

| 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