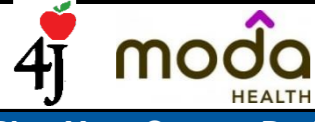


Moda Health - 4J
2018-19 Benefit Plan Summary
Synergy

|  | Birch Synergy CCM** (Not available for Classified Employees) | | Cedar Synergy CCM** | | Dogwood Synergy CCM** | |
|--|---|-----------------------------------|-------------------------|-----------------------------------|-------------------------|-----------------------------------|
| | 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 |
| Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum. | | | | | | |
| 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 | see above | 50% | see above | 50% | see above | 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 | see above | 50% | see above | 50% | see above | 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 + 20% | \$100 + 50% | \$100 + 20% | \$100 + 50% | \$100 + 20% | \$100 + 50% |
| Alternative Care Services (\$2,000 combined maximum) | | | | | | |
| Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i> | 20% | 50% | 20% | 50% | 20% | 50% |
| Maternity Care | | | | | | |
| Outpatient Maternity 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 + 20% | \$100 + 50% | \$100 + 20% | \$100 + 50% | \$100 + 20% | \$100 + 50% |
| Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair | \$500 + 20% | \$500 + 50% | \$500 + 20% | \$500 + 50% | \$500 + 20% | \$500 + 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) | | \$0 | | \$0 | | \$0 |
| Generic (Kaiser plans) / Select generic (Moda Plans) | | | | | | |
| Preferred Brand | | 25% up to \$50 per 31-day supply | | 25% up to \$50 per 31-day supply | | 25% up to \$50 per 31-day supply |
| Non-preferred brand ⁵ | | 50% up to \$150 per 31-day supply | | 50% up to \$150 per 31-day supply | | 50% up to \$150 per 31-day supply |
| Mail | | | | | | |
| Value (Moda Plans Only) | | \$0 | | \$0 | | \$0 |
| Generic (Kaiser plans) / Select generic (Moda Plans) | | \$16 per 90-day supply | | \$16 per 90-day supply | | \$16 per 90-day supply |
| Preferred Brand | | 25% up to \$100 per 90-day supply | | 25% up to \$100 per 90-day supply | | 25% up to \$100 per 90-day supply |
| Non-preferred brand ⁵ | | 50% up to \$300 per 90-day supply | | 50% up to \$300 per 90-day supply | | 50% up to \$300 per 90-day supply |
| Specialty | | | | | | |
| Select generic (Kaiser plans) / Preferred brand (Moda Plans) | | 25% up to \$100 per 31-day supply | | 25% up to \$100 per 31-day supply | | 25% up to \$100 per 31-day supply |
| Non-preferred brand ⁵ | | 50% up to \$300 per 31-day supply | | 50% up to \$300 per 31-day supply | | 50% up to \$300 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 receive the "In-Network" benefit; if these services are performed outside the individual's selected Medical Home, they will be paid at the "Out-of-Network" benefit level.

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 out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

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 copayments, coinsurance, as well as pharmacy copays and coinsurance. ACT copayments will continue accruing towards Maximum Cost Share limit.)

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 comparison and your member handbook, the member handbook will prevail.