Clackamas Community College OEBB 2020-2021 Plan Year – Summary of Medical Plans and Pharmacy Benefits

Medical Plans No lifetime maximum on any medical plans	**Kaiser HMO Plan 1**		**Kaiser HMO Plan 3 (HSA Optional)**		**Moda Medical Plan 1**			**Moda Medical Plan 2**			**Moda Medical Plan 6 (HSA Optional)**		
Plan Year Costs – Deductibles and copayments apply to the annual out-of-pocket maximum	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network Coordinated Care[6] Member Pays	In-Network Non-Coordinated Care[6] Member Pays	Out-of-Network Member Pays	In-Network Coordinated Care[6] Member Pays	In-Network Non-Coordinated Care[6] Member Pays	Out-of-Network Member Pays	In-Network Coordinated Care[6] Member Pays	In-Network Non-Coordinated Care[6] Member Pays	Out-of-Network Member Pays
Deductible per person	None	NA	$1,600[2]	NA	$400	$500	$800	$800	$900	$1,600	$1,600[2]	$1,700[2]	$3,200[2]
Maximum deductible per family	None	NA	$3,200[2]	NA	$1,500	$1,500	$2,400	$2,700	$2,700	$4,800	$3,400[2]	$3,400[2]	$6,400[2]
Out-of-pocket (OOP) maximum per person [3]	$1,500	NA	$6,550[2]	NA	$2,850	$3,250	$6,000	$3,850	$4,250	$8,000	$6,400[2]	$6,750[2]	$13,100[2]
Out-of-pocket (OOP) maximum per family [3]	$3,000	NA	$13,100[2]	NA	$9,750	$9,750	$18,000	$12,750	$12,750	$24,000	$13,500[2]	$13,500[2]	$26,200[2]
Maximum cost share per person	NA	NA	NA	NA	$7,900	$7,900	NA	$7,900	$7,900	NA	NA	NA	NA
Maximum cost share per family	NA	NA	NA	NA	$15,800	$15,800	NA	$15,800	$15,800	NA	NA	NA	NA
Preventive Care Services													
Wellness Visit (Moda plans: ages 21 and over, must use PCP 360)	$0	NA	$0[1]	NA	$0[1]	$0[1]	Not covered	$0[1]	$0[1]	Not covered	$0[1]	$0[1]	Not covered
Routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	$0	Not covered	$0[1]	Not covered	$0[1]	$0[1]	50%	$0[1]	$0[1]	50%	$0[1]	$0[1]	50%
Primary care office visits	$20	Not covered	20%	Not covered	$20[1,6]	20%	50%	$20[1,6]	20%	50%	15%	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda plans only)	NA	NA	NA	NA	$40[1]	NA	50%	$40[1]	NA	50%	15%	NA	50%
Virtual Care	$0	Not covered	20%	Not covered	$10[1,7]	$10[1,7]	50%[1,7]	$10[1,7]	$10[1,7]	50%[1,7]	$10[1,7]	$10[1,7]	50%[1,7]
Specialist office visits	$30	Not covered	20%	Not covered	$40[1]	20%	50%	$40[1]	20%	50%	15%	20%	50%
Urgent care	$35	See Plan Handbook	20%	See Plan Handbook	$40[1]	20%	20%	$40[1]	20%	20%	15%	20%	50%
Mental Health Services													
Mental health office visits	$20	Not covered	20%	Not covered	$20[1]	$20[1]	50%	$20[1]	$20[1]	50%	15%	20%	50%
Mental health inpatient and residential services	$100 per day, up to $500 per admission max	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
Chemical dependency services (inpatient, outpatient, or residential)	$0	Not covered	20%	Not covered	$20[1]	$20[1]	50%	$20[1]	$20[1]	50%	15%	20%	50%
Outpatient Services													
Outpatient surgery/facility care	$75	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) **Kaiser plans:** maximum 20 visits per therapy per plan year **Moda plans:** 30 sessions per plan year / 60 for spinal or head injury	$30 per visit	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%

