

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 1

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Deductible per person	\$400	\$500	\$800
Maximum deductible per family	\$1,500	\$1,500	\$2,400
Out-of-pocket (OOP) maximum per person ³	\$2,850	\$3,250	\$6,000
Out-of-pocket (OOP) maximum per family ³	\$9,750	\$9,750	\$18,000
Maximum cost share per person	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA
Preventive Care Services			
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%
Primary Care, Specialists, & Urgent Care			
Primary care office visits	\$20 ^{1,6}	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 ⁹	\$40 ¹	NA	50%
Specialist office visits	\$40 ¹	20%	50%
Urgent care	\$40 ¹	20%	20%
Mental Health Services			
Mental health office visits	\$20 ¹	\$20 ¹	50%
Mental health inpatient and residential services	20%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20 ¹	\$20 ¹	50%
Outpatient Services			
Outpatient surgery/facility care	20%	20%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) ⁷	20%	20%	50%
Tests (outpatient)			
Preventive tests	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 1

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Alternative Care (\$2,000 annual benefit max)			
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. ⁸	\$20 ¹	20%	50%
Maternity Care			
Outpatient maternity care	20%	20%	50%
Physician or midwife services, hospital stay, delivery, & routine newborn nursery care	20%	20%	50%
Hospital Services			
Inpatient care/surgery	20%	20%	50%
Skilled nursing facility care ¹⁰	20%	20%	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 discographies	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%
Emergency Services			
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%	10%	50%
Durable medical equipment (DME)	20%	20%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	\$500 + 20%	Not covered

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 1

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value ⁹	\$4 per 31-day supply		
Generic (Kaiser) / Select generic (Moda)	\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply		
Non-preferred brand ⁵	50% up to \$175 per 31-day supply		
Mail			
Value ⁹	\$8 per 90-day supply		
Generic (Kaiser) / Select generic (Moda)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150 per 90-day supply		
Non-preferred brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select generic / Preferred brand (Moda)	25% up to \$200 per 31-day supply		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply		

NA = Not applicable

1 Deductible waived

2 Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

4 Benefit is subject to 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 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 under that plan 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.

7 Kaiser Plans: Maximum 20 visits/therapy/plan year; Moda Plans: 30 sessions/plan year; 60 sessions/plan year for spinal or head injury.

8 Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.

9 Moda plans only.

10 Kaiser: 100 days/plan year; Moda: 60 days/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 additional information or further explanation of benefits, limitations, and exclusions. In the case of a conflict between this document and your member handbook, the member handbook will prevail.

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 2

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Deductible per person	\$800	\$900	\$1,600
Maximum deductible per family	\$2,700	\$2,700	\$4,800
Out-of-pocket (OOP) maximum per person ³	\$3,850	\$4,250	\$8,000
Out-of-pocket (OOP) maximum per family ³	\$12,750	\$12,750	\$24,000
Maximum cost share per person	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA
Preventive Care Services			
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%
Primary Care, Specialists, & Urgent Care			
Primary care office visits	\$20 ^{1,6}	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 ⁹	\$40 ¹	NA	50%
Specialist office visits	\$40 ¹	20%	50%
Urgent care	\$40 ¹	20%	20%
Mental Health Services			
Mental health office visits	\$20 ¹	\$20 ¹	50%
Mental health inpatient and residential services	20%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20 ¹	\$20 ¹	50%
Outpatient Services			
Outpatient surgery/facility care	20%	20%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) ⁷	20%	20%	50%
Tests (outpatient)			
Preventive tests	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 2

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Alternative Care (\$2,000 annual benefit max)			
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. ⁸	\$20 ¹	20%	50%
Maternity Care			
Outpatient maternity care	20%	20%	50%
Physician or midwife services, hospital stay, delivery, & routine newborn nursery care	20%	20%	50%
Hospital Services			
Inpatient care/surgery	20%	20%	50%
Skilled nursing facility care ¹⁰	20%	20%	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 discographies	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%
Emergency Services			
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%	10%	50%
Durable medical equipment (DME)	20%	20%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	\$500 + 20%	Not covered

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 2

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value ⁹	\$4 per 31-day supply		
Generic (Kaiser) / Select generic (Moda)	\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply		
Non-preferred brand ⁵	50% up to \$175 per 31-day supply		
Mail			
Value ⁹	\$8 per 90-day supply		
Generic (Kaiser) / Select generic (Moda)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150 per 90-day supply		
Non-preferred brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select generic / Preferred brand (Moda)	25% up to \$200 per 31-day supply		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply		

NA = Not applicable

1 Deductible waived

2 Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

4 Benefit is subject to 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 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 under that plan 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.

