



CALIFORNIA HYDRONICS

Northwest

12535

Proposed 01/01/2024 Plan Type:
HMO

Annual Deductible	
Individual / Family	Not Applicable
Maximum Out-Of-Pocket	
Individual / Family	\$1,000 Individual / \$2,000 Family (Embedded)
Accumulation Period	Calendar Year
Grandfathered Status	Non-Grandfathered
Hospital Inpatient	
Services rendered while hospitalized	\$100 per admission
Maternity Inpatient	\$100 per admission
Outpatient	
Primary Care	\$20 per visit*
Urgent Care	\$40 per visit
Specialist	\$30 per visit
Well-child & Preventive Care visits	No Charge
Routine prenatal care	No Charge
Outpatient surgery	\$50 per procedure
Therapies (PT/OT/ST)	\$30 per visit limited to 20 visits per therapy per year
X-rays and Lab tests	X-ray \$20 per encounter; Lab \$20 per encounter
Advanced Imaging (CT / MRI / PET)	\$50 per encounter
Ambulance services	\$75 per trip
Emergency department visits	\$200 per visit waived if admitted
Outpatient Prescription Drugs	
Generic Drugs	\$15 Copay Retail, \$30 Copay Mail Order

This is a summary of the most frequently asked-about benefits. For a complete explanation, please refer to the EOC.



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Brand Drugs		\$30 Copay Retail, \$60 Copay Mail Order
Non-preferred Brand Drugs		\$50 Copay Retail, \$100 Copay Mail Order
Specialty Drugs		Applicable Generic, Preferred Brand, and Non-Preferred Brand cost shares may apply
Pharmacy Deductible		This Plan does not have a drug deductible
Days Supply		Retail Plan Pharmacy: up to a 30-day supply, Mail Order Plan Pharmacy: up to a 90-day supply
Mental Health Services		
Inpatient psychiatric care		\$100 per admission
Outpatient individual therapy visits		\$20 per visit*
Outpatient group therapy visits		\$10 per visit*
Substance Use Services		
Inpatient detoxification		\$100 per admission
Outpatient individual therapy visits		\$20 per visit*
Outpatient group therapy visits		\$10 per visit*
Infertility Services		
Covered services related to the treatment of infertility		50% Coinsurance
Additional Benefits		
Base Durable Medical Equipment		20% Coinsurance
Skilled Nursing Facility		No Charge limited to 100 days per year
Home Health		No Charge limited to 130 visits per year

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Hospice Care	No Charge (Unlimited Visits)
Vision Exam	\$20 per visit
Riders	
Vision Hardware	Not Included
Hearing aids	Not Included
Chiropractic	\$30 per visit / limited to 12 visits per year
Acupuncture	\$30 per visit / limited to 12 visits per year
Bariatric surgery	\$100 per admission
Dental	Not Included
Custom Benefits	
	<p>Kaiser Foundation Health Plan of the Northwest (KFHP-NW) is licensed as a Health Care Service Contractor in Oregon and Washington. *Per Senate Bill 1529 (OR Only): Primary care visit – No Charge or \$5 Copay for first 3 visits per year. First 3 visits are any combination of Primary Care non-specialty medical Services, Mental Health outpatient Services, Naturopathic medicine visits, Substance Use Disorder outpatient Services, or Telemedicine Services</p>