

2025 MARION COUNTY MCLEA/FOPPO IN-NETWORK HEALTH PLANS COMPARISON

Marion County Law Enforcement Association (MCLEA) and Federation of Oregon Parole and Probation Officers (FOPPO)

Please note: This is a summary of benefits only. For a complete description of benefits refer to the carrier's benefit summary located on the Marion County website at <https://www.co.marion.or.us/HR/Benefits/Pages/default.aspx>. Claims will be paid according to the carrier contact.

Medical Services	PacificSource Traditional PPO	Kaiser HMO
Annual Deductible	\$100/person, \$300/family	None
Annual out-of-pocket Maximum	\$800/person, \$4,000/family	\$600/person, \$1,200/family
Medical Services	After Deductible is met EMPLOYEE PAYS (deductible waived for services with *)	EMPLOYEE PAYS
Office Visits and Mental Health Visits	First 3 visits 0% co-pay*, then 20% after deductible	\$5
Preventive Care	\$0*	\$0
Specialist Office and Home Visits	20%	\$5
Telehealth	First 3 visits 0% co-pay*, then 20% after deductible	\$0
Naturopathic Office Visit	20%	\$5
Diagnostic Lab & X-Ray	20%	\$0
High-Cost Imaging (CT/PET/MRI/scans)	20%	\$0
Outpatient Surgery	Hospital 20% Surgery Center 10%	\$5
Hospital Inpatient Room & Board	\$100 co-pay per admission, plus 20%	\$0
Inpatient Surgery	20%	\$0
Maternity Care Delivery covered as hospitalization services above	Office Visits: 20% Hospital: \$100 co-pay per admission, plus 20%	Office Visits: \$0 Hospital: \$0
Emergency Room Facility & Urgent Care Visits	ER: \$100 co-pay then 20%* (waived if admitted) Urgent care: 20%*	ER: \$5 (waived if admitted) Urgent Care: \$10
Ambulance (Emergency Transport)	20%	\$0
Alternative Care	20%* Chiropractic- 20 visits annually, Acupuncture- 12 visits annually	Coverage Not Available
Physical, Speech, & Occupational Therapy	20% Up to 30 visits combined therapies per year	\$5 Up to 20 visits per therapy per year
Mental Health/Chemical Dependency	Inpatient/Residential: \$100 co-pay per admit plus 20% Outpatient Services: First 3 visits 0% co-pay*, then 20% after deductible	Inpatient Hospital & Residential Services: \$0 Outpatient Services: \$5 per visit
Durable Medical Equipment	20%	20%
Prescriptions	In Network Pharmacy: Drugs on Preventative & Incentive Drug List \$0* See list: https://pacificsource.com/drug-list/ Tier 1 ^, 2, and 3 Drugs: 25%	\$10 Generics \$20 Name Brand Mail delivery: 90-day supply of maintenance drugs for two co-pays

*Deductible waived-After meeting your deductible you are responsible for the coinsurance. PacificSource: The deductible, co-payments and coinsurance accrue toward the in-network out-of-pocket maximum. Kaiser HMO: All deductible, copayment and coinsurance amounts count toward the maximum out-of-pocket, except Alternative Care, Hearing Aids, and Vision Hardware. ^Tier 1 prescriptions with PacificSource are typically generics. *Kaiser Alternative Care benefit only covers naturopathic office visits subject to the limitations of the plan documents.

**2025 MARION COUNTY MCLEA AND FOPPO
IN-NETWORK VISION AND DENTAL**

Vision Services	PacificSource PPO Plan	Kaiser HMO Plan
The carrier you choose for medical services will be your vision carrier as well	Please visit this website to locate approved providers: https://pacificsource.com/find-a-provider/ .	MUST USE KAISER FACILITIES
Routine eye exam	1 exam every 12 months with PacificSource network provider	\$5
Lenses, frames & contact lenses	\$200 frame/contact lens allowance every 24 months with PacificSource network provider Lenses based on fee schedule	Maximum plan allowance: Adults: \$150 allowance every 2 calendar years toward lenses, frames or contacts. Ages 18 & younger: No charge for one pair of standard frames and lenses or 12-month supply contact lenses every 12 months.

Dental Services	Delta Dental Plan Group	Kaiser Dental Plan
Deductible	None	None
Annual Maximum Paid by Plan	\$1,500	None
Preventive (Class I)	Employee Pays	Employee Pays
Examination & X-Rays; Sealants & Prophylaxis (cleanings)	No charge, when seeking services from a Delta Dental participating provider. Diagnostic & x-ray services every 5 years. Bite-wing x-rays once a year	No charge Cleanings: 2 visits in any 12 consecutive month period
Basic (Class II)	Employee Pays	Employee Pays
Limitations may apply, contact carrier Restorative Dentistry, Simple Extractions, Endodontics (pulpal therapy & root canal filling)	No charge when seeking services from a Delta participating provider. (For posterior composite fillings, you pay cost difference of amalgam and composite)	No charge
Major (Class III)	Employee Pays	Employee Pays
Limitations may apply, contact carrier Cast Restorations, Crowns, Oral Surgery Periodontics (treatment of tissues supporting the teeth) Bridges, Dentures & Partials	50% coinsurance	Crown (Plastic/Acrylic/Steel) \$0 Crown (Gold/Porcelain) \$45 Oral surgery & Periodontics \$0 Bridge Abutments \$45 Dentures \$95 each partial; \$65 full; \$25 reline
Orthodontia	Employee Pays	Employee Pays
	20% (up to \$700 lifetime maximum benefits per eligible member) then employee pays 100%	Not covered

For additional questions regarding Marion County Benefits, e-mail MCEmployeeBenefits@co.marion.or.us or call 503-584-4700

2025 MARION COUNTY HEALTHCARE PREMIUM COSTS

For benefited employees in MCLEA and FOPPO employee groups.
 Marion County pays 95% and MCLEA and FOPPO employees pay 5% of the combined monthly premiums.
 Premiums include coverage for eligible family members.

Choice of Medical & Dental Plans	Combined Monthly Premium	Marion County's Monthly Cost	Employee's Monthly Cost	Employee's Twice-Monthly Deduction
Kaiser HMO & Kaiser Dental	\$1,749.51	\$1,662.03	\$87.48	\$43.74
Kaiser HMO & Delta Dental	\$1,738.18	\$1,651.28	\$86.90	\$43.45
PacificSource PPO & Kaiser Dental	\$2,596.80	\$2,466.96	\$129.84	\$64.92
PacificSource PPO & Delta Dental	\$2,585.47	\$2,456.21	\$129.26	\$64.63

All employee benefit premiums are deducted from the first two paychecks of each month.

In the case of three paychecks during a month, the third paycheck will have no premiums deducted.

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