

2024 Medical plan benefit summary

Multnomah County



PPO 400 Plan

In-network you pay

Out-of-network you pay ¹

Calendar year costs

Deductible per member	\$400
Deductible per family	\$1,200
Medical OOPM including deductible per member	\$2,000
Medical OOPM including deductible per family	\$6,000
Pharmacy OOPM per member	\$2,000
Pharmacy OOPM per family	\$6,000

Care and services

ACA preventive care visit	\$0*	35%*
PCP office visit (non-chronic condition)	\$20*	35%
Chronic condition office visit	\$0*	35%
Outpatient mental health / substance use disorder visit	\$0*	35%
CirrusMD virtual visit	\$0*	N/A
Other virtual visit	\$20*	35%
Specialist visit	\$40*	35%
Urgent care visit	\$40*	35%
Acupuncture (insertion of needles) ²	15%	35%
Spinal manipulations, naturopathic supplies, and massage therapy ²	50%*	50%*

Maternity care

Practitioner services	15%	35%
Hospital stay	15%	35%

Hospital inpatient / outpatient services

Inpatient care	15%	35%
Skilled nursing facility care (100 visit max/year)	15%	35%
Outpatient hospital / facility	15%	35%
Outpatient diagnostic x-ray and lab	15%	35%
Labwork related to chronic conditions	\$0*	35%
Advanced imaging (MRI, CT, CAT, PET scans)	15%	35%
Emergency room: facility		\$100/15%
Emergency room: physician, lab and other services		15%

Other covered services

Outpatient rehabilitation (60 visit max/year)	15%	35%
Therapeutic injections	15%	35%
Durable medical equipment (DME) / prosthetics	15%	35%
Ambulance service		15%
Home health, hospice, and respite care (60 visit max/year)	15%	35%

* Deductible waived.

¹ Out-of-network member responsibility is based on the maximum plan allowance for these services.

² 20 visit limit for acupuncture and spinal manipulations, 12 visit limit for massage therapy.

This is a summary of the medical benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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