total rewards

2027 PORT MEDICAL PLANS
COMPARISON OF COVERAGE (EFFECTIVE JANUARY 1, 2027)

Type of Coverage	HMO Plan (Kaiser Permanente)	High Deductible Health Plan (HDHP) (Aetna/AffirmRx)	Deductible Plan (Aetna/AffirmRx)
Providers	You must use Kaiser Permanente Core providers, unless your Kaiser Permanente Core provider refers you outside the network.	You must use an Aetna Choice POS II network provider to receive maximum benefits. It is the member's responsibility to ensure the chosen providers are in this network. *If out-of-network providers are used, coverage will be significantly less, balance billing may occur, and in some cases, services will not be covered.*	You must use an Aetna Choice POS II network provider to receive maximum benefits. It is the member's responsibility to ensure the chosen providers are in this network. *If out-of-network providers are used, coverage will be significantly less, balance billing may occur, and in some cases, services will not be covered.*
Alternative Providers	May self-refer to an acupuncturist for unlimited visits/year. Self-refer to naturopath for up to 3 visits per medical condition per year; additional with approval. Self-refer to nutritionist. Massage therapy requires pre-authorization.	May use acupuncturist with unlimited visits/year. There is also coverage for nutritionist, naturopath, massage therapist that have different benefit levels.	May use acupuncturist with unlimited visits/year. There is also coverage for nutritionist, naturopath, massage therapist that have different benefit levels.
Deductible – paid by member and applies to all expenses unless waived	**In-network:** $250/employee only; $500/employee & family per calendar year. Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	**In-network:** $1,800/employee only; $3,600/employee & family per calendar year. **Out of network:** $2,700/employee only; $5,400/employee & family per calendar year.	**In-network:** $600/person; $1,800 family maximum per calendar year. **Out-of-network:** $750/person; $2,250 family per calendar year.
Copayment – paid by member	$35 copay per outpatient visit, copay applies to deductible. Once deductible is met, $35 co-pay, plus 20% coinsurance.	None, unless specified.	None, unless specified.

Coinsurance – paid by member	20% of allowable charges up to the annual out-of-pocket maximum for in-network services.	20% of allowable charges up to the annual out-of-pocket maximum for in-network services. 40% of allowable charges up to the annual out of pocket maximum for out-of-network services.	20% of allowable charges up to the annual out-of-pocket maximum for in-network services. 40% of allowable charges up to the annual out-of-pocket maximum for out-of-network services.
Out of Pocket Maximum – including deductible, coinsurance and copays, if any. Paid by member**.**	$2,500 per person ($5,000 family) per calendar year.	**In-network:** $4,500/employee only ($9,000 employee & family) per calendar year. **Out-of-network:** $11,250/employee only; $22,500/employee & family per calendar year.	**In-network:** $2,400/person ($7,200/family) per calendar year. **Out-of-network:** $6,000/person; $18,000/family per calendar year.
Prescription Drugs – at participating retail pharmacies	For 30 day supply, $15 copay for generic drugs and $30 copay for preferred brand name drugs.	For 30 to 90 day supply, paid at 80% after deductible is met up to out-of-pocket maximum. **Deductible waived for certain generic preventative medications (see list).**	For 30 day supply, $10 copay for generic, $45 copay for preferred brand name, and $70 copay for non-preferred brand name. **60 to 90 day supply can be purchased with 2x or 3x copay applying**.
Prescription Drugs – 90-day supply by mail order	$30 copay for a 90-day generic supply and $60 copay for 90-day preferred brand name supply.	Paid at 80% after deductible is met up to out-of-pocket maximum.	$20 copay for generic, $90 copay for preferred brand name, and $140 copay for non-preferred brand name.
Preventive Services	Paid at 100% (see Kaiser Permanente website for details)	Paid at 100% in-network. *Some out-of-network not covered.* (see Aetna website for details)	Paid at 100% in-network. *Some out-of-network not covered.* (see Aetna website for details)
Telemedicine	$35 copay per visit plus 20% coinsurance	Deductible waived, paid at 80% coinsurance when Teladoc provider is used.	Deductible waived, paid at 80% coinsurance when Teladoc provider is used.
X-Ray and Lab Charges	Paid at 80%	Paid at 80% in network, 60% out-of-network	Paid at 80% in network, 60% out-of-network
Hospital Services Inpatient Confinement	Paid at 80%	Paid at 80% in network, 60% out of network	Paid at 80% in network, 60% out of network

Hospital Outpatient Surgery	$50 copay, plus 20% coinsurance Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	Paid at 80% in network, 60% out of network	Paid at 80% in network, 60% out of network
Emergency Room	$100 copayment per visit (waived if admitted from emergency room), plus 20% coinsurance. Deductible applies.	Paid at 80% in-network and out-of-network	$75 copay (waived if admitted from the emergency room), plus 20% coinsurance in-network and out-of-network
Mental Health Care	Outpatient: $35 copay per outpatient visit, copay applies to deductible. Once deductible is met, $35 co-pay, plus 20% coinsurance. Inpatient: Paid at 80%.	**Outpatient and Inpatient:** Paid at 80% in-network and out-of-network	**Outpatient and Inpatient:** Paid at 80% in-network and out-of-network.
Chemical Dependency	**Outpatient:** $35 copay per visit, plus 20% coinsurance **Inpatient:** Paid at 80%. Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	**Outpatient and Inpatient:** Paid at 80% in-network and out-of-network	**Outpatient and Inpatient:** Paid at 80% in-network and out-of-network
Rehabilitative Care	**Benefit limits:** 60 outpatient visits and 60 inpatient days per calendar year. **Outpatient:** $35 copay per visit, plus 20% coinsurance. **Inpatient:** Paid at 80%. Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	Physical, occupational, speech and massage therapy. **Benefit limits:** 45 outpatient visits (additional physical and occupational if medical necessity is approved) and 30 inpatient days per calendar year, Cardiac & pulmonary rehabilitation: 36 days. **Outpatient and inpatient:** Paid at 80% in-network, 60% out-of-network	Physical, occupational, speech and massage therapy. **Benefit limits:** 45 outpatient visits (additional physical and occupational if medical necessity is approved) and 30 inpatient days per calendar year, Cardiac & pulmonary rehabilitation: 36 days. **Outpatient and inpatient:** Paid at 80% in-network, 60% out-of-network

Chiropractic Care & Manipulative Therapy	Self-refer to a Kaiser-designated Specialist for up to 12 visits per year. $35 copay per visit, plus 20% coinsurance. Additional visits when approved. Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	15 spinal adjustments per calendar year. Paid at 80% in-network and 60% out-of-network	15 spinal adjustments per calendar year. Paid at 80% in-network and 60% out-of-network
Routine Hearing Exam	$35 copay plus 20% coinsurance. Co-payments apply to the deductible, after the deductible is met, then co-pays and coinsurance apply till Out of Pocket Maximum is met.	1 exam per calendar year. Paid at 80% in-network, 60% out-of-network	1 exam per calendar year. Paid at 80% in-network, 60% out-of-network
Hearing Hardware	One device every 36 months.	In-network and out-of-network: One device every 36 month.	In-network and out-of-network: One device every 36 month.
Hinge Health	N/A	Exercise therapy for back and joint health. Paid at 100% and handled by Aetna partner Hinge Health.	Exercise therapy for back and joint health. Paid at 100% and handled by Aetna partner Hinge Health.