

Clackamas Community College OEBC 2018-2019 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 PPO Birch (Both PPO and Synergy)		Moda PPO Cedar (Both PPO and Synergy)		Moda PPO Evergreen (HSA Optional)	
	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays	In-Network, Member Pays	Out-of-Network, Member Pays
Plan Year Costs – Deductibles and copayments apply to the annual out-of-pocket maximum effective 10/1/14										
Deductible per person	None	See Plan Handbook	\$1,600 ²	See Plan Handbook	\$800	\$1,600	\$1,200	\$2,400	\$1,600 ²	\$3,200 ²
Maximum deductible per family	None	See Plan Handbook	\$3,200 ²	See Plan Handbook	\$2,400	\$4,800	\$3,600	\$7,200	\$3,200 ²	\$6,400 ²
Out-of-pocket (OOP) maximum per person	\$1,500	See Plan Handbook	\$6,550 ²	See Plan Handbook	\$4,000	\$8,000	\$5,000	\$10,000	\$6,550 ²	\$13,100 ²
Out-of-pocket (OOP) maximum per family	\$3,000	See Plan Handbook	\$13,100 ²	See Plan Handbook	\$12,000	\$24,000	\$13,700	\$27,400	\$13,100 ²	\$26,200 ²
Maximum cost share per person	NA	NA	NA	NA	\$7,350	NA	\$7,350	NA	NA	NA
Maximum cost share per person	NA	NA	NA	NA	\$14,700	NA	\$14,700	NA	NA	NA
Preventive Care Services										
<u>Moda</u> Medical Home Wellness Visit (ages 21 & over, must use Medical Home)	NA	NA	NA	NA	\$0 ¹	Not Covered	\$0 ¹	Not Covered	\$0 ¹	Not Covered
<u>Kaiser/Moda</u> : Includes 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	50%	\$0 ¹	50%	\$0 ¹	50%
Moda Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)										
Moda Medical Home incentive care	NA	NA	NA	NA	\$15 copay ¹	50%	\$15 copay ¹	50%	20%	50%
Incentive office visits and home visits	NA	NA	NA	NA	20% ¹	50%	20% ¹	50%	20%	50%
Professional Services										
<u>Moda</u> Medical Home Primary Care Services	NA	NA	NA	NA	\$30 copay ¹	50%	\$30 copay ¹	50%	20%	50%
<u>Kaiser</u> Primary care office visits	\$20	Not Covered	20%	Not Covered	NA	NA	NA	NA	NA	NA
<u>Moda</u> Primary care office visits (non-medical home)	NA	NA	NA	NA	20%	50%	20%	50%	20%	50%
Specialist office visits	\$30	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%
Mental health office visits	\$20	Not Covered	20%	Not Covered	\$30 copay ¹	50%	\$30 copay ¹	50%	20%	50%

NA = Not applicable

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¹ **Deductible Waived**

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³ **For PPO plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards maximum Cost Share. For Summit/Synergy plans, OOP max includes medical copayments, coinsurance, as well as pharmacy copays and coinsurance. ACT copayments will continue accruing towards Maximum Cost Share limit.)**

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Medical Plans No lifetime maximum on any medical plans	Kaiser HMO Plan 1		Kaiser HMO Plan 3 (HSA Optional)		Moda PPO Birch (Both PPO and Synergy)		Moda PPO Cedar (Both PPO and Synergy)		Moda PPO Evergreen (HSA Optional)	
Mental health inpatient and residential services	\$100 per day, up to \$500 per admission	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0	Not Covered	20%	Not Covered	\$0 ¹	50%	\$0 ¹	50%	20%	50%
Alternative Care Services (\$2,000 combined maximum)										
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.</i>	\$20 per service	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Maternity Care										
Outpatient Maternity Care	\$0	Not Covered	\$0 ¹	Not Covered	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care.	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Outpatient and Hospital Services										
Inpatient Care/Surgery	\$100 per day, up to \$500 per admission maximum	See Plan Handbook	20%	See Plan Handbook	20%	50%	20%	50%	20%	50%
Outpatient surgery/facility care	\$75	NA	20%	Not Covered	20%	50%	20%	50%	20%	50%
Skilled nursing facility care <u>Kaiser Plans: 100 days per plan year</u> <u>Moda Plans: 60 days per plan year</u>	\$0	Not Covered	20%	NA	20%	50%	20%	50%	20%	50%
Visionsupplementation	\$30 ⁵	Not Covered	20%	Not Covered	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%
Upper Endoscopies	\$75	Not Covered	20%	Not Covered	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%
Sleep Studies	\$20 per visit	Not Covered	20%	Not Covered	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%
MRI, CT, PET imaging	\$20 per visit	Not Covered	20%	Not Covered	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%
Lumbar Discographies	\$75 per visit	Not Covered	20%	Not Covered	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%
<u>Moda Only:</u> \$100 Additional Cost Tier (ACT): Spinal injections, tonsillectomies	NA	NA	NA	NA	\$100 copay+20%	\$100 copay+50%	\$100 copay+20%	\$100 copay+50%	20%	50%

