

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 1			Moda Medical Plan 2		
Plan Year: October 1 - September 30 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	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	\$800	\$900	\$1600
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800
Out-of-pocket (OOP) maximum per person ³	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000
Out-of-pocket (OOP) maximum per family ³	\$9,750	\$9,750	\$18,000	\$12,750	\$12,750	\$24,000
Maximum cost share per person	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA
Preventive Care Services						
Wellness visit	\$0 ¹	\$0 ¹	Not covered	\$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%	\$0 ¹	\$0 ¹	50%
Primary Care, Specialist, and Urgent Care						
Primary care office visits	\$20 ^{1,6}	20%	50%	\$20 ^{1,6}	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$40 ¹	NA	50%	\$40 ¹	NA	50%
Virtual care	\$10 ^{1,9}	\$10 ^{1,9}	50%	\$10 ^{1,9}	\$10 ^{1,9}	50%
Specialist office visits	\$40 ¹	20%	50%	\$40 ¹	20%	50%
Urgent care	\$40 ¹	20%	20%	\$40 ¹	20%	20%
Mental Health Services						
Mental health office visits	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%
Mental health inpatient and residential services	20%	20%	50%	20%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%
Outpatient Services						
Outpatient surgery/facility care	20%	20%	50%	20%	20%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)	20%	20%	50%	20%	20%	50%
Tests (Outpatient)						
Preventive tests	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%	20%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%	20%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
Alternative Care Services⁸						
Acupuncture, chiropractic & naturopathic services	\$20 ^{1,8}	20% ⁸	50% ⁸	\$20 ^{1,8}	20% ⁸	50% ⁸
Maternity Care						
Outpatient maternity care	20%	20%	50%	20%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	20%	20%	50%
Hospital Services						
Inpatient care/surgery	20%	20%	50%	20%	20%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	20%	50%	20%	20%	50%
Additional Cost Tier (Applies to Moda Plans Only)						
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, scosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%	\$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%		

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 1			Moda Medical Plan 2		
Plan Year: October 1 - September 30 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	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
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%	10%	10%	50%
Durable medical equipment (DME)	20%	20%	50%	20%	20%	50%
Bariatric surgery	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 20%	\$500 + 20%	Not covered
Pharmacy Services						
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share		
Retail						
Value	\$4 per 31-day supply			\$4 per 31-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$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		
Non-Preferred Brand ⁵	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply		
Mail						
Value	\$8 per 90-day supply			\$8 per 90-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply			\$24 per 90-day supply		
Preferred Brand	25% up to \$150			25% up to \$150		
Non-Preferred Brand ⁵	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply		
Specialty						
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply			25% up to \$200 per 31-day supply		
Non-Preferred Brand ⁵	50% up to \$500 per 31-day supply			50% up to \$500 per 31-day supply		

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 3			Moda Medical Plan 4		
Plan Year: October 1 - September 30 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	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	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$3,900	\$3,900	\$7,200	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400
Maximum cost share per person	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA
Preventive Care Services						
Wellness visit	\$0 ¹	\$0 ¹	Not covered	\$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%	\$0 ¹	\$0 ¹	50%
Primary Care, Specialist, and Urgent Care						
Primary care office visits	\$25 ^{1,6}	25%	50%	\$25 ^{1,6}	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 ¹	NA	50%	\$50 ¹	NA	50%
Virtual care	\$10 ^{1,9}	\$10 ^{1,9}	50%	\$10 ^{1,9}	\$10 ^{1,9}	50%
Specialist office visits	\$50 ¹	25%	50%	\$50 ¹	25%	50%
Urgent care	\$50 ¹	25%	25%	\$50 ¹	25%	25%
Mental Health Services						
Mental health office visits	\$25 ¹	\$25 ¹	50%	\$25 ¹	\$25 ¹	50%
Mental health inpatient and residential services	25%	25%	50%	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$25 ¹	\$25 ¹	50%	\$25 ¹	\$25 ¹	50%
Outpatient Services						
Outpatient surgery/facility care	25%	25%	50%	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)	25%	25%	50%	25%	25%	50%
Tests (Outpatient)						
Preventive tests	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Laboratory	25%	25%	50%	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	25%	25%	50%	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Alternative Care Services⁸						
Acupuncture, chiropractic & naturopathic services	\$25 ^{1,8}	25% ⁸	50% ⁸	\$25 ^{1,8}	25% ⁸	50% ⁸
Maternity Care						
Outpatient maternity care	25%	25%	50%	25%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	25%	25%	50%	25%	25%	50%
Hospital Services						
Inpatient care/surgery	25%	25%	50%	25%	25%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	25%	25%	50%	25%	25%	50%
Additional Cost Tier (Applies to Moda Plans Only)						
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, scosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	\$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%		

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 3			Moda Medical Plan 4		
Plan Year: October 1 - September 30 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	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Out-of-Network Services Member Pays
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%	10%	10%	50%
Durable medical equipment (DME)	25%	25%	50%	25%	25%	50%
Bariatric surgery	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 25%	\$500 + 25%	Not covered
Pharmacy Services						
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share		
Retail						
Value	\$4 per 31-day supply			\$4 per 31-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$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		
Non-Preferred Brand ⁵	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply		
Mail						
Value	\$8 per 90-day supply			\$8 per 90-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply			\$24 per 90-day supply		
Preferred Brand	25% up to \$150			25% up to \$150		
Non-Preferred Brand ⁵	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply		
Specialty						
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply			25% up to \$200 per 31-day supply		
Non-Preferred Brand ⁵	50% up to \$500 per 31-day supply			50% up to \$500 per 31-day supply		

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 5		
Plan Year: October 1 - September 30 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	\$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, Specialist, and Urgent Care			
Primary care office visits	\$30 ^{1,6}	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 ¹	NA	50%
Virtual care	\$10 ^{1,9}	\$10 ^{1,9}	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)	25%	25%	50%
Tests (Outpatient)			
Preventive tests	\$0 ¹	\$00	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%
Alternative Care Services⁸			
Acupuncture, chiropractic & naturopathic services	\$30 ^{1,8}	25% ⁸	50% ⁸
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 (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	25%	25%	50%
Additional Cost Tier (Applies to Moda Plans Only)			
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, scosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
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%		
Ambulance	25%		

Faculty & Part-time Faculty 2020-21 Medical/Rx Plans	Moda Medical Plan 5		
Plan Year: October 1 - September 30 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
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	\$500 + 25%	\$500 + 25%	Not covered
Pharmacy Services			
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share		
Retail			
Value	\$4 per 31-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$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	\$8 per 90-day supply		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply		
Preferred Brand	25% up to \$150		
Non-Preferred Brand ⁵	50% up to \$450 per 90-day supply		
Specialty			
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply		
Non-Preferred Brand ⁵	50% up to \$500 per 31-day supply		

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- 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 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 max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.

4 - Benefit is subject to a 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 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 - For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

8 - For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually. 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.