

2027 Medical Benefit Comparison by Plan

See tier definitions below ²	Prime Plan - HDP				Choice Plan - MHP			
	Tier I	Tier II	Tier III	Tier IV	Tier I	Tier II	Tier III	Tier IV
	Salem Health, West Valley Hospital, & Santiam Hospital (in-network)	Connexus Network (in-network) ¹	Connexus Network (in-network) ¹	Out-of-Network	Salem Health, West Valley Hospital, & Santiam Hospital (in-network)	Connexus Network (in-network) ¹	Connexus Network (in-network) ¹	Out-of-Network
HSA Contribution**	Up to \$875 for individual coverage Up to \$1,750 for family coverage				N/A			
Deductible All copayment and coinsurance costs shown in this chart are after your deductible has been met except where noted with an *	\$1,750 individual \$3,500 family ³	\$1,750 individual \$3,500 family ³	\$3,500 individual \$7,000 family ³	\$3,500 individual \$7,000 family ³	\$0 individual \$0 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Maximum out-of-pocket	\$3,200 individual \$6,000 family ³	\$4,000 individual \$8,000 family ³	\$6,000 individual \$12,000 family ³	\$6,000 individual \$12,000 family ³	\$2,500 individual \$5,000 family	\$3,500 individual \$7,000 family	\$5,900 individual \$11,800 family	\$5,900 individual \$11,800 family
At the doctor's office or urgent care								
Preventive care (services as defined by the ACA)	0%*	0%*	0%*	Not covered	0%*	0%*	0%*	40%
Primary care office visit	0%	20%	40%	Not covered	0%*	10%	20%	40%
Specialist office visit	0%	20%	40%	Not covered	0%*	10%	20%	40%
Urgent care	0%	20%	40%	40%	\$20 copay*	\$40 copay*	\$50 copay*	40%
Salem Health virtual visits - Urgent care	0%	N/A			0%*	N/A		
At the hospital								
Emergency room facility	20%	20% - Tier I deductibles and out-of-pocket maximums apply			\$250 copay*	\$250 copay - Tier I out-of-pocket maximums apply		
Inpatient hospital	0%	20%	40%	Not covered	0%*	10%	20%	40%
Diagnostic test (x-ray, blood work)	0%	20%	40%	Not covered	0%*	10%	20%	40%
Advanced imaging	0%	20%	40%	Not covered	0%*	10%	\$100 copay, then 20%	\$100 copay, then 40%
Spine surgery	0%	20%	40%	Not covered	0%*	\$500 copay, then 20%	\$500 copay, then 20%	\$500 copay, then 40%

When receiving care outside of the primary service area (Oregon / Southwest Washington), you can receive the Tier II benefit level when using the Aetna Signature Administrators (ASA) network.

* Deductible waived

** Employees must intentionally elect HSA participation to be eligible for the employer contribution. See prorated HSA contribution schedule on the Salem Health HSA web page. COBRA participants are not eligible for the employer contribution.

¹ Employees who live outside of Oregon / SW Washington may have access to alternative networks.

² Tier I: Providers of Salem Health Hospitals & Clinics and facilities, West Valley Hospital, and Santiam Hospital & Clinics.

Tier II: Moda's Connexus Network. This network includes providers and clinics that generally provide services that are not available at Tier I providers.

Tier III: Moda's Connexus Network. This includes specific hospital systems, ambulatory surgery centers and provider clinics that provide the same services as Tier I providers.

Tier IV: Providers that are not contracted by the Moda Health Connexus network and are considered non-participating (out-of-network). Tier IV coverage is limited for those on the Prime Plan.

³ Includes pharmacy costs. Individual deductible and out-of-pocket maximums apply to employee-only coverage. For family coverage the deductible is shared, meaning, the entire family deductible must be met before the plan will begin to pay for any member of the family. Family coverage is considered anything other than employee-only coverage.

This benefit comparison chart contains highlights of benefit options available to you and is not a complete description of the benefits. For a more detailed description of benefits and limitations, refer to your member handbook.

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Other medical benefits								
Outpatient rehabilitation[†] (physical, occupational or speech therapies)	0%	20%	40%	Not covered	0%*	10%	20%	40%
Massage therapy[†] (Up to \$1,000 per calendar year)	0%	20%	20%	20%	0%*	\$20 copay*	\$20 copay*	40%*
Acupuncture[†] (Up to 20 visits per calendar year)	0%	20%	20%	20%	0%*	\$20 copay*	\$20 copay*	40%*
Spinal manipulation[†] (Up to 20 visits per calendar year)	0%	20%	20%	20%	0%*	\$20 copay*	\$20 copay*	40%*
Sleep studies	0%	20%	40%	Not covered	0%*	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay, then 40%
Upper endoscopy	0%	20%	40%	Not covered	0%*	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay, then 40%
Mental Health and Substance Use Disorder								
Outpatient mental health & substance use disorder office visits	0%	0%	0%	0%	0%*	\$0*	\$0*	\$0*
Residential mental health & substance use disorder treatment programs	0%	0%	0%	40%	0%*	0%*	0%*	40%
Substance use disorder detoxification	0%	20%	20%	40%	0%*	10%	10%	40%

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