

Medical Plans Overview for the 2024-2025 Plan Year

Medical plan summaries can be confusing and overwhelming. This quick overview is here to provide basic information about each of the medical plans that we provide. For complete information, please review the Summary of Medical Plans and Pharmacy Benefits on the [HR Webpage](#).

Medical Plans No lifetime maximum on any medical plans	Kaiser Plan 1	Kaiser Plan 2A	Kaiser Plan 3 (HSA Opt)	Moda Plan 1	Moda Plan 2	Moda Plan 6 (HSA Opt)
Plan Year Costs – Deductibles and copayments apply to the annual out-of-pocket maximum	In-Network, Member Pays			In-Network Coordinated Care*, Member Pays		
Deductibles						
Deductible per person	None	\$800	\$1,600*	\$400	\$800	\$1,600*
Maximum deductible per family	None	\$2,400	\$3,200*	\$1,500	\$2,700	\$3,400*
Out-of-pocket maximum per person*	\$1,500	\$4,000	\$6,550*	\$2,850	\$3,850	\$6,400*
Out-of-pocket maximum per family*	\$3,000	\$12,000	\$13,100*	\$9,750	\$12,750	\$13,500*
Preventive Care Services						
Wellness Visit (Moda plans: ages 21+, must use PCP 360)	\$0	\$0*	\$0*	\$0*	\$0*	\$0*
Routine adult, well-child and women's exams; annual obesity screening and immunizations.	\$0	\$0*	\$0*	\$0*	\$0*	\$0*
Office Visits and Virtual Care						
Primary care office visits	\$20	\$25*	20% after ded	\$20*	\$20*	15% after ded
Primary care office visits with a provider other than your chosen PCP 360 (Moda plans only)	N/A	N/A	N/A	\$40*	\$40*	15% after ded
Virtual care	\$0	\$0*	\$0 after ded	\$0*	\$0*	\$0* after ded
Specialist office visits	\$30	\$35*	20% after ded	\$40*	\$40*	15% after ded
Urgent care	\$35	\$40*	20% after ded	\$40*	\$40*	15% after ded
Mental health office visit	\$20	\$25*	20% after ded	\$20*	\$20*	15% after ded
Tests						
Labs, x-ray, and imaging	\$20 per visit	\$25* per visit	20% after ded	20% after ded	20% after ded	20% after ded
CT, MRI, PET scans	\$70 per visit	\$75* per visit	20% after ded	\$100 copay + 20% after ded	\$100 copay + 20% after ded	20% after ded
Alternative Care Services						
Acupuncture and chiropractic	\$20 per service	\$25* per service	20% after ded	\$20* per service	\$20* per service	20%* after ded
Naturopathic services	\$20 per service	\$25* per service	20% after ded	\$40* per service	\$40* per service	15%* after ded
Emergency Services						
Emergency room (copay waived if admitted)	\$150 per visit	20%* after ded	20%* after ded	\$100 copay + 20%	\$100 copay + 20%	20%
Ambulance	\$75	\$100*	20% after ded	20%	20%	20%

Please note that coverage and deductibles will vary if services are provided via in-network non-coordinated care or out-of-network.

Plan Premium	Kaiser Plan 1	Kaiser Plan 2A	Kaiser Plan 3	Moda Plan 1	Moda Plan 2	Moda Plan 6
Employee Only	\$721.66	\$595.37	\$439.75	\$793.33	\$735.94	\$614.29
Employee + Spouse/Partner	\$1,587.65	\$1,310.65	\$968.02	\$1,745.32	\$1,619.06	\$1,351.45
Employee + Child(ren)	\$1,371.16	\$1,131.15	\$835.18	\$1,507.36	\$1,398.31	\$1,167.19
Employee + Family	\$2,237.15	\$1,846.54	\$1,363.49	\$2,459.39	\$2,281.45	\$1,904.35

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.

* see plan summary for more information
N/A = Not applicable
After ded = After deductible