



Summary of Medical and Pharmacy Benefits 2016-17 Plan Year

No lifetime maximum on any medical plans.

	 Med Plan 1 (HMO)		 Med Plan 2 (HMO)	
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	None	See Plan Handbook	\$800	See Plan Handbook
Maximum deductible per family	None	See Plan Handbook	\$2,400	See Plan Handbook
Out-of-pocket (OOP) maximum per person ³	\$1,500	See Plan Handbook	\$4,000	See Plan Handbook
Out-of-pocket (OOP) maximum per family ³	\$3,000	See Plan Handbook	\$12,000	See Plan Handbook
Maximum cost share per person	NA	NA	NA	NA
Maximum cost share per family	NA	NA	NA	NA
Preventive Care Services				
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0	NA	\$0 ¹	NA
Includes routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0	Not Covered	\$0 ¹	Not Covered
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)				
Moda Medical Home incentive care	NA	NA	NA	NA
Incentive office visits and home visits	NA	NA	NA	NA
Professional Services				
Moda Medical Home primary care services	NA	NA	NA	NA
Primary care office visits	\$20	Not Covered	\$25 ¹	Not Covered
Specialist office visits	\$30	Not Covered	\$35 ¹	Not Covered
Mental health office visits	\$20	Not Covered	\$25 ¹	Not Covered
Mental health inpatient and residential services	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	\$0	Not Covered	\$0 ¹	Not Covered
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 per service	Not Covered	\$25 ¹ per service	Not Covered
Maternity Care				
Outpatient Maternity Care	\$0	Not Covered	\$0 ¹	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered
Outpatient and Hospital Services				
Inpatient care/surgery	\$100 per day, up to \$500 per admission maximum	See Plan Handbook	20%	See Plan Handbook
Outpatient surgery/facility care	\$75	Not Covered	20%	Not Covered
Skilled nursing facility care Kaiser Plans: 100 days per plan year Moda Plans: 60 days per plan year	\$0	NA	20%	NA
Viscosupplementation	\$30 ⁵	Not Covered	\$35 ^{1,5}	Not Covered
Upper Endoscopies	\$75	Not Covered	20%	Not Covered
Sleep Studies	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered
MRI, CT, PET imaging	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered
Lumbar Discographies	\$75 per visit	Not Covered	20%	Not Covered
Moda Plans Only: \$100 Additional Cost Tier (ACT): spinal injections, tonsillectomies	NA	NA	NA	NA
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, hernia repair	NA	NA	NA	NA
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	\$30 per visit	Not Covered	\$35 ¹ per visit	Not Covered
Outpatient diagnostic lab and X-ray	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered
Emergency and Urgent Care				
Urgent care visit	\$35	See Plan Handbook	\$40 ¹	See Plan Handbook
Emergency room (copay waived if admitted)	\$100 per visit (waived if admitted)		20%	
Ambulance	\$75		\$100 ¹	
Other Covered Services				
Hearing Aids \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	Not Covered	10% ¹	Not Covered
Durable Medical Equipment	20%	Not Covered	20% ¹	Not Covered
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		\$0 ¹	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0		\$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 + Inpatient Care costs		\$500 + 20%	



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 Med Plan 1 (HMO)		 Med Plan 2 (HMO)		
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
Tobacco Cessation Program (Available to ages 10 and over)				
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.	
Pharmacy Services				
Out-of-pocket Maximum	\$1100 Rx max also applies to Medical OOP Max		\$1100 Rx max also applies to Medical OOP Max	
Retail				
Value (Moda Plans Only)	NA	NA	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)	\$5 per 30-day-supply	See Plan Handbook	\$5 per 30-day supply	See Plan Handbook
Preferred Brand	\$25 per 30-day supply	See Plan Handbook	\$25 per 30-day supply	See Plan Handbook
Non-preferred brand	\$45 per 30-day supply if criteria met	See Plan Handbook	\$45 per 30-day supply if criteria met	See Plan Handbook
Mail				
Value (Moda Plans Only)	NA	NA	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)	\$10 per 90-day supply	See Plan Handbook	\$10 per 90-day supply	See Plan Handbook
Preferred Brand	\$50 per 90-day supply	See Plan Handbook	\$50 per 90-day supply	See Plan Handbook
Non-preferred brand	\$90 per 90-day supply if criteria met	See Plan Handbook	\$90 per 90-day supply if criteria met	See Plan Handbook
Specialty				
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$100 per 30 day supply	See Plan Handbook	25% up to \$100 per 30 day supply	See Plan Handbook
Non-preferred brand	25% up to \$100 per 30 day supply	See Plan Handbook	25% up to \$100 per 30 day supply	See Plan Handbook

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 "Out-of-Network" 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. See separate Coos and Curry pharmacy document for more details.

