Multnomah Bar Association Medical Benefits

Aldrich

Providence

Rates Effective: 4/1/2020 - 3/31/2021

mba Multnomah Bar Association

CP means Copay / Benefits shown below with an * means the deductible does not apply.

Providence uses the Signature PPO Network of Providers. Go to: www.providence.org/healthplans to look up Providers.

This summary is for comparison purposes only. To view detailed summaries of each plan go to: www.aldrichadvisors.com/mba.

www.aldrichadvisors.com/mba	GOLD	GOLD CONNECT	SILVER	H.S.A. 3500	H.S.A. 6650
	PPO - NON	PPO - NON	PPO - NON	PPO - NON	PPO - NON
All Preventive Services As Required by Federal Law	* 100% / * 60%	* 100% / 50%	* 100% / * 50%	* 100% / 50%	* 100% / 50%
ANNUAL DEDUCTIBLE					
Per Person	$1,000 / $2,000	$1,500 / $3,000	$2,500 / $5,000	$3,500 / $7,000	$6,650 / $13,300
Per Family	$3,000 / $6,000	$3,000 / $6,000	$7,500 / $15,000	$7,000 / $14,000	$13,300 / $26,600
OUT-OF-POCKET MAXIMUM					
Per Person	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$6,750 / $13,500	$6,650 / $13,300
Per Family	$14,700 / $29,400	$14,700 / $29,400	$14,700 / $29,400	$13,500 / $27,000	$13,300 / $26,600
HOSPITAL CARE				After Deductible	After Deductible
Inpatient Care	80% / 60%	80% / 50%	70% / 50%	50% - 50%	100% - 100%
Emergency Room Hospital	$250 CP (after ded)	$250 CP (after ded)	$250 CP (after ded)	50% - 50%	100% - 100%
Urgent Care	* $45 CP / 60%	* $70 CP / 50%	* $45 CP / 50%		
PHYSICIAN CARE				After Deductible	After Deductible
Office Visit	* $35 CP / * 60%	* $35 CP / * 50%	* $35 CP / * 50%	50% - 50%	100% - 100%
Specialist	* $45 CP / 60%	* $70 CP / 50%	* $45 CP / * 50%	50% - 50%	100% - 100%
Physical Therapy	* 80% / 60%	* 80% / 50%	* 70% / 50%	50% - 50%	100% - 100%
LAB, X-RAY	80% / 60% $500 Benefit 100%	* 80% / 50%	70% / 50% $500 Benefit 100%	50% - 50%	100% - 100%
HIGH TECH IMAGING	80% / 60%	80% / 50%	70% / 50%	50% - 50%	100% - 100%
AMBULANCE SERVICES	80%	80%	70%	50% - 50%	100% - 100%
DURABLE MEDICAL EQUIPMENT	80% / 60%	80% / 50%	70% / 50%	50% - 50% 50% - 50%	100% - 100% 100% - 100%
MENTAL HEALTH & CHEMICAL DEPENDENCY				After Deductible	After Deductible
Outpatient Provider Visit	* $35 CP / * 60%	* $35 CP / 50%	* $35 CP / * 50%	50% - 50%	100% - 100%
Inpatient & Residential Care	80% / 60%	80% / 50%	70% / 50%	50% - 50%	100% - 100%
ACCUPUNCTURE	* $25 CP / N/A	* $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.)	$25 CP / N/A $1,000 Annual Max. (After Ded.)
PRESCRIPTION DRUGS					
ACA Preventive (H.S.A. Only)	N/A	N/A	N/A	* 100% Benefit	* 100% Benefit
Preferred Generic	* $10 CP	* $10 CP	* $10 CP	50% Benefit	100% Benefit
Generic	* $15 CP	* $15 CP	* $15 CP	50% Benefit	100% Benefit
Formulary Brand Name	* $45 CP	* $45 CP	* $45 CP	50% Benefit	100% Benefit
Non Formulary Brand Name	* $75 CP	* $75 CP	* $75 CP	50% Benefit	100% Benefit
Specialty	* 50%	* 50%	* 50%	50% Benefit	100% Benefit
$200 Maximum out of pocket per specialty prescription. (H.S.A. 3500, deductible must be met first)					After Deductible
PPO NETWORK	Signature PPO Extend PPO	Connect PPO	Signature PPO Extend PPO	Signature PPO	Signature PPO

