



Summary of Moda Medical and Pharmacy Benefits 2022-23 Plan Year

Plans 2-4

[Please see Plan Handbook for details.](#)

| No lifetime maximum on any medical plans. | Medical Plan 2 Connexus Network <i>*Licensed Only*</i> | | | Medical Plan 3 Connexus Network | | | Medical Plan 4 Connexus Network | | |
|--|--|---|--|---|---|--|---|---|--|
| | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays |
| Plan Year Costs⁵ | | | | | | | | | |
| 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 | \$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 ³ | \$12,750 | \$12,750 | \$24,000 | \$15,750 | \$15,750 | \$27,400 | \$15,800 | \$15,800 | \$27,400 |
| Preventive Care Services | | | | | | | | | |
| Routine adult, well-child and women's exams; annual obesity screening & immunizations. | \$0 ¹ | \$0 ¹ | 50% after deductible | \$0 ¹ | \$0 ¹ | 50% after deductible | \$0 ¹ | \$0 ¹ | 50% after deductible |
| Office Visits and Virtual Care | | | | | | | | | |
| Primary care office visits | \$20 ^{1,5} | 20% after deductible | 50% after deductible | \$25 ^{1,5} | 25% after deductible | 50% after deductible | \$25 ^{1,5} | 25% after deductible | 50% after deductible |
| Primary care office visits with a provider other than your chosen PCP 360 | \$40 ¹ | N/A | 50% after deductible | \$50 ¹ | N/A | 50% after deductible | \$50 ¹ | N/A | 50% after deductible |
| Incentive care office visits | \$15 ¹ | 20% after deductible | N/A | \$20 ¹ | 25% after deductible | N/A | \$20 ¹ | 25% after deductible | N/A |
| CirrusMD telehealth | \$0 ¹ | \$0 ¹ | Not covered | \$0 ¹ | \$0 ¹ | Not covered | \$0 ¹ | \$0 ¹ | Not covered |
| Specialist office visits | \$40 ¹ | 20% after deductible | 50% after deductible | \$50 ¹ | 25% after deductible | 50% after deductible | \$50 ¹ | 25% after deductible | 50% after deductible |
| Urgent care | \$40 ¹ | 20% after deductible | 20% after deductible | \$50 ¹ | 25% after deductible | 25% after deductible | \$50 ¹ | 25% after deductible | 25% after deductible |
| Mental Health and Chemical Dependency Services | | | | | | | | | |
| Mental health office visits | \$20 ¹ | \$20 ¹ | 50% after deductible | \$25 ¹ | \$25 ¹ | 50% after deductible | \$25 ¹ | \$25 ¹ | 50% after deductible |
| Mental health inpatient and residential services | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Chemical dependency services (outpatient or residential) | \$20 ¹ | \$20 ¹ | 50% after deductible | \$25 ¹ | \$25 ¹ | 50% after deductible | \$25 ¹ | \$25 ¹ | 50% after deductible |
| Chemical dependency services (inpatient) | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Outpatient Services | | | | | | | | | |
| Outpatient surgery/facility care | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Outpatient rehabilitation (physical, occupational & speech therapy) | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Tests (outpatient) | | | | | | | | | |
| Labs, x-ray, and imaging | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| CT, MRI, PET scans | \$100 copay + 20% after deductible | \$100 copay + 20% after deductible | \$100 copay + 50% after deductible | \$100 copay + 25% after deductible | \$100 copay + 25% after deductible | \$100 copay + 50% after deductible | \$100 copay + 25% after deductible | \$100 copay + 25% after deductible | \$100 copay + 50% after deductible |
| Alternative Care Services⁷ | | | | | | | | | |
| Acupuncture and Chiropractic ⁷ | \$20 ¹ | 20% after deductible | 50% after deductible | \$25 ¹ | 25% after deductible | 50% after deductible | \$25 ¹ | 25% after deductible | 50% after deductible |
| Naturopathic office visits | \$40 ¹ | 20% after deductible | 50% after deductible | \$50 ¹ | 25% after deductible | 50% after deductible | \$50 ¹ | 25% after deductible | 50% after deductible |
| Maternity Care | | | | | | | | | |
| Routine maternity care | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Physician or midwife services & hospital stay, delivery & routine newborn nursery care | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Hospital Services | | | | | | | | | |
| Inpatient care/surgery | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |
| Skilled nursing facility care | 20% after deductible | 20% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 25% after deductible | 50% after deductible |

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|---|--|--|--|--|--|---|--|--|---|
| | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | *Licensed Only* Any Out-of-Network Services Member Pays | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays | In-Network Coordinated Care ⁵ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays |
| Plan Year Costs⁵ | | | | | | | | | |
| Additional Cost Tier | | | | | | | | | |
| \$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% after deductible | \$100 copay + 20% after deductible | \$100 copay + 50% after deductible | \$100 copay + 25% after deductible | \$100 copay + 25% after deductible | \$100 copay + 50% after deductible | \$100 copay + 25% after deductible | \$100 copay + 25% after deductible | \$100 copay + 50% after deductible |
| \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder arthroscopy, uncomplicated hernia repair | \$500 copay + 20% after deductible | \$500 copay + 20% after deductible | \$500 copay + 50% after deductible | \$500 copay + 25% after deductible | \$500 copay + 25% after deductible | \$500 copay + 50% after deductible | \$500 copay + 25% after deductible | \$500 copay + 25% after deductible | \$500 copay + 50% after deductible |
| Emergency Services | | | | | | | | | |
| Emergency room (copay waived if admitted) | \$100 copay + 20% after deductible | | | \$100 copay + 25% after deductible | | | \$100 copay + 25% after deductible | | |
| Ambulance | 20% after deductible | | | 25% after deductible | | | 25% after deductible | | |
| Other Covered Services | | | | | | | | | |
| Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children | 10% after deductible | 10% after deductible | 50% after deductible | 10% after deductible | 10% after deductible | 50% after deductible | 10% after deductible | 10% after deductible | 50% after deductible |
| Durable medical equipment (DME) | 20% after ded | 20% after ded | 50% after ded | 25% after deductible | 25% after deductible | 50% after ded | 25% after deductible | 25% after deductible | 50% after ded |
| Pharmacy Services | | | | | | | | | |
| Out-of-pocket (OOP) maximum | Rx applies toward OOP Max | | | Rx applies toward OOP Max | | | Rx applies toward OOP Max | | |
| Retail | | | | | | | | | |
| Value | \$4 per 31-day supply | | See Plan Handbook | \$4 per 31-day supply | | See Plan Handbook | \$4 per 31-day supply | | See Plan Handbook |
| Select generic | \$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 ⁴ | 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 | | See Plan Handbook | \$8 per 90-day supply | | See Plan Handbook | \$8 per 90-day supply | | See Plan Handbook |
| Select generic | \$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 ⁴ | 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 | \$12 per 31-day supply or \$36 per 90-day supply when allowed | | See Plan Handbook | \$12 per 31-day supply or \$36 per 90-day supply when allowed | | See Plan Handbook | \$12 per 31-day supply or \$36 per 90-day supply when allowed | | See Plan Handbook |
| Preferred brand | 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 ⁴ | 50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed. | | | 50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed. | | | 50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed. | | |

N/A – 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).

3 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.

7 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.

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.