

JRT Mechanical – Group 020509

Mid Plans (with Principal): 020509BC (Regence States) and 020509BD (Non-Regence States)
Mid Plans (with Willamette): 020509BE (Regence States) and 020509BF (Non-Regence States)

Grandfather Status: Non-Grandfathered

Revised 2/21/2023 (Renewal Benefit Changes Effective 4/1/2023)
 Revised 4/11/2023 (Changes to COVID Testing and Vaccines Effective 5/12/2023)
 Revised 5/17/2023 (Changes to PPO Network Effective 7/1/2023)

Medical Benefits	Client Network C Suffix <small>Vital Care Health First Urgent Care</small>	Preferred P Suffix	Participating N Suffix	Out of Network M Suffix	COMMENTS
					Note: Unless otherwise stated, all out of network benefits are based on Medicare Reference Based Pricing
PPO Network	Not Applicable	HMA Preferred PHCS	HMA Preferred	Not Applicable	Type of Plan: PPO Client Network (Vital Care) TIN: 85-3561004 Claims are allowed at billed charges. Effective 7/1/2023: Client Network (Health First) TIN: 84-3571349 Claims are allowed at Regence Rates.
Pre-authorization Penalty	See Comments	See Comments	See Comments	See Comments	All inpatient admissions (excluding obstetrical) and outpatient surgeries must be pre-authorized through HMA's UR at least 5 days prior to an elective admission or surgery. Failure to preauthorize inpatient admissions or outpatient surgeries will result in a \$300 penalty (applied to the facility charges). Emergency hospitalizations are recommended to be certified within 48 hours of admission, but failure to do so will not result in a penalty.
Out of Network Pricing	Not Applicable	Not Applicable	Not Applicable	Plus	Professional claims are priced at 150% of Medicare. Facility claims are priced at 175% of Medicare. Emergency claims are priced at 250% of Medicare.
Deductible	\$2,000 – Individual \$4,000 – Family	\$2,000 – Individual \$4,000 – Family	\$2,000 – Individual \$4,000 – Family	\$4,000 – Individual \$8,000 – Family	Client Network, PPO, and PAR are combined, and accumulate as a single amount. Out of network is tracked separately.
Deductible Carry-over	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
Common Accident Provision	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

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Out-of-Pocket Maximum	\$4,000 – Individual \$8,000 – Family	\$4,000 – Individual \$8,000 – Family	\$4,000 – Individual \$8,000 – Family	\$8,000 – Individual \$16,000 – Family	Includes: Deductible, copays, and coinsurance, unless stated below. Excludes: Penalties and ineligible charges. Client Network, PPO, and PAR and PAR are combined, and accumulate as a single amount. Out of network is tracked separately. The medical out of pocket maximum is integrated with pharmacy and vision. It is not integrated with any other benefits.
Coordination of Benefits	Standard	Standard	Standard	Standard	
Short Term Disability	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
Medical Bill Audit Incentive	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
ABA Therapy	Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	Out of network is subject to the Client Network/PPO/PAR out of pocket maximum.
Abortion (Voluntary)	See Comments	See Comments	See Comments	See Comments	Not covered, unless the life of the mother is endangered by the continued pregnancy, or the pregnancy is the result of rape or incest.
Acupuncture	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	
Air Ambulance	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 70%	Out of network is subject to the Client Network/PPO/PAR deductible and out of pocket maximum.
Allergy Injections	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Allergy Testing	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Alternative Medicine	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	Limited to a 20 visit calendar year maximum. Includes: Acupuncture, Chiropractic, and Massage Therapy.

