

2012 OMIP Benefit Summary

	Medical & Portability Plan 750		Medical Plan 1000	Medical & Portability Plan 1500	
Lifetime Maximum Benefit	\$2,000,000		\$2,000,000	\$2,000,000	
OMIP Pre-existing Waiting Period, including Pregnancy	Medical: 6 months	Portability: None	6 months	Medical: 6 months	Portability: None

There are no exclusions pre-existing for children under the age of 19.

	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Annual Medical Deductible	\$750		\$1,000		\$1,500	
Maximum Annual Medical Out-of-Pocket, excluding medical deductible, per individual ^①	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000
Doctor Visits	20%	40%	20%	40%	30%	50%
Hospital	20%	40%	20%	40%	30%	50%
Outpatient Surgery	20%	40%	20%	40%	30%	50%
Skilled Nursing Care – limited to 60 days	20%	40%	20%	40%	30%	50%
Home Health Care – limited to 130 visits	20%	40%	20%	40%	30%	50%
Emergency Room ^②	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	30%+\$200 co-pay	30%+\$200 co-pay
Ambulance	20%		20%		30%	
Maternity	20%	40%	20%	40%	30%	50%
Diagnostic X-ray/Lab	20%	40%	20%	40%	30%	50%
Transplant ^②	0%	40%	0%	40%	0%	50%
Hospice	20%	40%	20%	40%	30%	50%
Rehabilitation Inpatient/Outpatient – limited to 60 days	20%	40%	20%	40%	30%	50%
Durable Medical Equipment	20%		20%		30%	
Mental Health/Chemical Dependency	20%	40%	20%	40%	30%	50%
Women's Health Care Services ^③	20%	Not Covered	20%	Not Covered	30%	Not Covered
Men's Health Care Services ^③	20%	Not Covered	20%	Not Covered	30%	Not Covered
Immunizations ^③	20%	Not Covered	20%	Not Covered	30%	Not Covered
Well-Baby Care/Well-Child Care ^③	20%	Not Covered	20%	Not Covered	30%	Not Covered
Preventive Care under the PPACA ^③	0%	Not Covered	0%	Not Covered	0%	Not Covered
Prescription Drugs: No out-of-pocket maximum on prescription drugs ^②	\$0 Rx deductible		\$0 Rx deductible		\$1,000 Rx deductible (annual)	
Generic Coinsurance ^④	Up to \$5		Up to \$5		Up to \$5	
Preferred Brand Coinsurance ^④	Up to \$40		Up to \$40		Up to \$40	
Non-Preferred Brand Coinsurance	Up to \$70		Up to \$70		Up to \$70	

^① This is the maximum amount you will pay for covered medical services per individual, per calendar year, excluding the deductibles, before OMIP will begin paying 100% for covered services.

^② The emergency room co-pay, out-of-pocket prescription drug payments, transplants performed at non-contracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.

^③ These services do **NOT** accumulate towards the maximum annual out-of-pocket expense. Also, you do not have to meet the annual medical deductible before OMIP pays for these services. Coverage is provided only for those preventative care services designated by: The United States Preventive Services Task Force (USPSTF) for services with an A or B rating in the current recommendations; by the Health Resources and Services Administration (HRSA); or by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).

^④ \$0 co-payment for fluoride, regular aspirin, and iron as specified by the *Patient Protection Affordable Care Act* and *specific* diabetic supplies, insulin (excluding pumps), and evidence-based generic maintenance medications as determined by OMIP. A list of these medications can be found on our website at www.omip.state.or.us. **This list is subject to change.**

This Health Benefit Plan Summary is intended only as a brief summary of our benefit plans. Please refer to the contract for specific details. Exact terms, conditions, provisions, exclusions, and limitations are defined in the contract.

OMIP Medical Eligibility • 2012 Monthly Rate Schedule A

PLAN 750			
	Individual	Two-party	Family
Age 0-17	\$261	\$522	\$783
Age 18-19	\$292	\$584	\$845
Age 20-24	\$329	\$658	\$919
Age 25-29	\$353	\$706	\$967
Age 30-34	\$393	\$786	\$1,047
Age 35-39	\$410	\$820	\$1,081
Age 40-44	\$488	\$976	\$1,237
Age 45-49	\$561	\$1,122	\$1,383
Age 50-54	\$642	\$1,284	\$1,545
Age 55-59	\$737	\$1,474	\$1,735
Age 60-64	\$737	\$1,474	\$1,735
Age 65+	\$775	\$1,550	\$1,811

PLAN 1000			
	Individual	Two-party	Family
Age 0-17	\$251	\$502	\$753
Age 18-19	\$281	\$562	\$813
Age 20-24	\$316	\$632	\$883
Age 25-29	\$339	\$678	\$929
Age 30-34	\$378	\$756	\$1,007
Age 35-39	\$394	\$788	\$1,039
Age 40-44	\$469	\$938	\$1,189
Age 45-49	\$539	\$1,078	\$1,329
Age 50-54	\$617	\$1,234	\$1,485
Age 55-59	\$709	\$1,418	\$1,669
Age 60-64	\$709	\$1,418	\$1,669
Age 65+	\$745	\$1,490	\$1,741

