OEBB Summary of Medical and Pharmacy Benefits 2018-19 Plan Year

Kaiser Permanente HMO Plans

No lifetime maximum on any medical plans.	KAISER PERMANENTE® **Med Plan 1 HMO Kaiser Permanente Network**		KAISER PERMANENTE® **Med Plan 2 HMO Kaiser Permanente Network**		KAISER PERMANENTE® **Med Plan 3 HMO Kaiser Permanente Network** *Optional HSA Allowed*	
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**	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible per person	None	NA	$800	NA	$1,600[2]	NA
Maximum deductible per family	None	NA	$2,400	NA	$3,200[2]	NA
Out-of-pocket (OOP) maximum per person [3]	$1,500	NA	$4,000	NA	$6,550[2]	NA
Out-of-pocket (OOP) maximum per family [3]	$3,000	NA	$12,000	NA	$13,100[2]	NA
Maximum cost share per person	NA	NA	NA	NA	NA	NA
Maximum cost share per family	NA	NA	NA	NA	NA	NA
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	$0	NA	$0[1]	NA	$0[1]	NA
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	$0	Not Covered	$0[1]	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	NA	NA
Incentive office visits and home visits	NA	NA	NA	NA	NA	NA
Office Services						
Moda Medical Home primary care services	NA	NA	NA	NA	NA	NA
Primary care office visits	$20	Not Covered	$25[1]	Not Covered	20%	Not Covered
Specialist office visits	$30	Not Covered	$35[1]	Not Covered	20%	Not Covered
Urgent Care	$35	See Plan Handbook	$40[1]	See Plan Handbook	20%	See Plan Handbook
Mental Health Services						
Mental health office visits	$20	Not Covered	$25[1]	Not Covered	20%	Not Covered
Mental health inpatient and residential services	$100 per day, up to $500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	$0	Not Covered	$0[1]	Not Covered	20%	Not Covered
Outpatient Services						
Outpatient surgery/facility care	$75	Not Covered	20%	Not Covered	20%	Not Covered
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	$30 per visit	Not Covered	$35[1] per visit	Not Covered	20%	Not Covered
Tests (outpatient)						
Preventive tests	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered
Laboratory	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
X-ray, imaging, and special diagnostic procedures	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
CT, MRI, PET scans	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
Alternative Care Services ($2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. *Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum*	$20 per service	Not Covered	$25[1] per service	Not Covered	20%	Not Covered
Maternity Care						
Outpatient Materntity Care	$0	Not Covered	$0[1]	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	20%	Not Covered
Hospital Services						
Inpatient care/surgery	$100 per day, up to $500 per admission maximum	See Plan Handbook	20%	See Plan Handbook	20%	See Plan Handbook
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	$0	NA	20%	NA	20%	NA
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	NA	NA	NA	NA	NA	NA
Moda Plans Only: $500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement [4], knee & shoulder arthroscopy, uncomplicated hernia repair	NA	NA	NA	NA	NA	NA
Emergency Services						
Emergency room (copay waived if admitted)	$100 per visit (waived if admitted)		20%		20%	
Ambulance	$75		$100[1]		20%	
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	20%	Not Covered
Durable Medical Equipment (DME)	20%	Not Covered	20%[1]	Not Covered	20%	Not Covered
Bariatric Surgery (Roux-en-Y and gastric sleeve)	$500 + Inpatient Care costs	Not Covered	$500 + 20%	Not Covered	$500 + 20%	Not Covered
Pharmacy Services						
Out-of-pocket Maximum	$1100 Rx max also applies to Medical OOP Max		$1100 Rx max also applies to Medical OOP Max		Rx applies toward plan OOP max	
Retail						
Value (Moda Plans Only)	NA	NA	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	20%	See Plan Handbook
Preferred Brand	$25 per 30-day supply	See Plan Handbook	$25 per 30-day supply	See Plan Handbook	20%	See Plan Handbook
Non-preferred brand[5]	$45 per 30-day supply if criteria met	See Plan Handbook	$45 per 30-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook
Mail						
Value (Moda Plans Only)	NA	NA	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	20%	See Plan Handbook
Preferred Brand	$50 per 90-day supply	See Plan Handbook	$50 per 90-day supply	See Plan Handbook	20%	See Plan Handbook
Non-preferred brand[5]	$90 per 90-day supply if criteria met	See Plan Handbook	$90 per 90-day supply if criteria met	See Plan Handbook	20%	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	20%	See Plan Handbook
Non-preferred brand[5]	25% up to $100 per 30 day supply	See Plan Handbook	25% up to $100 per 30 day supply	See Plan Handbook	20%	See Plan Handbook

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the 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 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 CCM 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 CCM Plans.

5 A formulary exception must be approved for non-preferred brand prescription medication.

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.