7 Kaiser Plans: Maximum 20 visits/therapy/plan year; Moda Plans: 30 sessions/plan year; 60 sessions/plan year for spinal or head injury.

8 Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.

9 Moda plans only.

10 Kaiser: 100 days/plan year; Moda: 60 days/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 additional information or further explanation of benefits, limitations, and exclusions. In the case of a conflict between this document and your member handbook, the member handbook will prevail.

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 3

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Deductible per person	\$1,200	\$1,300	\$2,400
Maximum deductible per family	\$3,900	\$3,900	\$7,200
Out-of-pocket (OOP) maximum per person ³	\$4,850	\$5,250	\$10,000
Out-of-pocket (OOP) maximum per family ³	\$15,750	\$15,750	\$27,400
Maximum cost share per person	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA
Preventive Care Services			
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%
Primary Care, Specialists, & Urgent Care			
Primary care office visits	\$25 ^{1,6}	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 ⁹	\$50 ¹	NA	50%
Specialist office visits	\$50 ¹	25%	50%
Urgent care	\$50 ¹	25%	25%
Mental Health Services			
Mental health office visits	\$25 ¹	\$25 ¹	50%
Mental health inpatient and residential services	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$25 ¹	\$25 ¹	50%
Outpatient Services			
Outpatient surgery/facility care	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) ⁷	25%	25%	50%
Tests (outpatient)			
Preventive tests	\$0 ¹	\$0 ¹	50%
Laboratory	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 3

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Alternative Care (\$2,000 annual benefit max)			
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. ⁸	\$25 ¹	25%	50%
Maternity Care			
Outpatient maternity care	25%	25%	50%
Physician or midwife services, hospital stay, delivery, & routine newborn nursery care	25%	25%	50%
Hospital Services			
Inpatient care/surgery	25%	25%	50%
Skilled nursing facility care ¹⁰	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 discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
Emergency Services			
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%	
Ambulance	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%
Durable medical equipment (DME)	25%	25%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 25%	\$500 + 25%	Not covered

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 3

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value ⁹	\$4 per 31-day supply		
Generic (Kaiser) / Select generic (Moda)	\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply		
Non-preferred brand ⁵	50% up to \$175 per 31-day supply		
Mail			
Value ⁹	\$8 per 90-day supply		
Generic (Kaiser) / Select generic (Moda)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150 per 90-day supply		
Non-preferred brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select generic / Preferred brand (Moda)	25% up to \$200 per 31-day supply		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply		

NA = Not applicable

1 Deductible waived

2 Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

4 Benefit is subject to 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 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 under that plan 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.

7 Kaiser Plans: Maximum 20 visits/therapy/plan year; Moda Plans: 30 sessions/plan year; 60 sessions/plan year for spinal or head injury.

8 Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.

9 Moda plans only.

10 Kaiser: 100 days/plan year; Moda: 60 days/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 additional information or further explanation of benefits, limitations, and exclusions. In the case of a conflict between this document and your member handbook, the member handbook will prevail.

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 4

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Deductible per person	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$15,800	\$15,800	\$27,400
Maximum cost share per person	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA
Preventive Care Services			
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%
Primary Care, Specialists, & Urgent Care			
Primary care office visits	\$25 ^{1,6}	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 ⁹	\$50 ¹	NA	50%
Specialist office visits	\$50 ¹	25%	50%
Urgent care	\$50 ¹	25%	25%
Mental Health Services			
Mental health office visits	\$25 ¹	\$25 ¹	50%
Mental health inpatient and residential services	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$25 ¹	\$25 ¹	50%
Outpatient Services			
Outpatient surgery/facility care	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) ⁷	25%	25%	50%
Tests (outpatient)			
Preventive tests	\$0 ¹	\$0 ¹	50%
Laboratory	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 4