PLAN 1500			
	Individual	Two-party	Family
Age 0-17	\$203	\$406	\$609
Age 18-19	\$228	\$456	\$659
Age 20-24	\$256	\$512	\$715
Age 25-29	\$275	\$550	\$753
Age 30-34	\$306	\$612	\$815
Age 35-39	\$319	\$638	\$841
Age 40-44	\$380	\$760	\$963
Age 45-49	\$437	\$874	\$1,077
Age 50-54	\$500	\$1,000	\$1,203
Age 55-59	\$574	\$1,148	\$1,351
Age 60-64	\$574	\$1,148	\$1,351
Age 65+	\$603	\$1,206	\$1,409

OMIP Portability Eligibility • 2013 Monthly Rate Schedule B

PLAN 750			
	Individual	Two-party	Family
Age 0-17	\$292	\$584	\$876
Age 18-19	\$292	\$584	\$876
Age 20-24	\$292	\$584	\$876
Age 25-29	\$358	\$716	\$1,008
Age 30-34	\$440	\$880	\$1,172
Age 35-39	\$449	\$898	\$1,190
Age 40-44	\$541	\$1,082	\$1,374
Age 45-49	\$558	\$1,116	\$1,408
Age 50-54	\$687	\$1,374	\$1,666
Age 55-59	\$704	\$1,408	\$1,700
Age 60-64	\$718	\$1,436	\$1,728
Age 65+	\$718	\$1,436	\$1,728

PLAN 1500			
	Individual	Two-party	Family
Age 0-17	\$224	\$448	\$672
Age 18-19	\$224	\$448	\$672
Age 20-24	\$224	\$448	\$672
Age 25-29	\$276	\$552	\$776
Age 30-34	\$324	\$648	\$872
Age 35-39	\$337	\$674	\$898
Age 40-44	\$403	\$806	\$1,030
Age 45-49	\$429	\$858	\$1,082
Age 50-54	\$519	\$1,038	\$1,262
Age 55-59	\$538	\$1,076	\$1,300
Age 60-64	\$549	\$1,098	\$1,322
Age 65+	\$549	\$1,098	\$1,322

Note: Individuals who are eligible for OMIP due to *portability* reasons may only select the Portability Plans 750 and 1500. However, if you think you might also be eligible due to *medical* reasons and you would like to select a Medical Plan 750, 1000, or 1500, then you must apply for and meet the medical eligibility criteria of the *OMIP application*. Please refer to the *OMIP Member Handbook* to review the medical eligibility criteria and the portability eligibility criteria. The *OMIP Member Handbook* will explain to you whether or not you qualify for *medical* or *portability* coverage.

2012 FMIP Benefit Summary

	Medical Plan 500	Medical Plan 750
Lifetime Maximum Benefit	\$2,000,000	\$2,000,000
FMIP Pre-existing Waiting Period, including Pregnancy	None	None

	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Annual Medical Deductible	\$500		\$750	
Maximum Annual Medical Out-of-Pocket,	\$1,500	\$3,000	\$3,000	\$6,000
Doctor Visits	20%	40%	20%	40%
Hospital	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%
Skilled Nursing Care – limited to 60 days	20%	40%	20%	40%
Home Health Care – limited to 130 visits	20%	40%	20%	40%
Emergency Room^②	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay
Ambulance	20%		20%	
Maternity	20%	40%	20%	40%
Diagnostic X-ray/Lab	20%	40%	20%	40%
Transplant^②	0%	40%	0%	40%
Hospice	20%	40%	20%	40%
Rehabilitation Inpatient/Outpatient – limited to 60 days	20%	40%	20%	40%
Durable Medical Equipment	20%		20%	
Mental Health/Chemical Dependency	20%	40%	20%	40%
Women's Health Care Services^③	20%	Not Covered	20%	Not Covered
Men's Health Care Services^③	20%	Not Covered	20%	Not Covered
Immunizations^③	20%	Not Covered	20%	Not Covered
Well-Baby Care/Well-Child Care^③	20%	Not Covered	20%	Not Covered
Preventive Care under the PPACA^③	0%	Not Covered	0%	Not Covered
Prescription Drugs: Deductibles and out-of-pocket maximum on prescription drugs^②	\$0 Rx deductible		\$0 Rx deductible	
	\$4,050 out-of-pocket maximum		\$2,300 out-of-pocket maximum	
Generic Coinsurance^④	Up to \$5		Up to \$5	
Preferred Brand Coinsurance^④	Up to \$40		Up to \$40	
Non-Preferred Brand Coinsurance	Up to \$70		Up to \$70	

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^② The emergency room co-pay, out-of-pocket prescription drug payments, transplants (except for FMIP plans) performed at non-contracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.

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^④ \$0 co-payment for fluoride, regular aspirin, and iron as specified by the **Patient Protection Affordable Care Act** and **specific** diabetic supplies, insulin (excluding pumps), and evidence-based generic maintenance medications as determined by OMIP. A list of these medications can be found on our website at www.omip.state.or.us. **This list is subject to change.**

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FMIP Eligibility • 2012 Monthly Rate Schedule B

PLAN 500	
	Individual
Age 0-17	\$278
Age 18-19	\$312
Age 20-24	\$351
Age 25-29	\$376
Age 30-34	\$419
Age 35-39	\$437
Age 40-44	\$520
Age 45-49	\$598
Age 50-54	\$685
Age 55-59	\$786
Age 60-64	\$786
Age 65+	\$826

PLAN 750	
	Individual
Age 0-17	\$262
Age 18-19	\$295
Age 20-24	\$331
Age 25-29	\$355
Age 30-34	\$396
Age 35-39	\$412
Age 40-44	\$491
Age 45-49	\$564
Age 50-54	\$646
Age 55-59	\$742
Age 60-64	\$742
Age 65+	\$780