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

Each Group is Rated Separtely Based on Demographics of the Group

To obtain a quote go to www.aldrichadvisors.com/mba. Download and complete the emplyee census form and email to:

sdoty@aldrichadvisors.com mberry@aldrichadvisors.com

Multnomah Bar Association Medical Benefits

Aldrich

Providence Extended PPO Network

Rates Effective: 4/1/2020 - 3/31/2021

mba Multnomah Bar Association

CP means Copay / Benefits shown below with an * means the deductible does not apply.

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www.aldrichadvisors.com/mba	GOLD		SILVER		
	PPO - NON		PPO - NON		
All Preventive Services As Required by Federal Law	*** 100% / * 60%**		*** 100% / * 50%**		
ANNUAL DEDUCTIBLE					
Per Person	**$1,000 / $2,000**		**$2,500 / $5,000**		
Per Family	**$3,000 / $6,000**		**$7,500 / $15,000**		
OUT-OF-POCKET MAXIMUM					
Per Person	**$7,350 / $14,700**		**$7,350 / $14,700**		
Per Family	**$14,700 / $29,400**		**$14,700 / $29,400**		
HOSPITAL CARE					
Inpatient Care	**80% / 60%**		**70% / 50%**		
Emergency Room Hospital	**$250 CP (after ded)**		**$250 CP (after ded)**		
Urgent Care	*** $45 CP / 60%**		*** $45 CP / 50%**		
PHYSICIAN CARE					
Office Visit	*** $35 CP / * 60%**		*** $35 CP / * 50%**		
Specialist	*** $45 CP / 60%**		*** $45 CP / * 50%**		
Physical Therapy	*** 80% / 60%**		*** 70% / 50%**		
LAB, X-RAY	**80% / 60%** **$500 Benefit 100%**		**70% / 50%** **$500 Benefit 100%**		
HIGH TECH IMAGING	**80% / 60%**		**70% / 50%**		
AMBULANCE SERVICES	**80%**		**70%**		
DURABLE MEDICAL EQUIPMENT	**80% / 60%**		**70% / 50%**		
MENTAL HEALTH & CHEMICAL DEPENDENCY					
Outpatient Provider Visit	*** $35 CP / * 60%**		*** $35 CP / * 50%**		
Inpatient & Residential Care	**80% / 60%**		**70% / 50%**		
ACCUPUNCTURE	*** $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.		
PRESCRIPTION DRUGS					
ACA Preventive (H.S.A. Only)	**N/A**		**N/A**		
Preferred Generic	*** $10 CP**		*** $10 CP**		
Generic	*** $15 CP**		*** $15 CP**		
Formulary Brand Name	*** $45 CP**		*** $45 CP**		
Non Formulary Brand Name	*** $75 CP**		*** $75 CP**		
Specialty	*** 50%**		*** 50%**		
$200 Maximum out of pocket per specialty prescription. (H.S.A. 3500, deductible must be met first)					
PPO NETWORK	**Extend PPO**		**Extend PPO**		

Each Group is Rated Separtely Based on Demographics of the Group

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sdoty@aldrichadvisors.com mberry@aldrichadvisors.com

Multnomah Bar Association Medical Benefits

Aldrich

KAISER

Rates Effective: 4/1/2020 - 3/31/2021

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 - Deductble, Copays and Coinsurance All Apply.

