

## Quick Overview of Medical Plans for the 2022-2023 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.

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)
<b>Plan Year Costs – Deductibles and copayments apply to the annual out-of-pocket maximum</b>	In-Network, Member Pays			In-Network Coordinated Care*, Member Pays		
<b>Deductibles</b>						
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*
<b>Preventive Care Services</b>						
Wellness Visit (Moda plans: ages 21 and over, 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*
<b>Office Visits</b>						
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*
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
<b>Alternative Care Services</b>						
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc.	\$20 per service	\$25* per service	20% after ded	\$20* / \$40*	\$20* / \$40*	20% after ded* / 15% after ded*
<b>Emergency Services</b>						
Emergency room (copay waived if admitted)	\$100 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 out-of-network or in-network non-coordinated care.

Plan Premium	Kaiser Plan 1	Kaiser Plan 2A	Kaiser Plan 3	Moda Plan 1	Moda Plan 2	Moda Plan 6
Employee Only	\$663.25	\$549.26	\$404.50	\$740.30	\$686.74	\$573.23
Employee + Spouse/Partner	\$1,459.17	\$1,209.15	\$890.43	\$1,628.65	\$1,510.83	\$1,261.10
Employee + Child(ren)	\$1,260.18	\$1,043.54	\$768.23	\$1,406.60	\$1,304.84	\$1,089.16
Employee + Family	\$2,056.10	\$1,703.53	\$1,254.20	\$2,294.98	\$2,128.93	\$1,777.05

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.

For complete information, please review the Summary of Medical Plans and Pharmacy Benefits on the [HR Webpage](#) under “CCC Provided Health Benefits”.

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