

2027 Choice MHP Plan Grid

See tier definitions below ²	Choice Plan - MHP			
	Tier I	Tier II	Tier III	Tier IV
	Salem Health, West Valley Hospital, & Santiam Hospital (in-network)	Connexus Network (in-network) ¹	Connexus Network (in-network) ¹	Out-of-Network
Deductible All copayment and coinsurance costs are after your deductible has been met, except where noted with an *	\$0 individual \$0 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Maximum out-of-pocket	\$2,500 individual \$5,000 family	\$3,500 individual \$7,000 family	\$5,900 individual \$11,800 family	\$5,900 individual \$11,800 family
At the doctor's office or urgent care				
Preventive care (services as defined by the ACA)	0%*	0%*	0%*	40%
Primary care office visit	0%*	10%	20%	40%
Specialist office visit	0%*	10%	20%	40%
Urgent care	\$20 copay*	\$40 copay*	\$50 copay*	40%
Salem Health virtual visits - Urgent care	0%*	N/A		
At the hospital				
Emergency room facility	\$250 copay*	\$250 copay - Tier I out-of-pocket maximums apply		
Inpatient hospital	0%*	10%	20%	40%
Diagnostic test (x-ray, blood work)	0%*	10%	20%	40%
Advanced imaging	0%*	10%	\$100 copay, then 20%	\$100 copay, then 40%
Spine surgery	0%*	\$500 copay, then 20%	\$500 copay, then 20%	\$500 copay, then 40%

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

* Deductible waived

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

² Tier I: Providers of Salem Health Hospitals & Clinics and facilities, West Valley Hospital, and Santiam Hospital & Clinics.

Tier II: Moda's Connexus Network. This network includes providers and clinics that generally provide services that are not available at Tier I providers.

Tier III: Moda's Connexus Network. This includes specific hospital systems, ambulatory surgery centers and provider clinics that provide the same services as Tier I providers.

Tier IV: Providers that are not contracted by the Moda Health Connexus network and are considered non-participating (out-of-network).

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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Other medical benefits				
Outpatient rehabilitation† (physical, occupational or speech therapies)	0%*	10%	20%	40%
Massage therapy† (Up to \$1,000 per calendar year)	0%*	\$20 copay*	\$20 copay*	40%*
Acupuncture† (Up to 20 visits per calendar year)	0%*	\$20 copay*	\$20 copay*	40%*
Spinal manipulation† (Up to 20 visits per calendar year)	0%*	\$20 copay*	\$20 copay*	40%*
Sleep studies	0%*	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay, then 40%
Upper endoscopy	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*
Residential mental health & substance use disorder treatment programs	0%*	0%*	0%*	40%
Substance use disorder detoxification	0%*	10%	10%	40%

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