

## 2011 OMIP Benefit Summary

	Medical Plan 500	Medical & Portability Plan 750		Medical Plan 1000	Medical & Portability Plan 1500	
<b>Lifetime Maximum Benefit</b>	\$2,000,000	\$2,000,000		\$2,000,000	\$2,000,000	
<b>OMIP Pre-existing Waiting Period, including Pregnancy</b>	6 months	<i>Medical:</i> 6 months	<i>Portability:</i> None	6 months	<i>Medical:</i> 6 months	<i>Portability:</i> None

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

- <sup>1</sup> 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.
- <sup>2</sup> The emergency room co-pay, out-of-pocket prescription drug payments, transplants performed at noncontracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.
- <sup>3</sup> 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).
- <sup>4</sup> \$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](http://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.**

## 2011 FMIP Benefit Summary

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

	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
<b>Annual Medical Deductible</b>	\$500		\$750	
<b>Maximum Annual Medical Out-of-Pocket, excluding medical deductible, per individual<sup>1</sup></b>	\$1,500	\$3,000	\$3,000	\$6,000
<b>Doctor Visits</b>	20%	40%	20%	40%
<b>Hospital</b>	20%	40%	20%	40%
<b>Outpatient Surgery</b>	20%	40%	20%	40%
<b>Skilled Nursing Care – limited to 60 days</b>	20%	40%	20%	40%
<b>Home Health Care – limited to 130 visits</b>	20%	40%	20%	40%
<b>Emergency Room<sup>2</sup></b>	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay	20%+\$200 co-pay
<b>Ambulance</b>	20%		20%	
<b>Maternity</b>	20%	40%	20%	40%
<b>Diagnostic X-ray/Lab</b>	20%	40%	20%	40%
<b>Transplant<sup>2</sup></b>	0%	40%	0%	40%
<b>Hospice</b>	20%	40%	20%	40%
<b>Rehabilitation Inpatient/Outpatient – limited to 60 days</b>	20%	40%	20%	40%
<b>Durable Medical Equipment</b>	20%		20%	
<b>Mental Health/Chemical Dependency</b>	20%	40%	20%	40%
<b>Women’s Health Care Services<sup>3</sup></b>	20%	Not Covered	20%	Not Covered
<b>Men’s Health Care Services<sup>3</sup></b>	20%	Not Covered	20%	Not Covered
<b>Immunizations<sup>3</sup></b>	20%	Not Covered	20%	Not Covered
<b>Well-Baby Care/Well-Child Care<sup>3</sup></b>	20%	Not Covered	20%	Not Covered
<b>Preventive Care under the PPACA<sup>3</sup></b>	0%	Not Covered	0%	Not Covered
<b>Prescription Drugs: Deductibles and out-of-pocket maximum on prescription drugs<sup>2</sup></b>	\$0 Rx deductible		\$0 Rx deductible	
	<b>\$3,950 out-of-pocket max.</b>		<b>\$2,200 out-of-pocket max.</b>	
<b>Generic Coinsurance<sup>4</sup></b>	Up to \$5		Up to \$5	
<b>Preferred Brand Coinsurance<sup>4</sup></b>	Up to \$40		Up to \$40	
<b>Non-Preferred Brand Coinsurance</b>	Up to \$70		Up to \$70	

- <sup>1</sup> This is the maximum amount you will pay for covered medical services per individual, per calendar year, excluding the deductibles, before FMIP will begin paying 100% for covered services.
- <sup>2</sup> The emergency room co-pay, out-of-pocket prescription drug payments, transplants (\$250,000 max. per transplant on FMIP plans) performed at noncontracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.
- <sup>3</sup> 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 FMIP 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).
- <sup>4</sup> \$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](http://www.omip.state.or.us). **This list is subject to change.**

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## OMIP Medical Eligibility • 2011 Monthly Rate Schedule A

<b>PLAN 500</b>			
	<b>Individual</b>	<b>Two-party</b>	<b>Family</b>
Age 0-17	\$272	\$544	\$816
Age 18-19	\$306	\$612	\$884
Age 20-24	\$344	\$688	\$960
Age 25-29	\$369	\$738	\$1,010
Age 30-34	\$411	\$822	\$1,094
Age 35-39	\$428	\$856	\$1,128
Age 40-44	\$510	\$1,020	\$1,292
Age 45-49	\$586	\$1,172	\$1,444
Age 50-54	\$671	\$1,342	\$1,614
Age 55-59	\$771	\$1,542	\$1,814
Age 60-64	\$771	\$1,542	\$1,814
Age 65+	\$810	\$1,620	\$1,892

<b>PLAN 750</b>			
	<b>Individual</b>	<b>Two-party</b>	<b>Family</b>
Age 0-17	\$255	\$510	\$765
Age 18-19	\$286	\$572	\$827
Age 20-24	\$322	\$644	\$899
Age 25-29	\$345	\$690	\$945
Age 30-34	\$385	\$770	\$1,025
Age 35-39	\$400	\$800	\$1,055
Age 40-44	\$477	\$954	\$1,209
Age 45-49	\$548	\$1,096	\$1,351
Age 50-54	\$628	\$1,256	\$1,511
Age 55-59	\$721	\$1,442	\$1,697
Age 60-64	\$721	\$1,442	\$1,697
Age 65+	\$758	\$1,516	\$1,771