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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.

	 moda HEALTH Alder Plan Synergy/Summit Only*		 moda HEALTH 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
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	Synergy/Summit (PPO ⁶ only in Coos and Curry counties)		PPO⁶	Synergy/Summit
Out-of-pocket Maximum	Rx applied toward plan OOP Max		Rx applies toward Max Cost Share	Rx applies toward plan OOP max
Retail				
Value (Moda Plans Only)	\$0		\$4 per 31-day supply	\$0
Generic (Kaiser plans) / Select generic (Moda Plans)	\$8 per 31-day supply		\$12 per 31-day supply	\$8 per 31-day supply
Preferred Brand	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 \$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)	\$0		\$8 per 90-day supply	\$0
Generic (Kaiser plans) / Select generic (Moda Plans)	\$16 per 90-day supply		\$24 per 90-day supply	\$16 per 90-day supply
Preferred Brand	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 \$300 per 90-day supply		50% up to \$450 per 90-day supply	50% up to \$300 per 90-day supply
Specialty				
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	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 \$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 "Out-of-Network" 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. See separate Coos and Curry pharmacy document for more details.

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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%
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.

	 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
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	PPO⁶	Synergy/Summit	PPO⁶	Synergy/Summit
Out-of-pocket Maximum	Rx applies toward Max Cost Share	Rx applies toward plan OOP max	Rx applies toward Max Cost Share	Rx applies toward plan OOP max
Retail				
Value (Moda Plans Only)	\$4 per 31-day supply	\$0	\$4 per 31-day supply	\$0
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 per 90-day supply	\$0	\$8 per 90-day supply	\$0
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24 per 90-day supply	\$16 per 90-day supply	\$24 per 90-day supply	\$16 per 90-day supply
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 (Kaiser plans) / Preferred brand (Moda Plans)	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

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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. See separate Coos and Curry pharmacy document for more details.

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No lifetime maximum on any medical plans.

	 Evergreen Plan (HSA Required) PPO and Synergy/Summit		 Med Plan 3 (HMO) (HSA Optional)	
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	\$1,600 ²	\$3,200 ²	\$1,600 ²	See Plan Handbook
Maximum deductible per family	\$3,200 ²	\$6,400 ²	\$3,200 ²	See Plan Handbook
Out-of-pocket (OOP) maximum per person ³	\$6,550 ²	\$13,100 ²	\$6,550 ²	See Plan Handbook
Out-of-pocket (OOP) maximum per family ³	\$13,100 ²	\$26,200 ²	\$13,100 ²	See Plan Handbook
Maximum cost share per person		N/A	NA	NA
Maximum cost share per family		N/A	NA	NA
Preventive Care Services				
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0 ¹	Not covered	\$0 ¹	NA
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	Not Covered
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)				
Moda Medical Home incentive care	20%	50%	NA	NA
Incentive office visits and home visits	20%	50%	NA	NA
Professional Services				
Moda Medical Home primary care services	20%	50%	NA	NA
Primary care office visits	20%	50%	20%	Not Covered
Specialist office visits	20%	50%	20%	Not Covered
Mental health office visits	20%	50%	20%	Not Covered
Mental health inpatient and residential services	20%	50%	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	20%	50%	20%	Not Covered
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%	Not Covered
Maternity Care				
Outpatient Maternity Care	20%	50%	\$0 ¹	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	Not Covered
Outpatient and Hospital Services				
Inpatient care/surgery	20%	50%	20%	See Plan Handbook
Outpatient surgery/facility care	20%	50%	20%	Not Covered
Skilled nursing facility care Kaiser Plans: 100 days per plan year Moda Plans: 60 days per plan year	20%	50%	20%	NA
Viscosupplementation	20%	50%	20%	Not Covered
Upper Endoscopies	20%	50%	20%	Not Covered
Sleep Studies	20%	50%	20%	Not Covered
MRI, CT, PET imaging	20%	50%	20%	Not Covered
Lumbar Discographies	20%	50%	20%	Not Covered
Moda Plans Only: \$100 Additional Cost Tier (ACT): spinal injections, tonsillectomies	20%	50%	NA	NA
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, hernia repair	20%	50%	NA	NA
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%	Not Covered
Outpatient diagnostic lab and X-ray	20%	50%	20%	Not Covered
Emergency and Urgent Care				
Urgent care visit		20%	20%	See Plan Handbook
Emergency room (copay waived if admitted)		20%		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	20%	50%	20%	Not Covered
Durable Medical Equipment	20%	50%	20%	Not Covered
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 + 20%



Summary of Medical and Pharmacy Benefits 2016-17 Plan Year

No lifetime maximum on any medical plans.

		 Evergreen Plan (HSA Required) PPO and Synergy/Summit		 Med Plan 3 (HMO) (HSA Optional)	
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
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.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.	
Pharmacy Services		PPO⁶	Synergy/Summit		
Out-of-pocket Maximum		Rx applies toward plan OOP max		Rx applies toward plan OOP max	
Retail					
Value (Moda Plans Only)		\$4 per 31-day supply	\$0 ¹	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)		20%		20%	See Plan Handbook
Preferred Brand		20%		20%	See Plan Handbook
Non-preferred brand		20%		20%	See Plan Handbook
Mail					
Value (Moda Plans Only)		\$8 ¹ per 90-day supply	\$0 ¹	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)		20%		20%	See Plan Handbook
Preferred Brand		20%		20%	See Plan Handbook
Non-preferred brand		20%		20%	See Plan Handbook
Specialty					
Select generic (Kaiser plans) / Preferred brand (Moda Plans)		20%		20%	See Plan Handbook
Non-preferred brand		20%		20%	See Plan Handbook

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 "Out-of-Network" 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. See separate Coos and Curry pharmacy document for more details.

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.