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www.aldrichadvisors.com/mba	GOLD	GOLD PPO	SILVER	BRONZE	BRONZE H.S.A.
PREVENTIVE & WELLNESS	Kaiser Only	Kaiser - PPO - Other	Kaiser Only	Kaiser Only	Kaiser Only
All Preventive Services As Required by Federal Law	* 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	$5,000
Per Family	$3,000	$3,000 / $6,000 / $9,000	$4,500	$9,000	$10,000
OUT OF POCKET MAXIMUM					
Per Person	$4,000	$4,000 / $6,000 / $7,500	$5,350	$7,350	$6,750
Per Family	$12,000	$8,000 / $12,000 / $15,000	$10,700	$14,700	$13,500
HOSPITAL CARE					
Inpatient Care	80%	80% / 70% / 60%	80%	80%	50%
Emergency Room Hospital	80%	$200 CP	80%	80%	50%
PHYSICIAN CARE					
Office Visit	* $25 CP	* $25 CP / * $35 CP / 60%	* $25 CP	* $30 CP	50%
Specialist	* $35 CP	* $35 CP / * $45 CP / 60%	* $35 CP	* $40 CP	50%
Physical Therapy	* $35 CP	* $35 CP / 70% CP / 60%	* $35 CP	* $40 CP	50%
LAB, X-RAY	* $25 CP	* $25 CP / * $35 CP / 60%	* $25 CP	* $30 CP	50%
HIGH TECH IMAGING	* $100 CP	* $100 CP / 70% / 60%	* $100 CP	* $100 CP	50%
AMBULANCE SERVICES	80%	80% (After Ded.)	80%	80%	50%
DURABLE MEDICAL EQUIP.	80%	80% / 70% / 60%	80%	80%	50%
MENTAL HEALTH & CHEMICAL DEPENDENCY					
Outpatient Provider Visit	* $25 CP	* $25 CP / * $35 CP / 60%	* $25 CP	* $30 CP	50%
Inpatient & Residential Care	80%	80% / 70% / 60%	80%	80%	50%
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 / * $35 CP / 60%	* $25 CP	* $30 CP	50%
Lenses & Frames	$150 Allowance	$150 Allowance	$150 Allowance	$150 Allowance	$150 Allowance
PRESCRIPTION DRUGS		Kaiser / Med Impact			(after deductible)
Generic	* $20 CP	* $15 CP / * $20 CP	* $20 CP	* $20 CP	$15 CP
Formulary Brand Name	* $40 CP	* $30 CP / * $40 CP	* $40 CP	* $40 CP	$30 CP
Non Formulary Brand Name	* $60 CP	* $50 CP / * 60 CP	* $60 CP	* $60 CP	$50 CP
NETWORK	Kaiser/Portland Clinic	Kaiser/Prtld 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.

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Multnomah Bar Association Dental & Vision Benefits

Aldrich

Dental & Vision Benefits

Rates Effective: 4/1/2020 - 3/31/2021

Any dental plan may be added to any medical plan.

A vision benefit is included with the Kaiser medical plan.

MODA dental and Willamette Dental can be purchased with or without VSP coverage.

VSP cannot be purchased alone, but can be added to either MODA or Willamette Dental

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

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DENTAL PLAN	MODA DENTAL	WILLAMETTE DENTAL	KAISER DENTAL
Calendar Year Deductible	$50 Per Person	No Deductible	No Deductible
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% ($2,000 Max)	$1,500 Copay	50%
Implants	50% - 50% ($2,000/Yr Max.)	$1,500 Annual Benefit	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	Up to $60 **	Up to $210 Benefit

**** Frame allowance $150-$170. Lens allowance is for Single Vision and Standard Progressive lens. $130 allowance for Contacts**

Monthly Premiums	MODA DENTAL	WILLAMETTE DENTAL	VSP VISION SERVICE PLAN	KAISER DENTAL ONLY
Employee	$63.13	$54.59	$7.53	$65.89
Employee/Spouse	$113.15	$94.90	$10.60	$128.54
Employee/Child(ren)	$142.84	$118.20	$10.94	$127.29
Emplyoee/Family	$182.43	$153.40	$17.62	$191.18

Questions - Call Aldrich Advisors at 503-716-9328