Multnomah County Employee Benefits

2018 Medical Plan Choices

Plan pays as indicated after member pays appropriate deductible and coinsurance

	Annual Deductible	Annual Out-of-Pocket **	Network Affiliation	Office Visit: Primary Care, Urgent Care	Diagnostic Lab & X-ray (not related to routine physical)	Preventive Care Services (see plan booklet for additional information)						Outpatient Surgery	Hospital Inpatient
						Office Visit: Preventive Care	Routine Physical Exam; includes exam, lab work and x-rays	Well Baby Care	Preventive Immunizations (per schedule, does not include cost of office visit)	Mammogram/ Annual GYN exam + Pap	Prostate Screening		
Moda Out-of-Pocket maximums include deductibles & medical coinsurance/copays; excludes disallowed charges, adult hearing aid coinsurance and VSP vision													
Moda Performance PPO Plan	**Rx copayments/coinsurance not included; separate Annual Out-of-Pocket max applies to Prescription Drugs		**In-Network**	90% after deductible	90% after deductible	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	90% after deductible	90% after deductible
	$200 per individual OR $600 per family	$1,250 per individual OR $3,750 per family	Out-of-Network	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
Moda Preferred PPO Plan	**Rx copayments/coinsurance not included; separate Annual Out-of-Pocket max applies to Prescription Drugs		**In-Network**	80% after deductible	80% after deductible	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	80% after deductible	80% after deductible
	$400 per individual OR $800 per family	$2,500 per individual OR $7,500 per family	Out-of-Network	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Moda Major Medical PPO Plan	Includes Rx copayments/coinsurance		**In-Network**	70% after deductible	70% after deductible	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	70% after deductible	70% after deductible
	$1,000 per individual OR $2,500 per family	$6,150 per individual $12,300 per family	Out-of-Network	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Kaiser Out-of-Pocket maximums include deductibles, medical & Rx copays; excludes disallowed charges, alternative care, hearing aids & vision hardware expenses													
Kaiser Permanente	No deductible	$600 per individual OR $1,200 per family	Services must be provided, prescribed, referred, or authorized by Kaiser Permanente Plan Providers	100% after $10 copay	100%	100%	100%	100%	100%	100%	100%	100% after $10 copay	100%
Kaiser Maintenance (part-time employees and non-Medicare retirees only)	$500 per individual OR $1,500 per family	$2,000 per individual OR $6,000 per family		100% after $20 copay; 80% after deductible for specialty care	100% after $10 copay	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	80% after deductible	80% after deductible

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Network Affiliation for Moda Plans

The Moda plans use the Connexus Network for their in-network providers. This network offers an extensive selection of hospital facilities and health care providers in the area. Although you have coverage regardless of whether you use an in- or out-of-network provider, you receive the highest level of coverage when you use physicians and facilities who are in-network.

Connexus Network Local Hospitals:

Adventist Health Medical Center
Oregon Health Sciences University
Tuality Healthcare
PeaceHealth Southwest Medical Center

Legacy Hospitals	Providence Hospitals
Emanuel	St. Vincent
Mt. Hood	Providence Portland
Salmon Creek	Providence Milwaukie
Good Samaritan (Portland)	Providence Willamette Falls
Meridian Park	Providence Newberg

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	Network Affiliation	Ambulance	Emergency Room (penalty copay waived if admitted)	Hospice Care (Inpatient/ Outpatient); Respite Care	Skilled Nursing Facility	Chemical Dependency: Detoxification Program or Inpatient Treatment	Mental Health: Residential Treatment	Chemical Dependency or Mental Health: Outpatient Treatment	Chiropractic, Naturopathic, Acupuncture and Massage Therapy Providers and Office Visits	Spinal Manipulation, Massage Therapy and Naturopathic Supplies	Acupuncture	Hearing Exams		Hearing Aids	
											20 sessions per year	Adult	Children <26	Adult	Children <26
Moda Performance PPO Plan	**In-Network**	90% after deductible	90% after deductible ($50 copay); out-of-network subject to MPA	100% according to benefit schedule; deductible waived	90% after deductible - max 100 days per year	90% after deductible	90% after deductible	90% after deductible	90% after deductible	plan pays 50% up to $300 per year (deductible waived)	90% after deductible	90% after deductible every 48 months	90% after deductible every 36 months	50% after deductible, max $4,000 every 48 months	90% after deductible every 36 months
	Out-of-Network	70% after deductible				70% after deductible	70% after deductible	70% after deductible	70% after deductible		70% after deductible	70% after deductible every 48 months			70% after deductible every 36 months
Moda Preferred PPO Plan	**In-Network**	80% after deductible	80% after deductible ($75 copay); out-of-network subject to MPA	100% according to benefit schedule; deductible waived	80% after deductible - max 100 days per year	80% after deductible	80% after deductible	80% after deductible	80% after deductible non-preventive	plan pays 50% up to $300 per year (deductible waived)	80% after deductible	80% after deductible every 48 months	80% after deductible every 36 months	50% after deductible, max $4,000 every 48 months	80% after deductible every 36 months
	Out-of-Network	60% after deductible				60% after deductible	60% after deductible	60% after deductible	60% after deductible		60% after deductible	60% after deductible every 48 months			60%after deductible every 36 months
Moda Major Medical PPO Plan	**In-Network**	70% after deductible	70% after deductible ($100 copay); out-of-network subject to MPA	100% according to benefit schedule; deductible waived	70% after deductible - max 100 days per year	70% after deductible	70% after deductible	70% after deductible	Naturopaths 100% (deductible waived if preventive); 70% after deductible non-preventive	Plan pays 50% up to $300 per year (deductible waived)	70% after deductible	70% after deductible every 48 months	70% after deductible every 36 months	50% after deductible, max $4,000 every 48 months	70% after deductible every 36 months
	Out-of-Network	50% after deductible				50% after deductible	50% after deductible	50% after deductible	50% after deductible		50% after deductible	50% after deductible every 48 months			
Kaiser Permanente	Services must be provided, prescribed, referred, or authorized by Kaiser Permanente Plan Providers	100% after $50 copay	100% after $50 copay in-plan; 100% after $50 copay subject to UCR out-of-plan	100%; for short-term care within service area	100%; up to 100 days per year	100%	100%	100% after $10 copay	$500 allowance per calendar year combined; after $15 copay for Acupuncture, Chiropractic care and Naturopathy; $25 copay for Massage Therapy (limit 12 visits for Massage)			100% after $10 copay	100% after $10 copay	Covered 100% max $4,000 every 48 months	Covered 100% 1 hearing aid per ear every 48 months
Kaiser Maintenance		80%; deductible waived	80% after deductible in- or out-of-plan	No charge for short-term care within service area	80% after deductible for up to 100 days per year	80% after deductible	80% after deductible; 100% after $20 copay for day treatment	100% after $20 copay	$500 allowance per calendar year combined; after $15 copay for Acupuncture, Chiropractic care and Naturopathy; $25 copay for Massage Therapy (limit 12 visits for Massage)			80% after deductible	80% after deductible	Not covered	Covered 100% after deductible 1 hearing aid per ear every 48 months

