

Multnomah County Medical Plans Comparison Chart

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

| 2025 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 | Primary: \$20 copay, Specialty/Urgent: \$40 copay; deductible waived; No copays for chronic condition benefit | 15% after deductible | No charge | No charge |
| | Out-of-Pocket Max includes deductibles, coinsurance & copays, but doesn't include Rx, Vision, and Hearing. | | 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 doesn't include Vision or Hearing. | | 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 & vVision | 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, 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.

Comparisons not intended to provide comprehensive plan information. Benefits and coverage subject to plan limitations and definitions. This summary is not a guarantee of coverage. Consult the Summary Plan Description, Evidence of Coverage, Summary of Benefits and Coverage for applicable health plan for coverage information.

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| 2025 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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| 2025 Vision Coverage | Network | Routine Vision Exam | | Vision Hardware | | 2025 Prescription Coverage | Annual Deductible | Annual Out-of-Pocket Maximum | Supply Quantity | Value / Low Cost Tier | Tier 1 | Tier 2 | Tier 3 |
|---|--|---------------------|----------------|---|---|---|----------------------|---|----------------------------|-----------------------|--|---|--|
| | | 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 - Moda Rx* In-Network | 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 - Moda Rx* In-Network | \$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) | | \$20 copay | \$20 copay | 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 |

*Pharmacy benefits are covered under the Moda ArrayRx Core network. CVS pharmacies are excluded on this plan. You can find in-network pharmacies using the [Navitus Pharmacy Search tool](#).

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