

Clackamas County - Peace Officers 2024	Kaiser	Providence Personal Option	Providence Open Option	
	IN-PLAN COVERAGE ONLY	IN-PLAN COVERAGE ONLY	IN-PLAN	OUT-OF-PLAN
Annual Deductible: Individual/Family	\$0	\$0	\$50/\$150 Common Deductible	
Annual Out-of-Pocket Maximum: Individual/Family	\$600/\$1200	\$1000/\$3000	\$2000/\$6000 Common Maximum	
<b>PREVENTIVE HEALTH SERVICES</b>				
Periodic health exams	Covered in full	Covered in full	Covered in full	20%*
Well baby care, routine immunizations	Covered in full	Covered in full	Covered in full	20%*
Gynecology exams/tests	Covered in full	Covered in full	Covered in full	20%*
Mammograms	Covered in full	Covered in full	Covered in full	20%
<b>PHYSICIAN/PROVIDER SERVICES</b>				
Primary Care/Naturopath Office visits	\$10 (First 3 visits \$5)	\$15 (First 3 visits \$5)	\$10* (First 3 visits \$5)	20%*
Allergy shots	Covered in full	\$15	Covered in full	20%
Pre-natal & post-natal visits; delivery	Covered in full	\$150/pregnancy	\$50*/pregnancy	20%
<b>HOSPITAL SERVICES</b>				
Inpatient care & provider visits	Covered in full	Covered in full	Covered in full	20%
Maternity care	Covered in full	Covered in full	Covered in full	20%
Routine newborn nursery care	Covered in full	Covered in full	Covered in full	20%
Surgery & anesthesia	Covered in full	Covered in full	Covered in full	20%
Rehabilitative care (subject to limitations)	Covered in full	Covered in full	Covered in full	20%
Skilled nursing facility (subject to limitations)	Covered in full	Covered in full	Covered in full	20%
<b>DURABLE MEDICAL EQUIPMENT</b>				
Medical & diabetic supplies, appliances and prosthetics	Covered in full	20% (Up to \$500 maximum)	20% (Up to \$500 maximum)	20% (Up to \$500 maximum)
<b>EMERGENCY/URGENT &amp; AMBULANCE SERVICES</b>				
Emergency services	\$75	\$100	\$100*	\$100*
Urgent care services	\$10	\$15	\$10*	20%*
Emergency medical transportation	\$75	\$50	\$50	\$50
<b>OTHER COVERED SERVICES</b>				
X-ray & lab services	Covered in full	Covered in full	Covered in full	20%
Outpatient rehabilitative services	\$10/visit (20 visits per calendar year)	\$15/visit (30 visits per calendar year)	\$10/Visit (30 visits per calendar year)	20% (30 visits per calendar year)
Outpatient surgery	\$10	Covered in full	\$10	20%
Chemotherapy & radiation	\$10	Covered in full	\$10	Not covered
Home health care	Covered in full (up to 130 visits per year)	Covered in full	Covered in full	20%
Hospice care	Covered in full	Covered in full	Covered in full	Covered in full
<b>VISION</b>				
Children Vision	Exam and standard lenses/frames or 12 months supply of contact lenses: Covered in full	Same as Adult	Same as Adult	Same as Adult
Vision Examinations - every 12 months	\$10	\$10 co pay*	\$10 co pay*	Up to Limits - see VSP summary
Kaiser Adult Vision Frequency - Every 24 months	\$200 for lenses and frames	Lenses covered in full (up to limits); Frames or Contact lenses covered up to \$175 every 12 months; Progressive lenses: Standard (\$0 copay), Premium/Custom (\$30 copay). Vision Therapy included.	Lenses covered in full (up to limits); Frames or Contact lenses covered up to \$175 every 12 months; Progressive lenses: Standard (\$0 copay), Premium/Custom (\$30 copay). Vision Therapy included.	Up to Limits - see VSP summary
Providence VSP Vision Frequency - Every 12 months				
<b>HEARING AID ALLOWANCE</b>				
Children	One hearing aid per ear every 4 years	20% (One per ear every 3 years)	20% (One per ear every 3 years)	20% (One per ear every 3 years)
<b>ALTERNATIVE CARE</b>				
Office visits	\$10 for chiropractic and acupuncture <sup>1</sup> \$25 massage. Chiropractic - 20 visit annual limit Acupuncture and Massage - 12 visit annual limit	\$10* for chiropractic, massage, acupuncture; 30 visit annual limit each	\$10* for chiropractic, massage, acupuncture; 30 visit annual limit each	N/A
<b>PRESCRIPTION DRUGS</b>				
Generic/Brand copay at pharmacy	\$10/\$20	\$10/\$15	\$10*/\$15*	N/A
Generic/Brand copay for 90-day mail (maintenance drugs)	\$20/\$40	\$10/\$15	\$10*/\$15*	N/A
	<sup>1</sup> Physician-referred acupuncture is restricted to 12 visits per calendar year		*Deductible does not apply	