Multnomah County Medical Plans Comparison Chart

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

2020 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 Rx, Vision, and Hearing not included.		**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

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

Moda Plan Providers
Moda plan 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, except for qualifying urgent or emergency care as described in the plan materials.

Multnomah County Medical Plans Comparison Chart

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

2020 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	15% after deductible	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	35% 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	30% after deductible	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	50% 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)		

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Multnomah County Medical Plans Comparison Chart

YOUR HEALTH MATTERS!

[You pay copay and coinsurance as indicated after applicable deductible.](#) You pay the listed copay or coinsurance and applicable deductible up to Out-of-Pocket max.

2020 Vision Coverage	Network	Routine Vision Exam		Vision Hardware		2020 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		