

# 2025 Medical plan benefit summary

## City of Beaverton



P500

	In-network you pay	Out-of-network you pay <sup>2</sup>
Calendar year costs		
Annual Deductible	\$500 Individual / \$1,500 Family	\$500 Individual / \$1,500 Family
Annual Out-of-Pocket Maximums Including Deductible	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
Preventive Care		
Periodic Health Exams	No cost sharing	Not covered
Routine Women's Exams (including pap test, pelvic exam & breast exam)	No cost sharing	40%
Immunizations	No cost sharing	40%
Professional Services		
PCP Office Visit <sup>1, 6</sup>	\$20 Copay*	40%
Specialist Visits	\$20 Copay* <sup>1</sup>	40%
Urgent Care Office Visits	\$20 Copay* <sup>1</sup>	40%
Outpatient Mental Health/ Chemical Dependency visit	\$20 Copay* <sup>1</sup>	40%
Surgery	15%	40%
Acupuncture Care, Spinal Manipulations <sup>3</sup>	\$20 Copay* <sup>1</sup>	40%
Maternity Care		
Practitioner Services	\$250 Copay* <sup>1</sup>	40%
Hospital Stay	\$100 copay per day, \$500 max* <sup>1</sup>	40%
Hospital Inpatient/ Outpatient Services		
Inpatient Care	\$100 copay per day, \$500 max* <sup>1</sup>	40%
Skilled Nursing Facility Care	15%	40%
Outpatient Hospital / Facility	15%	40%
Outpatient Diagnostic X-Ray and Lab	15%*	40%
Specified Imaging (MRI, CT, CAT, PET scans)	\$100 copay pervisit* <sup>1</sup>	40%
Emergency Care		
Emergency Room Visits <sup>4</sup>	\$100 Copay* <sup>1</sup>	
Other Covered Services		
Therapeutic Injections	15%	40%
Durable Medical Equipment / Prosthetics	15%	40%
Ambulance Service (6 trips covered annually) <sup>4</sup>	15%	15%
Ambulance (Mental Health/Chemical Dependency)	\$100 Copay* <sup>1</sup>	
Hospice Services and Respite Care	15%	40%
Home Health Care	15%	40%

\* Deductible waived

1 Co-payments apply to annual out-of-pocket maximums.

2 Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

3 20 visit limit (each) per calendar year

4 In-network out-of-pocket maximum applies

5 \$500 calendar year maximum for Naturopathic supplies

6 In-network: First 3 visits (including in person or virtual PCP, out patient mental health, substance use disorder visits) \$5/visit. Member must choose Primary Care Physician.

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