

Plan Provider Status	Kaiser Deductible	Kaiser HMO	Moda Summit/Synergy Coordinated Care Plan		PEBB Statewide PPO		Providence Choice (Medical Home)		Kaiser Deductible Part-Time	Kaiser HMO Part-Time	Moda Summit/Synergy Part-Time		PEBB Statewide PPO Part-Time		Providence Choice Part-Time (Medical Home)	
			Care Home <sup>1</sup>	Out of Network <sup>1</sup>	In Network	Out of Network	Medical Home	Out of Network <sup>1</sup>			In Network	Out of Network	Medical Home	Out of Network <sup>1</sup>	In Network	Out of Network
Standard Deductible <sup>2</sup>	\$250/individual, \$750/family	\$0	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$250/individual, \$750/family	\$0	\$500/individual, \$1500/family	\$1000/individual, \$3000/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible <sup>3</sup> applies to all services unless otherwise noted	\$100/individual, \$300/family	\$100/individual, \$300	\$100/individual, \$300/family		\$100/individual, \$300/family		\$100/individual, \$300/family		\$100/individual, \$300/family	\$100/individual, \$300/family	\$100/individual, \$300/family		\$100/individual, \$300/family		\$100/individual, \$300/family	
Out-of-pocket max. (some deductibles, copays, services don't apply)	\$1500/individual \$4500/family	\$600/individual \$1200/family	\$1500/individual \$4500/family	\$4000/individual \$12,000/family	\$1900/individual \$5700 family	\$4800/individual \$14,400/family	\$1500/individual, \$4500/family	\$4000/individual, \$12,000/family	\$1500/individual \$4500/family	\$1500/individual, \$3000/family	\$2500/individual \$7500/family	\$6000/individual \$18,000/family	\$3200/individual \$9600/family	\$7500/individual \$22,500/family	\$2500/individual \$7500/family	\$6000/individual \$18,000/family
Primary care visit	\$5, deductible waived	\$5	\$10, first four visits deductible waived	30%	15% or 10% <sup>4</sup> first four visits, deductible waived	30%	\$10, first four visits deductible waived	30%	\$30, deductible waived	\$30	\$40, first four visits deductible waived	50%	20% or 15% first four visits, deductible waived	50%	\$40, first four visits deductible waived	50%
Chronic care visit <sup>5</sup>	\$5, deductible waived	\$5	\$0, deductible waived	30%	0%, deductible waived	30%	\$0, deductible waived	30%	\$30, deductible waived	\$30	\$0, deductible waived	50%	0%, deductible waived	50%	\$0, deductible waived	50%
Specialty care visit	\$5 w/referral, deductible waived	\$5, with referral	\$10	30%	15%	30%	\$10, with referral	30%	\$30 w/referral, deductible waived	\$30, with referral	\$40	50%	20%	50%	\$40, with referral	50%
Outpatient mental health care	\$5, deductible waived	\$5	\$10, deductible waived	30%	15%, deductible waived	30%	\$10, deductible waived	30%	\$30, deductible waived	\$30	\$40, deductible waived	50%	20%, deductible waived	50%	\$40, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	\$0	\$0, deductible waived	30%	0%, deductible waived	30%	\$0, deductible waived	30%	\$0, deductible waived	\$0	\$0, deductible waived	50%	0%, deductible waived	50%	\$0, deductible waived	50%
Maternity Services Prenatal	\$0, deductible waived	\$0	\$0, deductible waived	30%	0%, deductible waived	30%	\$0, deductible waived	30%	\$0, deductible waived	\$0	\$0, deductible waived	50%	0%, deductible waived	50%	\$0, deductible waived	50%
