

**2007-2008**  
**WILLAMETTE UNIVERSITY MEDICAL INSURANCE COMPARISON**

This summary is made from information provided by our carriers. While we have done what we can to ensure accuracy of this comparison, the contents should not be accepted or construed as a substitute for provisions of the master policies. Please refer to plan booklet or contract for more detailed description of benefits. **Application for health and dental benefits must be submitted to the Human Resources Office within 31 days of employment or qualifying event if making a mid-plan-year change.**

SERVICES	PIONEER EDUCATORS HEALTH TRUST Use in-or-out of network benefits interchangeably		KAISER PERMANENTE
	Out of Network	In-Network	
<b>DEDUCTIBLE</b>	\$500.00 per calendar year	\$250.00 per calendar year	None
<b>PARTICIPATING DOCTORS</b>	Free choice of any physician.	List available in Human Resources and on the web Must designate Network: Providence PPO or Health Care Direct	Physicians at Kaiser facilities and other specialists by authorized referral.
<b>PARTICIPANT HOSPITALS</b> Non-Emergency  Emergency	Free choice of hospitals. Out-of-network hospital 60% after deductible. Free choice of hospitals \$100 copayment 80% (waived if admitted).	See provider directory for participating hospitals – 80% after deductible. \$100 copayment 80% (copay waived if admitted).	Salem Hospital and various Portland facilities (see provider list). Member pays \$75 plus any other charges that apply for either plan or non-plan hospital or provider. Copay is waived if admitted.
<b>PREVENTION</b> Routine physical examinations.  Well-baby care Routine eye examination Annual breast/pelvic examinations Inoculations & routine immunizations Therapeutic injections.	Paid at 60% See plan booklet for frequency schedule  60% after deductible \$10 annual exam. Hardware/24 mos (see below) No deductible. 100% with \$15 copay. Paid at 100% (through age 18) 60% after deductible	Paid at 100% after \$20 each visit. See plan booklet for frequency schedule \$20 each visit (8 exams during first 2 years) \$10 annual exam. Hardware/24 months (see below) No deductible. 100% with \$15 copay Paid at 100% (through age 18) \$20 copay for visit.	\$20 each visit.  No charge until age 2 \$20 each visit. \$0 each visit. Immunizations paid in full. \$5 allergy & other injections
<b>TREATMENT</b> Physician Services: Office visits Hospital visit by physician Surgeon & anesthesiologist Assistant surgeon Consultations Diagnosis, x-ray lab Prescription drugs Mail order prescription service	60% after deductible. 60% after deductible. 60% after deductible. 60% after deductible. 60% after deductible. 60% after deductible. Use participating pharmacy Use in-plan benefit	\$20 each visit. Paid at 80% after deductible. Paid at 80% after deductible. Paid at 80% after deductible. Paid at 80% after deductible. Paid at 80% after deductible. \$15 generic/\$35 preferred/\$55 non-preferred (30-day) 90-day supply. \$30 generic/\$70 preferred/\$110 non-preferred	\$20 each visit. Paid in full. Hospital: No charge. Office: \$15 each visit. Paid in full. Paid in full. Provided at no charge. \$15 copay, including contraceptives. 90-day supply. \$30 copayment.
<b>HOSPITAL SERVICES--INPATIENT</b> Hospital including intensive care and coronary care Skilled nursing facilities	60% after deductible  60% semi-private, limited to 100 days/calendar year	Paid at 80% after deductible  80% semi-private, limited to 100 days/calendar year	\$100 copayment per admission.  Up to 100 days per calendar year.
<b>HOSPITAL/FACILITY SERVICES - OUT-PATIENT</b> Emergency Room (ER) Urgent Care Facility  Surgical charges Physical therapy (other Rehab) Diagnostic x-ray & laboratory.	80% after \$100 ER copay (waived if admitted.) 100% after \$20 copay  Paid at 60% after deductible. Paid at 60% after deductible. Paid at 60% after deductible.	80% after \$100 ER copay (waived if admitted.) 100% after \$20 copay  Paid at 80% after deductible. Paid at 80% after deductible. Paid at 80% after deductible.	\$75 hospital emergency room copay (waived if admitted) \$20 copay (must be received at Kaiser Facility unless away from home)  \$50 copay per surgery \$20 each visit (limits may apply – no charge for dialysis) Paid in full.

