2027 MARION COUNTY EMPLOYEE GROUP HEALTH PLANS COMPARISON

For all benefited employees represented by MCEA, MCJEA, MCDAA, ONA, and Unrepresented Employee Groups. This is a summary of benefits only.
For a complete description of benefits, refer to the carrier's benefit summary located on the Marion County website at www.co.marion.or.us/hr/benefits/Pages/default.aspx
Claims will be paid according to the carrier contact.

Type Of Care	Pacific Source HDHP*	Pacific Source Traditional PPO	Kaiser HMO
Annual Deductible	$1,750/person, $3,500/family	$300/person, $900/family	$500/person, $1,500/family
County Annual HSA Contribution	$700/Employee Only, $1,400/family	NA	NA
Annual out-of-pocket Maximum	$3,000/person, $6,000/family	$5,000/person, $10,000/family	$3,000/person, $9,000/family
	After Deductible Member Pays	**After Deductible Member Pays**	**After Deductible Member Pays**
Preventive Care	$0[1]	$0[1]	$0[1]
Office Visit and Mental Health Visits	First three visits $0, then 20%	First three visits $5, then $15[1]	First three visits $5, then $15[1]
Specialist Visit	20%	$15[1] copay for visit	$30[1]
Telehealth	First three visits $0, then 20%	First three visits $5, then $15[1]	$0[1]
Urgent Care Visit	20%	$15 copay for visit[1]	$40[1]
Naturopath Office Visit	20%	$15[1]	First three visits $5, then $15[1]
Diagnostic Lab & X-Ray	20%	30%[1]	$15 copay per department visit[1]
Advanced Imaging (CT, PET, MRI scans)	20%	$100 copay per test plus 30%	$100 copay per department visit[1]
Emergency Room	20%	$200 copay[1], plus 30% (copay waived if admitted)	$200 copay, after deductible (copay waived if admitted)
Ambulance	20%	30%	20%
Hospital Room & Board	20%	$100 copay, per admission plus 30%	$100/day up to $500 per admission[1]
Surgery	20%	30%	Included in Hospital Benefit
Surgery (outpatient)	20% hospital, 10% surgery center	30% hospital, 20% surgery center	$20[1]
Physical/Speech/Occupational Therapy	20%	30%	$30[1] Up to 20 visits per therapy per year
Medical Equipment	20%	30%	20%
Maternity Care: Office Visits Delivery covered as Hospital above	20% 20%	30% $100 copay, per admission plus 30%	$0[1] $100/day up to $500 per admission[1]
Skilled Nursing Facility Care	20%	$100 copay, per admission plus 30%	$0 up to 100 days per calendar year
Alternative Care • **Chiropractic** • **Acupuncture** • **Massage**	 20%-up to 20 visits 20%-up to 12 visits Not covered	 30%[1] up to 20 visits 30%[1] up to 12 visits Not covered	 $40[1] copay-up to 20 visits/year $40[1] copay-up to 12 visits/year $25[1] copay-up to 12 visits/year
Prescriptions	In Network Pharmacy: Drugs on Preventive & Incentive Drug List: $0, deductible waived. Tier 1^, 2 &3 Drugs: After Deductible, 20% https://pacificsource.com/drug-list/	In Network Pharmacy: Drugs on Preventive & Incentive Drug List: $0, deductible waived. Tier 1^-$10, Tier 2[1]-$30, Tier 3[1]-50% https://pacificsource.com/drug-list/	Generic: $10[1] Preferred Brand: $30[1] Formulary Contraceptives: $0 Non-Preferred/Specialty: 50% up to $100 Max. Mail order 90-day supply for 2 copayments; maintenance medications only.

*HDHP =High-Deductible Health Plan

[1] **Deductible Waived:** Services are covered before meeting deductible. **PacificSource:** The deductible, co-payments and coinsurance accrue toward the in-network out-of-pocket maximum. **Kaiser HMO:** All deductible, co-payment and coinsurance amounts count toward the maximum out-of-pocket, except Alternative Care, Hearing Aids and Vision Hardware. **^Tier 1 prescriptions** with PacificSource are typically generics. Please Note: Summary includes in-network services only.