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Kaiser Permanente
Kaiser Permanente is a geographically specific HMO plan. Medical services and supplies must be provided, prescribed, authorized or directed by a participating physician. You must receive the services and supplies at a Kaiser Permanente facility or skilled nursing facility inside Kaiser's service area, except for qualifying urgent or emergency care as described in the plan materials. Emergency and Urgent Care Services are covered out of area.

Kaiser Out-of-Area Coverage
Kaiser provides limited services for away from home travel and dependent children who live outside a Kaiser service area. Please see limited out-of-area benefit in the plan booklet (EOC), and visit kp.org/travel for more details.

2018 Vision Coverage	Plan pays as indicated after member pays appropriate deductible and coinsurance					2018 Prescription Coverage	You pay the listed copay or coinsurance and applicable deductible, the plan pays the remainder						
	Network Affiliation	Routine Vision Exam		Vision Hardware *see plan documents for contact lenses, out-of-network limits and Costco allowance			Annual Deductible	Annual Out-of-Pocket	Supply Quantity	Value / Low Cost Tier	Tier 1 Select	Tier 2 Preferred	Tier 3 Non-Formulary
VSP expenses do not accrue toward medical OOP max		Adult	Children	Adult	Children	Rx Deductibles and Out-of-Pocket costs are not included in Medical Deductibles or Out-of-Pocket (except Major Medical)					Your copayment		
Moda Performance PPO Plan - VSP	**In-Network**	$0 copay	$0 copay	Plan pays up to $200 for frames* every 2 yrs; 100% for standard lenses each plan year	Plan pays up to $200 for frames* and 100% for lenses once per plan year	**Moda Performance PPO Plan - WellDyneRx**	None	$2,000 per individual $6,000 per family	30-day supply (retail/ specialty)	N/A	20% to $50 max per Rx		50%
	Out-of-Network	$70 allowance	$70 allowance						90-day supply (mail order)	N/A	20% to $25 max	20% to $100 max	50%
Moda Preferred PPO Plan - VSP	**In-Network**	$0 copay	$0 copay	Plan pays up to $200 for frames* every 2 yrs; 100% for standard lenses each plan year	Plan pays up to $200 for frames* and 100% for lenses once per plan year	**Moda Preferred PPO Plan - WellDyneRx**	None	$2,000 per individual $6,000 per family	30-day supply (retail/ specialty)	N/A	20% to $50 max per Rx		50%
	Out-of-Network	$70 allowance	$70 allowance						90-day supply (mail order)	N/A	20% to $35 max	20% to $150 max	50%
Moda Major Medical PPO Plan	**In-Network**	Not covered	Not covered	Not covered	Not covered	**Moda Major Medical PPO Plan - WellDyneRx**	$300 per individual	Accrues toward Medical Plan Max OOP	30-day supply (retail/ specialty)	≤ $4	30% after deductible		
	Out-of-Network	Not covered	Not covered	Not covered	Not covered				90-day supply (mail order)	≤ $8	30% after deductible		
		Routine Vision Exam Adult	Routine Vision Exam Children <19	Vision Hardware Adult	Vision Hardware Children <19		Out-of-Pocket maximums include deductibles, medical & Rx copays; excludes disallowed charges						
Kaiser Permanente	Services must be provided, prescribed, referred, or authorized by Kaiser Permanente Plan Providers	100% after $10 copay	100%	$150 allowance once in a 2 calendar year period (lenses and frames or contacts)	Covered 100%	**2018 Prescription Coverage**	None	Accrues toward out-of-pocket maximum	30-day supply (retail)	≤ $10	$10 copay		Same as Tier 2; requires physician approval
									90-day supply (mail order)	≤ $20	$20 copay		
Kaiser Maintenance		100% after $20 copay	100%	Not covered	Not covered		None	Accrues toward out-of-pocket maximum	30-day supply (retail)	≤ $15	$15 copay	$30 copay	Same as Tier 2; requires physician approval
									90-day supply (mail order)	≤ $30	$30 copay	$60 copay	

Pharmacy Coverage under Kaiser Permanente

Prescriptions and supplies must be purchased at a Kaiser Permanente facility or skilled nursing facility inside Kaiser's service area, except for qualifying urgent or emergency care as described in the plan materials.