# 2016 Medical plan benefit table



|   | In-network you pay              | Out-of-network you pay    |
|---|---------------------------------|---------------------------|
| Calendar year costs   |                                 |                           |
| Deductible per person                                       | \$5,000                         | \$10,000                  |
| Deductible per family                                       | \$10,000                        | \$20,000                  |
| Out-of-pocket max per person                                | \$6,850                         | \$13,700                  |
| Out-of-pocket max per family                                | \$13,700                        | \$27,400                  |
| Care & services   |                                 |                           |
| Preventive care visit <sup>1</sup>                          | \$0/visit                       | 50% after deductible      |
| Primary care provider (PCP) office visit                    | \$75/visit                      | 50% after deductible      |
| Specialist office visit                                     | \$120/visit                     | 50% after deductible      |
| Urgent care visit   | \$75/visit                      | 50% after deductible      |
| Outpatient diagnostic X-ray & lab                           | 50% after deductible            | 50% after deductible      |
| Emergency room visit  | \$250/50% after deductible      | \$250/50% after deductibl |
| Ambulance   | 50% after deductible            | 50% after deductible      |
| Inpatient/outpatient care                                   | 50% after deductible            | 50% after deductible      |
| Outpatient mental health/chemical dependency visit          | \$75/visit                      | 50% after deductible      |
| Physical, speech or occupational therapy visit <sup>2</sup> | \$120/visit                     | 50% after deductible      |
| Alternative care visit <sup>3</sup>                         | Not co                          | overed                    |
| Embedded pediatric dental care                              | Not covered                     |                           |
| Pediatric vision exam                                       | \$75/visit                      | 50% after deductible      |
| Pediatric vision hardware                                   | 50%                             | 50% after deductible      |
| Prescription medications <sup>4</sup>                       |                                 |                           |
| Value   | \$2                             | \$2                       |
| Select  | 40% after deductible            | 40% after deductible      |
| Preferred   | 40% after deductible            | 40% after deductible      |
| Brand   | 50% after deductible            | 50% after deductible      |
| Specialty   | 50% after deductible            | Not covered               |
| Features  |                                 |                           |
| Metallic level  | Bronze                          |                           |
| Plan enrollment options                                     | Direct through Moda Health only |                           |
| Medicare Part D creditable coverage                         | Yes                             |                           |
| Provider network  | Connexus Network                |                           |
| Travel network  | PHCS Healthy Directions Network |                           |

Members have the freedom to choose any financial institution for their HSA plan. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

### Eligibility

To be eligible to participate in an HSA plan, members must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HSA health plan (see page 33-34)
- Not be covered under another non-HSA-compliant medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

### Calendar year costs

The deductible works differently on the HSA plan than on our other plans. And if members have a 2015 HSA plan, they should note there are some changes to the out-of-pocket maximum.

If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the entire family deductible before benefits are payable.

### Out-of-pocket maximum

After members meet the per-person or per-family outof-pocket maximum, the plan pays 100% of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

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11246785 Moda Health 2016 OR Small Group Med SOBs.indd 61-62

For services as required under the Affordable Care Act
Covers medically necessary massage therapy
Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order.
Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.