

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 Performance PPO (Only IUOE) | \$200 per individual; \$600 per family | \$1,250 per individual; \$3,750 per family | In-Network | 10% after deductible | 10% 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* | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible |
| Cigna Preferred PPO (Only IUOE) | \$400 per individual; \$800 per family | \$2,500 per individual; \$7,500 per family | In-Network | 20% after deductible | 20% 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* | 40% after deductible | 40% after deductible | 40% after deductible | 40% 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 Permanente (Only IUOE) | 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 | 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 a Kaiser, except for qualifying urgent or emergency care as described in the plan materials.

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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 Performance PPO | In-Network | 10% after deductible | 10% after deductible | No in-network, see out of network | 10% after deductible (\$50 copay) | 10% after deductible | 10% after deductible | 10% after deductible | 10% after deductible | 50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits | 10% after deductible, 20 visits per year |
| | Out-of-Network* | 30% after deductible | 30% after deductible | 10% after deductible | | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | | 30% after deductible |
| Cigna Preferred PPO | In-Network | 20% after deductible | 20% after deductible | No in-network, see out of network | 20% after deductible (\$75 copay) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible non-preventive | 50% with deductible waived Spinal manipulation - up to 20 visits Massage - up to 12 visits | 20% after deductible, 20 visits per year |
| | Out-of-Network* | 40% after deductible | 40% after deductible | 20% after deductible | | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | | 40% 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 Permanente | Services must be provided, prescribed, referred, or authorized by Kaiser Providers | \$10 copay | No charge | \$50 copay | \$50 copay | No charge | No charge | \$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% after deductible; \$20 copay for day treatment | \$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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You pay the listed copay or coinsurance and applicable deductible up to Out-of-Pocket max.

| 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 Performance - 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 Performance - WellDyneRx | None | \$2,000 per individual \$6,000 per family | Retail 30-day supply: Retail 90-day supply: | N/A | 20% to \$50 max per Rx Includes specialty | | 50% |
| | Out-of-Network | \$70 allowance | \$70 allowance | | | | | | 90-day supply (mail order) | | N/A | 20% to \$25 max | |
| Cigna Preferred - 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 Preferred - WellDyneRx | None | \$2,000 per individual \$6,000 per family | Retail 30-day supply: Retail 90-day supply: | N/A | 20% to \$50 max per Rx Includes specialty | | 50% |
| | Out-of-Network | \$70 allowance | \$70 allowance | | | | | | 90-day supply (mail order) | | N/A | 20% to \$35 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 | 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 Permanente | Services must be provided, prescribed, referred, or authorized by Kaiser Providers | \$10 copay | No charge | \$150 allowance once in a 2 calendar yr period (lenses & frames or contacts) | No charge | Kaiser Permanente | None | Accrues toward Medical Max Out-of-Pocket | 30-day supply (retail) | ≤ \$10 | \$10 copay | Same as Tier 2; requires physician approval | |
| | | | | | | | | | 90-day supply (mail order) | ≤ \$20 | \$20 copay | | |
| Kaiser Maintenance (Part-time employees only) | | \$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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