

**OREGON EDUCATORS BENEFIT BOARD 2014-15 PLAN YEAR
SUMMARY OF MODA HEALTH MEDICAL AND PHARMACY BENEFITS**

Medical Plans no lifetime maximum on any medical plans	Med Plan A Moda Health (PPO)		Med Plan B Moda Health (PPO)		Med Plan C Moda Health (PPO)		Med Plan D Moda Health (PPO)		Med Plan E Moda Health (PPO)		Med Plan F Moda Health (PPO)		Med Plan G Moda Health (PPO) Not HSA-Compliant		Med Plan H Moda Health (PPO) HSA Required	
	In-Network*, Member Pays	Out-of-Network, Member Pays														
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum effective October 1, 2014.																
Deductible per person	\$200		\$350		\$500		\$750		\$1,000		\$1,250		\$1,500		\$1,500	
Maximum deductible per family	\$600		\$1,050		\$1,500		\$2,250		\$3,000		\$3,750		\$4,500		\$3,000	
Out-of-pocket maximum per person	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700	\$5,000	
Out-of-pocket maximum per family	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400	\$10,000	
Preventive Care Services																
Moda Medical Home wellness visit (ages 21 and over)	\$0	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	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)																
Moda Medical Home incentive care	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%	20%	50%						
Incentive office visits and home visits	20% ¹	50%	20%	50%												
Professional Services																
Moda Medical Home primary care services	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	20%	50%						
Primary care and specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Mental health office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	20%	50%						
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	20%	50%
Alternative Care Services (\$2,000 combined maximum)																
Acupuncture, Chiropractic & Naturopathic Services	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
<i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>																
Maternity Care																
Physician or midwife services & hospital stay, delivery & routine newborn nursery care, and outpatient maternity care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient and Hospital Services																
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Surgery	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
\$100 Additional Cost Tier: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies, lumbar discographies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%
\$500 Additional Cost Tier: Spine surgery, knee and hip replacement ³ , knee and shoulder arthroscopy, hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) 30 days per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Emergency and Urgent Care																
Urgent care visit	\$50 ¹		20%													
Emergency room (copay waived if admitted)	\$100 copay + 20%		20%													
Ambulance	20%		20%		20%		20%		20%		20%		20%		20%	
Other Covered Services																
Hearing Aids (\$4,000 maximum benefit every 48 months) as described in Plan Handbook	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	20%	50%
Durable Medical Equipment	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	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		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
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%	Not covered												
Tobacco Cessation Program (available to age 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.		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.		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.		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.	

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Pharmacy Services								
No Pharmacy Out-of-Pocket Maximum on any Moda Health plans	No Rx OOP Max	Rx applies toward plan OOP max						
Retail								
Value	\$0 (up to 90-day supply)	\$0 ⁴						
Select generic	\$8 per 31-day supply \$24 per 90-day supply	20%						
Preferred	25% up to \$50 per 31-day supply	20%						
Non-preferred brand	50% up to \$150 per 31-day supply	20%						
Mail								
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 ⁴
Select generic	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20%
Preferred	25% up to \$100 per 90-day supply	20%						
Non-preferred brand	50% up to \$300 per 90-day supply	20%						
Specialty								
Select generic	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20%
Preferred	25% up to \$100 per 31-day supply	20%						
Non-preferred brand	50% up to \$300 per 31-day supply	20%						

NA = not applicable

* If enrolled in a Summit or Synergy plan, you must select a medical home for each individual on the plan and each individual must access services and coordinate care through their medical home in order to receive the "In-Network" benefit; all primary and incentive care office visits not accessed through the individual's medical home will be paid at the "Out-of-Network" benefit. If enrolled in a traditional Statewide (i.e., not Summit or Synergy) plan, all providers within the ODS Plus Network are considered "In-Network".

¹ **Deductible Waived**

² **Moda Health Plan H 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 Deductible must be met before benefits will be paid (except where ¹ indicates Deductible Waived).**

³ **Benefit is subject to a reference price limitation.**

⁴ **To remain HSA-compliant, medications for certain conditions are not included in the Plan H value tier. See Plan Handbook for 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.