OEBB Summary of Medical and Pharmacy Benefits 2018-19 Plan Year

Moda Health CCM Synergy/Summit Plans

No lifetime maximum on any medical plans.	Alder CCM** Synergy or Summit Network		Birch CCM** Synergy or Summit Network		Cedar CCM** Synergy or Summit Network		Dogwood CCM** Synergy or Summit Network		Evergreen CCM** Synergy or Summit Network *Optional HSA Allowed*		Fir CCM** Synergy or Summit Network *Optional HSA Allowed*	
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**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**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	$1,200	$2,400	$1,600	$3,200	$1,600[2]	$3,200[2]	$2,000[2]	$4,000[2]
Maximum deductible per family	$1,200	$2,400	$2,400	$4,800	$3,600	$7,200	$4,800	$9,600	$3,200[2]	$6400[2]	$4,000[2]	$8000[2]
Out-of-pocket (OOP) maximum per person [3]	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000	$6,850	$13,700	$6,550[2]	$13,100[2]	$6,650[2]	$13,300[2]
Out-of-pocket (OOP) maximum per family [3]	$9,000	$18,000	$12,000	$24,000	$13,700	$27,400	$13,700	$27,400	$13,100[2]	$26,200[2]	$13,300[2]	$26,600[2]
Maximum cost share per person	$7,350	N/A	$7,350	N/A	$7,350	N/A	$7,350	N/A	NA	NA	NA	NA
Maximum cost share per family	$14,700	N/A	$14,700	N/A	$14,700	N/A	$14,700	N/A	NA	NA	NA	NA
Preventive Care Services												
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered	$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]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%	$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%	$15 copay[1]	50%	$15 copay[1]	50%	20%	50%	20%	50%
Incentive office visits and home visits	see above	50%	see above	50%	see above	50%	see above	50%	see above	50%	see above	50%
Office Services												
Moda Medical Home primary care services	$20 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	20%	50%	20%	50%
Primary care office visits	see above	50%	see above	50%	see above	50%	see above	50%	see above	50%	see above	50%
Specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Urgent Care	$50[1]		$50[1]		$50[1]		$50[1]		20%		20%	
Mental Health Services												
Mental health office visits	$20 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	20%	50%	20%	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%	20%	50%	20%	50%
Outpatient Services												
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Tests (outpatient)												
Preventive tests	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%
Laboratory	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	$100 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	20%	50%	20%	50%
Alternative Care Services ($2,000 combined maximum)												
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. *Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum*	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity Care												
Outpatient Materntity Care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Hospital Services												
Inpatient care/surgery	20%	50%	20%	50%	20%	50%	20%	50%	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%	20%	50%	20%	50%	20%	50%	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 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	$100 + 20%	$100 + 50%	20%	50%	20%	50%
Moda Plans Only: $500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement [4], knee & shoulder arthroscopy, uncomplicated hernia repair	$500 + 20%	$500 + 50%	$500 + 20%	$500 + 50%	$500 + 20%	$500 + 50%	$500 + 20%	$500 + 50%	20%	50%	20%	50%
Emergency Services												
Emergency room (copay waived if admitted)	$100 copay + 20%		$100 copay + 20%		$100 copay + 20%		$100 copay + 20%		20%		20%	
Ambulance	20%		20%		20%		20%		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%	10%	50%	10%	50%	20%	50%	20%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered
Pharmacy Services												
Out-of-pocket Maximum	Rx applies toward plan OOP Max		Rx applies toward plan OOP Max		Rx applies toward plan OOP Max		Rx applies toward plan OOP Max		Rx applies toward plan OOP Max		Rx applies toward plan OOP Max	
Retail												
Value (Moda Plans Only)	$0		$0		$0		$0		$0[1]		$0[1]	
Generic (Kaiser plans) / Select generic (Moda Plans)	$8 per 31-day supply		$8 per 31-day supply		$8 per 31-day supply		$8 per 31-day supply		20%		20%	
Preferred Brand	25% up to $50 per 31-day supply		25% up to $50 per 31-day supply		25% up to $50 per 31-day supply		25% up to $50 per 31-day supply		20%		20%	
Non-preferred brand[5]	50% up to $150 per 31-day supply		50% up to $150 per 31-day supply		50% up to $150 per 31-day supply		50% up to $150 per 31-day supply		20%		20%	
Mail												
Value (Moda Plans Only)	$0		$0		$0		$0		$0[1]		$0[1]	
Generic (Kaiser plans) / Select generic (Moda Plans)	$16 per 90-day supply		$16 per 90-day supply		$16 per 90-day supply		$16 per 90-day supply		20%		20%	
Preferred Brand	25% up to $100 per 90-day supply		25% up to $100 per 90-day supply		25% up to $100 per 90-day supply		25% up to $100 per 90-day supply		20%		20%	
Non-preferred brand[5]	50% up to $300 per 90-day supply		50% up to $300 per 90-day supply		50% up to $300 per 90-day supply		50% up to $300 per 90-day supply		20%		20%	
Specialty												
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to $100 per 31-day supply		25% up to $100 per 31-day supply		25% up to $100 per 31-day supply		25% up to $100 per 31-day supply		20%		20%	
Non-preferred brand[5]	50% up to $300 per 31-day supply		50% up to $300 per 31-day supply		50% up to $300 per 31-day supply		50% up to $300 per 31-day supply		20%		20%	

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the 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 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 CCM 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 CCM Plans.

