



SEHI Basic Plan
ORS 743.730 to 743.745

**Department of Consumer
 & Business Services**
 Insurance Division – 5
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Cost-sharing provisions	Indemnity	HMO*
Annual deductible	None	None
Coinsurance	50%	Not applicable
Copayment		
Preventive services	\$15 per office visit	50% per service, not to exceed
Other services	See coinsurance	20% for all services (a per office visit copay of no more than \$15 is deemed to comply)
Out-of-pocket maximum		
Individual	\$3,750	May not exceed \$3,000
Family	\$7,500	May not exceed \$9,000
Lifetime maximum	\$1,000,000	None

*These provisions apply to federally qualified and non-qualified HMO plans

Benefit matrix for indemnity and HMO plans

Hospital inpatient services include:

- Delivery, postpartum, newborn care
- Anesthesia
- Medical supplies, drugs and medications, orthotics
- Durable medical equipment
- Functional implanted devices (e.g., pacemakers or artificial joints)
- Blood or blood products
- Rehabilitation care for disease or injury. Maximum of 30 days per condition, except in cases of head or spinal cord injury, which have a maximum of 60 days per condition

Hospital outpatient and ambulatory services include:

- Medical supplies used in, drugs/medications required to be administered in, and casts applied in a hospital outpatient or ambulatory setting

Professional services include:

- Home, office, or hospital visits
- Surgery and anesthesiology
- Physical, speech, occupational, and respiratory therapy up to 30 visits per condition within a 60-day period



- Prenatal care
- Medical supplies used in, drug medications required to be administered in, and casts applied in a provider's office

Preventive services include:

- Immunization
- Brief examinations includes primary care vision and hearing screening for ages:
 - Birth-24 months, well-baby care, up to eight exams
 - 24 months - 6 years, one exam each year
 - 6-18 years, one exam every two years
- Brief screening examinations includes blood pressure, weight and cholesterol check, minimal history, and examination for ages:
 - 19-39 years, one exam every five years
 - 40-64 years, one exam every two years

Women's wellness includes:

- Breast and pelvic examination, and Pap
 - 18-64 years, every other year
- Mammograms:
 - One at age 35
 - 40-50 years, every two years
 - Over 50, annually

Note: Women's wellness *must not* be limited to the age schedule if there's a high-risk condition.

Dental care includes:

- Children, 3-12 years:
 - One exam, oral prophylaxis, and fluoride treatment each year
 - Sealant in accordance with usual dental practice
 - Bitewing X-rays when deemed necessary by the attending dentist, but no more frequently than once every 18 months

Vision services include:

- Children through age 18:
 - One general eye examination, including necessary refractions, every 24 months

Laboratory and radiology tests, and special diagnostic procedures include:

- EMG, nerve condition studies, nuclear medicine, pulmonary function, electrophysiology, and medically necessary diagnostic procedures that — at the carrier's option — may require prior approval

Skilled nursing facility (SNF) care includes:

- 20 days per condition following inpatient hospitalization. SNF may also be provided under catastrophic case management.

Home health care includes:

- Services of plan providers, as defined by the carrier
- Maximum of 60 consecutive days per condition when significant improvement in function is anticipated
- Includes home IV therapy following treatment initiated as hospital inpatient

Hospice and palliative care includes:

- Medical supplies, drugs and medications, equipment and care for pain control, and symptom management in the last six months of life. Palliative care means medical services that alleviate symptoms or afford temporary relief of pain, but don't effect a cure.

Emergency care includes:

- Services delivered in a hospital emergency room, urgency clinic, or physician office/clinic to treat a medical emergency

Ambulance includes:

- Ground transportation to nearest hospital

Supplemental services include:

- Prosthetics (e.g., artificial limbs and eyes or ostomy supplies)
- Durable medical equipment per industry standard to include medically necessary and preauthorization
- Dialysis (pre-ESRD eligible)
- Diabetic instructions provided on outpatient basis
- Prescription drugs (includes insulin, needles, and syringes necessary for administration, and urine and blood strips for monitoring diabetes)

Transplants include:

- Liver
- Kidney
- Heart, lung, and heart/lung
- Bone marrow for aplastic anemia, leukemia, lymphoma, severe combined immunodeficiency disease or Wiskott-Aldrich syndrome
- Corneal
- Immunosuppressive drugs associated with covered transplants

Mental Health and Chemical Dependency

- State mandates per ORS 743.556

Prescription drugs include:

- A copayment of \$15 or 50 percent, whichever is greater, of the eligible charges. This benefit is not subject to the stop-loss limit, and carrier may limit coverage to a 30-day supply per prescription.

Benefit exclusions

General:

- Any services not medically necessary and appropriate
- Custodial, convalescent, or intermediate level care as determined by the carrier
- Experimental or investigational
- Services that are the responsibility of the employer (workers' compensation) or a government body
- Services for which no charges are made
- Programs mandated by a court of law as a result of a court's finding, recommendation, or sentencing
- Transportation, meals, and lodging necessary for recipient's access to covered services

Hospital/medical/professional:

- Education, clinical programs, or medical/surgical services for weight control and food supplements or prescription medications used in conjunction with such program or service
- Self help or training programs, including, but not limited to, smoking cessation, weight control, nutrition and general fitness programs, and instruction for self-administering medications or operating durable medical equipment, except in the case of diabetic instructions provided on an outpatient basis
- Plastic surgery or other cosmetic services that are indicated to improve appearance, except if a result of non-congenital injury or surgery. Including, but not limited to cosmetic treatment of confirmed benign skin conditions, varicose veins, confirmed benign tumors, polyps and skin disease, and diseases of hair, nails, or follicles
- Artificial insemination and other methods of conception by artificial means
- Services for the reversal of elective, surgically induced infertility
- Vision services, except as noted for children through the age of 18
- Surgery or other procedures that alter the refractive character of the eye
- Routine foot care
- Cochlear implants
- Medical and surgical services related to the treatment of TMJ except for splinting procedures
- Ongoing medical treatment for certain conditions, determined by the Oregon Health Services Commission to have minimal effectiveness

Dental service:

- All dental services, except for examinations, oral prophylaxis, sealants, bitewing X-rays and fluoride for children ages 3-12 years, and treatment for accidental injury to sound natural teeth or jaw

Devices:

- External hearing aids and hearing devices, except for children younger than age 18 who experienced hearing loss before age three
- Eyeglasses, contact lenses, and vision aids
- Implantable pharmaceutical devices
- Medical supplies and durable medical equipment prescribed on an outpatient basis and not specifically noted in covered services
- Prosthetic and corrective appliances that are not specifically noted in covered services
- Orthotic appliances and devices prescribed on an outpatient basis and that are not specifically noted in covered services

Benefit treatment limitations

- Ongoing medical treatment for confirmed irreversible hepatorenal syndrome

Coverage limitations

Minimum 50 percent coverage, not subject to out-of-pocket maximums for the following:

- Plastic surgery or other cosmetic services if required as a result of a non-congenital injury or surgery
- Orthognathic or arthroplastic surgery, if indicated for disorders resulting in impairment of speech, nutrition, or other bodily functions.
- Focal surgery for epilepsy