

# 2025 Medical plan benefit summary

Multnomah County



## Major Medical Plan

	In-network you pay	Out-of-network you pay <sup>1</sup>
<b>Calendar year costs</b>		
Medical deductible per member		\$1,000
Medical deductible per family		\$2,500
Pharmacy deductible per member		\$300
OOPM including deductible per member		\$6,150
OOPM including deductible per family		\$12,300
<b>Care and services</b>		
ACA preventive care visit	\$0*	50%*
PCP office visit	30%	50%
Outpatient mental health / substance use disorder visit	30%	50%
CirrusMD virtual visit	\$0*	N/A
Other virtual visit	30%	50%
Specialist visit	30%	50%
Urgent care visit	30%	50%
Acupuncture (insertion of needles)	30%	50%
Spinal manipulations, naturopathic supplies, and massage therapy <sup>2</sup>	50%*	50%*
<b>Maternity care</b>		
Practitioner services	30%	50%
Hospital stay	30%	50%
<b>Hospital inpatient / outpatient services</b>		
Inpatient care	30%	50%
Skilled nursing facility care (100 visit max/year)	30%	50%
Outpatient hospital / facility	30%	50%
Outpatient diagnostic x-ray and lab	30%	50%
Advanced imaging (MRI, CT, CAT, PET scans)	30%	50%
Emergency room: facility		\$100/30%
Emergency room: physician, lab and other services		30%
<b>Other covered services</b>		
Outpatient rehabilitation (60 visit max/year)	30%	50%
Therapeutic injections	30%	50%
Durable medical equipment (DME) / prosthetics	30%	50%
Ambulance service		30%
Home health, hospice, and respite care (60 visit max/year)	30%	50%

\* Deductible waived.

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

<sup>2</sup> 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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