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Alternative Care (\$2,000 annual benefit max)			
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. ⁸	\$25 ¹	25%	50%
Maternity Care			
Outpatient maternity care	25%	25%	50%
Physician or midwife services, hospital stay, delivery, & routine newborn nursery care	25%	25%	50%
Hospital Services			
Inpatient care/surgery	25%	25%	50%
Skilled nursing facility care ¹⁰	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 discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
Emergency Services			
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%	
Ambulance	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%
Durable medical equipment (DME)	25%	25%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 25%	\$500 + 25%	Not covered

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 4

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value ⁹	\$4 per 31-day supply		
Generic (Kaiser) / Select generic (Moda)	\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply		
Non-preferred brand ⁵	50% up to \$175 per 31-day supply		
Mail			
Value ⁹	\$8 per 90-day supply		
Generic (Kaiser) / Select generic (Moda)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150 per 90-day supply		
Non-preferred brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select generic / Preferred brand (Moda)	25% up to \$200 per 31-day supply		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply		

NA = Not applicable

1 Deductible waived

2 Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

4 Benefit is subject to 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 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 under that plan 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.

7 Kaiser Plans: Maximum 20 visits/therapy/plan year; Moda Plans: 30 sessions/plan year; 60 sessions/plan year for spinal or head injury.

8 Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.

9 Moda plans only.

10 Kaiser: 100 days/plan year; Moda: 60 days/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 additional information or further explanation of benefits, limitations, and exclusions.

In the case of a conflict between this document and your member handbook, the member handbook will prevail.

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 5

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Deductible per person	\$2,000	\$2,100	\$4,000
Maximum deductible per family	\$6,300	\$6,300	\$12,600
Out-of-pocket (OOP) maximum per person ³	\$6,800	\$7,200	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$15,800	\$15,800	\$27,400
Maximum cost share per person	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA
Preventive Care Services			
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%
Primary Care, Specialists, & Urgent Care			
Primary care office visits	\$30 ^{1,6}	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 ⁹	\$50 ¹	NA	50%
Specialist office visits	\$50 ¹	25%	50%
Urgent care	\$50 ¹	25%	25%
Mental Health Services			
Mental health office visits	\$30 ¹	\$30 ¹	50%
Mental health inpatient and residential services	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$30 ¹	\$30 ¹	50%
Outpatient Services			
Outpatient surgery/facility care	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) ⁷	25%	25%	50%
Tests (outpatient)			
Preventive tests	\$0 ¹	\$0 ¹	50%
Laboratory	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 5

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Alternative Care (\$2,000 annual benefit max)			
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. ⁸	\$30 ¹	25%	50%
Maternity Care			
Outpatient maternity care	25%	25%	50%
Physician or midwife services, hospital stay, delivery, & routine newborn nursery care	25%	25%	50%
Hospital Services			
Inpatient care/surgery	25%	25%	50%
Skilled nursing facility care ¹⁰	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 discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
Emergency Services			
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%	
Ambulance	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%
Durable medical equipment (DME)	25%	25%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 25%	\$500 + 25%	Not covered

Faculty Medical Benefit Summary
2019-20 Plan Year

Insurance Carrier

Moda Health Plans

Medical Plan

Plan 5

Network

Connexus (PPO)

Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value ⁹	\$4 per 31-day supply		
Generic (Kaiser) / Select generic (Moda)	\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply		
Non-preferred brand ⁵	50% up to \$175 per 31-day supply		
Mail			
Value ⁹	\$8 per 90-day supply		
Generic (Kaiser) / Select generic (Moda)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150 per 90-day supply		
Non-preferred brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select generic / Preferred brand (Moda)	25% up to \$200 per 31-day supply		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply		

NA = Not applicable

1 Deductible waived

2 Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

4 Benefit is subject to 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 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 under that plan 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.

7 Kaiser Plans: Maximum 20 visits/therapy/plan year; Moda Plans: 30 sessions/plan year; 60 sessions/plan year for spinal or head injury.

8 Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum.

9 Moda plans only.

10 Kaiser: 100 days/plan year; Moda: 60 days/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 additional information or further explanation of benefits, limitations, and exclusions. In the case of a conflict between this document and your member handbook, the member handbook will prevail.