Plan Comparisons -- PPA

Medical Plan Feature	CityNet Medical Plan		Kaiser Medical Plan
	In-Network	Out-of-Network	
Network Required	Plan offers two networks: the MHN or the ODS/PHCS Network. Each plan year, you elect a network. During the year you can go in-network or out-of-network as you choose. To receive in-network benefits, however, you must use the network you have elected. All family members must use the same network.		You must use Kaiser providers
Maximum Plan Allowance (MPA)	After the deductible, plan pays benefits based on contracted rates.	After the deductible, plan pays benefits based on MPA limits.	Not applicable
Plan Year Deductible	$150/person; $450/family maximum	$450/person; $1,350/family maximum Excludes in-network expenses. Charges over MPA not applied to deductible.	None
Plan Year Out-of-Pocket Maximum (CityNet excludes prescription drug, emergency room copays and charges over MPA)	$1,000/person; $2,500/family maximum (excludes out-of-network expenses)	$3,600/person; $9,000/family maximum (excludes in-network expenses)	$600/person; $1,200/family maximum each calendar year (Excludes Rx copays)
Essential Benefit Plan Year Maximum	$2,000,000/person		Unlimited benefits
Prior Authorization	Required for hospitalization. Other services requiring prior authorization are listed beginning on page 37		Handled by Kaiser physician
Wellness Routine Physical Exams, Immunizations (except for travel-related immunizations) & routine colorectal screenings including colonoscopies Non-routine lab work and/or tests and other medically necessary exams are not covered at 100%, but will be covered at regular benefit levels (subject to deductible and coinsurance). Services as required under the Affordable Care Act	100%; no deductible Your Responsibilities: o When making an appt., double check when your last routine exam occurred to ensure you are eligible for the service at the 100% benefit level. o Seek services through an in-network provider. o Ensure your provider uses an in-network lab. o Read your ODS explanation of benefits to confirm billing & payment to your provider. If there is an error contact ODS & your provider to ensure the correct payment.	60% of MPA after deductible	100%

Medical Plan Feature	CityNet Medical Plan		Kaiser Medical Plan
	In-Network	Out-of-Network	
Wellness/Routine Physical Exams (continued)	*Routine physical exam maximum*: Newborn 2 hospital exams Infant 6 exams in first 12 months Ages 1 to 4 7 exams Ages 5 and older 1 exam per calendar year Routine vision screening for age 3 to 5 Newborn hearing screening *Mammogram maximum*: Ages 35-39 1 Ages 40+ 1 per 12 months (365 days) At any age when high risk and deemed necessary by physician *PSA maximum*: 1 per 12 months (365 days) *Breast & Pelvic Exam and Pap smear maximum:* 1 per 12 months (365 days) or at any time when high risk and deemed necessary by physician.		
Outpatient Care Office visits; diagnostic x-rays, lab work, therapeutic x-rays and MRIs; imaging procedures, kidney dialysis, prenatal visits; allergy shots; etc.	80% after deductible	60% of MPA after deductible	100% after $10 copay (prenatal visits not subject to the $10 office visit copay) 100% Lab & x-ray and allergy shots & injections
Hospital Inpatient Care Semi-private room and board; physician visits; diagnostic x-rays and lab work; surgeries; miscellaneous services.	80% after deductible	60% of MPA after deductible	100%
Emergency Room (copay waived if admitted as inpatient following emergency)	80% after $50 copay (not subject to deductibles)	80% of MPA after $50 copay (not subject to deductibles)	Kaiser facility: 100% after $75 copay Out-of-plan and out-of area facility: 100% after $75 copay
Urgent Care Centers	80% after deductible	60% of MPA after deductible	$10 copay
Ambulance	80% of MPA; no deductible		100% after $75 copay
Alternative Care Providers (chiropractic, acupuncture, and naturopathic providers) Must use an ODS Plus alternative care network provider for in-network CityNet benefits.	80% after deductible in ODS network	60% of MPA after deductible	$10 copay for Kaiser physician-referred acupuncture only.
	35-visit annual maximum for chiropractic.		Chiropractic and naturopathic services are not covered.

Medical Plan Feature	CityNet Medical Plan		Kaiser Medical Plan
	In-Network	Out-of-Network	
Physical Therapy	80% after deductible	60% of MPA after deductible	100% after $10 copay Limited to 20 visits per therapy, per cal year.
Maternity	Treated the same as any other condition	Treated the same as any other condition	Treated the same as any other condition
Skilled Nursing Facility (30-day plan year maximum)	80% after deductible	60% of MPA after deductible	100%, up to 100 days/calendar year
Durable Medical Equipment	80% after deductible	60% of MPA after deductible	80%
	Prior authorization required if rental exceeds 30 days or cost exceeds $500		Includes external prosthetic and orthotic devices
Home Healthcare	80% after deductible	60% of MPA after deductible	100% for part-time
	60-visit plan year maximum		130 days max per calendar year for prescribed home health services
Hospice	80% after deductible	60% of MPA after deductible	100%
Refractive Eye Surgery	Not covered	Not covered	Not covered
Hearing Aids (adults age 26 and older)	60% of MPA (no deductible), up to $1,200 per ear; new hearing aid covered once every 36 months if medically necessary		Not covered
Hearing Aids for enrollees under age 26	80% after deductible	60% of MPA after deductible	Up to $4,211 in coverage every 48 months for children
	Maximum benefit of $4,225 every 48 months		
TMJ Treatment	Non-surgical benefit subject to deductible, then paid at 80%. 2nd surgical appliance subject to prior authorization. Maximum lifetime benefit of $3000.	Non-surgical benefit subject to deductible, then paid at 60%. 2nd surgical appliance subject to prior authorization. Maximum lifetime benefit of $3000.	100% after $10 copay.
Mental Healthcare Pre-Certification is required for all inpatient, partial hospitalization and residential treatment programs.	80% after deductible	60% of MPA after deductible	100% after $10 copay for mental health services in an outpatient and/or day treatment setting. Inpatient Hospital & Residential mental health services are covered at 100%

