. We've also added a \$5,000 deductible Added Choice plan.

As you explore alternatives to lower your health care costs, consider offering employees a base plan with one or two buy up alternatives. These bundle plan options are permitted at no additional charge and allow you to tailor the plan offerings and give employees more choice and more control over their monthly premium cost. You contribute the same amount toward each plan (no less than 50% of the lowest cost plan) and let your employees decide if they want the base plan or to pay more for a buy-up option. See inside for more details.

GIVE US A CALL OR TALK TO YOUR BROKER

We can answer your questions about medical coverage, riders, eligibility, plan design, or renewal.

Please contact us or your broker if you would like to receive a booklet with more details about our plans and options.

Portland area.....	503-813-2630
Salem area	503-370-4281
All other areas.....	1-800-813-2630
TTY.....	1-800-735-2900
Language interpretation services.....	1-800-324-8010
Fax.....	503-813-4426

IMPORTANT INFORMATION

Contact your sales executive or account manager to get more information about health plans for small businesses. Our written material covers:

- Rates and factors that affect rates and rate adjustments.
- Renewing coverage.
- Geographic areas.
- Underwriting guidelines.

businessnet.kp.org/nw

PLAN COMPARISON

This is a high-level overview and plan comparison of the most frequently asked-about benefits within our plan offerings. See back page for supplemental benefit options.

Plan design	Traditional plans				Deductible plans								Added Choice/point-of-service plans	
					20/20			30/30			40/40			
Plan name	KP 0/20	KP 0/30	KP 0/40	OR BASIC*	KP 250/20	KP 500/20	KP 1000/20	KP 1000/30	KP 2000/30	KP 5000/30	KP 3000/40	KP 5000/40	KP +2 0/20	KP +2 0/30
DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$0	\$0	\$0	\$0	\$250/ \$750	\$500/ \$1,500	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$6,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	Tier 1: \$0 Tier 2 & 3: \$1,000/\$3,000	Tier 1: \$0 Tier 2 & 3: \$2,000/\$6,000
OUT-OF-POCKET MAXIMUM (DOES NOT INCLUDE DEDUCTIBLE)	\$2,000/ \$6,000	\$3,000/ \$9,000	\$4,000/ \$12,000	\$3,000/ \$9,000	\$2,000/\$6,000			\$3,000/\$9,000			\$4,000/\$12,000		Tier 1: \$2,000/\$6,000 Tier 2: \$3,000/\$9,000 Tier 3: \$4,000/\$12,000	Tier 1: \$3,000/\$9,000 Tier 2: \$4,000/\$12,000 Tier 3: \$5,000/\$15,000
BENEFIT	Member pays				Member pays								Member pays	
OFFICE VISIT—PRIMARY/SPECIALTY CARE	\$20	\$30	\$40	\$15	\$20♦			\$30♦			\$40♦		Tier 1: \$20 Tier 2: \$30♦ Tier 3: 40%	Tier 1: \$30 Tier 2: \$40♦ Tier 3: 50%
OFFICE VISIT—URGENT CARE	\$40	\$50	\$60	\$35	\$40♦			\$50♦			\$60♦		Tier 1: \$40 Tier 2: \$50♦ Tier 3: 40%	Tier 1: \$50 Tier 2: \$60♦ Tier 3: 50%
LAB/X-RAY PER VISIT	\$20	\$30	\$40	50%	\$20♦			\$30♦			\$40♦		Tier 1: \$20 Tier 2: 30% Tier 3: 40%	Tier 1: \$30 Tier 2: 40% Tier 3: 50%
OUTPATIENT SURGERY	\$150	\$200	\$200	\$150	20%			30%			40%		Tier 1: \$150 Tier 2: 30% Tier 3: 40%	Tier 1: \$200 Tier 2: 40% Tier 3: 50%
HOSPITAL INPATIENT CARE	\$300/ day \$1,500/ admit	\$500/ day \$2,500/ admit	\$600/ day \$3,000/ admit	\$500/ day \$2,500/ admit	20%			30%			40%		Tier 1: \$300/day \$1,500/admit Tier 2: 30% Tier 3: 40%	Tier 1: \$500/day \$2,500/admit Tier 2: 40% Tier 3: 50%
EMERGENCY DEPARTMENT VISIT	\$150	\$200	\$200	\$150	20%			30%			40%		Tier 1: \$150 Tier 2 & 3: Tier 1 applies	Tier 1: \$200 Tier 2 & 3: Tier 1 applies

BUNDLED PLAN OPTIONS

You can offer two or three medical plans in a bundle, with the following limitations:

- Only one Traditional plan per bundle.
- Only one Added Choice plan per bundle.
- Senior Advantage plans may not be bundled.

Once you select your plan offerings, employees choose the plan that best meets their needs.

These footnotes apply when you find the corresponding symbol in this document.

* The Oregon Basic Plan includes the \$15/50% outpatient prescription drug benefit, which cannot be modified.

** Senior Advantage plans cannot be modified. Outpatient prescription drug and vision hardware benefits are built into the plans.

