

Medical Plans (continued)

Moda Synergy, Summit

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

Providers	Full-time		Part-time	
	In Medical home ¹	Out of network ¹	In Medical home ¹	Out of network ¹
Standard deductible²	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual, \$4500/family	\$2500/individual \$7500/family	\$2500/individual \$7500/family	\$4500/individual, \$13500/family
Primary care visit	\$5, first 4 visits deductible waived	30%	\$30, first 4 visits deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$5, with referral	30%	\$30, with referral	50%
Outpatient mental health care	\$5, deductible waived	30%	\$30, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Physician, midwife maternity services	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & x-ray	\$0, deductible waived	30%	\$0, Quest provider, deductible waived, or 20%	50%
Inpatient hospital per admission	\$50/day to \$250 max	30%	\$500	50%
Urgent care	\$5 in network	30%	\$30 in network	50%
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + \$30	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$5	30%	\$30	50%
Spinal manipulation, acupuncture services¹³	\$5 up to \$1,000/yr max combined. Not applied to out-of-pocket max.	30% up to \$1,000/yr max combined. Not applied to out-of-pocket max.	\$30 up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty. Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Medical Plans Footnotes

¹ To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.

² All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In-Medical Home and Out-of-Medical Home (see 1 above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

³ See Health Engagement Model (HEM), page 15.

⁴ PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.

⁵ These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.

⁶ Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for

observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.

⁷ These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.

⁸ Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.

⁹ These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.

¹⁰ The prescription drug deductible is \$50 per person or \$150 for families with three or more members. It applies separately from the medical deductible.

¹¹ The prescription drug out-of-pocket maximum is \$1,000 per person, with a family maximum of \$3,000. It accrues separately from the medical out-of-pocket maximum.

¹² All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)

¹³ Limited to \$1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.