

## Multnomah County Medical Plans Comparison Chart

[You pay copay and coinsurance as indicated after applicable deductible up to out-of-pocket max.](#)

2024 Medical Plans	Annual Deductible	Annual Out-of-Pocket Maximum	Network	Office Visits: Primary, Specialty, and Urgent Care	Diagnostic Lab & X-ray (outside routine physical)	Preventive Care Services	
						Office Visits; Routine Physicals including exam, lab work, x-rays; Well Baby Care	Mammogram; Annual GYN exam; Prostate Screening; Preventative Immunizations
Moda PPO 400	\$400 per individual; \$1,200 per family	\$2,000 per individual; \$6,000 per family	In-Network	<a href="#">Primary: \$20 copay, Specialty/Urgent: \$40 copay, deductible waived. No copays for chronic condition benefit</a>	15% after deductible	No charge	No charge
	Out-of-Pocket Max includes deductibles, coinsurance & copays, but <b>doesn't include Rx, Vision, and Hearing.</b>		Out-of-Network*	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Moda Major Medical PPO Value Rx	\$1,000 per individual; \$2,500 per family	\$6,150 per individual; \$12,300 per family	In-Network	30% after deductible	30% after deductible	No charge	No charge
	Out-of-Pocket Max includes deductibles, coinsurance, copays & Rx, but <b>doesn't include Vision or Hearing.</b>		Out-of-Network*	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Kaiser 10/20	No deductible	\$600 per individual; \$1,200 per family Out-of-Pocket Max includes copays; excludes hearing & vision	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	Primary Care: \$5 copay first 3 visits per year, then \$10 copay; Specialty Care: \$20 copay; Urgent Care: \$30 copay; Telehealth: \$0	No charge	No charge	No charge
Kaiser Maintenance (Part-time employees only)	\$500 per individual OR \$1,500 per family	\$2,000 per individual; \$6,000 per family Out-of-Pocket Max includes deductibles and copays; excludes hearing & vision		Primary Care: \$5 copay first 3 visits per year, then \$20 copay; Specialty Care: 20% after deductible; Urgent Care: \$20 copay; Telehealth: \$0	\$10 copay	No charge	No charge

\*You may be billed more than the Moda coinsurance cost based on the out-of-network provider charges exceeding standard costs.

### Moda Plan Providers

Moda uses Connexus network for your in-network providers. For a complete listing of in-network providers, log in at Moda member dashboard or go to [modahealth.com](http://modahealth.com), Search by network, and select Connexus. You receive the highest level of coverage when you use physicians and facilities who are in-network.

### Kaiser Permanente Providers

Kaiser Permanente is a geographically specific HMO plan. Medical services and supplies must be provided, prescribed, and authorized by a Kaiser provider. You must receive the services and supplies at a Kaiser facility or referred provider except for qualifying urgent or emergency care as described in the plan materials.

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2024 Medical Plans	Network	Outpatient Surgery	Hospital Inpatient	Ambulance	Emergency Room (copay waived if admitted)	Chemical Dependency: Detox or Inpatient Treatment	Mental Health: Residential Treatment	Chemical Dependency or Mental Health: Outpatient Treatment	Chiropractic, Naturopathic, and Acupuncture Office Visits	Spinal Manipulation, Massage Therapy and Naturopathic Supplies	Acupuncture
Moda PPO 400	In-Network	15% after deductible	15% after deductible	No in-network, see out of network	\$100 copay; deductible applies - then an additional 15%	15% after deductible	15% after deductible	15% after deductible	\$40 copay	50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits	15% after deductible; 20 visits per year
	Out-of-Network*	35% after deductible	35% after deductible	15% after deductible		35% after deductible	35% after deductible	35% after deductible	35% after deductible		35% after deductible
Moda Major Medical PPO Value Rx	In-Network	30% after deductible	30% after deductible	No in-network, see out of network	\$100 copay; deductible applies - then an additional 30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits	30% after deductible, 20 visits per year
	Out-of-Network*	50% after deductible	50% after deductible	30% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible		50% after deductible
Kaiser 10/20	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$25 copay	\$50 per day copay up to \$250 max per admission	\$50 copay	\$50 copay	\$50 per day copay up to \$250 max per admission	\$50 per day copay up to \$250 max per admission	\$10 copay	\$15 copay for Chiropractic care (limit 20 visits), \$15 copay for Acupuncture (limit 20 visits), \$25 copay for Massage Therapy (limit 12 visits), Naturopathy as a PCP office visit		
Kaiser Maintenance (Part-time employees only)		20% after deductible	20% after deductible	20%; deductible waived	20% after deductible	20% after deductible	20% after deductible	20% after deductible; \$20 copay for day treatment	\$20 copay	\$15 copay for Chiropractic care (limit 20 visits), \$15 copay for Acupuncture (limit 20 visits), \$25 copay for Massage Therapy (limit 12 visits), Naturopathy as a PCP office visit	

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[You pay copay and coinsurance as indicated after deductible.](#)

You pay the listed copay or coinsurance and applicable deductible up to Out-of-Pocket max.

2024 Vision Coverage	Network	Routine Vision Exam		Vision Hardware		2024 Prescription Coverage	Annual Deductible	Annual Out-of-Pocket Maximum	Supply Quantity	Value / Low Cost Tier	Tier 1 Select	Tier 2 Preferred	Tier 3 Non-Formulary
		Adult	Children	Adult	Children								
Moda PPO 400 VSP	In-Network	\$0 copay	\$0 copay	Plan pays up to \$200 for frames every 2 yrs; 100% for standard lenses every year	Plan pays up to \$200 for frames and 100% for lenses every year	Moda PPO 400 - WellDyneRx	None	\$2,000 per individual \$6,000 per family	Retail 30-day supply:	≤ \$4	20% to \$50 max per Rx Includes specialty		50%
	Out-of-Network	\$70 allowance	\$70 allowance						Retail 90-day supply:	≤ \$12			
Moda Major Medical PPO Value Rx	In-Network	Not covered	Not covered	Not covered	Not covered	Moda Major Medical - WellDyneRx	\$300 per individual	Accrues toward Medical Max Out-of-Pocket	Retail 30-day supply:	≤ \$4	30% after deductible, includes specialty		
	Out-of-Network	Not covered	Not covered						Retail 90-day supply:	≤ \$12			30% after deductible
Kaiser 10/20	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$10 copay	No charge	\$150 allowance per 2 calendar yr period for lenses & frames, or contacts	No charge	Kaiser 10/20	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$10	\$10 copay for generic; \$20 copay for brand	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$20			\$20 copay for generic; \$40 copay for brand
Kaiser Maintenance (Part-time employees only)	Kaiser Providers	\$20 copay	No charge	Not covered	Not covered	Kaiser Maintenance (part-time employees only)	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$15	\$15 copay for generic; \$30 copay for brand	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$30			\$30 copay for generic; \$60 copay for brand

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