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Ambulance	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 70%	Out of network is subject to the Client Network/PPO/PAR deductible and out of pocket maximum.
Ambulatory Surgical Centers	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Anesthesia	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Out of network anesthesiologists are paid at the PPO level if the surgeon and facility are PPO.
Assistant Surgeon	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Out of network assistant surgeons are paid at the PPO level if the surgeon and facility are PPO.
Biofeedback	Not Covered	Not Covered	Not Covered	Not Covered	
Breast Pumps	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to one every 36 months.
Cabulance	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 70%	Preauthorization is required. Out of network is subject to the Client Network/PPO/PAR deductible and out of pocket maximum.
Chemical Dependency – Inpatient	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required. Residential treatment is covered.
Chemical Dependency – Outpatient	Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	Paid at 50%	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Chemotherapy	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required.
Chiropractic	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	
Cologuard – Medical	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Out of network services are allowed at billed charges (RBP will not apply).
Cologuard – Preventive	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Out of network services are allowed at billed charges (RBP will not apply).
Contraceptive Services	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Includes: Consultations, implants, injectables, IUDs, oral contraceptives, emergency contraceptives, transdermal contraceptives, diaphragms, insertion of implants and devices, and removal of implants and devices. Excludes: Nothing specifically listed.

Medical Benefits	Client Network C Suffix	Preferred P Suffix	Participating N Suffix	Out of Network M Suffix	COMMENTS
					Note: Unless otherwise stated, all out of network benefits are based on Medicare Reference Based Pricing
COVID-19 Testing	See Laboratory Benefit	See Laboratory Benefit	See Laboratory Benefit	See Laboratory Benefit	Asymptomatic testing (e.g. return to work, back to school, travel reasons) is not covered. Prior to 5/12/2023, asymptomatic testing (e.g. return to work, back to school, travel reasons) was covered. Prior to 5/12/2023, out of network services were allowed at billed charges (RBP will not apply).
COVID-19 Testing – OTC	See Laboratory Benefit	See Laboratory Benefit	See Laboratory Benefit	See Laboratory Benefit	Prior to 5/12/2023, at-home tests were only covered under the PBM. Benefits were not payable under Medical for at-home tests.
COVID-19 Vaccine	See Immunization Benefit	See Immunization Benefit	See Immunization Benefit	See Immunization Benefit	Prior to 5/12/2023, out of network services were allowed at billed charges (RBP will not apply).
CT Scans	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Dental Accident	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Eligible under medical if a direct result of an accidental injury to natural teeth.
Diabetic Education	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Limited to a 3 visit calendar year maximum.
Diabetic Equipment, Supplies, and Self-Management Training	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Diagnostic Testing	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 50%	
Dietary Education	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Limited to a 3 visit calendar year maximum.
Doctor's Inpatient Hospital Visit	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Doctor's Office Prescriptions	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Doctor's Office Supply	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Doctor's Office Surgery	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Doctor's Office Visit – PCP	Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	Paid at 50%	PCPs include: General Practice, OB/GYN, Internal Medicine, Pediatrics, Family Practice, Naturopathy, Nurse Practitioner, Nurse Midwife, Doctor of Osteopathic Medicine, and Physician's Assistants.

Medical Benefits	Client Network C Suffix	Preferred P Suffix	Participating N Suffix	Out of Network M Suffix	COMMENTS Note: Unless otherwise stated, all out of network benefits are based on Medicare Reference Based Pricing
Doctor's Office Visit – Specialist	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	
Donor Benefit	Paid at 70%	Paid at 70%	Paid at 70%	Not Covered	For bone marrow typing and searching, see Transplant benefit.
DOT Exams	Not Covered	Not Covered	Not Covered	Not Covered	
Durable Medical Equipment	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required for DME that exceeds \$2,000.
Emergency Room	\$250 copay, Paid at 100%, deductible waived	\$250 copay, Paid at 100%, deductible waived	\$250 copay, Paid at 100%, deductible waived	\$250 copay, Paid at 100%, deductible waived	Copay waived if admitted. Out of network is subject to the Client Network/PPO/PAR out of pocket maximum.
Fertility Preservation	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to a \$10,000 lifetime maximum. Covered only if deemed necessary due to chemotherapy or other medically necessary treatment.
Flu Shots	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	
Gender Reassignment	Not Covered	Not Covered	Not Covered	Not Covered	
Gene Therapy	Paid at 70%	Paid at 70%	Paid at 70%	Not Covered	Preauthorization is required.
Gene Therapy Expenses (Travel, Meals, Lodging)	Not Covered	Not Covered	Not Covered	Not Covered	
Genetic Testing	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 50%	Preauthorization is required.
Gynecological/ Pap Smear Office Visit	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	
Hearing Aids	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to one pair every 36 months.
Hearing Exams	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	
Home Health Care Nursing Visits and Miscellaneous Services	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to a 60 visit calendar year maximum. Preauthorization is required.

