

# 2021 Portland Metro PPO

# NO Rx Plans

Plan Name								
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
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	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	18A/C 6N/M	18A/C 6N/M		12 A/C	12 N		18A/C 6N/M	
	L,A,O,T,PW	L,A,O,T,PW	L,P,A,T	L, P, A,T	L,A,O,T	L	L,A,O,T,PW	L,P,A,T
Providence-P, OHSU-O, Legacy-L, Adventist-A, Tuality- T, Providence Will Falls-PW	50% OON	50% OON	50% OON	50% OON	45% OON	50% OON	50% OON	50% OON
	OTC \$40/Qtr			OTC \$50/Qtr			OTC \$40/Qtr	