



Multnomah County Medical Plans Comparison Chart

You pay copay and coinsurance as indicated after applicable deductible up to out-of-pocket max.



| 2021 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 Platinum PPO | \$300 per individual; \$900 per family | \$1,900 per individual; \$5,700 per family | In-Network | 15% after deductible | 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 | \$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 Permanente | No deductible | \$600 per individual; \$1,200 per family Out-of-Pocket Max includes deductibles & copays; excludes alterative care, hearing & vision | Services must be provided, prescribed, referred, or authorized by Kaiser Providers | \$10 copay | 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 alterative care, hearing & vision | | \$20 copay; 20% after deductible for specialty care | \$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 the Connexus Network for your in-network providers. For a complete list of in-network providers, go to modahealth.com, Find Care, Search by Connexus Network. 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,

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| 2021 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 Platinum PPO | In-Network | 15% after deductible | 15% after deductible | No in-network, see out of network | 15% after deductible (\$100 copay) | 15% after deductible | 15% after deductible | 15% after deductible | 15% after deductible | 50% up to \$350 max (deductible waived) | 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, 20 visits per year |
| Moda Major Medical PPO | In-Network | 30% after deductible | 30% after deductible | No in-network, see out of network | 30% after deductible (\$100 copay) | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | 50% up to \$300 max (deductible waived) | 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, 20 visits per year |
| Kaiser Permanente | Services must be provided, prescribed, referred, or authorized by Kaiser Providers | \$10 copay | No charge | \$50 copay | \$50 copay | No charge | No charge | \$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) | | |
| 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 copay for day treatment | \$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) | | |

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

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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.

| 2021 Vision Coverage | Network | Routine Vision Exam | | Vision Hardware | | 2021 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 Platinum - 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 Platinum - WellDyneRx | None | \$2,000 per individual \$6,000 per family | 30-day supply (retail/ specialty) | ≤ \$4 | 20% up to \$50 max per Rx | | 50% |
| | Out-of-Network | \$70 allowance | \$70 allowance | | | | | | 90-day supply (mail order) | ≤ \$8 | 20% up to \$30 max | 20% up to \$125 max | 50% |
| Moda Major Medical | In-Network | Not covered | Not covered | Not covered | Not covered | Moda Major Medical - WellDyneRx | \$300 per individual | Accrues toward Medical Max Out-of-Pocket | 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 | | |
| Kaiser Permanente | Services must be provided, prescribed, referred, or authorized by Kaiser Providers | \$10 copay | No charge | \$150 allowance once in a 2 calendar year period (lenses and frames or contacts) | No charge | Kaiser Permanente | None | Accrues toward Medical Max Out-of-Pocket | 30-day supply (retail) | ≤ \$10 | \$10 copay | | Same as Tier 2; requires physician approval |
| 90-day supply (mail order) | | | | | | | | | ≤ \$20 | \$20 copay | | | |
| Kaiser Maintenance (Part-time employees only) | | \$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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