Maternity Services Professional delivery and postnatal services	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	15%	\$500 + 30%	\$0, deductible waived	30%	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	20%	50%	\$0, deductible waived	50%
Delivery facility charges					Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges					Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges
Preventive	\$0, deductible waived	\$0	\$0, deductible waived	30%	0%, deductible waived	30%	\$0, deductible waived	30%	\$0, deductible waived	\$0	\$0, deductible waived	50%	0%, deductible waived	50%	\$0, deductible waived	50%
Lab & x-ray	\$15, deductible waived	\$0	\$0, deductible waived	30%	15%	30%	\$0, deductible waived	30%	\$20, deductible waived	\$10	Quest labs - \$0, other providers 20%	50%	20%	50%	20%, deductible applies	50%
Inpatient hospital per admission	\$50/day up to \$250 max	\$50/day, up to \$250 max	\$50/day to \$250	\$500 + 40%	15%	\$500 + 40%	\$50/day to \$250	\$500 + 40%	\$500	\$500	\$500	\$500 + 50%	20%	\$500 + 50%	\$500	\$500 + 50%
Outpatient surgery in a hospital setting	15%	\$5	\$10	\$100 + 40%	15%	\$100 + 40%	\$10	\$100 + 40%	20%	\$30	\$40/visit	\$100 + 50%	20%	\$100 + 50%	\$40/visit	\$100 + 50%
Urgent care	\$25, deductible waived	\$5	\$25	\$25	15%	15%	\$25	\$25	\$50	\$30	\$30	30%	20%	20%	\$40	\$40
Emergency department <sup>6</sup>	\$75	\$75	\$150	\$150	\$150 + 15%	\$150 + 15%	\$150	\$150	\$100	\$100	\$150	\$150	\$150 + 20%	\$150 + 20%	\$150	\$150
Durable medical equipment	15%, deductible waived	\$0	15%	30%	15%	30%	15%	30%	50%, deductible waived	50%	20%	50%	20%	50%	20%	50%
Insulin, diabetic supplies	\$0 deductible waived	\$0	\$0, deductible waived		0%, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
Additional Cost Tier (\$100 <sup>7</sup> copay/\$500 <sup>9</sup> copay – applies to all except Kaiser <sup>8</sup> )	\$100, deductible waived	\$100	\$100/\$500	\$100 + 30%/ \$500 + 30%	\$100 + 15% \$500 + 15%	\$100 + 30% \$500 + 30%	\$100/\$500	\$100 + 30% \$500 + 30%	\$100, deductible waived	\$100	\$100/\$500	\$100 + 50%/ \$500 + 50% <sup>10</sup>	\$100 + 20% \$500 + 20%	\$100 + 50% \$500 + 50%	\$100/\$500	\$100 + 50% \$500 + 50%
Alternative care provider visits <sup>13</sup>	\$10, deductible waived	\$10	\$10	30%	15%	30%	\$10	30%	\$30, with physician's authorization referral, deductible waived	\$30, with physician's authorization referral	\$40	50%	20%	50%	\$40	50%
Spinal manipulation, acupuncture services <sup>13</sup>	\$10, deductible waived	\$10	\$10 up to \$1,000/yr max combined. Not applied to out-of-pocket max.	30% up to \$1,000/yr max combined. Not applied to out-of-pocket max.	15%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	30%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	\$10/visit, up to \$1000/yr. max. combined. Not applied to out-of-pocket max.	30%, up to \$1000/yr. max. combined. Not applied to out-of-pocket max.	\$30 with physician's authorization referral, deductible waived	\$30, with physician's authorization referral	\$40 up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.	20%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	50%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	\$40/visit, up to \$1000/yr. max. combined. Not applied to out-of-pocket max.	50% up to \$1000/yr. max. combined. Not applied to out-of-pocket max.
