



Multnomah Bar Association Medical Benefits (Oregon's Health Co-op)



Rates Effective: 4/1/2016 - 3/31/2017

CP Means Copay / Benefits Shown Below With An * Means The Deductible Does Not Apply

OHCOOP Has It's Own PPO Network Of Providers In Oregon And Uses First Choice and First Health PPO Outside Oregon. Go To: www.ohcoop.org

To View Detailed Summaires of Each Plan Go To: www.aktadvisors.com/mba. Questions - Call 503-716-9328 or 503-716-9329

	SIMPLE GOLD	SILVER H.S.A.	SIMPLE SILVER	SIMPLE BRONZE	BRONZE H.S.A.
	PPO - NON	PPO - NON	PPO - NON	PPO - NON	PPO - NON
PREVENTIVE & WELLNESS	* 100% / Not Cov.	* 100% / Not Cov.	* 100% / Not Cov.	* 100% / Not Cov.	* 100% / Not Cov.
ANNUAL DEDUCTIBLE				Ded. Hospital Only	
Per Person	\$0	\$3,500 (no dep)	\$0	\$6,850 / \$6,850	\$5,000 (no dep)
Per Family	\$0	\$7,000 (aggregate)	\$0	\$13,700 / \$13,700	\$10,000 (aggregate)
OUT-OF-POCKET MAXIMUM					
Per Person	\$5,500 / \$11,000	\$3,500 / \$7,000	\$6,850 / \$13,700	\$6,850 / \$13,700	\$6,350 / \$12,700
Per Family	\$11,000 / \$22,000	\$7,000 / \$14,000	\$13,700 / \$27,400	\$13,700 / \$27,400	\$12,700 / \$25,400
HOSPITAL CARE		(After Ded.)			(After Ded.)
Inpatient Care	*\$3,000 CP / *50%	100% / 50%	*\$5,000 CP / *50%	\$6,850 Ded. / 75%	50% / 75%
Emergency Room Hospital	* \$250 CP	100% / 100%	* \$500 CP	* \$750 CP	50% / 50%
Urgent Care	* \$75 CP / * 50% CP	100% / 50%	*\$75 CP / * 50%	* \$80 CP / * 75%	\$120 CP / \$240 CP
PHYSICIAN CARE		(After Ded.)			(After Ded.)
Office Visit	* \$30 CP / * 50%	100% / 50%	* \$35 CP / * 50%	* \$40 CP / * 75%	\$60 CP / 75%
Specialist	* \$50 CP / * 50%	100% / 50%	* \$55 CP / * 50%	* \$80 CP / * 75%	\$100 CP / 75%
Naturopath Office Visit	* \$30 CP / * 50%	100% / 50%	* \$35 CP / * 50%	* \$40 CP / * 75%	\$60 CP / 75%
LAB, X-RAY	* \$30 CP / * 50%	100% / 50%	* \$50 CP / * 50%	\$100-\$150 CP / *75%	50% / 75%
HIGH TECH IMAGING	*\$250 CP / * 50%	100% / 50%	* \$500 CP / * 50%	* \$500 CP / * 75%	50% / 75%
AMBULANCE SERVICES	*\$150 CP / * 50%	100% / 50%	* \$250 CP / * 50%	* \$300 CP / * 75%	50% / 75%
DURABLE MEDICAL EQUIPMENT	(LESS THAN \$800) * \$50 CP / Not Cov. * \$100 CP / Not Cov. (MORE THAN \$800)	100% / 50%	(LESS THAN \$800) * \$70 CP / Not Cov. * \$250 CP / Not Cov. (\$800 OR MORE)	(LESS THAN \$800) * \$80 CP / Not Cov. * \$300 CP / Not Cov. (\$800 OR MORE)	50% / Not Cov.
MENTAL HEALTH & CHEMICAL DEPENDENCY		(After Ded.)			(After Ded.)
Outpatient Provider Visit	* \$30 CP / * 50%	100% / 50%	* \$35 CP / * 50%	* \$40 CP / * 75%	\$60 CP / 75%
Inpatient & Residential Care	*\$3,000 CP / *50%	100% / 50%	*\$5,000 CP / *50%	\$6,850 Ded. / 75%	50% / 75%
ACCUPUNCTURE	* \$30 CP / * 50%	100% / 50%	* \$35 CP / * 50%	* \$40 CP / * 75%	Not Cov. / Not Cov.
SPINAL MANIPULATION	* \$30 CP / Not Cov (10 Visits Per Year)	100% / Not Cov (10 Visits Per Year)	* \$35 CP / Not Cov (10 Visits Per Year)	* \$40 CP / Not Cov. (10 Visits Per Year)	20% Disc. / Not Cov
PRESCRIPTION DRUGS					
Value Drugs	N/A	N/A	N/A	N/A	N/A
Generic	* \$10 CP	100%	* \$15 CP	\$30 CP	\$20 CP
Formulary Brand Name	* \$50 CP	100%	* \$70 CP	\$100 CP	\$80 CP
Non Formulary Brand Name	* \$70 CP	100%	* \$140 CP	\$200 CP	50% CP
<i>Must Use Network Pharmacies</i>		(After Ded.)			(After Ded.)
PPO NETWORK	Oregon Health CO-OP First Health/Fiirst Choice	Oregon Health CO-OP First Health/First Choice	Oregon Health CO-OP First Health/First Choice	Oregon Health CO-OP First Health/First Choice	Oregon Health CO-OP First Health/First Choice
MONTHLY PREMIUMS	SIMPLE GOLD	SILVER H.S.A.	SIMPLE SILVER	SIMPLE BRONZE	BRONZE H.S.A.
Employee	\$710.25	\$600.25	\$597.25	\$517.25	\$481.25
Employee/Spouse	\$1,417.25	\$1,198.25	\$1,192.25	\$1,032.25	\$958.25
Employee/Child(ren)	\$1,311.25	\$1,108.25	\$1,103.25	\$955.25	\$887.25
Employee/Family	\$2,018.25	\$1,705.25	\$1,697.25	\$1,469.25	\$1,364.25



