City of McMinnville

City of McMinnville OTET (Teamsters) 2024 Plan Year – Summary of Medical Benefits

For full plan summaries visit the Human Resources website

	Regence		Kaiser
Medical Care			
Deductible	$150– Individual $450 - Family		$150 – Individual $450 - Family
Out-of-Pocket Maximum Per Calendar Year	$1,150 annually per Family for medical and $750 annually per Family for prescription drugs		$1,150 – Individual $3,450 – Family
	Network Provider	*Out-of-Network Provider*	
Preventative Care Services (physical, well-baby, etc.)	No Charge	20% Coinsurance	$0
Office Visits and Urgent Care	10% coinsurance	20% coinsurance	Primary Care: $5 for first 3 visits; additional $20 Specialty Care: $30 Urgent Care: $40
Emergency	10% coinsurance and $150 copay (copay waived if admitted)		10% coinsurance
Laboratory, Radiology, and Diagnostic	10% coinsurance	20% coinsurance	X-ray, Labs, Blood work: $20/visit Imaging: $100/visit
Maternity Care	10% coinsurance	20% coinsurance	Prenatal Care: $0 Inpatient: 10% coinsurance
Ambulance	15% coinsurance		10% coinsurance
Inpatient and Outpatient Surgery and Surgeon Fees	10% coinsurance	20% coinsurance	10% coinsurance
Inpatient Mental/Behavioral Health and Substance Abuse Disorder	10% coinsurance	20% coinsurance	Inpatient: 10% coinsurance Outpatient: $20/visit
Durable Medical Equipment	10% coinsurance	20% coinsurance	10% coinsurance
Vision Care			
	Administered through VSP		*Administered through Kaiser*
Routine Eye Exam	$10 $20 for exams beyond routine care		$20
Hardware and Optical Services	Prescription Glasses: $10 • Frame: $100 - $120 featured frame brands allowance with 20% savings on amount over allowance • Lenses: Single, Lined Bifocal/Trifocal – included in copay • Contacts: $164 allowance for exam and contacts Lens Enhancements: • Anti-glare, tints, light-reactive, impact-resistant, scratch-resistant, UV - $0 • Premium and Custom Progressive lenses - $80 - $160		Not covered

City of McMinnville

City of McMinnville OTET (Teamsters) 2024 Plan Year – Summary of Medical Benefits

For full plan summaries visit the Human Resources website

Pharmacy/Medications		
	Administered through Express Scripts	*Administered through Kaiser*
Prescription drugs (up to a 30 day supply)	Generic – 10% coinsurance Preferred – 15% coinsurance Non-Preferred – 25% coinsurance Specialty – 100% coinsurance up to $100 maximum **Maximum copays apply. See plan document for details*	Generic - $10 Preferred - $20 Non-Preferred - $40 Specialty – Applicable generic, preferred, non-preferred brand drug cost shares apply.
Mail Order Prescription drugs (up to a 90 day supply)	See plan document for details	2x copay

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