Medical Plan Comparison

PLAN NAMES:	MED PLAN 1		MED PLAN 2A		MED PLAN 3*		PLAN 1			PLAN 2			PLAN 3			PLAN 6*		
					(Health Savings Account (HSA) Optional)		Coordinated (CC) / Non-Coordinated (Non-CC)			CC / Non-CC			CC / Non-CC			CC / Non-CC		
Network Available Per Plan	Kaiser HMO		Kaiser HMO		Kaiser HMO		In -Network		Out of Network	In -Network		Out of Network	In -Network		Out of Network	In -Network		Out of Network
	InNetwork	OutOfNetwork	InNetwork	OutOfNetwork	InNetwork	OutOfNetwork	CC	Non-CC	Out of Network	CC	Non-CC	Out of Network	CC	Non-CC	Out of Network	CC	Non-CC	Out of Network
Deductible Per Person	None	NA	$800	NA	$1,600	NA	$400	$500	$800	$800	$900	$1,600	$1,200	$1,300	$2,400	$1,600	$1,700	$3,200
Max Deduct Per Family	None	NA	$2,400	NA	$3,200	NA	$1,500	$1,500	$2,400	$2,700	$2,700	$4,800	$3,900	$3,900	$7,200	$3,400	$3,400	$6,400
Max Out of Pocket Per Person	$1,500	NA	$4,000	NA	$6,550	NA	$2,850	$3,250	$6,000	$3,850	$4,250	$8,000	$4,850	$5,250	$10,000	$6,400	$6,750	$13,100
Max Out of Pocket Per Family	$3,000	NA	$12,000	NA	$13,100	NA	$9,750	$9,750	$18,000	$12,750	$12,750	$24,000	$15,750	$15,750	$27,400	$13,500	$13,500	$26,200
Routine Exam / Wellness	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	$0	50% / NA	$0	$0	50% / NA	$0	$0	50% / NA	$0	$0	50% / NA
Primary Care Office Visit	$20	Not Covered	$25	Not Covered	20%	Not Covered	$20	20%	50%	$20	20%	50%	$25	25%	50%	15%	20%	50%
Virtual Care / Telehealth	$0	Not Covered	$0	Not Covered	$0 after ded.	Not Covered	$0	$0	Not Covered	$0	$0	Not Covered	$0	$0	Not Covered	$0 after ded.	$0 after ded.	Not Covered
Specialist Office Visit	$30	Not Covered	$35	Not Covered	20%	Not Covered	$40	20%	50%	$40	20%	50%	$50	25%	50%	$0	$0	Not Covered
Acupuncture and Chiropractic	$20 per	Not Covered	$25 per	Not Covered	20%	Not Covered	$20	20%	20%	$20	20%	50%	$25	25%	50%	20%	25%	50%
Naturopathic office visits	$20 per	Not Covered	$25 per	Not Covered	20%	Not Covered	$20	20%	50%	$40	20%	50%	$50	25%	50%	15%	20%	50%
Mental Health office visits	$20 per	Not Covered	$25 per	Not Covered	20%	Not Covered	$20	$20	50%	$20	$20	50%	$25	$25	50%	15%	20%	50%
Urgent Care Visit	$35	See Plan Handbook	$40	See Plan Handbook	20%	See Plan Handbook	$40	20%	20%	$40	20%	20%	$50	25%	25%	15%	20%	See Plan Handbook
Emergency Room	$100 per visit, waived if admitted		20%		20%		$100 copay, plus 20%			$100 copay, plus 20%			$100 copay, plus 25%			20%	25%	See Plan Handbook
Ambulance	$75		$100		20%		20%			20%			25%			20%	25%	See Plan Handbook

All Moda Plans: If you select the CC (Coordinated Care) = PCP 360 network, each person on the plan must select a PCP 360 Provider (each person can have a different provider) to receive enhanced benefits and savings. For more information on the CC (Coordinated Care) = PCP 360 plans, please call OEBB at 1-888-469-6322.

This document is for comparison purposes only.The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.