Multnomah Bar Association Medical Benefits (Kaiser)

Rates Effective: 4/1/2016 - 3/31/2017



CP Means Copay / Benefits Shown Below With An * Means The Deductible Does Not Apply

Deductible Is Based On A Calendar Year / Deductible Does Not Apply To Benefits With *

Out-of-Pocket Maximum Is Based On A Calendar Year / Deductible, Copays and Coinsurance All Apply

To View Detailed Summaries of Each Plan Go To: www.aktadvisors.com/mba. Questions - Call 503-716-9328 or 503-716-9329

www.aktadvisors.com/mba	GOLD	GOLD PPO	SILVER	BRONZE	BRONZE H.S.A.
PREVENTIVE & WELLNESS	Kaiser Only	Kaiser - PPO - Other	Kaiser Only	Kaiser Only	Kaiser Only
<i>All Preventive Services As Required by Federal Law</i>	* 100% / Not Cov.	* 100% / 70% / 60%	* 100% / Not Cov.	* 100% / Not Cov.	* 100% / Not Cov.
ANNUAL DEDUCTIBLE					
Per Person	\$1,000	\$1,000 / \$2,000 / \$3,000	\$1,500	\$3,000	\$4,000
Per Family	\$3,000	\$3,000 / \$6,000 / \$9,000	\$4,500	\$9,000	\$8,000
OUT OF POCKET MAXIMUM					
Per Person	\$4,000	\$4,000 / \$6,000 / \$7,500	\$5,000	\$6,850	\$6,550
Per Family	\$12,000	\$8,000 / \$12,000 / \$15,000	\$10,000	\$13,700	\$13,100
HOSPITAL CARE					
Inpatient Care	80%	80% / 70% / 60%	80%	80%	80%
Emergency Room Hospital	80%	\$200 CP	80%	80%	80%
PHYSICIAN CARE					
Office Visit	* \$25 CP	* \$25 CP / * \$35 CP / 60%	* \$25 CP	* \$30 CP	80%
Specialist	* \$35 CP	* \$35 CP / * \$45 CP / 60%	* \$35 CP	* \$40 CP	80%
LAB, X-RAY					
	* \$25 CP	* \$25 CP / * \$35 CP / 60%	* \$25 CP	* \$30 CP	80%
HIGH TECH IMAGING					
	* \$100 CP	* \$100 CP / * 70% CP / 60%	* \$100 CP	* \$100 CP	80%
AMBULANCE SERVICES					
	80%	80% (After Ded.)	80%	80%	80%
DURABLE MEDICAL EQUIP.					
	80%	80% / 70% / 60%	80%	80%	80%
MENTAL HEALTH & CHEMICAL DEPENDENCY					
Outpatient Provider Visit	* \$25 CP	* \$25 CP / * \$35 CP / 60%	* \$25 CP	* \$30 CP	80%
Inpatient & Residential Care	80%	80% / 70% / 60%	80%	80%	80%
ALTERNATIVE PROVIDERS	* \$20 CP \$1,500 Annual Max.	* \$20 CP \$1,500 Annual Max.	* \$20 CP \$1,500 Annual Max.	N/C	N/A
VISION					
Exam	* \$25 CP	* \$25 CP	* \$25 CP	* \$30 CP	80%
Lenses & Frames	\$150 Allowance	\$150 Allowance	\$150 Allowance	\$150 Allowance	\$150 Allowance
PRESCRIPTION DRUGS					
	Kaiser / Med Impact				
Generic	* \$20 CP	* \$20 CP / * \$25 CP	* \$20 CP	* \$20 CP	\$15 CP
Formulary Brand Name	* \$40 CP	* \$40 CP / * \$50 CP	* \$40 CP	* \$40 CP	\$30 CP
Non Formulary Brand Name	* \$60 CP	* \$60 CP / * \$70 CP	N/A	N/A	(after deductible)
NETWORK	Kaiser/Portland Clinic	Kaiser/Prtd Clinic, First Choice	Kaiser/Portland Clinic	Kaiser/Portland Clinic	Kaiser/Portland Clinic

