

## 2026 Medical Benefit Comparison by Plan

| See tier definitions below <sup>2</sup>                                                                                                   | Prime Plan - HDP                                                         |                                                   |                                                    |                                                    | Choice Plan - MHP                                |                                            |                                            |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------|
|                                                                                                                                           | Tier I                                                                   | Tier II                                           | Tier III                                           | Tier IV                                            | Tier I                                           | Tier II                                    | Tier III                                   | Tier IV                               |
|                                                                                                                                           | Salem Health & West Valley Hospital (in-network)                         | Connexus Network (in-network) <sup>1</sup>        | Connexus Network (in-network) <sup>1</sup>         | Out-of-Network                                     | Salem Health & West Valley Hospital (in-network) | Connexus Network (in-network) <sup>1</sup> | Connexus Network (in-network) <sup>1</sup> | Out-of-Network                        |
| HSA Contribution**                                                                                                                        | Up to \$850 for individual coverage<br>Up to \$1,700 for family coverage |                                                   |                                                    |                                                    | N/A                                              |                                            |                                            |                                       |
| Deductible<br>All copayment and coinsurance costs shown in this chart are after your deductible has been met except where noted with an * | \$1,700 individual<br>\$3,400 family <sup>3</sup>                        | \$1,700 individual<br>\$3,400 family <sup>3</sup> | \$3,500 individual<br>\$7,000 family <sup>3</sup>  | \$3,500 individual<br>\$7,000 family <sup>3</sup>  | \$0 individual<br>\$0 family                     | \$750 individual<br>\$1,500 family         | \$1,500 individual<br>\$3,000 family       | \$1,500 individual<br>\$3,000 family  |
| Maximum out-of-pocket                                                                                                                     | \$3,200 individual<br>\$6,000 family <sup>3</sup>                        | \$4,000 individual<br>\$8,000 family <sup>3</sup> | \$6,000 individual<br>\$12,000 family <sup>3</sup> | \$6,000 individual<br>\$12,000 family <sup>3</sup> | \$2,500 individual<br>\$5,000 family             | \$3,500 individual<br>\$7,000 family       | \$5,900 individual<br>\$11,800 family      | \$5,900 individual<br>\$11,800 family |
| At the doctor's office or urgent care                                                                                                     |                                                                          |                                                   |                                                    |                                                    |                                                  |                                            |                                            |                                       |
| Preventive care<br>(services as defined by the ACA)                                                                                       | 0%*                                                                      | 0%*                                               | 0%*                                                | Not covered                                        | 0%*                                              | 0%*                                        | 0%*                                        | 40%                                   |
| Primary care office visit                                                                                                                 | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | 10%                                        | 20%                                        | 40%                                   |
| Specialist office visit                                                                                                                   | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | 10%                                        | 20%                                        | 40%                                   |
| Urgent care                                                                                                                               | 0%                                                                       | 20%                                               | 40%                                                | 40%                                                | \$20 copay*                                      | \$40 copay*                                | \$50 copay*                                | 40%                                   |
| Salem Health virtual visits - Urgent care                                                                                                 | 0%                                                                       | N/A                                               |                                                    |                                                    | 0%*                                              | N/A                                        |                                            |                                       |
| At the hospital                                                                                                                           |                                                                          |                                                   |                                                    |                                                    |                                                  |                                            |                                            |                                       |
| Emergency room facility                                                                                                                   | 20%                                                                      | 20%                                               |                                                    |                                                    | \$250 copay*                                     | \$250 copay                                |                                            |                                       |
| Inpatient hospital                                                                                                                        | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | 10%                                        | 20%                                        | 40%                                   |
| Diagnostic test (x-ray, blood work)                                                                                                       | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | 10%                                        | 20%                                        | 40%                                   |
| Advanced imaging                                                                                                                          | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | 10%                                        | \$100 copay, then 20%                      | \$100 copay, then 40%                 |
| Spine surgery                                                                                                                             | 0%                                                                       | 20%                                               | 40%                                                | Not covered                                        | 0%*                                              | \$500 copay, then 20%                      | \$500 copay, then 20%                      | \$500 copay, then 40%                 |

*When traveling outside of the primary service area (Oregon / Southwest Washington), you can receive the Tier III benefit level when using the Aetna Signature Administrators (ASA) network.*

\* Deductible waived

\*\* Employees must intentionally elect HSA participation to be eligible for the employer contribution. See prorated HSA contribution schedule on the Salem Health HSA web page. COBRA participants are not eligible for the employer contribution.

