

4J Summary of Medical and Pharmacy Benefits 2021-22 Plan Year



No lifetime maximum on any medical plans.	Moda Medical Plan 2 Connexus Network			Moda Medical Plan 3 Connexus Network			Moda Medical Plan 4 Connexus Network		
Plan Year Costs Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care Member Pays	In-Network Non-Coordinated Care Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care Member Pays	In-Network Non- Coordinated Care Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care Member Pays	In-Network Non- Coordinated Care Member Pays	Any Out-of-Network Services Member Pays
Deductible per person	\$800	\$900	\$1,600	\$1,200	\$1,300	\$2,400	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$2,700	\$2,700	\$4,800	\$3,900	\$3,900	\$7,200	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person	\$3,850	\$4,250	\$8,000	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family	\$12,750	\$12,750	\$24,000	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400
Maximum cost share per person	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA
Preventive Care Services									
Wellness visit	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0	\$0	50%	\$0	\$0	50%	\$0	\$0	50%
Office Visits and Virtual Care									
Primary care office visits	\$20 ¹⁸	20%	50%	\$25 ¹⁸	25%	50%	\$25 ¹⁸	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$40	NA	50%	\$50	NA	50%	\$50	NA	50%
Incentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	\$15 ¹⁰	20%	Not covered	\$20 ¹⁰	25%	Not covered	\$20 ¹⁰	25%	Not covered
Virtual Care (Kaiser Plans) / CitrusMD telehealth (Moda Plans)	\$0 ¹⁹	\$0 ¹⁹	Not covered	\$0 ¹⁹	\$0 ¹⁹	Not covered	\$0 ¹⁹	\$0 ¹⁹	Not covered
Specialist office visits	\$40	20%	50%	\$50	25%	50%	\$50	25%	50%
Urgent care	\$40	20%	20%	\$50	25%	25%	\$50	25%	25%
Mental Health Services									
Mental health office visits	\$20	\$20	50%	\$25	\$25	50%	\$25	\$25	50%
Mental health inpatient and residential services	20%	20%	50%	25%	25%	50%	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20	\$20	50%	\$25	\$25	50%	\$25	\$25	50%
Outpatient Services									
Outpatient surgery/facility care	20%	20%	50%	25%	25%	50%	25%	25%	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%	20%	50%	25%	25%	50%	25%	25%	50%
Tests (outpatient)									
Preventive tests	\$0	\$0	50%	\$0	\$0	50%	\$0	\$0	50%
Laboratory	20%	20%	50%	25%	25%	50%	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%	25%	25%	50%	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Alternative Care Services									
Acupuncture, chiropractic & naturopathic services	\$20	20%	50%	\$25	25%	50%	\$25	25%	50%
Maternity Care									
Outpatient maternity care	20%	20%	50%	25%	25%	50%	25%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	25%	25%	50%	25%	25%	50%

	moda Moda Medical Plan 2 Connexus Network			moda Moda Medical Plan 3 Connexus Network			moda Moda Medical Plan 4 Connexus Network		
No lifetime maximum on any medical plans.	In-Network Coordinated Care Member Pays	In-Network Non-Coordinated Care Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care Member Pays	In-Network Non-Coordinated Care Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care Member Pays	In-Network Non-Coordinated Care Member Pays	Any Out-of-Network Services Member Pays
Plan Year Costs Deductibles and copayments apply to the annual out-of-pocket maximum.									
Hospital Services									
Inpatient care/surgery	20%	20%	50%	25%	25%	50%	25%	25%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	20%	50%	25%	25%	50%	25%	25%	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	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
Emergency Services									
Emergency room (copay waived if admitted)		\$100 copay + 20%			\$100 copay + 25%			\$100 copay + 25%	
Ambulance		20%			25%			25%	
Other Covered Services									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	10%	10%	50%	10%	10%	50%
Durable medical equipment (DME)	20%	20%	50%	25%	25%	50%	25%	25%	50%
Bariatric surgery	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 25%	\$500 + 25%	Not covered
Pharmacy Services									
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share			Rx applies toward Max Cost Share		
Retail									
Value	\$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		See Plan Handbook	25% up to \$75 per 31-day supply		See Plan Handbook	25% up to \$75 per 31-day supply		See Plan Handbook
Non-preferred brand	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	\$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		See Plan Handbook	25% up to \$150 per 90-day supply		See Plan Handbook	25% up to \$150 per 90-day supply		See Plan Handbook
Non-preferred brand	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									
Generic (Moda Plans only)	\$12 per 31-day supply or \$36 per 90-day supply			\$12 per 31-day supply or \$36 per 90-day supply			\$12 per 31-day supply or \$36 per 90-day supply		
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed		
Non-preferred brand	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.		See Plan Handbook	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.		See Plan Handbook	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.		See Plan Handbook

NA – Not applicable
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 Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.
4 Benefit is subject to a reference price limitation.
5 A formulary exception must be approved for non-preferred brand prescription medication.
6 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network.

Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.
9 For Moda plans, CirrusMD app is covered at no member cost sharing. All other virtual care for primary and urgent care services (defined as 2-way video conferencing visits) is covered at a \$10 copay with deductible waived for plans 2-4.
10 For Moda plans, member must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

11 For Moda plans, the copay listed is for acupuncture and spinal manipulation services only. Naturopathic substances are covered. See Plan Handbook for details. 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.