

MEDICAL - PLAN COMPARISON (PPA)

Plan Design	2024-25	2024-25	2024-25
	CityNet You Pay	(CityHDP) High-Deductible Plan You Pay	Kaiser Permanente NW You Pay
Network	Provider Network: Connexus www.modahealth.com	Provider Network: Connexus www.modahealth.com	Kaiser Medical NW www.kp.org
*Plan Year Deductible	\$150/person, \$450/family	\$1,600/person, *\$3,200 per family	\$0 – No deductible
*Plan Year Out-of-pocket Maximum	\$1,000 per person \$2,500 per family	\$3,500 per person \$7,000 per family	\$600 per person \$1,200 per family
Preventive Care and all out-patient labs	\$0	\$0	\$0
Office Visit	20% after deductible	20% after deductible	\$10 copay
Primary Care Provider Visit	First 3 visits \$5 copay. Additional visits 20% after deductible	First 3 visits \$0 copay after deductible. Additional visits subject to 20% coinsurance	First 3 visits \$5 copay, then \$10 copay
Specialist Office Visit	20% after deductible	20% after deductible	\$20 copay
Pregnancy	20% after deductible	20% after deductible	\$0
Urgent Care	20% after deductible	20% after deductible	\$20 copay
Diagnostic x-ray (including ultrasound, ekg)	20% after deductible	20% after deductible	\$0
Advanced Imaging (CT, MRI)	20% after deductible	20% after deductible	\$50 copay
Outpatient surgical	20% after deductible	20% after deductible	\$0
Inpatient	20% after deductible	20% after deductible	\$0
Emergency	\$50 copay, then 20% (no deductible)	20% after deductible	\$75 copay
Spinal manipulation and acupuncture	20% after deductible	20% after deductible	Not covered
Physical Therapy	20% after deductible	20% after deductible	\$20 copay
Mental Health – Counseling	\$0	\$0 after deductible	\$0
In-Patient Mental Health	20% after deductible	20% after deductible	\$0
Prescription 30-day supply	10% generic: \$5 min/\$35 max 20% Brand: \$5 min/\$35 max 30% Non-Preferred: \$5 min/\$35 max	After deductible is met: 10% generic/\$150 max 20% Brand/\$150 max 30% Non-Preferred/\$150 max Certain maintenance (preventive) medications are covered at the stated benefit before meeting deductible.	\$15 copay – 30-day supply at Kaiser pharmacy \$30 copay – 90-day supply with Kaiser mail order
Wellness - Visit site for details:	<ul style="list-style-type: none"> Healthy Foundations 		<ul style="list-style-type: none"> KP Healthy Lifestyles













***Deductible and Out of Pocket Maximum are for in-network services.**

***Family = 3 or more enrollees, including employee.**

***If enrolling in CityHDP plan as employee + 1 or more dependents, you must first meet the family deductible before the plan begins paying its portion of coverage.**

**Need help making your plan selection?
See chart below for things to consider**

If you want to...

	CityNet Medical Plan	High-Deductible (CityHDP) Medical Plan	Kaiser Permanente NW Medical Plan
Self-select providers or specialists (e.g. orthopedist, physical therapist, chiropractors) without a referral from a primary care physician			
Pay an exact copay (just a specific dollar amount) when you get routine care (e.g. office visit, x-ray, counseling)			
Reduce how much is taken from your paycheck (e.g. 5% premium share) but pay higher deductible costs when services are received			
Access in-network services from alternative care providers to broad hospital networks in the Portland Metro Area (Legacy, OHSU, Portland Adventist, Providence)			
Limit what you pay for required services, surgery or inpatient hospital care to less than \$600 per person			
Limit what you pay for medical services, surgery or inpatient hospital care to less than \$1,000 per person			
Cap your cost of generic, brand or specialty prescriptions			
Enroll in Healthy Foundations for added support for risk factors or chronic disease			
Work with your primary care physician to manage your care and provide access to specialists			
Need chiropractic or acupuncture services?	