### Clackamas Community College OEBB 2019-2020 Plan Year – Summary of Medical Plans and Pharmacy Benefits

#### Medical Plans

No lifetime maximum on any medical plans.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person</td>
<td>None</td>
<td>NA</td>
<td>$1,600&lt;sup&gt;a&lt;/sup&gt;</td>
<td>NA</td>
<td>$800</td>
<td>$800</td>
</tr>
<tr>
<td>Out-of-pocket (OOP) maximum per person</td>
<td>$1,500</td>
<td>NA</td>
<td>$6,550&lt;sup&gt;c&lt;/sup&gt;</td>
<td>NA</td>
<td>$3,520&lt;sup&gt;c&lt;/sup&gt;</td>
<td>$2,800</td>
</tr>
<tr>
<td>Out-of-pocket (OOP) maximum per family&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$3,000</td>
<td>NA</td>
<td>$13,100&lt;sup&gt;d&lt;/sup&gt;</td>
<td>NA</td>
<td>$9,750</td>
<td>$18,000</td>
</tr>
<tr>
<td>Maximum cost share per person</td>
<td>NA</td>
<td>NA</td>
<td>$7,900&lt;sup&gt;e&lt;/sup&gt;</td>
<td>NA</td>
<td>$7,900&lt;sup&gt;e&lt;/sup&gt;</td>
<td>$7,900&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>Maximum cost share per family</td>
<td>NA</td>
<td>NA</td>
<td>$15,800&lt;sup&gt;f&lt;/sup&gt;</td>
<td>NA</td>
<td>$15,800&lt;sup&gt;f&lt;/sup&gt;</td>
<td>$15,800&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

#### Preventive Care Services

- Wellness Visit (Moda plans: ages 21 and over, must use PCP 360)
  - $0 | NA | $0<sup>g</sup> | NA | $0<sup>h</sup> | $0<sup>h</sup> | $0<sup>h</sup> | $0<sup>h</sup> | $0<sup>h</sup> | $0<sup>h</sup> | $0<sup>h</sup> |

- 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<sup>i</sup> | Not covered | $0<sup>j</sup> | $0<sup>j</sup> | $0<sup>j</sup> | $0<sup>j</sup> | $0<sup>j</sup> | $0<sup>j</sup> | Not covered |

- Primary care office visits
  - $20 | Not covered | 20% | Not covered | $20<sup>k</sup> | 20% | 50% | $20<sup>k</sup> | 20% | 50% | $25<sup>k</sup> | 25% | 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<sup>l</sup> | NA | 50% | $40<sup>l</sup> | NA | 50% | $50<sup>l</sup> | NA | 50% | 15% | NA | 50% |

- Specialist office visits
  - $30 | Not covered | 20% | Not covered | $40<sup>m</sup> | 20% | 50% | $40<sup>m</sup> | 20% | 50% | $50<sup>m</sup> | 25% | 50% | 15% | 20% | 50% |

- Urgent care
  - $35 | See Plan Handbook | 20% | See Plan Handbook | $40<sup>n</sup> | 20% | 20% | $40<sup>n</sup> | 20% | 20% | $50<sup>n</sup> | 25% | 25% | 15% | 20% | 50% |

#### Mental Health Services

- Mental health office visits
  - $20 | Not covered | 20% | Not covered | $20<sup>o</sup> | 20% | 50% | $20<sup>o</sup> | 20% | 50% | $25<sup>o</sup> | 25% | 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% | 25% | 25% | 50% | 20% | 25% | 50% |

- Chemical dependency services (inpatient, outpatient, or residential)
  - $0 | Not covered | 20% | Not covered | $20<sup>p</sup> | 20% | 50% | $20<sup>p</sup> | 20% | 50% | $25<sup>p</sup> | 25% | 50% | 15% | 20% | 50% |
<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No lifetime maximum on any medical plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient surgery/facility care</td>
<td>$75</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Outpatient rehabilitation (physical, occupational &amp; speech therapy)</td>
<td>$30 per visit</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td><em>Kaiser plans: maximum 20 visits per therapy per plan year</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Moda plans: 30 sessions per plan year / 60 for spinal or head injury</em></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tests (outpatient)

