



**Chemeketa Wise Consumer Plan**

HSA Plan w/ Embedded Individual Deductible and OOP	In-Network	Out-of-Network Provider <sup>1</sup>
<b>Employee Only</b>	Applies if employee is enrolling with no other family members.	
Annual In-network and Out-of-network Deductible		\$2,600
Annual Out-of-Pocket Limit (includes deductible)		\$6,350
<b>Employee and One or More Dependent(s)</b>	Any one individual member will not accumulate more than the individual deductible and out of pocket limit.	
Annual per member Deductible		\$2,600
Annual In-network and Out-of-network Family Deductible		\$5,200
Annual Out-of-Pocket Limit per member (includes deductible)		\$6,350
Annual Out-of-Pocket Limit per family (includes deductible)		\$12,700
<b>Preventative Care</b>		
Periodic Health Exams	No cost sharing	40%
Routine Women's Exams (including pap test, pelvic exam & breast exam)	No cost sharing	40%
Immunizations	No cost sharing	40%
<b>Professional Services</b>		
Office and Home Visits	20%	40%
Urgent Care Office Visits	20%	40%
Surgery	20%	40%
Acupuncture Care, Chiropractic Adjustments, Naturopathic Supplies (\$1,500 Annual Maximum)	20%	40%
<b>Maternity Care</b>		
Practitioner Services	20%	40%
Hospital Stay	20%	40%
<b>Hospital Inpatient / Outpatient Services</b>		
Inpatient Care	20%	40%
Skilled Nursing Facility Care	20%	40%
Outpatient Hospital/Facility	20%	40%
Outpatient Diagnostic X-Ray and Lab	20%	40%
Specified Imaging (MRI, CT, CAT, PET scans)	20%	40%
<b>Emergency Care</b>		
Emergency Room Visits		20%
<b>Other Covered Services</b>		
Physical Therapy	20%	40%
Allergy Injections	20%	40%
Durable Medical Equipment/Prosthetics	20%	40%
Ambulance Transportation (6 trips covered annually, In-network out-of-Home Health, Hospice, and Respite Care		20%
	20%	40%
<b>Prescription Drug</b> (Show your Moda Health ID card to access discounts at participating pharmacies.)	Value Tier: \$0 Retail/ \$0 Mail (Deductible waived).	
		20%

\* Coinsurance and deductibles apply to annual out-of-pocket maximums.

<sup>1</sup> Out-of-network coverage coinsurance are based on the maximum plan allowance for these services.



***This document is provided for informational purposes only. It is not considered a Summary of Benefits and Coverage (SBC).***