



		2021 Engaged! Plan Oregon Members		Comments/Explanations		
		AH (includes OHSU Health Network & Medical Staff (M))	PPO	(M) = Must be medical staff and participate in PPO (D) = Deductible Applies * Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.		
Deductible (applies first -before OOP)		\$0	\$500- per individual	Common deductible and out-of-pocket. An additional deductible applies for each enrollee you cover, except as limited by the Plan's Medical out-of-pocket maximum.		
Out-of-pocket for medical (applies after deductible)		Individual max: \$1,700 Family max: \$5,100		Common deductible and out-of-pocket. Max OOP of Medical and Pharmacy***:		
					Individual Max	Family Max
				Medical OOP Max:	\$1,700	\$5,100
				Pharmacy OOP Max:	\$3,700	\$4,500
				Total OOP Max:	\$5,400	\$9,600
Facility/Ambulatory Services						
Inpatient Hospital Services (% plan pays after deductible - coinsurance applies to OOP)		100%	0%**	**80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .		
Outpatient Hospital Services Outpatient Surgery and Invasive Diagnostic Procedures (Facility charges) Routine Lab and Diagnostic Imaging (X-ray, Ultrasound, Mammography) Other Imaging (DEXA, MRI, MRA, CT, PET and Nuclear Medicine) Radiation Oncology Services		100%	0%**	**80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .		
Rehabilitation Services Inpatient (PT/OT/Speech)		100%	0%**	If no inpatient rehabilitation at AH facility , AH coverage will apply at PPO level. **80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .		
Rehabilitation Services Outpatient (PT/OT/Speech)		100% AH Facility \$20 Co-pay* - Physicians	100% \$30 Co-pay*	If no outpatient rehabilitation at AH facility , AH co-pay will apply at PPO level.		
Outpatient Diabetic Instruction (Facility Based)		100%	0%**	10 visits for newly diagnosed members. 2 follow up visits per calendar year. **80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .		
Maternity Hospital Care		100%	0%**	**80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .		
Bariatric Management Program Bariatric Surgery		100%	n/a	The Plan requires that bariatric surgery is performed by AH/OHSU facilities that are accredited by the MBSAQIP (Metabolics and Bariatric Surgery Accreditation Quality Improvement Program).		
Preventive Health Care (Wellness)						
Preventive Health: Hospital Services		100%	0%**	**100% PPO for covered employees whose primary worksite is outside of Oregon (and their covered dependents).		
Preventive Health: Provider Services		100%	100%	Benefits discussed further in the Preventive Health Care section of the Benefits Description chapter.		



	2021 Engaged! Plan Oregon Members		Comments/Explanations
	AH (includes OHSU Health Network & Medical Staff (M))	PPO	(M) = Must be medical staff and participate in PPO (D) = Deductible Applies * Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.
CHIP (Complete Health Improvement Program)	100%	100%	Lifetime maximum of two (2) programs -- with physician's prescription only. Enrollee will pay program costs and the Plan will reimburse enrollee upon completion of 80% of the sessions with proof of attendance attached to the medical claim form. Benefits discussed further in the Preventive Health Care section of the Benefits Description chapter. The Complete Health Improvement Program ("CHIP") takes participants through an intensive educational program with 18 sessions running over three months. While the program includes some additional elements, such as blood draws and health risk assessments, the primary purpose of the program is health education. The program is run as an all-inclusive package and is billed to the Plan and to enrollees as such.
Weight Watchers	100%	100%	Lifetime maximum of 24 months. This program covers group meetings. Physician's prescription is required with the submission of the first month's claim. Member will pay monthly program costs to Weight Watchers. Then the health plan will reimburse 100% of program fees upon completion of 80% of the sessions with proof of attendance attached to each claim submitted monthly. (This benefit excludes online and Weight Watchers for diabetes.)
Physician/Provider Services			
Physician Office Visits Primary Care Physician, Specialists	100% \$20 Co-pay*	100% \$30 Co-pay*	
Physician Visits Physician Visits While Hospitalized	100%	80%	
Surgeon/Assistant Surgeon	100%	80% (D)	
Outpatient Diabetic Instruction	100%	80% (D)	Utilization review required for visits in excess of 10 visits for newly-diagnosed enrollees and 2 follow-up visits per calendar year.
Home Visit	100%	80%	
Physician Services - Inpatient/ Outpatient/ Hospital / Mental Health Facility - Assigned per contract	100%	80%	e.g., Pathology, anesthesiology, radiology, and hospitalist service if performed in AH or PPO facility or in emergency at non-PPO facility
Physician Services - Other (non-office visits such as minor surgery, x-rays, labs)	AH Clinics 100% Lab and X-ray only	80% (D)	AH Clinics = Adventist Health Physician Services entity and AH Tax Ids - Applies to labs and x-ray services only
	90%		
Second and Third Surgical Opinion	100%	80% (D)	
Maternity Fees/Provider	100%	80% (D)	
Provider administered medications (injections, infusions, chemotherapy - office)	100%	80% (D)	
Vision Therapy	100%	\$30 Co-Pay*	12 visits annual individual maximum for ages eighteen and younger.
E-Visits & Telehealth	\$5 Co-Pay* AHOndemand	\$30 Co-Pay*	
Outpatient Chemotherapy (Provider's Office)	100%	80% (D)	



