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| Inpatient Hospital Services   | 15% Coinsurance  |
| <b>Outpatient Services (other)</b>  | <b>You pay</b>   |
| Outpatient surgery visit  | \$25   |
| Chemotherapy/radiation therapy visit  | \$25   |
| Durable medical equipment   | 20% Coinsurance  |
| Physical, speech, and occupational therapies (20 visits per therapy per Year) | \$25   |
| <b>Skilled Nursing Facility Services</b>                                      | <b>You pay</b>   |
| Inpatient skilled nursing Services (up to 100 days per Year)                  | \$0  |
| <b>Mental Health and Substance Use Disorder Services</b>                      | <b>You pay</b>   |
| Outpatient Services   | \$5 for first 3 visits; then \$25 per visit for additional visits in the same Year * |
| Inpatient hospital & residential Services                                     | 15% Coinsurance  |
| <b>Alternative Care (self-referred)</b>                                       | <b>You pay</b>   |
| 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**



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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.

