

Health Plans - Side-By-Side Comparison

Plan	GTFF Regence	PEBB Statewide PPO (part-time)	PEBB Statewide PPO (full-time) ¹
Benefit Plans	In-Network	In-Network	In-Network
Standard Deductible	\$100/individual \$300/family (Out-of-Network same as In-Network)	\$500/individual, \$1500/family (Out-of-Network: \$1000/individual, \$3000 family)	\$250/individual, \$750/family (Out-of-Network: \$500/individual, \$1500 family)
Out-of-pocket max.	\$2,200/individual \$4,400/family	\$3200/individual \$9600/family	\$1900/individual \$5700/family
Office-Visits	5%*	20%** or 15% ²	15%** or 10% ²
Preventative Care ^{3**}	0%	0%**	0%
Routine Immunizations	0%	0%	0%
Urgent Care	10%	20%	15%
Emergency Room	\$50 + 10%	\$150 + 20%	\$150 + 15%
Hospitalization	10%	20%	15%
Outpatient Surgery	10%	20%	15%
Ambulance	20%	20%	15%
Lab/Radiology	10%*	20%	15%
Massage Therapy	10%**	Not Covered	Not Covered
Chiropractic & Acupuncture	10%	20%	15%
Physical Therapy	10% (90 visits/year max)	20%	15% (60 visits/year max)
Allergy Shots	10%*	20%	15%
Naturopath	10%	20%	15%
Maternity Services	10% (5% specific providers)	20%	15%
Maternity Facilities	10%	20%	15%
Prescription Drugs			
Deductible	Included in standard deductible above	\$50/individual, \$150/family	\$50/individual, \$150/family
Out-of-Pocket Max.	Included in max above	\$1000/individual, \$3000/family	\$1000/individual, \$3000/family
Generic	30%	\$20	\$10
Brand	30%	40%	\$30
Specialty	30% up to \$300 max per 30-day supply	\$100	\$100

*No charge if University Health Center (UHC); **Deductible Waived

¹ PEBB Statewide is the most utilized/popular plan with UO employees.

² 10% coinsurance (15% for part-time) at Oregon Health Authority certified Patient Centered Primary Care Homes, deductible waived for first four visits.

³ Most health plans must cover a set of preventive services — like shots and screening tests (mammograms, colonoscopy, etc.) — at no cost to you.