Routine vision exam	\$5	\$5	N/A	N/A	N/A	N/A	N/A	N/A	\$30	\$30	N/A	N/A	N/A	N/A	N/A	N/A
Vision hardware allowance	\$200	\$200	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription drugs	<ul style="list-style-type: none"> <li>No deductible</li> <li>Copays accumulate to out-of-pocket maximum</li> <li>\$5 generic</li> <li>\$25 brand</li> <li>50% up to \$100 max non-formulary brand</li> <li>\$50 Specialty</li> <li>Mail order (31-90 day), \$5 generic, \$25 formulary brand, 50% up to \$100 max non-formulary brand</li> </ul>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Copays accumulate to out-of-pocket maximum</li> <li>\$1 generic</li> <li>\$15 brand</li> <li>\$50 Specialty</li> <li>Mail order (31-90 day), \$1 generic, \$15 brand</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000/individual \$3000/family out-of-pocket maximum<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$10 generic</li> <li>\$30 preferred brand</li> <li>\$100 specialty</li> <li>Copay x 2.5 for 90-day</li> <li>Member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>In network deductible, out-of-pocket max. apply</li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$10 generic</li> <li>\$30 preferred brand</li> <li>\$30 brand</li> <li>Copay x 2.5 for 90-day</li> <li>Member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000 out-of-pocket max.<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$10 generic</li> <li>\$30 brand</li> <li>Copay x 2.5 for 90-day</li> <li>\$100 specialty</li> </ul>	<ul style="list-style-type: none"> <li>Urgent, emergent and out-of-country</li> <li>In network deductible, out-of-pocket max. apply</li> <li>Reimbursed as if filled in network; member pays difference between network rate &amp; billed amount</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000 out-of-pocket max.<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$10 generic</li> <li>\$30 brand</li> <li>Copay x 2.5 for 90-day</li> <li>\$100 specialty</li> </ul>	<ul style="list-style-type: none"> <li>Urgent, emergent and out-of-country</li> <li>In network deductible, out-of-pocket max. apply</li> <li>Reimbursed as if filled in network; member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Copays accumulate to out-of-pocket max.</li> <li>\$10 generic</li> <li>\$25 brand</li> <li>\$50 Specialty</li> <li>Mail order 2 copays for up to 90-day supply</li> </ul>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Copays accumulate to out-of-pocket maximum</li> <li>\$10 generic</li> <li>\$25 brand</li> <li>\$50 Specialty</li> <li>Mail order 2 copays for up to 90-day supply</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000/individual \$3000/family out-of-pocket maximum<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$20 generic</li> <li>\$50 preferred brand</li> <li>\$100 specialty</li> <li>Copay x 2.5 for 90-day</li> <li>Member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>In network deductible, out-of-pocket max. apply</li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$20 generic</li> <li>\$50 preferred brand</li> <li>\$100 specialty</li> <li>Copay x 2.5 for 90-day</li> <li>Member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000 out-of-pocket max.<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$20 generic</li> <li>40% preferred brand</li> <li>Copay x 2.5 for 90-day</li> <li>\$100 specialty</li> </ul>	<ul style="list-style-type: none"> <li>Urgent, emergent and out-of-country</li> <li>In network deductible, out-of-pocket max. apply</li> <li>Reimbursed as if filled in network; member pays difference between network rate &amp; billed amount</li> </ul>	<ul style="list-style-type: none"> <li>\$50/individual, \$150/family deductible<sup>10</sup></li> <li>\$1000 out-of-pocket max.<sup>11</sup></li> <li>\$0 Value, not subject to deductible<sup>12</sup></li> <li>\$20 generic</li> <li>\$50 preferred brand</li> <li>\$100 specialty</li> <li>Copay x 2.5 for 90-day</li> <li>Member pays difference between network rate and billed amount</li> </ul>	<ul style="list-style-type: none"> <li>Urgent, emergent and out-of-country</li> <li>In network deductible, out-of-pocket max. apply</li> <li>Reimbursed as if filled in network; member pays difference between network rate and billed amount</li> </ul>

### Medical plans footnotes

- To receive In Network benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.
- All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in network and out of network, and In-Network and Out-of-Network (see 1 above). Certain in network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.
- See Health Engagement Model (HEM), page 10.
- PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.
- These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.
- Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for observation. Copay does not apply to out-of-pocket max. except in Kaiser plans. In plan deductible applies.
- These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket max. Not applied to cancer-related procedures.
- Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out-of-pocket max.
- These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of-pocket max. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.
- The prescription drug deductible is \$50 per person or \$150 for families with three or more members. It applies separately from the medical deductible.
- The prescription drug out-of-pocket max. is \$1000 per person, with a family maximum of \$3000. It accrues separately from the medical out-of-pocket max.
- All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions.
- Limited to \$1000/year Providence Choice, Moda, and Kaiser. Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket max.