

2021 Portland Metro HMO

Plan Name								
Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Monthly Prem								
BENEFITS	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
MOOP								
Deductible								
Hosp Co-pay								
Out Pat Surg								
Primary Care								
Specialty Care								
Rx Deductible								
Dental	YES	YES		YES	YES		YES	
Vision	YES	YES	YES	YES	YES	YES	YES	YES
Hearing	YES	YES	YES	YES	YES	YES	YES	YES
Gym Member	YES	YES	YES	YES	YES	YES	YES	YES
Alternative Care	18 A/C 6N/M	18 A/C 6N/M		25 A/N	A/C/N \$500	12 A/C/N	12 C/N	
	L,A,O,T,PW	L,A,O,T,PW	L,P,A,T	L,A,O	P	L	L,A,O,T	L
Providence-P, OHSU-O, Legacy-L, Adventist-A, Tuality-T, Providence Will Falls-PW								
	OTC \$40/Qtr			OTC \$50/Qtr				