

# 2016 Medical plan benefit table



| Moda Health Connexus HSA 1500*                              |                                 |                        |
|---|---------------------------------|------------------------|
|   | In-network you pay              | Out-of-network you pay |
| <b>Calendar year costs</b>                                  |                                 |                        |
| Deductible per person                                       | \$1,500                         | \$3,000                |
| Deductible per family                                       | \$3,000                         | \$6,000                |
| Out-of-pocket max per person                                | \$5,300                         | \$10,600               |
| Out-of-pocket max per family                                | \$10,600                        | \$21,200               |
| <b>Care &amp; services</b>                                  |                                 |                        |
| Preventive care visit <sup>1</sup>                          | \$0/visit                       | 50% after deductible   |
| Primary care provider (PCP) office visit                    | 25% after deductible            | 50% after deductible   |
| Specialist office visit                                     | 25% after deductible            | 50% after deductible   |
| Urgent care visit   | 25% after deductible            | 50% after deductible   |
| Outpatient diagnostic X-ray & lab                           | 25% after deductible            | 50% after deductible   |
| Emergency room visit  | 25% after deductible            | 25% after deductible   |
| Ambulance   | 25% after deductible            | 25% after deductible   |
| Inpatient/outpatient care                                   | 25% after deductible            | 50% after deductible   |
| Outpatient mental health/chemical dependency visit          | 25% after deductible            | 50% after deductible   |
| Physical, speech or occupational therapy visit <sup>2</sup> | 25% after deductible            | 50% after deductible   |
| Alternative care visit <sup>3</sup>                         | 25% after deductible            | 50% after deductible   |
| Embedded pediatric dental care                              | Not covered                     |                        |
| Pediatric vision exam                                       | 25% after deductible            | 50% after deductible   |
| Pediatric vision hardware                                   | 25% after deductible            | 50% after deductible   |
| <b>Prescription medications<sup>4</sup></b>                 |                                 |                        |
| Value   | \$2                             | \$2                    |
| Select  | 30% after deductible            | 30% after deductible   |
| Preferred   | 30% after deductible            | 30% after deductible   |
| Brand   | 50% after deductible            | 50% after deductible   |
| Specialty   | 50% after deductible            | Not covered            |
| <b>Features</b>   |                                 |                        |
| Metallic level  | ● Silver                        |                        |
| Plan enrollment options                                     | Direct through Moda Health only |                        |
| Medicare Part D creditable coverage                         | Yes                             |                        |
| Provider network  | Connexus Network                |                        |
| Travel network  | PHCS Healthy Directions Network |                        |

1 For services as required under the Affordable Care Act  
 2 Covers medically necessary massage therapy  
 3 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)  
 4 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.

\* These plans are compatible with a health savings account (HSA). If coverage is for more than one member, the per-person out-of-pocket maximum applies to each member until the total family out-of-pocket maximum is reached. Members have the freedom to use any financial institution with their HSA plan.

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.

### Deductible

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 out-of-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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