Medical Plan Feature	CityNet Medical Plan		Kaiser Medical Plan
	In-Network	Out-of-Network	
Chemical Dependency Treatment Pre-Certification is required for all inpatient, partial hospitalization and residential treatment programs.	80% after deductible	60% of MPA after deductible	100% after $10 copay for mental health services in an outpatient and/or day treatment setting. Inpatient hospital and residential treatment services are covered at 100%
Sterilization, Contraceptive Implants (e.g., IUD and Norplant)	80% after deductible	60% of MPA after deductible	Sterilization: $10 copay Implants: Rx copay varies
Infertility Treatment	Not covered	Not covered	50% Regular copays apply. Member responsible for non-covered services.
Prescription Drugs			
Network retail pharmacy (up to 30-day supply)	In-network pharmacy : – 90% of preferred generic drug cost – 80% of preferred brand drug cost – 70% of non-preferred drug cost (generic or brand name) $5 minimum – $35 maximum copay per prescription		Kaiser pharmacy: $15 copay per prescription (non-formulary drugs not covered unless medically necessary)
Out-of-network pharmacy (up to 30-day supply)	Out-of-network pharmacy: You pay pharmacy; then submit claims to ODS for 60% reimbursement after out-of-network deductible is met.		Non-Kaiser pharmacy: Not covered
Mail order pharmacy (up to 90-day supply)	In-network: Same as in-network retail pharmacy benefit levels shown above, except the maximum copay per prescription is $50.		Kaiser: $30 copay for formulary maintenance drugs. Mail delivery not available to members who permanently reside outside of Oregon and Washington.
Specialty pharmacy (up to 90-day supply)	In-network pharmacy : – 90% of generic drug cost – 80% of brand drug cost $5 minimum – $35 maximum copay per prescription Out-of-network pharmacy: You pay pharmacy; then submit claims to ODS for 60% reimbursement after out-of-network deductible is met.		

Vision Plans

Vision Plan Feature	Vision Service Plan (VSP)		Kaiser Vision
	VSP Provider	Non-VSP Provider	
Enrollment	Automatic enrollment with election of CityNet Medical Plan		Automatic enrollment with election of Kaiser HMO Medical Plan
Exams – adults: 1 visit/ 24 months – children: 1 visit/ 12 months	100% after $15 copay	Plan pays up to $50 Claims must be filed within 6 months of the date of service.	100% after $10 office visit copay. No visit limit.
Eyeglass frames (1 pair/24 months)	Plan allows up to $120 towards the cost of frames and provides a 20% discount for costs in excess of the $120 allowance.	Plan pays up to $70 per frame Claims must be filed within 6 months of the date of service.	$150 allowance towards the purchase of covered lenses, frames and/or contact lenses every 24 months.
Eyeglass lenses (1 pair/24 months)	100% of prescribed lenses (See Special notes).	Plan pays up to the following: – single lenses (pair) $ 50 – bifocal lenses (pair) $ 75 – trifocal lenses (pair) $100 Claims must be filed within 6 months of the date of service.	
Cosmetic contacts	Plan pays up to $120 every 24 months in lieu of glasses plus 15% discount on the contact lens exam (fitting and evaluation)	Plan pays up to $105 Claims must be filed within 6 months of the date of service.	
Medical necessary contacts*	100%	Plan pays up to $210 Claims must be filed within 6 months of the date of service.	100%
Special notes:	Special cosmetic items, such as tinted or coated lenses, UV protected lenses, blended lenses, color contacts, etc., are not covered by VSP.		Lens options are not covered.

Dental Plan Comparison

Dental Plan Feature	ODS Dental Premier Plan	Kaiser Dental Plan
Network Required	No	Yes
Plan Year Deductible	$25/member; $75/family of three or more	None
Plan Year Maximum Benefit	$2,000/person	None
Maximum Plan Allowance (MPA)	Plan pays benefits based on MPA for expenses; you pay coinsurance amount plus anything over the MPA	Not applicable
Diagnostic and Preventive	ODS Class I – 100% (no deductible) for eligible services	Plan pays 100%* after a $10 copay/visit
Routine	ODS Class II - 80% after deductible	
Major (includes inlays, onlays, crowns, and permanent prosthetics.) In addition, Kaiser includes periodontics & endodontics in this category.	ODS Class III – 50% after deductible	Plan pays 80% after $10 copay/visit For Root canal therapy when the pulp chamber of a tooth is opened before a member's coverage is effective, coverage will be at 50%.
Orthodontics	Covers children and adults; 50%, up to $2,500 lifetime maximum	Covers children and adults; 50% of eligible charges, up to a $3,000 lifetime maximum benefit