Summary of Medical and Pharmacy Benefits 2022-23 Plan Year

moda

Please see Plan Handbook for details.

No lifetime maximum on	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 4 Connexus Network			Medical Plan 6 Connexus Network *HDHP HSA Compliant*		
Plan Year Costs[5]	In-Network Coordinated Care[3] Member Pays	In-Network Non-Coordinated Care[4] Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care[3] Member Pays	In-Network Non-Coordinated Care[4] Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care[3] Member Pays	In-Network Non-Coordinated Care[4] Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care[3] Member Pays	In-Network Non-Coordinated Care[4] Member Pays	Any Out-of-Network Services Member Pays
Deductible per person	$400	$500	$800	$800	$900	$1,600	$1,600	$1,700	$3,200	$1,600[2]	$1,700[2]	$3,200[2]
Maximum deductible per family	$1,500	$1,500	$2,400	$2,700	$2,700	$4,800	$5,100	$5,100	$9,600	$3,400[2]	$3,400[2]	$6,400[2]
Out-of-pocket (OOP) maximum	$2,850	$3,250	$6,000	$3,850	$4,250	$8,000	$6,700	$7,100	$13,700	$6,400[2]	$6,750[2]	$13,100[2]
Out-of-pocket (OOP) maximum	$9,750	$9,750	$18,000	$12,750	$12,750	$24,000	$15,800	$15,800	$27,400	$13,500[2]	$13,500[2]	$26,200[2]
Preventive Care Services												
Routine adult, well-child and women's exams; annual obesity	$0[1]	$0[1]	50% after deductible	$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	$20[1,5]	20% after deductible	50% after deductible	$25[1,5]	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	$40[1]	N/A	50% after deductible	$40[1]	N/A	50% after deductible	$50[1]	N/A	50% after deductible	15% after deductible	N/A	50% after deductible
Incentive care office visits (Moda	$15[1]	20% after deductible	N/A	$15[1]	20% after deductible	N/A	$20[1]	25% after deductible	N/A	15% after deductible	20% after deductible	N/A
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda	$0[1]	$0[1]	Not covered	$0[1]	$0[1]	Not covered	$0[1]	$0[1]	Not covered	$0 after deductible	$0 after deductible	Not covered
Specialist office visits	$40[1]	20% after deductible	50% after deductible	$40[1]	20% after deductible	50% after deductible	$50[1]	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Urgent care	$40[1]	20% after deductible	20% after deductible	$40[1]	20% after deductible	20% after deductible	$50[1]	25% after deductible	25% after deductible	15% after deductible	20% after deductible	See Plan Handbook
Mental Health and Chemical Dependency Services												
Mental health office visits	$20[1]	$20[1]	50% after deductible	$20[1]	$20[1]	50% after deductible	$25[1]	$25[1]	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Mental health inpatient and residential services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Chemical dependency services (outpatient or residential)	$20[1]	$20[1]	50% after deductible	$20[1]	$20[1]	50% after deductible	$25[1]	$25[1]	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Chemical dependency services (inpatient)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Outpatient Services												
Outpatient surgery/facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational & speech therapy)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Tests (outpatient)												
Labs, x-ray, and imaging	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% 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 + 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	20% after deductible	25% after deductible	50% after deductible
Alternative Care Services[6]												
Acupuncture and Chiropractic[7]	$20[1]	20% after deductible	20% after deductible	$20[1]	20% after deductible	50% after deductible	$25[1]	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Naturopathic office visits	$40[1]	20% after deductible	50% after deductible	$40[1]	20% after deductible	50% after deductible	$50[1]	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Routine maternity care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Physician or midwife services & hospital stay, delivery & routine	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Hospital Services												
Inpatient care/surgery	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible

Plans *continued*

No lifetime maximum on Plan Year Costs[2]	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 4 Connexus Network			Medical Plan 6 Connexus Network *HDHP HSA Compliant*		
	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	In-Network Coordinated Care[5] Member Pays	In-Network Non-Coordinated Care[6] Member Pays	Any Out-of-Network Services Member Pays
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	$100 copay + 20% after deductible	$100 copay + 20% after deductible	$100 copay + 50% after deductible	$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	20% after deductible	25% after deductible	50% after deductible
Moda Plans Only: $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 + 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	20% after deductible	25% after deductible	50% after deductible
Emergency Services												
Emergency room (copay waived	$100 copay + 20% after deductible			$100 copay + 20% after deductible			$100 copay + 25% after deductible			20% after deductible	25% after deductible	See Plan Handbook
Ambulance	20% after deductible			20% after deductible			25% after deductible			20% after deductible	25% after deductible	See Plan Handbook
Other Covered Services												
Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for State	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	20% after deductible	25% after deductible	50% after deductible
Durable medical equipment (DME)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Pharmacy Services												
Out-of-pocket (OOP) maximum	Rx applies toward OOP Max			Rx applies toward OOP Max			Rx applies toward OOP Max			Rx applies toward plan OOP max		
Retail												
Value	$4 per 31-day supply			$4 per 31-day supply			$4 per 31-day supply			$4[1] per 31-day supply		
Generic (Kaiser Plans) / Select	$12 per 31-day supply			$12 per 31-day supply			$12 per 31-day supply			20% after deductible	25% after deductible	
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		See Plan	20% after deductible	25% after deductible	
Non-preferred brand[4]	50% up to $175 per 31-day supply		See Plan Handbook	50% up to $175 per 31-day supply		See Plan Handbook	50% up to $175 per 31-day supply		Handbook	20% after deductible	25% after deductible	See Plan Handbook
Mail												
Value	$8 per 90-day supply			$8 per 90-day supply			$8 per 90-day supply			$8[1] per 90-day supply		
Generic (Kaiser Plans) / Select	$24 per 90-day supply			$24 per 90-day supply			$24 per 90-day supply			20% after deductible	25% after deductible	
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		See Plan	20% after deductible	25% after deductible	
Non-preferred brand[4]	50% up to $450 per 90-day supply		See Plan Handbook	50% up to $450 per 90-day supply		See Plan Handbook	50% up to $450 per 90-day supply		Handbook	20% after deductible	25% after deductible	See Plan Handbook
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 when			20% after deductible	25% after deductible	
Select generic (Kaiser plans) /	25% up to $200 per 31-day supply or			25% up to $200 per 31-day supply or			25% up to $200 per 31-day supply or		See Plan	20% after deductible	25% after deductible	
Non-preferred brand[4]	50% up to $500 per 31-day supply		See Plan Handbook	50% up to $500 per 31-day supply		See Plan Handbook	50% up to $500 per 31-day supply or		Handbook	20% after deductible	25% after deductible	See Plan Handbook

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 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.
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.

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.