<table>
<thead>
<tr>
<th>Test</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive tests</td>
<td>$0</td>
<td>Not covered</td>
<td>60%</td>
<td>50%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$20 per visit</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>X-ray, imaging, and special diagnostic procedures</td>
<td>$20 per visit</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>CT, MRI, PET scans</td>
<td>$20 per visit</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Alternative Care Services ($2,000 combined maximum)

<table>
<thead>
<tr>
<th>Service</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture, chiropractic &amp; naturopathic services, labs, diagnostics, etc. (Cost of supplies &amp; procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum)</td>
<td>$20 per service</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Maternity Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician or midwife services &amp; hospital stay, delivery &amp; routine newborn nursery care</td>
<td>$100 per day, up to $500 per admission max</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Kaiser HMO Plan 1</th>
<th>Kaiser HMO Plan 3 (HSA Optional)</th>
<th>Moda Medical Plan 1</th>
<th>Moda Medical Plan 2</th>
<th>Moda Medical Plan 3</th>
<th>Moda Medical Plan 6 (HSA Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient care/surgery</td>
<td>$100 per day, up to $500 per admission max</td>
<td>See Plan Handbook</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Skilled nursing facility care (Kaiser plans: 100 days per plan year, Moda plans: 60 days per plan year)</td>
<td>$0</td>
<td>NA</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Medical Plans</td>
<td>Kaiser HMO Plan 1</td>
<td>Kaiser HMO Plan 3 (HSA Optional)</td>
<td>Moda Medical Plan 1</td>
<td>Moda Medical Plan 2</td>
<td>Moda Medical Plan 3</td>
<td>Moda Medical Plan 6 (HSA Optional)</td>
</tr>
<tr>
<td>---------------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td>No lifetime maximum on any medical plans</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Moda plans only:</strong> $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</td>
<td>NA NA NA NA</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 50%</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 25%</td>
</tr>
<tr>
<td><strong>Moda plans only:</strong> $500 Additional Cost Tier (ACT): spine surgery, knee &amp; hip replacement, knee &amp; shoulder arthroscopy, uncomplicated hemia repair</td>
<td>NA NA NA NA</td>
<td>$500 copay + 20%</td>
<td>$500 copay + 20%</td>
<td>$500 copay + 50%</td>
<td>$500 copay + 20%</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
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</tr>
<tr>
<td>Emergency room (copay waived if admitted)</td>
<td>$100 per visit (waived if admitted)</td>
<td>20%</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 20%</td>
<td>$100 copay + 25%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$75</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children</td>
<td>10%</td>
<td>Not covered</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>20%</td>
<td>Not covered</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Bariatric surgery (Roux-en-Y and gastric sleeve)</td>
<td>$500 + Inpatient Care costs</td>
<td>Not covered</td>
<td>$500 + 20%</td>
<td>$500 + 20%</td>
<td>Not covered</td>
<td>$500 + 20%</td>
</tr>
<tr>
<td><strong>Pharmacy Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket (OOP) maximum</td>
<td>$1100 – Rx max also applies to Medical OOP max</td>
<td>Rx applies toward plan OOP max</td>
<td>Rx applies toward Max Cost Share</td>
<td>Rx applies toward Max Cost Share</td>
<td>Rx applies toward Max Cost Share</td>
<td>Rx applies toward plan OOP max</td>
</tr>
<tr>
<td><strong>Retail</strong></td>
<td>Value (Moda plans only)</td>
<td>NA NA NA NA</td>
<td>$4 per 31-day supply</td>
<td>$4 per 31-day supply</td>
<td>$4 per 31-day supply</td>
<td>$4 per 31-day supply</td>
</tr>
<tr>
<td>Generic (Kaiser plans) / Select generic (Moda plans)</td>
<td>$5 per 30-day supply</td>
<td>See Plan Handbook</td>
<td>20%</td>
<td>See Plan Handbook</td>
<td>$12 per 31-day supply</td>
<td>$12 per 31-day supply</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$25 per 30-day supply</td>
<td>See Plan Handbook</td>
<td>20%</td>
<td>See Plan Handbook</td>
<td>25% up to $75 per 31-day supply</td>
<td>25% up to $75 per 31-day supply</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$45 per 30-day supply if criteria met</td>
<td>See Plan Handbook</td>
<td>20%</td>
<td>See Plan Handbook</td>
<td>50% up to $175 per 31-day supply</td>
<td>50% up to $175 per 31-day supply</td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Kaiser HMO Plan 1</td>
<td>Kaiser HMO Plan 3</td>
<td>Moda Medical Plan 1</td>
<td>Moda Medical Plan 2</td>
<td>Moda Medical Plan 3</td>
<td>Moda Medical Plan 6</td>
</tr>
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<td>---------------------</td>
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</tr>
<tr>
<td></td>
<td>$659.42</td>
<td>$397.93</td>
<td>$678.31</td>
<td>$631.05</td>
<td>$593.23</td>
<td>$533.09</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$1,450.73</td>
<td>$875.96</td>
<td>$1,492.27</td>
<td>$1,388.30</td>
<td>$1,305.10</td>
<td>$1,172.79</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$2,044.20</td>
<td>$1,233.82</td>
<td>$2,102.80</td>
<td>$1,956.28</td>
<td>$1,839.05</td>
<td>$1,652.61</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$1,252.90</td>
<td>$755.75</td>
<td>$1,288.81</td>
<td>$1,199.01</td>
<td>$1,127.17</td>
<td>$1,012.89</td>
</tr>
</tbody>
</table>

