moda HEALTH

PPO Plan
Chemeketa Community College

Standard PPO Plan	In-Network Provider	Out-of-Network Provider [2]
Annual In-network and Out-of-network Deductible (Individual / Family)	$650 Individual / $1,950 Family	
Annual Out-of-Pocket Maximum Including Deductible (Individual / Family)	$3,000 Individual / $9,000 Family	
Preventitive Care (As specified by the Affordable Care Act)		
Periodic Health Exams	No cost sharing	No cost sharing
Routine Women's Exams (including pap test, pelvic exam & breast exam)	No cost sharing	No cost sharing
Immunizations	No cost sharing	No cost sharing
Professional Services		
Primary Care Office and Home Visits	$30 Copay	40%
Specialist Office Visits	$40 Copay	40%
Urgent Care Office Visits	$40 Copay	40%
Surgery	20%	40%
Acupuncture Care, Chiropractic Adjustments, Naturopathic Supplies ($1,500 Annual Maximum)	20%	40%
Maternity Care		
Practitioner Services	20%	40%
Hospital Stay	20%	40%
Hospital Inpatient/ Outpatient Services		
Inpatient Care	20%	40%
Skilled Nursing Facility Care	20%	40%
Outpatient Hospital / Facility	20%	40%
Outpatient Diagnostic X-Ray and Lab		40%
Specified Imaging (MRI, CT, CAT, PET scans)	20%	40%
Emergency Care		
Emergency Room Visits	$200 Copay then 20% [3]	
Other Covered Services		
Physical Therapy	20%	40%
Allergy Injections	20%	40%
Durable Medical Equipment / Prosthetics	20%	40%
Ambulance Service	20%	
Home Health, Hospice, and Respite Care	20%	40%

*Deductible waived.

[1] Copayments and deductibles apply to annual out-of-pocket maximums.

[2] Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

[3] Copay waived if admitted

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