5 A formulary exception must be approved for non-preferred brand prescription medication.

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.

OEBB Summary of Medical and Pharmacy Benefits 2018-19 Plan Year

Moda Health PPO Connexus Plans

No lifetime maximum on any medical plans.	Birch PPO Connexus Network		Cedar PPO Connexus Network		Dogwood PPO Connexus Network		Evergreen PPO Connexus Network *Optional HSA Allowed*		Fir PPO Connexus Network *Optional HSA Allowed*	
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**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible per person	$800	$1,600	$1,200	$2,400	$1,600	$3,200	$1,600[2]	$3,200[2]	$2,000[2]	$4,000[2]
Maximum deductible per family	$2,400	$4,800	$3,600	$7,200	$4,800	$9,600	$3,200[2]	$6400[2]	$4,000[2]	$8000[2]
Out-of-pocket (OOP) maximum per person [3]	$4,000	$8,000	$5,000	$10,000	$6,850	$13,700	$6,550[2]	$13,100[2]	$6,650[2]	$13,300[2]
Out-of-pocket (OOP) maximum per family [3]	$12,000	$24,000	$13,700	$27,400	$13,700	$27,400	$13,100[2]	$26,200[2]	$13,300[2]	$26,600[2]
Maximum cost share per person	$7,350	N/A	$7,350	N/A	$7,350	N/A	NA	NA	NA	NA
Maximum cost share per family	$14,700	N/A	$14,700	N/A	$14,700	N/A	NA	NA	NA	NA
Preventive Care Services										
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered	$0[1]	Not covered	$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]	50%	$0[1]	50%	$0[1]	50%	$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%	$15 copay[1]	50%	20%	50%	20%	50%
Incentive office visits and home visits	20%[1]	50%	20%[1]	50%	20%[1]	50%	20%	50%	20%	50%
Office Services										
Moda Medical Home primary care services	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	20%	50%	20%	50%
Primary care office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Urgent Care	$50[1]		$50[1]		$50[1]		20%		20%	
Mental Health Services										
Mental health office visits	$30 copay[1]	50%	$30 copay[1]	50%	$30 copay[1]	50%	20%	50%	20%	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	$0[1]	50%	$0[1]	50%	$0[1]	50%	20%	50%	20%	50%
Outpatient Services										
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Tests (outpatient)										
Preventive tests	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%	$0[1]	50%
Laboratory	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	20%	50%	20%	50%
Alternative Care Services ($2,000 combined maximum)										
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. *Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum*	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity Care										
Outpatient Materntity Care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Hospital Services										
Inpatient care/surgery	20%	50%	20%	50%	20%	50%	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%	20%	50%	20%	50%	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 + 50%	$100 copay + 20%	$100 copay + 50%	$100 copay + 20%	$100 copay + 50%	20%	50%	20%	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 + 50%	$500 copay + 20%	$500 copay + 50%	$500 copay + 20%	$500 copay + 50%	20%	50%	20%	50%
Emergency Services										
Emergency room (copay waived if admitted)	$100 copay + 20%		$100 copay + 20%		$100 copay + 20%		20%		20%	
Ambulance	20%		20%		20%		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%	10%	50%	20%	50%	20%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered	$500 + 20%	Not covered
Pharmacy Services										
Out-of-pocket Maximum	Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward plan OOP max		Rx applies toward plan OOP max	
Retail										
Value (Moda Plans Only)	$4 per 31-day supply		$4 per 31-day supply		$4 per 31-day supply		$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		$12 per 31-day supply		20%		20%	
Preferred Brand	25% up to $75 per 31-day supply		25% up to $75 per 31-day supply		25% up to $75 per 31-day supply		20%		20%	
Non-preferred brand[5]	50% up to $175 per 31-day supply		50% up to $175 per 31-day supply		50% up to $175 per 31-day supply		20%		20%	
Mail										
Value (Moda Plans Only)	$8 per 90-day supply		$8 per 90-day supply		$8 per 90-day supply		$8[1] per 90-day supply		$8[1] per 90-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	$24 per 90-day supply		$24 per 90-day supply		$24 per 90-day supply		20%		20%	
Preferred Brand	25% up to $150 per 90-day supply		25% up to $150 per 90-day supply		25% up to $150 per 90-day supply		20%		20%	
Non-preferred brand[5]	50% up to $450 per 90-day supply		50% up to $450 per 90-day supply		50% up to $450 per 90-day supply		20%		20%	
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		25% up to $200 per 31-day supply		20%		20%	
Non-preferred brand[5]	50% up to $500 per 31-day supply		50% up to $500 per 31-day supply		50% up to $500 per 31-day supply		20%		20%	

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the 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 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 CCM 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 CCM Plans.

5 A formulary exception must be approved for non-preferred brand prescription medication.

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.