Moda Health - 4J
2018-19 Benefit Plan Summary
Connexus

	Birch Connexus PPO (Not available for Classified Employees)		Cedar Connexus PPO		Dogwood Connexus PPO	
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible per person	$800	$1,600	$1,200	$2,400	$1,600	$3,200
Maximum deductible per family	$2,400	$4,800	$3,600	$7,200	$4,800	$9,600
Out-of-pocket (OOP) maximum per person [3]	$4,000	$8,000	$5,000	$10,000	$6,850	$13,700
Out-of-pocket (OOP) maximum per family [3]	$12,000	$24,000	$13,700	$27,400	$13,700	$27,400
Maximum cost share per person	$7,350	N/A	$7,350	N/A	$7,350	N/A
Maximum cost share per family	$14,700	N/A	$14,700	N/A	$14,700	N/A
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	$0[1]	50%	$0[1]	50%	$0[1]	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)						
Moda Medical Home incentive care	$15 copay[1]	50%	$15 copay[1]	50%	$15 copay[1]	50%
Incentive office visits and home visits	20%[1]	50%	20%[1]	50%	20%[1]	50%
Office Services						
Moda Medical Home primary care services	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%
Primary care office visits	20%	50%	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%	20%	50%
Urgent Care	$50[1]		$50[1]		$50[1]	
Mental Health Services						
Mental health office visits	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	$0[1]	50%	$0[1]	50%	$0[1]	50%
Outpatient Services						
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%
Tests (outpatient)						
Preventive tests	$0[1]	50%	$0[1]	50%	$0[1]	50%
Laboratory	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%
Alternative Care Services ($2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. *Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum*	20%	50%	20%	50%	20%	50%
Maternity Care						
Outpatient Materntity Care	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%
Hospital Services						
Inpatient care/surgery	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	50%	20%	50%	20%	50%
Additional Cost Tier						
Moda Plans Only: $100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%
Moda Plans Only: $500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement [4], knee & shoulder arthroscopy, uncomplicated hernia repair	$500 copay + 20%	$500 copay + 50%	$500 copay + 20%	$500 copay + 50%	$500 copay + 20%	$500 copay + 50%
Emergency Services						
Emergency room (copay waived if admitted)	$100 copay + 20%		$100 copay + 20%		$100 copay + 20%	
Ambulance	20%		20%		20%	
Other Covered Services						
Hearing Aids: $4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	50%	10%	50%	10%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered
Pharmacy Services						
Out-of-pocket Maximum	Rx applies toward		Rx applies toward		Rx applies toward	
Retail						
Value (Moda Plans Only)	$4 per 31-day supply		$4 per 31-day supply		$4 per 31-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	$12 per 31-day supply		$12 per 31-day supply		$12 per 31-day supply	
Preferred Brand	25% up to $75 per 31-day supply		25% up to $75 per 31-day supply		25% up to $75 per 31-day supply	
Non-preferred brand[5]	50% up to $175 per 31-day supply		50% up to $175 per 31-day supply		50% up to $175 per 31-day supply	
Mail						
Value (Moda Plans Only)	$8 per 90-day supply		$8 per 90-day supply		$8 per 90-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	$24 per 90-day supply		$24 per 90-day supply		$24 per 90-day supply	
Preferred Brand	25% up to $150 per 90-day supply		25% up to $150 per 90-day supply		25% up to $150 per 90-day supply	
Non-preferred brand[5]	50% up to $450 per 90-day supply		50% up to $450 per 90-day supply		50% up to $450 per 90-day supply	
Specialty						
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to $200 per 31-day supply		25% up to $200 per 31-day supply		25% up to $200 per 31-day supply	
Non-preferred brand[5]	50% up to $500 per 31-day supply		50% up to $500 per 31-day supply		50% up to $500 per 31-day supply	

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the designated Medical Home in order to

[1] Deductible waived.

[2] Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member

[3] For PPO plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. For CCM plans, OOP max includes medical

[4] Benefit is subject to a reference price limitation. This is not applicable to CCM Plans.

[5] A formulary exception must be approved for non-preferred brand prescription medication.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this