Medical premiums shown include a \$3.25 per employee administrative charge, \$1.50 of which goes to the MBA.

MONTHLY PREMIUMS	GOLD	GOLD PPO	SILVER	BRONZE	BRONZE H.S.A.
Employee	\$660.24	\$687.22	\$557.76	\$506.88	\$344.44
Employee/Spouse	\$1,317.22	\$1,371.19	\$1,112.27	\$1,010.50	\$685.62
Employee/Child(ren)	\$1,304.08	\$1,357.51	\$1,101.18	\$1,000.43	\$678.80
Employee/Family	\$1,974.21	\$2,055.16	\$1,666.78	\$1,514.13	\$1,026.81



Multnomah Bar Association Medical Benefits (Providence)



Rates Effective: 4/1/16 - 3/31/17

CP Means Copay / Benefits Shown Below With An * Means The Deductible Does Not Apply

Providence Uses Their Own PPO Network Of Providers. Go To: www.providence.org/healthplans To Look Up Providers

To View Detailed Summaires of Each Plan Go To: www.aktadvisors.com/mba. Questions - Call 503-716-9328 or 503-716-9329

www.aktadvisors.com/mba	GOLD	GOLD CONNECT	SILVER	BRONZE H.S.A.
	PPO - NON	PPO - NON	PPO - NON	PPO - NON
PREVENTIVE & WELLNESS	* 100% / * 50%	* 100% / 50%	* 100% / * 50%	* 100% / 50%
ANNUAL DEDUCTIBLE				
Per Person	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$6,550 / \$13,100
Per Family	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$13,100 / \$26,200
OUT-OF-POCKET MAXIMUM				
Per Person	\$6,850 / \$13,700	\$6,850 / \$13,700	\$6,850 / \$13,700	\$6,550 / \$13,100
Per Family	\$13,700 / \$27,400	\$13,700 / \$27,400	\$13,700 / \$27,400	\$13,100 / \$26,200
HOSPITAL CARE				After Deductible
Inpatient Care	80% / 50%	80% / 50%	70% / 50%	100% - 100%
Emergency Room Hospital	\$250 CP (after ded)	80%	\$250 CP (after ded)	100% - 100%
Urgent Care	* \$35 CP / 50%	* \$50 CP / 50%	* \$35 CP / 50%	
PHYSICIAN CARE				After Deductible
Office Visit	* \$25 CP / * 50%	* \$25 CP / 50%	* \$25 CP / * 50%	100% - 100%
Specialist	* \$35 CP / 50%	* \$50 CP / 50%	* \$35 CP / * 50%	100% - 100%
Naturopath Office Visit	* \$25 CP / * 50%	* \$25 CP / 50%	* \$25 CP / * 50%	100% - 100%
LAB, X-RAY	80% / 50% \$500 Benefit 100%	* 80% / 50%	70% / 50% \$500 Benefit 100%	100% - 100%
HIGH TECH IMAGING	80% / 50%	80% / 50%	70% / 50%	100% - 100%
AMBULANCE SERVICES	80%	80%	70%	100% - 100%
DURABLE MEDICAL EQUIPMENT	80% / 50%	80% / 50%	70% / 50%	100% - 100%
MENTAL HEALTH & CHEMICAL DEPENDENCY				After Deductible
Outpatient Provider Visit	* \$25 CP / * 50%	* \$25 CP / * 50%	* \$25 CP / * 50%	100% - 100%
Inpatient & Residential Care	80% / 50%	80% / 50%	70% / 50%	100% - 100%
ACCUPUNCTURE	* \$25 CP / N/A	\$25 CP / N/A	* \$25 CP / N/A	\$25 CP / N/A
SPINAL MANIPULATION	\$25 CP / N/A \$1,000 Annual Max.	\$25 CP / N/A \$1,000 Annual Max.	\$25 CP / N/A \$1,000 Annual Max.	\$25 CP / N/A \$1,000 Annual Max. (After Ded.)
PRESCRIPTION DRUGS				
Safe Harbor Drugs (H.S.A. Only)	N/A	N/A	N/A	50% Benefit No Ded.
Preventive Drugs	* \$0 CP	* \$0 CP	* \$0 CP	100% Benefit
Preferred Generic	* \$15 CP	* \$15 CP	* \$15 CP	100% Benefit
Generic	* \$20 CP	* \$20 CP	* \$20 CP	100% Benefit
Formulary Brand Name	* \$45 CP	* \$45 CP	* \$45 CP	100% Benefit
Non Formulary Brand Name	* 50% CP	* 50% CP	* 50% CP	100% Benefit
Must Use Network Pharmacies				After Deductible
PPO NETWORK	Providence Signature	Providence Signature	Providence Signature	Providence Signature
MONTHLY PREMIUMS				
	GOLD	GOLD CONNECT	SILVER	BRONZE H.S.A.
Employee	\$769.09	\$563.40	\$597.52	\$525.26
Employee/Spouse	\$1,617.67	\$1,184.04	\$1,255.98	\$1,103.66
Employee/Child(ren)	\$1,496.71	\$1,095.57	\$1,162.12	\$1,021.21
Employee/Family	\$2,309.54	\$1,690.07	\$1,792.84	\$1,575.23



