

## 2024 Medical Benefit Comparison by Plan

See tier definitions below <sup>4</sup>	Prime Plan - HDP				Classic Plan - MHP				Choice Plan - MHP			
	Tier I	Tier II	Tier III	Tier IV	Tier I	Tier II	Tier III	Tier IV	Tier I	Tier II	Tier III	Tier IV
	Salem Health & West Valley Hospital (in-network)	Connexus Network (in-network) <sup>2</sup>	Connexus Network (in-network) <sup>2</sup>	Out-of-Network	Salem Health & West Valley Hospital (in-network)	Connexus Network (in-network) <sup>2</sup>	Connexus Network (in-network) <sup>2</sup>	Out-of-Network	Salem Health & West Valley Hospital (in-network)	Connexus Network (in-network) <sup>2</sup>	Connexus Network (in-network) <sup>2</sup>	Out-of-Network
<b>HSA Contribution**</b>	Up to \$1,600 individual coverage Up to \$3,200 family coverage				N/A				N/A			
<b>Deductible</b> All copayment and coinsurance costs shown in this chart are after your deductible has been met except where noted with an *	\$1,600 individual \$3,200 family <sup>3</sup>	\$1,750 individual \$3,500 family <sup>3</sup>	\$3,000 individual \$6,000 family <sup>3</sup>	\$3,000 individual \$6,000 family <sup>3</sup>	\$0 individual \$0 family	\$500 individual \$1,000 family	\$750 individual \$1,500 family	\$750 individual \$1,500 family	\$0 individual \$0 family	\$250 individual \$500 family	\$500 individual \$1,000 family	\$750 individual \$1,500 family
<b>Maximum out-of-pocket</b>	\$3,200 individual \$6,000 family <sup>3</sup>	\$4,000 individual \$8,000 family <sup>3</sup>	\$6,000 individual \$12,000 family <sup>3</sup>	\$6,000 individual \$12,000 family <sup>3</sup>	\$2,500 individual \$5,000 family	\$3,250 individual \$6,500 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family	\$2,500 individual \$5,000 family	\$2,750 individual \$5,500 family	\$3,250 individual \$6,500 family	\$4,000 individual \$8,000 family
<b>At the doctor's office or urgent care</b>												
<b>Preventive care (services as defined by the ACA)</b>	0%*	0%*	0%*	Not covered	0%	0%*	0%*	Not covered	0%	0%*	0%*	40%
<b>Primary care office visit</b>	0%	20%	40%	Not covered	0%	20%	40%	Not covered	0%	10%	20%	40%
<b>Specialist office visit</b>	0%	20%	40%	Not covered	0%	20%	40%	Not covered	0%	10%	20%	40%
<b>Urgent care</b>	0%	20%	40%	40%	\$20 copay	\$40 copay*	\$50 copay	40%	\$20 copay	\$40 copay*	\$50 copay*	40%
<b>Salem Health virtual visits - Urgent care</b>	0%	N/A			0%	N/A			0%	N/A		
<b>At the hospital</b>												
<b>Emergency room facility</b>	20%	20%			\$250 copay	\$250 copay			\$250 copay	\$250 copay		
<b>Inpatient hospital</b>	0%	20%	40%	Not covered	0%	20%	40%	Not covered	0%	10%	20%	40%
<b>Diagnostic test (blood work)</b>	0%	20%	40%	Not covered	0%	20%	40%	Not covered	0%	10%	20%	40%
<b>Advanced imaging</b>	0%	20%	40%	Not covered	0%	20%	\$100 copay, then 40%	Not covered	0%	10%	\$100 copay, then 20%	\$100 copay, then 40%
<b>Spine surgery</b>	0%	20%	40%	Not covered	0%	\$500 copay, then 40%	\$500 copay, then 40%	Not covered	0%	\$500 copay, then 20%	\$500 copay, then 20%	\$500 copay, then 40%

**When traveling outside of the primary service area (Oregon / Southwest Washington), you can receive the tier II benefit level for urgent or emergency services by using the Aetna PPO travel network. You must seek care from an Aetna PPO provider to receive tier II coverage. The travel network can only be used if you are traveling and not for the purposes of receiving treatment or benefits.**

\* 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.

<sup>1</sup> Limitations apply

<sup>2</sup> Employees who live outside of Oregon / SW Washington may have access to alternative networks.

<sup>3</sup> 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.

<sup>4</sup> Tier I: Providers of Salem Health Hospitals & Clinics and facilities and West Valley Hospital.

Tier II: Moda's Connexus Network. This network includes providers & clinics that generally provide services that are not available at Salem Health Hospitals & Clinics.

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

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 Classic and Prime Plans.

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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<b>Other medical benefits</b>												
<b>Outpatient rehabilitation (physical, occupational or speech therapies)<sup>1</sup></b>	0%	20%	40%	Not covered	0%	20%	40%	Not covered	0%	10%	20%	40%
<b>Massage therapy<sup>1</sup></b>	0%	20%	20%	20%	0%	\$20 copay*	\$20 copay*	40%*	0%	\$20 copay*	\$20 copay*	40%*
<b>Acupuncture<sup>1</sup></b>	0%	20%	20%	20%	0%	\$20 copay*	\$20 copay*	40%*	0%	\$20 copay*	\$20 copay*	40%*
<b>Spinal manipulation<sup>1</sup></b>	0%	20%	20%	20%	0%	\$20 copay*	\$20 copay*	40%*	0%	\$20 copay*	\$20 copay*	40%*
<b>Sleep studies</b>	0%	20%	40%	Not covered	0%	\$100 copay, then 40%	\$100 copay, then 40%	Not covered	0%	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay, then 40%
<b>Upper endoscopy</b>	0%	20%	40%	Not covered	0%	\$100 copay, then 40%	\$100 copay, then 40%	Not covered	0%	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay, then 40%
<b>Mental Health and Substance Use Disorder</b>												
<b>Outpatient mental health &amp; substance use disorder office visits</b>	0%	0%	0%	0%	0%	\$0*	\$0*	\$0*	0%	\$0*	\$0*	\$0*
<b>Residential mental health &amp; substance use disorder treatment programs</b>	0%	0%	0%	40%	0%	0%*	0%*	40%	0%	0%*	0%*	40%
<b>Substance use disorder detoxification</b>	0%	20%	20%	40%	0%	20%	20%	40%	0%	10%	10%	40%

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