Medical Benefits	Client Network C Suffix	Preferred P Suffix	Participating N Suffix	Out of Network M Suffix	COMMENTS
					Note: Unless otherwise stated, all out of network benefits are based on Medicare Reference Based Pricing
Hospice Bereavement	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Hospice Care	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required.
Hospital Outpatient Miscellaneous	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Hospital Room and Board	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Hospital Take Home Prescriptions	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
ICU	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Travel immunizations are not covered.
Infertility	Not Covered	Not Covered	Not Covered	Not Covered	
Infusion Therapy	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required.
Injections	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required for specialty pharmacy drugs.
Inpatient Miscellaneous	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Kidney Dialysis	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required. Not eligible for balance billing support.
Laboratory	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 50%	
Massage Therapy	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	See Alternative Medicine Benefit	
Maternity for Dependent Children	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
Mental/Nervous – Inpatient	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required. Residential treatment is covered.
Mental/Nervous – Outpatient	Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	\$20 copay, Paid at 100%, deductible waived	Paid at 50%	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
MRI	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	

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Naturopathic Services	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
Neurodevelopmental Therapy	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	No age limit.
Newborn Hospital Room & Board	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Obesity	See Comments	See Comments	See Comments	See Comments	Surgical treatment is not covered. Non-surgical treatment (office visits and laboratory) is covered under the applicable benefit.
Orthotics	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Pap Smear Lab Test	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	
PET Scans	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Preadmission Testing	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Preventive Mammograms	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	
Preventive/Wellness Services All Ages	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	
Private Duty Nursing	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to a 60 hour calendar year maximum.
Prosthetics	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required for prosthetics that exceed \$2,000.
Radiation Therapy	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Preauthorization is required.
Rehabilitation – Inpatient	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to a 30 day calendar year maximum. Preauthorization is required.
Rehabilitation – Outpatient	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	Limited to a 30 visit calendar year maximum. Swim therapy is covered.
Rehabilitation – Outpatient Autism	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	Limited to a 30 visit calendar year maximum.

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Second Surgical Opinion	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Paid at 50%	
Skilled Nursing Facility	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	Limited to a 60 day calendar year maximum. Preauthorization is required.
Smoking Cessation	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Limited to an 8 visit calendar year maximum.
Sports/School Physicals	Not Covered	Not Covered	Not Covered	Not Covered	
Sterilization (Elective) – Females	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Employee and spouse only. Reversal is not covered.
Sterilization (Elective) – Males	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 50%	Employee and spouse only. Reversal is not covered.
Supplemental Accident	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
Supplies (Outpatient Misc. Medical)	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Surgeon's Fee – Inpatient	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Surgeon's Fee – Outpatient	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Telehealth	See Comments	See Comments	See Comments	See Comments	Services must be provided by MDLive to be eligible for coverage. Medical services are covered. Behavioral health services are covered. Telederm services are not covered. Covered services are subject to a \$0 copay. The deductible is waived.
Telemedicine	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
TMJ	Paid at 70%	Paid at 70%	Paid at 70%	Paid at 50%	
Transplant	Paid at 70%	Paid at 70%	Paid at 70%	Not Covered	Preauthorization is required.
Transplant Expenses (Travel, Meals, Lodging)	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to a \$10,000 lifetime maximum. Limited to a \$200 maximum per day.

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Transplant – Private Duty Nursing	See Private Duty Nursing Benefit	See Private Duty Nursing Benefit	See Private Duty Nursing Benefit	See Private Duty Nursing Benefit	
Travel/Transportation	Not Covered	Not Covered	Not Covered	Not Covered	
Urgent Care Facility	Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	\$40 copay, Paid at 100%, deductible waived	Out of network is subject to the Client Network/PPO/PAR out of pocket maximum.
Wigs	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to a \$500 lifetime maximum, following chemotherapy or radiation therapy.
X-rays	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 70%, deductible waived	Paid at 50%	

VISION		Benefits Administered by VSP
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DENTAL		Benefits Administered by Principal or Willamette
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