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.

- **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 3
  - Moda Medical Plan 6 (HSA Optional)

- **Value (Moda plans only)**
  - NA
  - NA
  - NA
  - NA
  - $8 per 90-day supply
  - $8 per 90-day supply
  - $8 per 90-day supply
  - $8 per 31-day supply

- **Generic (Kaiser plans) / Select generic (Moda plans)**
  - $10 per 90-day supply
  - See Plan Handbook
  - 20%
  - See Plan Handbook
  - 20%
  - See Plan Handbook
  - 20%
  - See Plan Handbook
  - 20%

- **Preferred brand**
  - $50 per 90-day supply
  - See Plan Handbook
  - 25% up to $150 per 90-day supply
  - See Plan Handbook
  - 25% up to $150 per 90-day supply
  - See Plan Handbook
  - 25% up to $150 per 90-day supply
  - See Plan Handbook
  - 20%

- **Non-preferred brand**
  - $90 per 90-day supply if criteria met
  - See Plan Handbook
  - 50% up to $450 per 90-day supply
  - See Plan Handbook
  - 50% up to $450 per 90-day supply
  - See Plan Handbook
  - 50% up to $450 per 90-day supply
  - See Plan Handbook
  - 20%

- **Specialty**
  - Select generic (Kaiser plans) / Preferred brand (Moda plans)
    - 25% up to $100 per 30-day supply
    - See Plan Handbook
    - 25% up to $200 per 31-day supply
    - See Plan Handbook
    - 25% up to $200 per 31-day supply
    - See Plan Handbook
    - 20%

- **Non-preferred brand**
  - 25% up to $100 per 30-day supply
  - See Plan Handbook
  - 50% up to $500 per 31-day supply
  - See Plan Handbook
  - 50% up to $500 per 31-day supply
  - See Plan Handbook
  - 20%

**Plan Premium**
- Employee Only
- Employee + Spouse/Partner
- Employee + Family
- Employee + Child(ren)

**Employee Only**
- $659.42
- $397.93
- $678.31
- $631.05
- $593.23
- $533.09

**Employee + Spouse/Partner**
- $1,450.73
- $875.96
- $1,492.27
- $1,388.30
- $1,305.10
- $1,172.79

**Employee + Family**
- $2,044.20
- $1,233.82
- $2,102.80
- $1,956.28
- $1,839.05
- $1,652.61

**Employee + Child(ren)**
- $1,252.90
- $755.75
- $1,288.81
- $1,199.01
- $1,127.17
- $1,012.89

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.

**Notes:**
- **NA** = Not applicable
- 1 Deductible waived
- 2 Individual deductible 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.

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.