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

Member Services: 1-800-813-2000

Oregon MTD0 **1/1/2020 - 12/31/2020**

Synopsys, Inc. **Group Number: 8533-001**

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of Pocket Maximums accumulate.

Deductible	
Self-only Deductible per Year (for a Family of one Member)	$0
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	$0
Family Deductible per Year (for an entire Family)	$0
Out-of-Pocket Maximum *	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	$1,500
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	$1,500
Family Out-of-Pocket Maximum per Year (for an entire Family)	$3,000
Office visits	**You pay**
Routine preventive physical exam	$0
Telehealth (phone/video)	$0
Primary Care	$30
Specialty Care	$40
Urgent Care	$30
Tests (outpatient)	**You pay**
Preventive Tests	$0
Laboratory	$30 per department visit
X-ray, imaging, and special diagnostic procedures	$30 per department visit
CT, MRI, PET scans	$50 per department visit
Medications (outpatient)	**You pay**
Prescription drugs (up to a 30 day supply)	$10 generic / $30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	$20 generic / $60 preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance
Nurse treatment room visits to receive injections	$10
Maternity Care	**You pay**
Scheduled prenatal care visits and postpartum visits	$0
Laboratory	$30 per department visit
X-ray, imaging, and special diagnostic procedures	$30 per department visit
Inpatient Hospital Services	$400 per admission
Hospital Services	**You pay**

Ambulance Services (per transport)	$50
Emergency services	$125 (Waived if admitted)
Inpatient Hospital Services	$400 per admission
Outpatient Services (other)	**You pay**
Outpatient surgery visit	$40
Chemotherapy/radiation therapy visit	$40
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	$30
Skilled Nursing Facility Services	**You pay**
Inpatient skilled nursing Services (up to 100 days per Year)	$0
Chemical Dependency Services	**You pay**
Outpatient Services	$30 per visit
Inpatient hospital & residential Services	$400 per admission
Mental Health Services	**You pay**
Outpatient Services	$30 per visit
Inpatient hospital & residential Services	$400 per admission
Alternative Care (self referred) **	**You pay**
Benefit Maximum per Year (not applicable)	Not Applicable
Acupuncture Services	Not Covered
Chiropractic Services (up to 20 visits per Year)	$15
Massage Therapy	Not Covered
Naturopathic Medicine	Not Covered
Vision Services	**You pay**
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	$30
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not Covered
Routine eye exam (For members 19 years and older.)	$30
Vision hardware and optical Services (For members 19 years and older.)	Not Covered

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

** Refer to your Evidence of Coverage (EOC) for any applicable visits limits for self referred Alternative Care 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 http://www.kp.org/plandocuments

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

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.