Multnomah Bar Association Dental & Vision Benefits

Dental & Vision Benefits



Rates Effective: 4/1/2016 - 3/31/2017

Any dental plan may be added to any medical plan.

A vision benefit is included with the Kaiser medical plan.

MODA dental includes VSP coverage.

Willamette dental can be purchased with or without VSP.

March open enrollment is the only time a person can enroll in or terminate dental and vision coverage.

To View Detailed Summaires of Each Plan Go To: www.aktadvisors.com/mba. Questions - Call 503-716-9328 or 503-716-9329

DENTAL PLAN	MODA DENTAL	WILLAMETTE DENTAL	KAISER DENTAL
Calendar Year Deductible	\$50 Per Person	\$0	\$0
Max Calendar Year Benefit	\$2,000 Per Person	No Annual Maximum	No Annual Maximum
(Ded Waived for Preventive)	PPO - NON	\$10 Copay	\$10 Copay
Preventive Treatment	100% - 80%	100%	100%
Restorative	80% - 80%	100%	100%
Oral Surgery	80% - 80%	\$80 Copay	100%
Root Canal	80% - 80%	\$85 - \$140 Copay	50%
Crowns	50% - 50%	\$250 Copay	50%
Orthodontia (Adults and Children)	50% - 50%	\$1,500 Copay	50%
ACA Pediatric Dental Benefit	Covered	Not Covered	Not Covered
Lifetime Max Ortho Benefit	\$2,000	None	\$2,000

Vision Service Plan (VSP) Can Be Added To Either MODA or Willamette Dental		
Copay	VSP Provider	Non VSP
Exams 1/12 mos.	\$25 per person	\$25 per person
Lenses 1/12 mos	No Charge **	Up to \$50 Benefit
Frames 1/12 mos	No Charge **	Up to \$70 Benefit
Contacts	Standard Allowance	Up to \$105 Benefit
Contacts if Required	No Charge **	Up to \$210 Benefit

Monthly Premiums	MODA DENTAL & VSP	WILLAMETTE VSP	WILLAMETTE DENTAL ONLY	KAISER DENTAL ONLY
Employee	\$66.09	\$58.85	\$51.35	\$62.66
Employee/Spouse	\$117.73	\$102.22	\$91.65	\$125.33
Employee/Child(ren)	\$147.49	\$125.86	\$114.95	\$124.08
Employee/Family	\$192.89	\$167.72	\$150.15	\$187.99

Questions - Call AKT Benefit Advisors at 503-716-9328 or 503-716-9329