MARION COUNTY EMPLOYEE GROUP VISION AND DENTAL

For all benefited employees represented by MCEA, MCJEA, MCDAA, ONA, and Unrepresented Employee Groups. This is a summary of benefits only.
For a complete description of benefits, refer to the carrier's benefit summary located on the Marion County website at www.co.marion.or.us/hr/benefits/Pages/default.aspx
Claims will be paid according to the carrier contact.

Vision Services The carrier you choose for medical services will be your vision carrier as well.	PacificSource HDHP w/ Health Savings Account (HSA) Visit website to locate approved providers	PacificSource Health Traditional PPO (Preferred Provider Organization) Visit website to locate approved providers	Kaiser HMO (Health Maintenance Organization) Must use Kaiser facilities only
Routine Eye Exam	$10 co-pay. 1 exam every 12 months w/in-network provider[1]	$10 co-pay. 1 exam every 12 months w/in-network provider[1]	$20 co-pay. 1 exam every 12 months w/in-network provider[1]
Lenses, Frames & Contact Lenses	$200 frame/contact lens allowance every 12 months w/in-network provider. Lenses covered in full	$200 frame/contact lens allowance every 12 months w/in-network provider. Lenses covered in full	$200 frame/contact lens allowance every 12 months w/in-network provider

[1]Visit this website to find in-network providers: https://pacificsource.com/find-a-provider/

Dental Services	Delta Dental Plan	Kaiser Dental Plan (MUST USE KAISER FACILITIES ONLY)
Deductible	$50 per member/$150 per family	$25 per member/$75 per family
Annual Maximum	Up to $2,000 per member paid by Delta, preventive services will not be counted towards annual maximum	Up to $2,000 per member per calendar year paid by Kaiser
Preventive **Routine exam & x-rays. Prophylaxis (cleanings), Sealants & Fluoride Space Maintainers**	0% (deductible waived). Diagnostic and x-ray services every 5 years. Bite-wing x-rays once a year	0% (deductible waived). Exams: 2 in any 12 consecutive month period
Basic **Endodontics (pulpal therapy & root canal filling). Restorative fillings**	After deductible, member pays 20% coinsurance	After deductible, member pays $0 for restorative fillings. 20% for Endodontics
Major **Crowns, cast restorations, prosthetics (dentures & bridge work)**	After deductible, member pays 50% (includes oral surgery & periodontics)	After deductible, member pays 50% coinsurance for all except $0 oral surgery and 20% periodontics
Orthodontia	50% up to $1,000 lifetime maximum benefit per eligible member, then member pays the balance	50% up to $1,000 lifetime maximum benefit per eligible member, then member pays the balance

For additional questions regarding Marion County Benefits, e-mail MCemployeebenefits@co.marion.or.us or call 503-584-4700

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2027 MARION COUNTY HEALTHCARE PREMIUM COSTS

For benefited employees including MCEA, MCDAA, MCJEA, ONA and all Unrepresented Employee groups.
County premium cap is $2,100 for all groups.
Premiums include coverage for eligible family members.

Choice of Medical Plans	Combined Monthly Premium	Marion County's Monthly Cost	Employee's Monthly Cost	Employee's Twice-Monthly Deduction
Kaiser HMO	$2,196.10	$1,975	$221.10	$110.55
PacificSource PPO	$2,350.70	$1,975	$375.70	$187.85
PacificSource HDHP	$2,044.44	$1,975	$69.44	$34.72

Choice of Dental Plans	Combined Monthly Premium	Marion County's Monthly Cost	Employee's Monthly Cost	Employee's Twice-Monthly Deduction
Kaiser Dental	$141.44	$125	$16.44	$8.22
Delta Dental	$144.54	$125	$19.54	$9.77

All employee benefit premiums are deducted from the first two paychecks of each month.

In the case of three paychecks during a month, the third paycheck will have no premiums deducted.

For any questions regarding Marion County Benefits, email MCEmployeeBenefits@co.marion.or.us or call us at 503-584-4700

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