

Multnomah County Medical Plans Comparison Chart

[You pay copay and coinsurance as indicated after applicable deductible up to out-of-pocket max.](#)

2022 Medical Plans	Annual Deductible	Annual Out-of-Pocket Maximum	Network	Office Visits: Primary, Specialty, and Urgent Care	Diagnostic Lab & X-ray (outside routine physical)	Preventive Care Services	
						Office Visits; Routine Physicals including exam, lab work, x-rays; Well Baby Care	Mammogram; Annual GYN exam; Prostate Screening; Preventative Immunizations
Cigna PPO 400	\$400 per individual; \$1,200 per family	\$2,000 per individual; \$6,000 per family	In-Network	Primary: \$20 copay, Specialty/Urgent: \$40 copay; deductible waived; No copays for chronic condition benefit	15% after deductible	No charge	No charge
	Out-of-Pocket Max includes deductibles, coinsurance & copays, but doesn't include Rx, Vision, and Hearing.		Out-of-Network*	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Cigna Major Medical PPO Value Rx	\$1,000 per individual; \$2,500 per family	\$6,150 per individual; \$12,300 per family	In-Network	30% after deductible	30% after deductible	No charge	No charge
	Out-of-Pocket Max includes deductibles, coinsurance, copays & Rx, but doesn't include Vision, or Hearing.		Out-of-Network*	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Kaiser 10/20	No deductible	\$600 per individual; \$1,200 per family Out-of-Pocket Max includes copays; excludes hearing & vision	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$10 copay for Primary Care, \$20 copay for Specialty Care, \$30 copay for Urgent Care	No charge	No charge	No charge
Kaiser Maintenance (Part-time employees only)	\$500 per individual OR \$1,500 per family	\$2,000 per individual; \$6,000 per family Out-of-Pocket Max includes deductibles and copays; excludes, hearing & vision		\$20 copay; 20% after deductible for specialty care	\$10 copay	No charge	No charge

*You may be billed more than the Cigna coinsurance cost based on the out-of-network provider charges exceeding standard costs.

Cigna Plan Providers

Cigna uses the Open Access Network for your in-network providers. For a complete listing of in-network providers, log in at myCigna or go to Cigna.com, Find a Doctor or Facility. You receive the highest level of coverage when you use physicians and facilities who are in-network.

Kaiser Permanente Providers

Kaiser Permanente is a geographically specific HMO plan. Medical services and supplies must be provided, prescribed, and authorized by a Kaiser provider. You must receive the services and supplies at

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2022 Medical Plans	Network	Outpatient Surgery	Hospital Inpatient	Ambulance	Emergency Room (copay waived if admitted)	Chemical Dependency: Detox or Inpatient Treatment	Mental Health: Residential Treatment	Chemical Dependency or Mental Health: Outpatient Treatment	Chiropractic, Naturopathic, and Acupuncture Office Visits	Spinal Manipulation, Massage Therapy and Naturopathic Supplies	Acupuncture
Cigna PPO 400	In-Network	15% after deductible	15% after deductible	No in-network, see out of network	\$100 copay; deductible applies -then an additional 15%	15% after deductible	15% after deductible	15% after deductible	\$40 copay	50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits	15%, deductible waived; 20 visits per year
	Out-of-Network*	35% after deductible	35% after deductible	15% after deductible		35% after deductible	35% after deductible	35% after deductible	35% after deductible		35% after deductible
Cigna Major Medical PPO Value Rx	In-Network	30% after deductible	30% after deductible	No in-network, see out of network	30% after deductible (\$100 copay)	30% after deductible	30% after deductible	30% after deductible	30% after deductible	50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits	30% after deductible, 20 visits per year
	Out-of-Network*	50% after deductible	50% after deductible	30% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible		50% after deductible
Kaiser 10/20	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$25 copay	\$50 per day copay up to \$250 max per admission	\$50 copay	\$50 copay	\$50 per day copay up to \$250 max per admission	\$50 per day copay up to \$250 max per admission	\$10 copay	\$15 copay for Chiropractic care (limit 20 visits), \$15 copay for Acupuncture (limit 20 visits), \$25 copay for Massage Therapy (limit 12 visits), Naturopathy as a PCP office visit		
Kaiser Maintenance (Part-time employees only)		20% after deductible	20% after deductible	20%; deductible waived	20% after deductible	20% after deductible	20% after deductible; \$20 copay for day treatment	20% after deductible	\$20 copay	\$15 copay for Chiropractic care (limit 20 visits), \$15 copay for Acupuncture (limit 20 visits), \$25 copay for Massage Therapy (limit 12 visits), Naturopathy as a PCP office visit	

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2022 Vision Coverage	Network	Routine Vision Exam		Vision Hardware		2022 Prescription Coverage	Annual Deductible	Annual Out-of-Pocket Maximum	Supply Quantity	Value / Low Cost Tier	Tier 1 Select	Tier 2 Preferred	Tier 3 Non-Formulary
		Adult	Children	Adult	Children								
Cigna PPO 400 - VSP	In-Network	\$0 copay	\$0 copay	Plan pays up to \$200 for frames every 2 yrs; 100% for standard lenses every year	Plan pays up to \$200 for frames and 100% for lenses every year	Cigna PPO 400 - WellDyneRx	None	\$2,000 per individual \$6,000 per family	Retail 30-day supply: Retail 90-day supply:	≤ \$4 ≤ \$12	20% to \$50 max per Rx Includes specialty		50%
	Out-of-Network	\$70 allowance	\$70 allowance					Rx Deductibles & Out-of-Pocket costs not included in Medical Deductibles or Max Out-of-Pocket	90-day supply (mail order)	≤ \$8	20% up to \$30 max	20% up to \$125 max	
Cigna Major Medical PPO Value Rx	In-Network	Not covered	Not covered	Not covered	Not covered	Cigna Major Medical - WellDyneRx	\$300 per individual	Accrues toward Medical Max Out-of-Pocket	Retail 30-day supply: Retail 90-day supply:	≤ \$4 ≤ \$12	30% after deductible, includes specialty		
	Out-of-Network	Not covered	Not covered	Not covered	Not covered				90-day supply (mail order)	≤ \$8	30% after deductible		
Kaiser 10/20	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$10 copay	No charge	\$150 allowance once in 2 calendar yr period (lenses & frames or contacts)	No charge	Kaiser 10/20	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$10	\$10 copay for generic; \$20 copay for brand	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$20	\$20 copay for generic; \$40 copay for brand		
Kaiser Maintenance (Part-time employees only)	Kaiser Providers	\$20 copay	No charge	Not covered	Not covered	Kaiser Maintenance (part-time employees only)	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$15	\$15 copay for generic; \$30 copay for brand	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$30	\$30 copay for generic; \$60 copay for brand		

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