Medical Plans No lifetime maximum on any medical plans	**Kaiser HMO Plan 1**		**Kaiser HMO Plan 3 (HSA Optional)**		**Moda Medical Plan 1**			**Moda Medical Plan 2**			**Moda Medical Plan 6 (HSA Optional)**		
Outpatient Tests													
Preventive tests	$0	Not covered	$0[1]	Not covered	$0[1]	$0[1]	50%	$0[1]	$0[1]	50%	$0[1]	$0[1]	50%
Laboratory	$20 per visit	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
X-ray, imaging, and special diagnostic procedures	$20 per visit	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
CT, MRI, PET scans	$20 per visit	Not covered	20%	Not covered	$100 copay + 20%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 20%	$100 copay + 50%	20%	25%	50%
Alternative Care Services													
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. **Kaiser plans:** only accrue towards your $2000 benefit maximum **Moda plans:** limited to 12 visits a year	$20 per service	Not covered	20%	Not covered	$20[1]	20%	50%	$20[1]	20%	50%	20%	25%	50%
Maternity Care													
Outpatient maternity care	$0	Not covered	$0[1]	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	$100 per day, up to $500 per admission max	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
Hospital Services													
Inpatient care/surgery	$100 per day, up to $500 per admission max	See Plan Handbook	20%	See Plan Handbook	20%	20%	50%	20%	20%	50%	20%	25%	50%
Skilled nursing facility care **Kaiser plans:** 100 days per plan year **Moda plans:** 60 days per plan year	$0	NA	20%	NA	20%	20%	50%	20%	20%	50%	20%	25%	50%
Additional Cost Tier													
Moda plans only: $100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	NA	NA	NA	NA	$100 copay + 20%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	20%	25%	50%
Moda plans only: $500 Additional Cost Tier (ACT): spine surgery, knee & hip replacement[4], knee & shoulder arthroscopy, uncomplicated hernia repair	NA	NA	NA	NA	$500 copay + 20%	$500 copay + 20%	$500 copay + 50%	$500 copay + 20%	$500 copay + 50%	$500 copay + 20%	20%	25%	50%
Emergency Services													
Emergency room (copay waived if admitted)	$100 per visit (waived if admitted)		20%		$100 copay + 20%	$100 copay + 20%		$100 copay + 20%	$100 copay + 20%		20%	25%	
Ambulance	$75		20%		20%	20%		20%	20%		20%	25%	

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Other Covered Services													
Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	Not covered	20%	Not covered	10%	10%	50%	10%	10%	50%	20%	25%	50%
Durable medical equipment (DME)	20%	Not covered	20%	Not covered	20%	20%	50%	20%	20%	50%	20%	25%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	$500 + Inpatient Care costs	Not covered	$500 + 20%	Not covered	$500 + 20%	$500 + 20%	Not covered	$500 + 20%	$500 + 20%	Not covered	$500 + 20%	$500 + 20%	Not covered
Pharmacy Services													
Out-of-pocket (OOP) maximum	$1100 – Rx max also applies to Medical OOP max		Rx applies toward plan OOP max		Rx applies toward Max Cost Share			Rx applies toward Max Cost Share			Rx applies toward plan OOP max		
Retail													
Value (Moda plans only)	NA	NA	NA	NA	$4 per 31-day supply			$4 per 31-day supply			$4[1] per 31-day supply		
Generic (Kaiser plans) / Select generic (Moda plans)	$5 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	$12 per 31-day supply			$12 per 31-day supply			20%	25%	
Preferred brand	$25 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	25% up to $75 per 31-day supply			25% up to $75 per 31-day supply			20%	25%	
Non-preferred brand[5]	$45 per 30-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook	50% up to $175 per 31-day supply			50% up to $175 per 31-day supply			20%	25%	
Mail													
Value (Moda plans only)	NA	NA	NA	NA	$8 per 90-day supply			$8 per 90-day supply			$8[1] per 31-day supply		
Generic (Kaiser plans) / Select generic (Moda plans)	$10 per 90-day supply	See Plan Handbook	20%	See Plan Handbook	$24 per 90-day supply			$24 per 90-day supply			20%	25%	
Preferred brand	$50 per 90-day supply	See Plan Handbook	20%	See Plan Handbook	25% up to $150 per 90-day supply			25% up to $150 per 90-day supply			20%	25%	
Non-preferred brand[5]	$90 per 90-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook	50% up to $450 per 90-day supply			50% up to $450 per 90-day supply			20%	25%	
Specialty													
Select generic (Kaiser plans) / Preferred brand (Moda plans)	25% up to $100 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	25% up to $200 per 31-day supply			25% up to $200 per 31-day supply			20%	25%	
Non-preferred brand[5]	25% up to $100 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	50% up to $500 per 31-day supply			50% up to $500 per 31-day supply			20%	25%	

Plan Premium	Kaiser HMO Plan 1	Kaiser HMO Plan 3	Moda Medical Plan 1	Moda Medical Plan 2	Moda Medical Plan 6
Employee Only	$639.76	$390.11	$694.59	$646.19	$545.89
Employee + Spouse/Partner	$1,407.48	$858.75	$1,528.08	$1,421.61	$1,200.94
Employee + Child(ren)	$1,215.55	$740.90	$1,319.74	$1,227.79	$1,037.20
Employee + Family	$1,983.26	$1,209.57	$2,153.26	$2,003.23	$1,692.27

The premiums listed above are not the amounts that you pay each month. Utilize the Monthly Benefits Calculator on the **HR Webpage** to calculate your monthly out-of-pocket cost.

NA = Not applicable
[1] Deductible waived
[2] Individual deductibles and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where [1] indicates deductible waived).
[3] For Moda plans, OOP maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.
[4] Benefit is subject to reference price limitation.
[5] A formulary exception must be approved for non-preferred brand prescription medication.
[6] If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column under that plan if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.
[7] Virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this document and your member handbook, the member handbook will prevail.