<b>PLAN 1000</b>			
	<b>Individual</b>	<b>Two-party</b>	<b>Family</b>
Age 0-17	\$243	\$486	\$729
Age 18-19	\$273	\$546	\$789
Age 20-24	\$307	\$614	\$857
Age 25-29	\$329	\$658	\$901
Age 30-34	\$367	\$734	\$977
Age 35-39	\$382	\$764	\$1,007
Age 40-44	\$455	\$910	\$1,153
Age 45-49	\$523	\$1,046	\$1,289
Age 50-54	\$599	\$1,198	\$1,441
Age 55-59	\$688	\$1,376	\$1,619
Age 60-64	\$688	\$1,376	\$1,619
Age 65+	\$723	\$1,446	\$1,689

<b>PLAN 1500</b>			
	<b>Individual</b>	<b>Two-party</b>	<b>Family</b>
Age 0-17	\$197	\$394	\$591
Age 18-19	\$221	\$442	\$639
Age 20-24	\$249	\$498	\$695
Age 25-29	\$266	\$532	\$729
Age 30-34	\$297	\$594	\$791
Age 35-39	\$309	\$618	\$815
Age 40-44	\$369	\$738	\$935
Age 45-49	\$424	\$848	\$1,045
Age 50-54	\$485	\$970	\$1,167
Age 55-59	\$557	\$1,114	\$1,311
Age 60-64	\$557	\$1,114	\$1,311
Age 65+	\$586	\$1,172	\$1,369

## FMIP Eligibility • 2011 Monthly Rate Schedule B

PLAN 500	
	Individual
Age 0-17	\$263
Age 18-19	\$295
Age 20-24	\$332
Age 25-29	\$356
Age 30-34	\$398
Age 35-39	\$414
Age 40-44	\$493
Age 45-49	\$566
Age 50-54	\$649
Age 55-59	\$745
Age 60-64	\$745
Age 65+	\$783

PLAN 750	
	Individual
Age 0-17	\$247
Age 18-19	\$278
Age 20-24	\$312
Age 25-29	\$335
Age 30-34	\$374
Age 35-39	\$390
Age 40-44	\$463
Age 45-49	\$533
Age 50-54	\$611
Age 55-59	\$701
Age 60-64	\$701
Age 65+	\$737

**Creditable Coverage Defined.** For purposes of FMIP, the term “*creditable coverage*” means, with respect to an individual, coverage of the individual under any of the following:

A group health plan; health insurance coverage; Medicare; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; a public health plan; or Tri-care.

*The following is NOT considered creditable coverage and should not affect your eligibility for FMIP:* Coverage only for accident or disability income insurance; coverage issued as a supplement to liability insurance; liability insurance including general liability insurance and automobile liability insurance; workers’ compensation insurance; automobile medical payment insurance; credit-only insurance; coverage for on-site medical clinics; coverage only for a specified disease or illness; and hospital indemnity or other fixed indemnity insurance.

### **Acceptable proof of lawful presence in the U.S.**

I-327 (Reentry Permit), I-551 (Permanent Resident Card), I-571 (Refugee Travel Document), I-766 (Employment Authorization Card) accompanied by either the I-94 and an Unexpired Foreign Passport or an I-797 (Notice of Action), Machine Readable Immigrant Visa (with Temporary I-551 Language) affixed to Unexpired Foreign Passport, Temporary I-551 Stamp (on passport or I-94) affixed to I-94 or Unexpired Foreign Passport, I-94 (Arrival/Departure Record) with Unexpired Foreign Passport, Unexpired Foreign Passport, I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) accompanied by I-94 and an Unexpired Foreign Passport, DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) accompanied by I-94 and an Unexpired Foreign Passport, Other Document with an I-94 or Alien Number.

## OMIP Portability Eligibility • 2011 Monthly Rate Schedule C

PLAN 750			
	Individual	Two-party	Family
Age 0-17	\$290	\$580	\$870
Age 18-19	\$290	\$580	\$870
Age 20-24	\$290	\$580	\$870
Age 25-29	\$356	\$712	\$1,002
Age 30-34	\$437	\$874	\$1,164
Age 35-39	\$447	\$894	\$1,184
Age 40-44	\$538	\$1,076	\$1,366
Age 45-49	\$555	\$1,110	\$1,400
Age 50-54	\$683	\$1,366	\$1,656
Age 55-59	\$700	\$1,400	\$1,690
Age 60-64	\$714	\$1,428	\$1,718
Age 65+	\$714	\$1,428	\$1,718

PLAN 1500			
	Individual	Two-party	Family
Age 0-17	\$223	\$446	\$669
Age 18-19	\$223	\$446	\$669
Age 20-24	\$223	\$446	\$669
Age 25-29	\$274	\$548	\$771
Age 30-34	\$322	\$644	\$867
Age 35-39	\$335	\$670	\$893
Age 40-44	\$400	\$800	\$1,023
Age 45-49	\$427	\$854	\$1,077
Age 50-54	\$516	\$1,032	\$1,255
Age 55-59	\$534	\$1,068	\$1,291
Age 60-64	\$546	\$1,092	\$1,315
Age 65+	\$546	\$1,092	\$1,315

**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 500, 750, 1000, or 1500, then you must apply for and meet the medical eligibility criteria as well as complete **Section C of the OMIP/FMIP 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.