








 Please see Plan Handbook for details.

No lifetime maximum on any medical plans.	Medical Plan 2A Kaiser Permanente Network	
	In-Network Member Pays	Out-of-Network Member Pays
Deductible per person	\$800	NA
Maximum deductible per family	\$2,400	NA
Out-of-pocket (OOP) maximum per person	\$4,000	NA
Out-of-pocket (OOP) maximum per family	\$12,000	NA
Preventive Care Services		
Routine adult, well-child and women's exams; annual obesity screening & immunizations. 	\$0 ¹	Not Covered
Office Visits and Virtual Care		
Primary care office visits	\$25 ¹	Not Covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	NA	NA
Incentive care office visits (Moda Plans only) 	NA	NA
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 ¹	Not Covered
Specialist office visits	\$35 ¹	Not Covered
Urgent care	\$40 ¹	See Plan Handbook
Mental Health and Chemical Dependency Services		
Mental health office visits	\$25 ¹	Not Covered
Mental health inpatient and residential services	20% after deductible	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	Not Covered
Chemical dependency services (inpatient)	\$0 ¹	Not Covered
Outpatient Services		
Outpatient surgery/facility care	20% after deductible	Not Covered
Outpatient rehabilitation (physical, occupational & speech therapy) 	\$35 ¹ per visit	Not Covered
Diagnostic Testing		
Labs, x-ray, and imaging	\$25 ¹ per visit	Not Covered
CT, MRI, PET scans	\$25 ¹ per visit	Not Covered
Alternative Care Services		
Acupuncture and Chiropractic ⁷ 	\$25 ¹ per service	Not Covered
Naturopathic Office Visits	\$25 ¹ per service	Not Covered
Maternity Care		
Routine maternity care	\$0 ¹	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20% after deductible	Not Covered
Hospital Services		
Inpatient care/surgery	20% after deductible	See Plan Handbook
Skilled nursing facility care 	20% after deductible	NA



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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, visco supplementation, upper endoscopies, sleep studies, lumbar discographies	NA	NA
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ³ , knee & shoulder arthroscopy, uncomplicated hernia repair	NA	NA
Emergency Services		
Emergency room (copay waived if admitted)	20% after deductible	
Ambulance	\$100 ¹	
Other Covered Services		
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10% ¹	Not Covered
Durable medical equipment (DME)	20% ¹	Not Covered
Pharmacy Services		
Out-of-pocket (OOP) maximum	\$1100 - Rx max also applies to Medical OOP Max	
Retail		
Value	NA	NA
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$5 per 30-day supply	See Plan Handbook
Preferred brand	\$25 per 30-day supply	See Plan Handbook
Non-preferred brand ⁴	\$45 per 30-day supply if criteria met	See Plan Handbook
Mail		
Value	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)	\$10 per 90-day supply	See Plan Handbook
Preferred Brand	\$50 per 90-day supply	See Plan Handbook
Non-preferred brand ⁴	\$90 per 90-day supply if criteria met	See Plan Handbook
Specialty		
Generic (Moda Plans only)	NA	NA
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$100 per 30-day supply	See Plan Handbook
Non-preferred brand ⁴	25% up to \$100 per 30-day supply	See Plan Handbook

NA – Not applicable

After ded – After deductible

1 Deductible waived.

2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family 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).


7 For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.

3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

4 A formulary exception must be approved for non-preferred brand prescription medication.

5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.

6 To receive in-network non-coordinated benefits, you must use Connexus providers.

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.