<sup>1</sup> Employees who live outside of Oregon / SW Washington may have access to alternative networks.

<sup>2</sup> Tier I: Providers of Salem Health Hospitals & Clinics and facilities and West Valley Hospital.

Tier II: Moda's Connexus Network. This network includes providers and clinics that generally provide services that are not available at Salem Health Hospitals & Clinics.

Tier III: Moda's Connexus Network. This includes specific hospital systems, ambulatory surgery centers and provider clinics that provide the same services as Salem Health Hospitals & Clinics.

Tier IV: Providers that are not contracted by the Moda Health Connexus network and are considered non-participating (out-of-network). Tier IV coverage is limited for those on the Prime Plan.

<sup>3</sup> Includes pharmacy costs. Individual deductible and out-of-pocket maximums apply to employee-only coverage. For family coverage the deductible is shared, meaning, the entire family deductible must be met before the plan will begin to pay for any member of the family. Family coverage is considered anything other than employee-only coverage.

*This benefit comparison chart contains highlights of benefit options available to you and is not a complete description of the benefits. For a more detailed description of benefits and limitations, refer to your member handbook.*

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| See tier definitions below <sup>2</sup>                                    | Prime Plan - HDP                                 |                                            |                                            |                | Choice Plan - MHP                                |                                            |                                            |                       |
|----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------|
|                                                                            | Tier I                                           | Tier II                                    | Tier III                                   | Tier IV        | Tier I                                           | Tier II                                    | Tier III                                   | Tier IV               |
|                                                                            | Salem Health & West Valley Hospital (in-network) | Connexus Network (in-network) <sup>1</sup> | Connexus Network (in-network) <sup>1</sup> | Out-of-Network | Salem Health & West Valley Hospital (in-network) | Connexus Network (in-network) <sup>1</sup> | Connexus Network (in-network) <sup>1</sup> | Out-of-Network        |
| Other medical benefits                                                     |                                                  |                                            |                                            |                |                                                  |                                            |                                            |                       |
| Outpatient rehabilitation†<br>(physical, occupational or speech therapies) | 0%                                               | 20%                                        | 40%                                        | Not covered    | 0%*                                              | 10%                                        | 20%                                        | 40%                   |
| Massage therapy†<br>(Up to \$1,000 per calendar year)                      | 0%                                               | 20%                                        | 20%                                        | 20%            | 0%*                                              | \$20 copay*                                | \$20 copay*                                | 40%*                  |
| Acupuncture†<br>(Up to 20 visits per calendar year)                        | 0%                                               | 20%                                        | 20%                                        | 20%            | 0%*                                              | \$20 copay*                                | \$20 copay*                                | 40%*                  |
| Spinal manipulation†<br>(Up to 20 visits per calendar year)                | 0%                                               | 20%                                        | 20%                                        | 20%            | 0%*                                              | \$20 copay*                                | \$20 copay*                                | 40%*                  |
| Sleep studies                                                              | 0%                                               | 20%                                        | 40%                                        | Not covered    | 0%*                                              | \$100 copay, then 20%                      | \$100 copay, then 20%                      | \$100 copay, then 40% |
| Upper endoscopy                                                            | 0%                                               | 20%                                        | 40%                                        | Not covered    | 0%*                                              | \$100 copay, then 20%                      | \$100 copay, then 20%                      | \$100 copay, then 40% |
| Mental Health and Substance Use Disorder                                   |                                                  |                                            |                                            |                |                                                  |                                            |                                            |                       |
| Outpatient mental health & substance use disorder office visits            | 0%                                               | 0%                                         | 0%                                         | 0%             | 0%*                                              | \$0*                                       | \$0*                                       | \$0*                  |
| Residential mental health & substance use disorder treatment programs      | 0%                                               | 0%                                         | 0%                                         | 40%            | 0%*                                              | 0%*                                        | 0%*                                        | 40%                   |
| Substance use disorder detoxification                                      | 0%                                               | 20%                                        | 20%                                        | 40%            | 0%*                                              | 10%                                        | 10%                                        | 40%                   |

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\* Deductible waived

† Limitations apply

<sup>1</sup> Employees who live outside of Oregon / SW Washington may have access to alternative networks.

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