

Oregon Medical Insurance Pool/Federal Medical Insurance Pool

2010 OMIP BENEFIT SUMMARY

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

	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
Annual Medical Deductible	\$500		\$750		\$1,000		\$1,500	
Maximum Annual Medical Out-of-Pocket, excluding medical deductible, per individual ¹	\$1,000	\$2,000	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000
Doctor Visits	20%	40%	20%	40%	20%	40%	30%	50%
Hospital	20%	40%	20%	40%	20%	40%	30%	50%
Outpatient Surgery	20%	40%	20%	40%	20%	40%	30%	50%
Skilled Nursing Care – limited to 60 days	20%	40%	20%	40%	20%	40%	30%	50%
Home Health Care – limited to 60 visits	20%	40%	20%	40%	20%	40%	30%	50%
Emergency Room ²	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	30% + \$100 co-pay	30% + \$100 co-pay
Ambulance	20%		20%		20%		30%	
Maternity	20%	40%	20%	40%	20%	40%	30%	50%
Diagnostic X-ray/Lab	20%	40%	20%	40%	20%	40%	30%	50%
Transplant ²	0%	40%	0%	40%	0%	40%	0%	50%
Hospice	20%	40%	20%	40%	20%	40%	30%	50%
Rehabilitation Inpatient/Outpatient – limited to 60 days	20%	40%	20%	40%	20%	40%	30%	50%
Durable Medical Equipment	20%		20%		20%		30%	
Mental Health/Chemical Dependency	20%	40%	20%	40%	20%	40%	30%	50%
Women's Health Care Services ³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Men's Health Care Services ³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Immunizations ³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Well-Baby Care/Well-Child Care ³	20%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
Prescription Drugs: No out-of-pocket maximum on prescription drugs ²	\$0 Rx deductible		\$0 Rx deductible		\$0 Rx deductible		\$1,000 Rx deductible (annual)	
Generic Coinsurance ⁴	Up to \$5		Up to \$5		Up to \$5		Up to \$5	
Preferred Brand Coinsurance ⁴	Up to \$40		Up to \$40		Up to \$40		Up to \$40	
Non-Preferred Brand Coinsurance	Up to \$70		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 noncontracting 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. Adult (age 19 and above) immunizations are limited to the following: Influenza (flu), Zostavax (shingles), Pneumococcal (pneumonia), Tetanus/Diphtheria Toxoid, and Varicella (chicken pox).

⁴ \$0 co-payment for *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 Web site at www.omip.state.or.us. Not subject to Rx deductible for Plan 1500. *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 • MONTHLY RATE SCHEDULE A

PLAN 500			
	Individual	Two-party	Family
Age 0-17	\$262	\$524	\$786
Age 18-19	\$294	\$588	\$850
Age 20-24	\$331	\$662	\$924
Age 25-29	\$355	\$710	\$972
Age 30-34	\$396	\$792	\$1,054
Age 35-39	\$412	\$824	\$1,086
Age 40-44	\$490	\$980	\$1,242
Age 45-49	\$564	\$1,128	\$1,390
Age 50-54	\$646	\$1,292	\$1,554
Age 55-59	\$742	\$1,484	\$1,746
Age 60-64	\$742	\$1,484	\$1,746
Age 65+	\$779	\$1,558	\$1,820

PLAN 750			
	Individual	Two-party	Family
Age 0-17	\$239	\$478	\$717
Age 18-19	\$268	\$536	\$775
Age 20-24	\$302	\$604	\$843
Age 25-29	\$324	\$648	\$887
Age 30-34	\$362	\$724	\$963
Age 35-39	\$376	\$752	\$991
Age 40-44	\$447	\$894	\$1,133
Age 45-49	\$515	\$1,030	\$1,269
Age 50-54	\$590	\$1,180	\$1,419
Age 55-59	\$677	\$1,354	\$1,593
Age 60-64	\$677	\$1,354	\$1,593
Age 65+	\$712	\$1,424	\$1,663

