

**PORTLAND VETERINARY MEDICAL ASSOCIATION
HEALTH AND WELLNESS PLAN**

SCHEDULE OF BENEFITS

OUTLINE OF BENEFITS	IN-Network Benefits	OUT-of-Network Benefits
Combined Lifetime Maximum Benefit	Unlimited	
Annual Deductible	Plan A / Plan B / Plan C	Plan A / Plan B / Plan C
Per Person	\$1,000 / \$2,500 / \$5,000	\$1,000 / \$2,500 / \$10,000
Per Family	\$2,000 / \$5,000 / \$10,000	\$2,000 / \$5,000 / \$20,000
Co-Insurance Levels (After Deductible)		
Per Person	20% / 20% / 0%	40% / 40% / 0%
Per Family	20% / 20% / 0%	40% / 40% / 0%
Out-of-Pocket Maximums (Including Deductible)		
Per Person	\$3,500 / \$5,000 / \$5,000	\$7,000 / \$10,000 / \$10,000
Per Family	\$7,000 / \$10,000 / \$10,000	\$14,000 / \$20,000 / \$20,000
Physician Charges		
Office Visits	\$30 / \$30 / 100% after ded	Subject to ded & co-ins
Specialist Office Visits	\$50 / \$50 / 100% after ded	Subject to ded & co-ins
X-Ray and Lab Services*	First \$300 at 100%	Subject to ded & co-ins
Other Procedures	Subject to deductible	Subject to ded & co-ins
Preventive Care		
Routine Physical, Colonoscopy,	100%	
Mammogram/Pap Smear,	100%	
Prostate Exam, Immunizations	100%	
Pre Exposure Rabies Prophylaxis Inj.	100%	
Rabies Titer Testing	100%	
Hospital and Other Facilities		
Inpatient and Intensive Care	Subject to ded	Subject to ded & co-ins
X-Ray and Lab Services*	First \$300 at 100%	Subject to ded & co-ins
Outpatient Surgery	Subject to deductible	Subject to ded & co-ins
Prescription Drug Card	Plan A / Plan B / Plan C	
Generic Drug Co-Pay	\$0 / \$0 / \$0 after ded.	
Preferred Brand	\$30 / \$30 / \$30 after ded.	
Non-Preferred Brand	\$45 / \$45 / \$45 after ded.	

*Plan C is HSA Qualified and subject to deductible other than for preventive care



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