

Regence - Medical	Deductible (Indiv/Fam)	Coinsurance	Out of Pocket (Indiv/Fam)	Office Visit Copay	Prescription Drugs		
					Deductible	Value Plus Drug List	Copay/Coinsurance
PPO Plan A							
PPO Plan A \$500	\$500/\$1500	80%/60%	\$2500/\$7500	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$1000	\$1000/\$3000	80%/60%	\$3000/\$9000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$1500	\$1500/\$4500	80%/60%	\$3500/\$10500	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$2000	\$2000/\$6000	80%/60%	\$4000/\$12000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$2500	\$2500/\$7500	80%/60%	\$4500/\$9000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$3500	\$3500/\$7000	80%/60%	\$6350/\$12700	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan A \$5000	\$5000/\$10000	80%/60%	\$6350/\$12700	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B							
PPO Plan B \$500	\$500/\$1500	70%/50%	\$3500/\$10500	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$1000	\$1000/\$3000	70%/50%	\$4000/\$12000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$1500	\$1500/\$4500	70%/50%	\$4500/\$9000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$2000	\$2000/\$4000	70%/50%	\$6000/\$12000	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$2500	\$2500/\$5000	70%/50%	\$6350/\$12700	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$3500	\$3500/\$7000	70%/50%	\$6350/\$12700	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan B \$5000	\$5000/\$10000	70%/50%	\$6350/\$12700	\$25	n/a	n/a	\$15/\$35/\$75
PPO Plan D HSA							
PPO Plan D \$1500	\$1500/\$3000	80%/60%	\$5000/\$10000	n/a	Shared with Medical	n/a	80%
PPO Plan D \$2500	\$2500/\$5000	80%/60%	\$5000/\$10000	n/a	Shared with Medical	n/a	80%
PPO Plan D \$3500	\$3500/\$7000	80%/60%	\$5000/\$10000	n/a	Shared with Medical	n/a	80%
PPO Plan D \$5000	\$5000/\$10000	80%/60%	\$6350/\$12700	n/a	Shared with Medical	n/a	80%
ACO Plan L (Legacy)							
ACO Plan L \$500	INN:\$500/\$1000 OON:\$1000/\$2000	80%/50%	INN:\$2500/\$5000 OON:\$5000/\$10000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan L \$1000	INN:\$1000/\$2000 OON:\$2000/\$4000	80%/50%	INN:\$3000/\$6000 OON:\$6000/\$12000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan L \$2000	INN:\$2000/\$4000 OON:\$4000/\$8000	80%/50%	INN:\$4000/\$8000 OON:\$8000/\$16000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan L \$5000	INN:\$5000/\$10000 OON:\$10000/\$20000	80%/50%	INN:\$6350/\$12700 OON:\$12700/\$25400	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M (Tuality/Adventist)							
ACO Plan M TA \$500	INN:\$500/\$1000 OON:\$1000/\$2000	80%/50%	INN:\$2500/\$5000 OON:\$5000/\$10000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M TA \$1000	INN:\$1000/\$2000 OON:\$2000/\$4000	80%/50%	INN:\$3000/\$6000 OON:\$6000/\$12000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M TA \$2000	INN:\$2000/\$4000 OON:\$4000/\$8000	80%/50%	INN:\$4000/\$8000 OON:\$8000/\$16000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M TA \$5000	INN:\$5000/\$10000 OON:\$10000/\$20000	80%/50%	INN:\$6350/\$12700 OON:\$12700/\$25400	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M (Willamette Valley)							
ACO Plan M WV \$500	INN:\$500/\$1000 OON:\$1000/\$2000	80%/50%	INN:\$2500/\$5000 OON:\$5000/\$10000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M WV \$1000	INN:\$1000/\$2000 OON:\$2000/\$4000	80%/50%	INN:\$3000/\$6000 OON:\$6000/\$12000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M WV \$2000	INN:\$2000/\$4000 OON:\$4000/\$8000	80%/50%	INN:\$4000/\$8000 OON:\$8000/\$16000	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%
ACO Plan M WV \$5000	INN:\$5000/\$10000 OON:\$10000/\$20000	80%/50%	INN:\$6350/\$12700 OON:\$12700/\$25400	PCP: \$25 Specialist: \$45	\$250 (Waived on Generic)	\$4 Copay	\$7/25%/50%

Regence - Vision	Exams	Lenses / Frames / Contacts	
Vision Rider	100% One Exam / 12 mo.	100% / Limit: \$200 per Member Per Calendar Year	
Moda Health (ODS) - Dental	Deductible (Indiv/Fam)	Coinsurance	Calendar Year Maximum
Plan 1000	\$50/\$150	80%/80%/50%	\$1,000
Plan 1500	\$50/\$150	100%/80%/50%	\$1,500
Plan 2000	\$50/\$150	100%/80%/50%	\$2,000
Optional Orthodontic Coverage	\$0	Plan pays 50% up to \$1,000 lifetime maximum per person	



DiMartino Associates