PLAN 1000			
	Individual	Two-party	Family
Age 0-17	\$228	\$456	\$684
Age 18-19	\$256	\$512	\$740
Age 20-24	\$288	\$576	\$804
Age 25-29	\$309	\$618	\$846
Age 30-34	\$345	\$690	\$918
Age 35-39	\$359	\$718	\$946
Age 40-44	\$427	\$854	\$1,082
Age 45-49	\$491	\$982	\$1,210
Age 50-54	\$563	\$1,126	\$1,354
Age 55-59	\$646	\$1,292	\$1,520
Age 60-64	\$646	\$1,292	\$1,520
Age 65+	\$679	\$1,358	\$1,586

PLAN 1500			
	Individual	Two-party	Family
Age 0-17	\$184	\$368	\$552
Age 18-19	\$207	\$414	\$598
Age 20-24	\$233	\$466	\$650
Age 25-29	\$250	\$500	\$684
Age 30-34	\$279	\$558	\$742
Age 35-39	\$290	\$580	\$764
Age 40-44	\$345	\$690	\$874
Age 45-49	\$397	\$794	\$978
Age 50-54	\$455	\$910	\$1,094
Age 55-59	\$522	\$1,044	\$1,228
Age 60-64	\$522	\$1,044	\$1,228
Age 65+	\$549	\$1,098	\$1,282

OMIP PORTABILITY ELIGIBILITY • 2010 MONTHLY RATE SCHEDULE C

PLAN 750			
	Individual	Two-party	Family
Age 0-17	\$250	\$500	\$750
Age 18-19	\$250	\$500	\$750
Age 20-24	\$250	\$500	\$750
Age 25-29	\$307	\$614	\$864
Age 30-34	\$376	\$752	\$1,002
Age 35-39	\$385	\$770	\$1,020
Age 40-44	\$463	\$926	\$1,176
Age 45-49	\$478	\$956	\$1,206
Age 50-54	\$588	\$1,176	\$1,426
Age 55-59	\$603	\$1,206	\$1,456
Age 60-64	\$615	\$1,230	\$1,480
Age 65+	\$615	\$1,230	\$1,480

PLAN 1500			
	Individual	Two-party	Family
Age 0-17	\$192	\$384	\$576
Age 18-19	\$192	\$384	\$576
Age 20-24	\$192	\$384	\$576
Age 25-29	\$236	\$472	\$664
Age 30-34	\$278	\$556	\$748
Age 35-39	\$289	\$578	\$770
Age 40-44	\$345	\$690	\$882
Age 45-49	\$368	\$736	\$928
Age 50-54	\$445	\$890	\$1,082
Age 55-59	\$461	\$922	\$1,114
Age 60-64	\$471	\$942	\$1,134
Age 65+	\$471	\$942	\$1,134

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.

Oregon Medical Insurance Pool/Federal Medical Insurance Pool

2010 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, excluding medical deductible, per individual ^①	\$1,000	\$2,000	\$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 60 visits	20%	40%	20%	40%
Emergency Room ^②	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 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
Prescription Drugs: Deductibles and out-of-pocket maximum on prescription drugs ^②	\$0 Rx deductible		\$0 Rx deductible	
	\$4,450 out-of-pocket max.		\$2,200 out-of-pocket max.	
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	

^① 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.

^② 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.

^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 FMIP pays for these services. Adult (age 19 and above) immunizations are limited to the following: Influenza (flu), Zostavax (shingles), Pneumococcal (pneumonia), Tetanus/Diphtheria Toxoid, and Varicella (chicken pox).

^④ \$0 co-payment for *specific* diabetic supplies, insulin (excluding pumps), and evidence-based generic maintenance medications as determined by FMIP. A list of these medications can be found on our Web site at www.omip.state.or.us. *This list is subject to change.*

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FMIP ELIGIBILITY • 2010 MONTHLY RATE SCHEDULE B

PLAN 500	
	Individual
Age 0-17	\$240
Age 18-19	\$270
Age 20-24	\$303
Age 25-29	\$325
Age 30-34	\$363
Age 35-39	\$378
Age 40-44	\$449
Age 45-49	\$517
Age 50-54	\$593
Age 55-59	\$680
Age 60-64	\$680
Age 65+	\$714

PLAN 750	
	Individual
Age 0-17	\$221
Age 18-19	\$248
Age 20-24	\$278
Age 25-29	\$299
Age 30-34	\$334
Age 35-39	\$347
Age 40-44	\$412
Age 45-49	\$474
Age 50-54	\$544
Age 55-59	\$624
Age 60-64	\$624
Age 65+	\$656

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.