City of McMinnville

City of McMinnville CIS 2026 Plan Year – Summary of Medical Benefits

For full plan summaries visit the Human Resources website

	Regence		Kaiser
Medical Care			
Deductible	$1,000 – Individual $3,000 - Family		$250 – Individual $750 - Family
Out-of-Pocket Maximum Per Calendar Year	• Category 1 & 2 - Preferred and Participating Provider $3,000 – Individual $7,000 – Family • Category 3 - Non-Preferred Provider $5,000 – Individual $11,000 – Family Includes deductible and medical copays but does not include prescription copays		$2,000 – Individual $6,000 – Family All Deductible, Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)
	Category 1 – Preferred	*Category 2 – Participating* *Category 3 – Non-Preferred*	
Preventative Care Services (physical, well-baby, etc.)	Categories 1 & 2 – 0% Category 3 – 40%		$0
Office Visits and Urgent Care	$5 copay for first 3 visits; then $20 copay *(deductible waived)*	40%	$0 including telehealth Primary Care: $5 for first 3 visits; additional $15 Specialty Care: $25 Urgent Care: $35
Emergency	20% after $100 copay (copay waived if admitted)		20% coinsurance after deductible
Laboratory, Radiology, and Diagnostic	$0 up to first $400 *(deductible waived)* then 20%	40%	$15 per department visit
Maternity Care	20%	40%	Prenatal Care: $0 Laboratory, x-ray, imagine and special diagnostics: $15 per department visit Inpatient: 20% coinsurance after deductible
Ambulance	20%		20% coinsurance after deductible
Inpatient and Outpatient Surgery and Surgeon Fees	20%	40%	20% coinsurance after deductible
Inpatient Mental/Behavioral Health and Substance Abuse Disorder	20%	20% - Category 2 40% Category 3	20% coinsurance after deductible
Durable Medical Equipment	20%	40%	20% coinsurance after deductible
Vision Care			
	Administered through VSP		*Administered through Kaiser*

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Routine Eye Exam	$10 $20 for exams beyond routine care	18 and under: $0 19 and older: $15
Hardware and Optical Services	Prescription Glasses: $25 • Frame: $170 - $190 featured frame brands allowance with 20% savings on amount over allowance • Lenses: Single, Lined Bifocal/Trifocal – included in copay • Contacts: $166 allowance for exam and contacts Lens Enhancements • Anti-glare, tints, light-reactive, impact-resistant, scratch-resistant, UV - $0 • Progressive lenses - $50	18 and under - No charge for eyeglasses or frames or contact lenses every 12 months. 19 and older: Balance after $150 allowance, once every calendar year
Pharmacy/Medications		
	Administered through Express Scripts	*Administered through Kaiser*
Out-of-Pocket Calendar Year Maximum	$2,500 – per person $7,500 – per family	N/A
Prescription drugs (up to a 30 day supply)	Generic - $10 copay Preferred - $40 copay Non-Preferred - $100 copay Specialty Generic - $50 copay Specialty Preferred - $100 copay Specialty Non-Preferred - $200 copay Compound Medications - $40 copay	Generic - $10 copay Preferred - $20 copy Non-Preferred - $20 copay Specialty - $20 copay
Mail Order Prescription drugs (up to a 90 day supply)	Generic, Preferred, Non-Preferred: 2 x Copay Specialty: N/A	2 x Copay
Administered medications, including injections	N/A	Outpatient: $0 Nurse Treatment Room: $10
Alternative Care		
	Acupuncture and Chiropractic: No deductible - $20 Copay – Maximum of 12 visits per calendar year for Acupuncture and 20 visits per calendar year for Chiropractic.	Acupuncture (12 per year): $20 per visit Chiropractic (12 per year): $20 per visit Massage (12 per year): $25 per visit Naturopathic: $5 first 3 visits, additional visits $15

This chart is intended for plan comparison purposes only. See full plan summaries for details and plan exclusions.