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<u>Moda Only:</u> \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacemtn ⁴ , knee & shoulder arthroscopy, hernia repair	NA	NA	NA	NA	\$500 copay+20%	\$500 copay+50%	\$500 copay+20%	\$500 copay+50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) <u>Kaiser:</u> Maximum 20 visits per therapy per Plan Year <u>Moda:</u> 30 days per plan year/ 50 for spinal or head injury	\$30 per visit	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	\$20 per visit	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Emergency and Urgent Care										
Urgent care visit	\$35	See Plan Handbook	20%	See Plan Handbook	\$50 ¹		\$50 ¹		20%	
Emergency room (copay waived if admitted)	\$100 per visit (waived if admitted)		20%		\$100 copay + 20%		\$100 copay + 20%		20%	
Ambulance	\$75		20%		20%		20%		20%	
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%	50%	10%	50%	20%	50%
Durable Medical Equipment	20%	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%
Weight Management (subscriber & covered dependents unless note otherwise)										
Up to four 13-weeks Weight Watchers Sessions per Plan year (age restrictions may apply)	\$0		\$0 ¹		\$0 ¹		\$0 ¹		\$0 ¹	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0		\$0 ¹		\$0 ¹		\$0 ¹		\$0 ¹	
Bariatric Surgery (aka., Gastric bypass, Roux-en-Y) ³ Approved providers only-See Plan Handbook for specific criteria.	\$500 + Inpatient Care costs		\$500 + 20%		\$500 copay + 20%	Not Covered	\$500 copay + 20%	Not Covered	\$500 copay + 20%	Not Covered
Tobacco Cessation Program (available age 10 & over)										
Telephone consults, Web-Coaching, Patches, Gum & Prescribed Medications	Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details	
Pharmacy Services										

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Out-of-pocket maximum (OOP)	\$1,100 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										
➤ <u>Moda Plans: Value</u>	NA	NA	NA	NA	\$4 ¹ (up to 90-day supply)	\$0 ¹ (up to 90-day supply)	\$4 ¹ per 31-day supply	\$0 ¹ per 90-day supply	\$4 ¹ per 31-day supply	\$0 ¹ per 90-day supply
➤ <u>Kaiser Generic / Moda Select generic</u>	\$5 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	\$12 per 31-day supply	\$8 per 31-day supply	\$12 per 31-day supply	\$8 per 31-day supply	20%	
➤ 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 \$50 per 31-day supply	25% up to \$75 per 31-day supply	25% up to \$50 per 31-day supply	20%	
➤ Non-preferred Brand	\$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 \$150 per 31-day supply	50% up to \$175 per 31-day supply	50% up to \$150 per 31-day supply	20%	
Mail										
➤ <u>Moda Plans: Value</u>	NA	NA	NA	NA	\$8	\$0	\$8	\$0	\$8 ¹	\$0 ¹
➤ <u>Kaiser Generic / Moda Select Generic</u>	\$10 per 90-day supply	See Plan Handbook	20%	See Plan Handbook	\$24	\$16	\$24	\$16	20%	
➤ 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 \$100 per 90-day supply	25% up to \$150 per 90-day supply	25% up to \$100 per 90-day supply	20%	
➤ Non-preferred Brand	\$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 \$300 per 90-day supply	50% up to \$450 per 90-day supply	50% up to \$300 per 90-day supply	20%	
Specialty										
➤ Select Generic	25% up to \$100 per 30 day supply	See Plan Handbook	20%	See Plan Handbook	NA		NA		NA	
➤ Preferred	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 \$100 per 31-day supply	25% up to \$200 per 31-day supply	25% up to \$100 per 31-day supply	20%	
➤ Non-preferred brand	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 \$300 per 31-day supply	50% up to \$500 per 31-day supply	50% up to \$300 per 31-day supply	20%	

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 comparison and your member handbook, the member handbook will prevail.

Medical Plan Premiums							
	Kaiser HMO Plan 1	Kaiser HMO Plan 3 (HSA Compatible)	Moda PPO Plan Birch	Moda PPO Plan Birch Synergy*	Moda PPO Plan Cedar	Moda PPO Plan Cedar Synergy	Moda PPO Plan Evergreen (HSA Required)
Employee Only	\$631.47	\$381.58	\$640.46	\$576.41	\$593.50	\$534.14	\$494.02

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Employee +Spouse/Partner	\$1,389.24	\$839.96	\$1,480.99	\$1,268.09	\$1,305.68	\$1,175.13	\$1,086.84
Employee + Child(ren)	\$1,199.80	\$724.68	\$1,216.88	\$1,095.16	\$1,127.65	\$1,014.90	\$938.65
Employee + Family	\$1,957.55	\$1,183.10	\$1,985.44	\$1,786.88	\$1,839.87	\$1,655.92	\$1,531.46

* Alder PPO only available in Coos, Curry and Douglas counties.

** Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible and then once the deductible is met they are paid at the same level as other covered medical expenses.

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