






Summary of Medical and Pharmacy Benefits 2016-17 Plan Year

 No lifetime maximum on any medical plans.	 Alder Plan Synergy/Summit Only*		 Birch Plan PPO and Synergy/Summit	
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network** Member Pays	Out-of-Network Member Pays	In-Network** Member Pays	Out-of-Network Member Pays
Deductible per person	\$400	\$800	\$800	\$1,600
Maximum deductible per family	\$1,200	\$2,400	\$2,400	\$4,800
Out-of-pocket (OOP) maximum per person ³	\$3,000	\$6,000	\$4,000	\$8,000
Out-of-pocket (OOP) maximum per family ³	\$9,000	\$18,000	\$12,000	\$24,000
Maximum cost share per person	\$6,850	N/A	\$6,850	N/A
Maximum cost share per family	\$13,700	N/A	\$13,700	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
Includes routine adult, well-child and women’s exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0 ¹	50%	\$0 ¹	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)				
Moda Medical Home incentive care	\$10 copay ¹	50%	\$15 copay ¹	50%
Incentive office visits and home visits	20% ¹	50%	20% ¹	50%
Professional Services				
Moda Medical Home primary care services	\$20 copay ¹	50%	\$30 copay ¹	50%
Primary care office visits	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%
Mental health office visits	\$20 copay ¹	50%	\$30 copay ¹	50%
Mental health inpatient and residential services	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	50%	\$0 ¹	50%
Alternative Care Services (\$2,000 combined maximum)				
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%
Maternity Care				
Outpatient Maternity Care	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%
Outpatient and Hospital Services				
Inpatient care/surgery	20%	50%	20%	50%
Outpatient surgery/facility care	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%
Viscosupplementation	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Upper Endoscopies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Sleep Studies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
MRI, CT, PET imaging	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Lumbar Discographies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$100 Additional Cost Tier (ACT): spinal injections, tonsillectomies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year Moda Plans: 30 days per plan year / 60 for spinal or head injury	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%
Emergency and Urgent Care				
Urgent care visit	\$50 ¹		\$50 ¹	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%	
Ambulance	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%
Durable Medical Equipment	20%	50%	20%	50%
Weight Management (Subscriber and covered dependents unless noted otherwise)				
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)	\$0 ¹		\$0 ¹	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0 ¹		\$0 ¹	
Bariatric Surgery (a.k.a., Gastric bypass, Roux-en-Y) ³ <i>Subscribers only, not covered for dependents. Approved providers only - See Plan Handbook for specific criteria.</i>	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered



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No lifetime maximum on any medical plans.	<div>modaHEALTH Alder Plan Synergy/Summit Only*</div>		<div>modaHEALTH Birch Plan PPO and Synergy/Summit</div>	
	In-Network** Member Pays	Out-of-Network Member Pays	In-Network** Member Pays	Out-of-Network Member Pays
Tobacco Cessation Program (Available to ages 10 and over)				
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.	
Pharmacy Services	PPO ⁶	Synergy/Summit	PPO ⁶	Synergy/Summit
Out of pocket maximum	Rx applies toward Max Cost Share	Rx applied toward plan OOP Max	Rx applies toward Max Cost Share	Rx applies toward plan OOP max
Retail				
Value (Moda Plans Only)	\$4 (up to 90-day supply)	\$0 (up to 90-day supply)	\$4 (up to 90-day supply)	\$0 (up to 90-day supply)
Generic (Kaiser plans) / Select generic (Moda Plans)	\$12 per 31-day supply	\$8 per 31-day supply	\$12 per 31-day supply	\$8 per 31-day supply
Preferred Brand	25% up to \$75 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$75 per 31-day supply	25% up to \$50 per 31-day supply
Non-preferred brand	50% up to \$175 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$175 per 31-day supply	50% up to \$150 per 31-day supply
Mail				
Value (Moda Plans Only)	\$8	\$0	\$8	\$0
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24	\$16	\$24	\$16
Preferred Brand	25% up to \$150 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$150 per 90-day supply	25% up to \$100 per 90-day supply
Non-preferred brand	50% up to \$450 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$450 per 90-day supply	50% up to \$300 per 90-day supply
Specialty				
Select generic	N/A		N/A	
Preferred	25% up to \$200 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$200 per 31-day supply	25% up to \$100 per 31-day supply
Non-preferred brand	50% up to \$500 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$500 per 31-day supply	50% up to \$300 per 31-day supply

N/A - Not applicable

* Available as PPO plan for Coos and Curry counties. For all other areas, this plan is available as Synergy/Summit only.

** If enrolled in a Synergy/Summit Plan, you must select a Medical Home (primary care clinic) for each individual on the plan. Preventive, incentive, and primary care must be performed at 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 OON 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 now 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 Synergy/Summit 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 Synergy/Summit Plans.




⁵ On Kaiser Plans 1 & 2, viscosupplementation and other "Clinically Administered Medications" are subject to the office visit copayment plus 20% coinsurance.

⁶ Entities in Coos and Curry counties receive Synergy/Summit pharmacy benefit design, with the exception that pharmacy expenses will continue to accrue toward Maximum Cost Share limit.

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.





Summary of Medical and Pharmacy Benefits 2016-17 Plan Year

 No lifetime maximum on any medical plans.	 Cedar Plan PPO and Synergy/Summit		 Dogwood Plan PPO and Synergy/Summit	
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network** Member Pays	Out-of-Network Member Pays	In-Network** Member Pays	Out-of-Network Member Pays
Deductible per person	\$1,200	\$2,400	\$1,600	\$3,200
Maximum deductible per family	\$3,600	\$7,200	\$4,800	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person	\$6,850	N/A	\$6,850	N/A
Maximum cost share per family	\$13,700	N/A	\$13,700	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
Includes routine adult, well-child and women’s exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$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%
Incentive office visits and home visits	20% ¹	50%	20% ¹	50%
Professional Services				
Moda Medical Home primary care services	\$30 copay ¹	50%	\$30 copay ¹	50%
Primary care office visits	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%
Mental health office visits	\$30 copay ¹	50%	\$30 copay ¹	50%
Mental health inpatient and residential services	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	50%	\$0 ¹	50%
Alternative Care Services (\$2,000 combined maximum)				
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%
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Specialty				
Select generic	N/A		\$16	
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