

# OREGON GROUP PLAN COMPARISON

	CoDeduct 80% Plan	CoDeduct Value 80% Plan
<b>Maximum Lifetime Benefit</b>	\$2,000,000	\$2,000,000
<b>Deductible Options</b>	\$300, \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000	\$300, \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, <b>\$5,000, \$7,500</b>
<b>Coinsurance Options</b>	Office visits - 100%/80% Major medical - 80%/60% (most services)	Office visits - 100%/80% Major medical - 80%/60% (most services)
<b>Copay Options</b>	\$15, \$25, \$35, \$50	\$35, \$50
<b>Out-Of-Pocket Limit Par (x2 for family)</b>	Varies based on plan chosen	<b>Individual OOP limit will be \$1,000 higher</b>
<b>Out-Of-Pocket Limit Nonpar</b>	\$5,000 per person	<b>Varies based on plan chosen</b>

	BENEFIT			
SERVICE	Par Provider	Nonpar Provider	Par Provider	Nonpar Provider

### PREVENTIVE CARE

Well Baby Care	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Routine Physicals	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Routine Gynecological Exams	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Immunizations	100%*	80%*	100%*	80%*
Routine Colonoscopy	80%	60%	80%	60%

### PROFESSIONAL

#### Office Visits—Bundled

#### Office and Urgent Care Visits—Unbundled

Office and Home Visits	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Urgent Care Visits	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Surgery	80%	60%	80%	60%
Physical Therapy	80%	70%	80%	70%

### HOSPITAL

Inpatient Room and Board	80%	60%	80%	60%
Inpatient Rehabilitative Care	80%	60%	80%	60%
Skilled Nursing Facility Care	80%	60%	80%	60%

### OUTPATIENT

#### ER Visits—Bundled

#### ER Visits—Unbundled

Outpatient Surgery	80%	60%	80%	60%
Diagnostic/Therapeutic Radiology and Lab	80%*	60%*	<b>100% of first \$400*, then 80%</b>	<b>60%</b>
CT/PET Scans, CATH Labs and MRIs	80%	60%	<b>\$100 per test, 80%</b>	<b>\$100 per test, 60%</b>
Emergency Room Visits	\$100 per visit, 80%*	\$100 per visit, 60%*	<b>\$250 per visit, 80%*</b>	<b>\$250 per visit, 60%*</b>

### MENTAL HEALTH/CHEMICAL DEPENDENCY

Office Visits	\$35 per visit, 100%*	\$35 per visit, 80%*	\$35 per visit, 100%*	\$35 per visit, 80%*
Residential Programs	80%	60%	80%	60%
Inpatient Care	80%	60%	80%	60%

### OTHER COVERED SERVICES

Allergy Injections	\$5 per visit, 100%*	\$5 per visit, 80%*	\$5 per visit, 100%*	\$5 per visit, 80%*
Ambulance, Ground	80%	80%	80%	80%
Ambulance, Air	50%	50%	50%	50%
Durable Medical Equip.	80%	50%	80%	50%
Home Healthcare	80%	50%	80%	50%

\*Not subject to deductible. Note: CoDeduct Value items in **bold red** indicate differences from our current CoDeduct 80% plan.