



## City of McMinnville CIS 2025 Plan Year – Summary of Medical Benefits

For full plan summaries visit the [Human Resources website](#)

	Regence	Kaiser
<b>Medical Care</b>		
Deductible	\$1,000 – Individual \$3,000 - Family	\$250 – Individual \$750 - Family
Out-of-Pocket Maximum Per Calendar Year	<ul style="list-style-type: none"> <li>• Category 1 &amp; 2 - Preferred and Participating Provider \$3,000 – Individual \$7,000 – Family</li> <li>• Category 3 - Non-Preferred Provider \$5,000 – Individual \$11,000 – Family</li> </ul> <p style="font-size: small;">Includes deductible and medical copays but does not include prescription copays</p>	\$2,000 – Individual \$6,000 – Family  <small>All Deductible, Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)</small>
	<i>Category 1 – Preferred</i>	<i>Category 2 – Participating Category 3 – Non-Preferred</i>
Preventative Care Services (physical, well-baby, etc.)	Categories 1 & 2 – 0% Category 3 – 40%	\$0
Office Visits and Urgent Care	\$5 copay for first 3 visits; then \$20 copay <i>(deductible waived)</i>	40%
Emergency	20 % after \$100 copay (copay waived if admitted)	\$0 including telehealth Primary Care: \$5 for first 3 visits; additional \$20 Specialty Care: \$25 Urgent Care: \$35
Laboratory, Radiology, and Diagnostic	\$0 up to first \$400 <i>(deductible waived)</i> then 20%	20% coinsurance after deductible
Maternity Care	40%	\$15 per department visit
Ambulance	20%	Prenatal Care: \$0 Laboratory, x-ray, imagine and special diagnostics: \$15 per department visit Inpatient: 20% coinsurance after deductible
Inpatient and Outpatient Surgery and Surgeon Fees	20%	20% coinsurance after deductible
Inpatient Mental/Behavioral Health and Substance Abuse Disorder	20%	20% coinsurance after deductible
Durable Medical Equipment	20%	20% coinsurance after deductible
<b>Vision Care</b>		
	<i>Administered through VSP</i>	<i>Administered through Kaiser</i>



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Routine Eye Exam	\$10 \$20 for exams beyond routine care	18 and under: \$0 19 and older: \$15
Hardware and Optical Services	Prescription Glasses: \$25  <ul style="list-style-type: none"> <li>• Frame: \$170 - \$190 featured frame brands allowance with 20% savings on amount over allowance</li> <li>• Lenses: Single, Lined Bifocal/Trifocal – included in copay               <ul style="list-style-type: none"> <li>• Contacts: \$166 allowance for exam and contacts</li> </ul> </li> </ul> Lens Enhancements <ul style="list-style-type: none"> <li>• Anti-glare, tints, light-reactive, impact-resistant, scratch-resistant, UV - \$0</li> <li>• Progressive lenses - \$50</li> </ul>	18 and under - No charge for eyeglasses or frames or contact lenses every 12 months. 19 and older: Balance after \$150 allowance, once every calendar year
<b>Pharmacy/Medications</b>		
	<i>Administered through Express Scripts</i>	<i>Administered through Kaiser</i>
Out-of-Pocket Calendar Year Maximum	\$2,500 – per person \$7,500 – per family	N/A
Prescription drugs (up to a 30 day supply)	Generic - \$10 Preferred - \$40 Non-Preferred - \$100 Specialty Generic - \$50 Specialty Preferred - \$100 Specialty Non-Preferred - \$200	Generic - \$10 Preferred - \$20 Non-Preferred - \$20 Specialty - \$20
Mail Order Prescription drugs (up to a 90 day supply)	Generic, Preferred, Non-Preferred: 2 x Copay Specialty: N/A	2 x Copay
Administered medications, including injections (all outpatient settings)	N/A	\$0
<b>Alternative Care</b>		
	Acupuncture and Chiropractic: No deductible - \$20 Copay – Maximum of 12 visits per calendar year for Acupuncture and 20 visits per calendar year for Chiropractic.	Acupuncture (12 per year): \$20 per visit Chiropractic (12 per year): \$20 per visit Massage (12 per year): \$25 per visit Naturopathic: \$5 first 3 visits, additional visits \$15

This chart is intended for plan comparison purposes only. See full plan summaries for details and plan exclusions.