BE WELL
Medical Coverage

Open Enrollment 2025

10/21/2024 – 11/09/2024

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Medical and Prescription Coverage

Regence BlueCross BlueShield of Oregon

Medical and prescription coverage will remain with Regence

There are two plan choices, both with the same monthly premium:

- **TILLAMOOK BLUE PLAN:** Traditional $400 Deductible Medical plan with Copayments for Office Visits, and Prescription Drugs
- **HDHP** (High Deductible Health Plan), which is Health Savings Account eligible
  - Health Savings Accounts will continue to be administrated by HealthEquity

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Vision coverage

moda HEALTH

Vision coverage is included in both the Blue Plan and the HDHP Plan

Beginning 1/1/2025 our vision coverage will change from Regence to Moda, a nationally recognized brand.

There are no changes to vision coverage. Employees enrolled in Regence will automatically be enrolled in the vision plan with Moda – there is no action needed.

Moda insurance cards will be mailed to homes in December.

Moda Vision Plan (Moda/Connexus Network)	
Exams	No charge up to $200 (no deductible)
Hardware	$450 maximum benefit (per calendar year)

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Tillamook Blue Plan

Regence BlueCross BlueShield of Oregon

TILLAMOOK BLUE PLAN FEATURES	PREFERRED PROVIDERS	OUT OF NETWORK
Lifetime Maximum Benefit	Unlimited	
Calendar Year Deductible	$400 Individual/$1,200 Family	
Medical Out of Pocket Maximum (Includes Deductible)	$3,500 Individual/$10,500 Family	
Physicians Services		
Preventive Care	$0 (no deductible)	40%
Office Visits/Specialists Visits	$25/$35 (no deductible)	40%
Outpatient Mental Health	$0 (no deductible)	40%
Virtual Visits including Mental Health	$0 (no deductible)	40%
MDLIVE - Telehealth and Mental Health	$0 (no deductible)	
(NEW) Hinge Health - Virtual PT	$0 (no deductible)	
Lab/X-Ray	0% (no deductible) for the first $600, 20% thereafter	0% (no deductible) for the first $600, 40% thereafter
Hospital Services		
Inpatient Admission/Outpatient Surgery	20%	40%
Emergency Services		
Urgent Care	$50 (no deductible)	$50 (no deductible)
Emergency Room	$250 then 20%	
Alternative Care		
Acupuncture (12 Visits Per Calendar Year)	$25 copay (no deductible)	
Chiropractic (24 Visits Per Calendar Year)	$25 copay (no deductible)	

Tillamook Blue Plan- Pharmacy

Pharmacy Benefits	
Tier 1 (Previously Generic)	$10 (no deductible)
Tier 2 (Previously Brand Name)	$40 (no deductible)
Tier 3 (Previously Non-Preferred Brand Name)	$60 (no deductible)
Tier 4 (Previously Specialty)	$100 (no deductible)
Mail Order (90 Day Supply)	$10 (no deductible) for Tier 1 prescriptions, 2 copays for Tier 2 and Tier 3 prescriptions
Prescription Out of Pocket Maximum	$2,500

- The Regence Formulary, or list of preferred medications is available at https://regence.com/go/2025/OR/4tier
- Mail order and Specialty Prescriptions need to be filled directly with the Regence Mail Order and Specialty Pharmacies, www.regence.com

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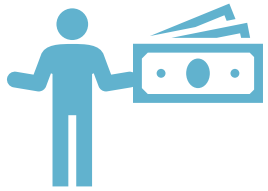
High Deductible Health Plan (HDHP): Why Choose an HDHP with HSA?

Regence BlueCross BlueShield of Oregon



Consumer Driven

High Deductible Health Plan benefits require all services to be covered after the deductible has been met.

Employees on this type of plan are comfortable with the idea of paying for services up front, in order to gain access to the Health Savings Account.

HSA

Eligibility for this type of account has a few requirements:

- ✓ Employee covered by an HDHP plan ONLY (cannot have any other medical coverage)
- ✓ Covered Spouses also cannot have any other medical coverage
- ✓ Cannot be eligible for Medicare or Social Security
- ✓ Cannot be claimed as a dependent child on parents' tax return

Account grows over time

Unlike an FSA, all funds are not available on 1/1. The funds are available as the contributions are made. Employee contributions are in bi-weekly intervals and employer contributions are monthly.

Also unlike an FSA, the balance will stay with the employee, as the account belongs to the employee. It is not a lose it or lose it account.

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High Deductible Health Plan (HDHP)

Regence BlueCross BlueShield of Oregon

HealthEquity Building Health Savings™

TILLAMOOK HDHP PLAN FEATURES	PREFERRED PROVIDERS	OUT OF NETWORK
Lifetime Maximum Benefit	Unlimited	
Calendar Year Deductible	$1,650 Employee Only Coverage* $3,300 Individual on Family Coverage*/$3,300 Family Cap*	
Medical Out of Pocket Maximum (Includes Deductible)	$4,000 Individual/$8,000 Family	
Health Savings Account Employer Contribution	$750 Individual/$1,500 Family Annual Contribution	
Physicians Services		
Preventive Care	$0 (no deductible)	40%
Office Visits/Specialists Visits	20%	40%
Virtual Visits including Mental Health	$0 (after deductible)	40%
MDLIVE–Telehealth and Mental Health	$0 (after deductible)	
(NEW) Hinge Health - Virtual PT	$0 (after deductible)	
Lab/X-Ray	20%	40%
Hospital Services	20%	40%
Emergency Services		
Urgent Care	20%	40%
Emergency Room	20%	40%
Alternative Care		
Acupuncture (12 Visits Per Calendar Year)	20%	40%
Chiropractic (24 Visits Per Calendar Year)	20%	40%

** When you and one or more dependents are covered on the HDHP/HSA plan, the individual deductible is replaced by an aggregate family deductible. This means that the family deductible of $3,300 can be satisfied by one family member or all family members in combination, but benefits are not provided for any family member until the total family deductible has been reached.*

High Deductible Health Plan (HDHP)–Pharmacy

Regence BlueCross BlueShield of Oregon

Pharmacy Benefits*	
Tier 1 (Previously Generic)	20%
Tier 2 (Previously Brand Name)	20%
Tier 3 (Previously Non-Preferred Brand Name)	20%
Tier 4 (Previously Specialty)	20%
Mail Order (90 Day Supply)	20%
Prescription Out of Pocket Maximum	Combined with medical out of pocket maximum

- The Regence Formulary, or list of preferred medications is available at https://regence.com/go/2025/OR/4tier
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Health Savings Account

HealthEquity
Building Health Savings

If you enroll in the HDHP Plan option, and are eligible to open an HSA, Tillamook will contribute to your HSA:

Enrollment Tier	Employee Only	Family
Monthly Contribution	$62.50	$125
Annual	$750	$1,500

If enrolled in the HSA, you cannot also participate in the FSA for medical expenses.

You can also choose to contribute your own pre-tax dollars to the following annual limits:

Enrollment Tier	Employee Only	Family
2025 Annual HSA Deposit Limit*	$4,300	$8,550

*Amounts include any Employer contributions. If you are age 55 and over you may contribute an additional $1,000 per year

If you think the High Deductible Health Plan and HSA is right for you:

More information is available in the 2025 Open Enrollment Guide.