*** Out-of-pocket maximum includes deductible.

♦ Deductible does not apply and copayment does not count toward out-of-pocket maximum.

Added Choice/deductible point-of-service plans					HSA-qualified deductible plans***		Senior Advantage plans	
20/30/40		30/40/50			20/20		Standard**	Value**
KP +2 500/20	KP +2 1000/20	KP +2 2000/30	KP +2 3000/30	KP +2 5000/30	KP 1500/20	KP 2600/20		
Tier 1: \$500/\$1,500 Tier 2 & 3: \$1,000/\$3,000	Tier 1: \$1,000/\$3,000 Tier 2 & 3: \$2,000/\$6,000	Tier 1: \$2,000/\$6,000 Tier 2 & 3: \$4,000/\$12,000	Tier 1: \$3,000/\$9,000 Tier 2 & 3: \$6,000/\$18,000	Tier 1: \$5,000/\$15,000 Tier 2 & 3: \$10,000/\$30,000	\$1,500/ \$3,000	\$2,600/ \$5,200	\$0	\$0
Tier 1: \$2,000/\$6,000 Tier 2: \$3,000/\$9,000 Tier 3: \$4,000/\$12,000		Tier 1: \$3,000/\$9,000 Tier 2: \$4,000/\$12,000 Tier 3: \$5,000/\$15,000			\$3,000/ \$6,000	\$5,000/ \$10,000	\$600 per member	\$1,000 per member
Member pays					Member pays		Member pays	
Tier 1: \$20* Tier 2: \$30* Tier 3: 40%		Tier 1: \$30* Tier 2: \$40* Tier 3: 50%			20%		\$10	\$20
Tier 1: \$40* Tier 2: \$50* Tier 3: 40%		Tier 1: \$50* Tier 2: \$60* Tier 3: 50%			20%		\$15	\$25
Tier 1: \$20* Tier 2: 30% Tier 3: 40%		Tier 1: \$30* Tier 2: 40% Tier 3: 50%			20%		\$0	\$0
Tier 1: 20% Tier 2: 30% Tier 3: 40%		Tier 1: 30% Tier 2: 40% Tier 3: 50%			20%		\$10	\$50
Tier 1: 20% Tier 2: 30% Tier 3: 40%		Tier 1: 30% Tier 2: 40% Tier 3: 50%			20%		\$0	\$200/admit
Tier 1: 20% Tier 2 & 3: Tier 1 applies		Tier 1: 30% Tier 2 & 3: Tier 1 applies			20%		\$50	\$50

Tier 1 services, in most cases, are provided by *Select Providers* and *Select Facilities*. The *Evidence of Coverage* provides a complete definition of *Select Providers* and *Select Facilities* and explains when Tier 1 services are provided by other providers and facilities.

Tier 2 services are provided by PPO providers and facilities. Refer to the *Evidence of Coverage* for a complete definition of PPO providers and facilities. We provide coverage for certain Tier 2 preventative services with no cost-share for out-of-area subscribers and their dependents. See your *Group Agreement* for details.

Tier 3 services are provided by non-participating providers and facilities. Refer to the *Evidence of Coverage* for a complete definition of non-participating providers and facilities.

SUPPLEMENTAL BENEFIT OPTIONS

for you and your employees

SUPPLEMENTAL BENEFIT OPTIONS—Available with all plans except Senior Advantage and the Oregon Basic Plan, unless otherwise noted.					ELIGIBILITY OPTION
Outpatient prescription drugs		Chiropractic care	Alternative care	Vision hardware	Expanded Choice
\$10/\$20 \$15/\$30 \$20/\$40 \$15 or 50%, whichever is greater	<i>Additional options for Added Choice plans</i> Select–MedImpact Pharmacies† pharmacies	<i>Self-referred</i> \$10/20 visits \$20/20 visits \$30/15 visits	<i>Self-referred; includes chiropractic care, acupuncture, massage therapy, and naturopathy</i> \$10/\$25 massage (12 visits) /\$1,000 limit \$20/\$25 massage (12 visits) /\$1,000 limit	<i>Every 24 months</i> \$100 allowance \$150 allowance \$250 allowance	<i>Available with traditional copayment and deductible plans</i> \$500 \$1,000
The above pharmacy copayments are based on up to a 30-day supply.					Domestic partner coverage (same and opposite sex) Employers may elect to include opposite-sex domestic partners as eligible dependents. Same-sex coverage is offered on all small group contracts in compliance with state laws.

† A Select Pharmacy is one owned and operated by Kaiser Permanente and listed in the Kaiser Permanente Medical Directory.

This brochure provides summaries of various plans and is not a contract. These plans are subject to exclusions and limitations. Plan details, including all benefits, exclusions, and limitations, are provided in the *Evidence of Coverage (EOC)*.

For specific plan information about the plans referred to in this brochure, see the following forms:

EOSGTRADXX0112 EOSGHDHPXX0112 EOSGPOSEDED3XX0112
EOSGDEDXX0112 EOSGPOS3XX0112 EOSGBASICXX0112

To obtain an EOC for a particular plan, call the Client Services Unit at 1-866-246-3613.