

Effective 10/1/2018-9/30/2019

	\$800 PPO		\$1,200 PPO		HDHP with H.S.A	
Medical - Administered by Regence BlueCross BlueShield of Oregon						
Benefit Category	Preferred Providers	Out-of-Network Providers	Preferred Providers	Out-of-Network Providers	Preferred Providers	Out-of-Network Providers
<b>Annual Deductible</b>						
Individual	\$800	\$1,600	\$1,200	\$2,400	\$1,600*	\$3,200
Family	\$2,400	\$4,800	\$3,600	\$7,200	\$3,200*	\$6,400
<b>Annual Out-of-Pocket Maximum</b>	<i>Includes deductible, coinsurance &amp; medical &amp; pharmacy copayments</i>		<i>Includes deductible, coinsurance &amp; medical &amp; pharmacy copayments</i>		<i>Includes deductible, coinsurance &amp; medical &amp; pharmacy coinsurance</i>	
Individual	\$4,000	\$8,000	\$5,000	\$10,000	\$6,550**	\$13,100***
Family	\$12,000	\$24,000	\$13,700	\$27,400	\$13,100	\$26,200
<b>Preventive Care- according to ACA guidelines</b>	no cost	50% (deductible Waived)	no cost	50% (deductible Waived)	no cost	50% (deductible Waived)
<b>Physician Office Visit including outpatient mental health substance and naturopath visits</b>	20%	50%	20%	50%	20%	50%
<b>In/Outpatient Facility including mental health</b>	20%	50%	20%	50%	20%	50%
<b>Home Health Care: 180 visits per benefit year</b>	20%	50%	20%	50%	20%	50%
<b>Hospice: limited to 183 days per lifetime</b>	20%	50%	20%	50%	20%	50%
<b>In/Outpatient Professional including mental health</b>	20%	50%	20%	50%	20%	50%
<b>Lab/X-Ray</b>	20%	50%	20%	50%	20%	50%
<b>Complex Imaging - CT, PET Scans, MRIs etc.</b>	\$100 copay then 20% coinsurance after deductible	\$100 copay then 50% coinsurance after deductible	\$100 copay then 20% coinsurance after deductible	\$100 copay then 50% coinsurance after deductible	20%	50%
<b>Ambulance - Ground &amp; Air</b>	20%		20%		20%	
<b>Emergency Room</b>	\$100 copay then 20% coinsurance after deductible		\$100 copay then 20% coinsurance after deductible		20% after deductible	
<b>Rehabilitative Care including: Physical Therapy Speech Therapy Occupational Therapy Massage Therapy 30 combined Outpatient visits shared with Neurodevelopmental therapy. Inpatient limited to 30 days per benefit year up to 60 days for head &amp; spinal cord injuries</b>	20%	50%	20%	50%	20%	50%
<b>Alternative Care(Spinal manipulations &amp; Acupuncture): limited to 25 visits per year</b>	20%	50%	20%	50%	20%	50%
<b>Skilled Nursing Facilities: limited to 60 days per benefit year</b>	20%	50%	20%	50%	20%	50%
<b>Telehealth MD Live</b>	10%	No Benefit	10%	No Benefit	10%	No Benefit
<b>Durable Medical Equipment</b>	20%	50%	20%	50%	20%	50%
<b>Prescription Drug (Rx) A1</b>						
<b>Generic Rx</b>	\$15 copay for 30-day retail supply \$30 copay for 90-day supply at mail order		\$15 copay for 30-day retail supply \$30 copay for 90-day supply at mail order		20% after annual deductible	
<b>Brand-Formulary Rx (as defined by OmedaRx)</b>	\$30 copay for 30-day retail supply \$60 copay for 90-day supply at mail order		\$30 copay for 30-day retail supply \$60 copay for 90-day supply at mail order		20% after annual deductible	
<b>Non-Brand Formulary Rx (as defined by OmedaRx)</b>	\$50 copay for 30-day supply \$100 copay for 90-day supply at mail order		\$50 copay for 30-day supply \$100 copay for 90-day supply at mail order		20% after annual deductible	
<b>Specialty medication (as defined by OmedaRx)</b>	20% coinsurance to a maximum of \$80 per fill		20% coinsurance to a maximum of \$80 per fill		20% after annual deductible	

% = co-insurance (amount you pay)

\* If enrolled as a single, the deductible is \$1,600. If enrolled in any other tier, then the family deductible of \$3,200 must be met before plan pays. This can be met by a combination of family members or just by one person.

\*\* Embedded out-of-pocket max of \$6,550 per family member. If one family member reaches the Individual OOPM, their claims will pay at 100%.

\*\*\* Embedded out-of-pocket max of \$13,100 per family member. If one family member reaches the Individual OOPM, their claims will pay at 100%.

For more in-depth benefits please contact customer service or review your SPD