		2021 Engaged! Plan Oregon Members		Comments/Explanations
		AH (includes OHSU Health Network & Medical Staff (M))	PPO	(M) = Must be medical staff and participate in PPO (D) = Deductible Applies * Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.
Emergency Care***				***All emergency and urgent care includes non-PPO coverage. If services at non-PPO facility/provider, PPO co-insurance and deductible will apply.
Emergency Care: Emergency Services	100% \$100 Co-Pay*	100% (D) \$100 Co-pay*		*Emergency room co-pay waived if admitted. Deductible applies on PPO level, except it does not apply to any emergency room physician services.
Emergent In-Patient Hospital Admission	75% / 100%	75% / 100% (D)		The 'Plan Pays' percentage for Emergent In-Patient Hospital Admission will be increased from 75% to 100% if you or the health care provider notify the Plan within two (2) business days of your hospital admission.
Ambulance (Ground)	80% after \$50 Co-Pay*	80% after \$50 Co-Pay*		
Ambulance (Air)	80% after \$200 Co-Pay*	80% after \$200 Co-Pay* (D)		
Urgent Care	100% \$20 Co-Pay*	100% \$30 Co-Pay*		
Mental Health				
Mental Health and Chemical Dependency (Facility) Inpatient	100%	0%**		**80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .
Mental Health and Chemical Dependency (Facility) Outpatient	100%	0%**		**80% PPO coverage for Western Health Resources <i>covered employees</i> (and their <i>covered dependents</i>) with no assigned AH facility .
Mental Health and Chemical Dependency (Facility) Residential	100%	80% (D)		
Mental Health and Chemical Dependency Office Visit	100% \$20 Co-pay *	100% \$30 Co-pay *		
Other Services				
Sterilization Procedures: Vasectomy/Tubal Ligation	100%	80% (D)		
Skilled Nursing Facility Care	100%	80% (D)		100 day annual maximum
Hospice Care	100%	80% (D)		Benefits include bereavement counseling for covered family members. Refer to plan guidelines.
Home Health Care	100%	80%		
Home Infusion Therapy	100%	80% (D)		
Durable Medical Equipment	100%	80%		Benefits include purchase or rental, not to exceed the purchase price of the equipment. Requires utilization review for equipment of ≥ \$2,000. Exception: CPM devices, and Dynaslplints always require prior authorization.
Supplies and Appliances	100%	80%		
Diabetic Supplies	100%	80%		When applicable, diabetic supplies will be covered by pharmacy benefit.
Prosthetics and Orthotics	100%	80% (D)		Please refer to Durable Medical Equipment, Supplies, and Appliances section of the SPD.



		2021 Engaged! Plan Oregon Members		Comments/Explanations
		AH (includes OHSU Health Network & Medical Staff (M))	PPO	(M) = Must be medical staff and participate in PPO (D) = Deductible Applies * Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.
Hearing Aid and Exam	100%	80% (D)	Limited to \$5,000 for one ear and \$10,000 for two ears every two years. Hearing aids may be obtained from outside vendors, such as warehouse stores, etc.	
Wigs due to Chemotherapy, Radiation therapy and Pathological Change	100%	100%		
Disposable Supplies (provided in a Physician's office)	100%	80%		
Nutritional Counseling	100% \$0 Co-Pay* (5 Visits)	100% \$30 Co-Pay* (5 Visits)	Five visit annual limit applies to all plans. Additional visits may be authorized through care management.	
Chiropractic	100% \$20 Co-pay*	100% \$30 Co-pay*	\$1,000 individual annual maximum	
Unavailable Services				
Unavailable Services	n/a	80% (D)	Only applies when PPO services are covered at 0% (not covered) and an exception has been approved by the <i>plan administrator</i> .	
Pharmacy				
Pharmacy	See "Pharmacy" (Next Page)		Top 5 disease states covered at 100% for generic maintenance meds.	
All Other Covered Medical Expenses				
All Other Covered Medical Expenses	100%	80% (D)	Physician services only	

Note:
 AH -- Any Adventist Health Facility

***Total 2021 out-of-pocket maximum for all covered benefits cannot exceed \$8,550 for self-only coverage and \$17,100 for other than self-only coverage

Pharmacy - All Groups):

2021			
Pharmacy OOP Individual Max: \$3,700 Pharmacy OOP Family Max: \$4,500			
	Tier 1	Tier 2	Tier 3
Retail 1-30 Day Supply			
AH IN-HOUSE	\$7	\$35	\$60
COMMUNITY PARTNERS AND OPTUM RETAIL NETWORK	\$17	\$45	\$70
Retail 31-90 Day Supply			
AH IN-HOUSE	\$14	\$70	\$120
COMMUNITY PARTNERS	\$34	\$90	\$140
OPTUM NETWORK	N/A	N/A	N/A
Mail Order 31-90 Day Supply			
OPTUM HOME DELIVERY	\$34	\$90	\$140
Specialty² 1-30 Day Supply			
AH IN-HOUSE	\$35	20%; \$180 Max	20%; \$205 Max
COMMUNITY PARTNERS AND OPTUM SPECIALTY PHARMACY	\$45	20%; \$200 Max	20%; \$225 Max

Notes:

1. Members will pay \$0.00 copay for select Generic Maintenance medications when filled at in-house, community partner, or mail-order pharmacies.
2. Refer to Optum formulary for identification of specialty medications.