

Inpatient Hospital Services	15% Coinsurance
Outpatient Services (other)	You pay
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
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	\$0
Mental Health and Substance Use Disorder Services	You pay
Outpatient Services	\$5 for first 3 visits; then \$25 per visit for additional visits in the same Year *
Inpatient hospital & residential Services	15% Coinsurance
Alternative Care (self-referred)	You pay
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



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.

