2016 Medical plan benefit table

Moda Health Connexus HSA 3250*		
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$3,250	$6,500
Deductible per family	$6,500	$13,000
Out-of-pocket max per person	$6,550	$13,100
Out-of-pocket max per family	$13,100	$26,200
Care & services		
Preventive care visit[1]	$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible
Emergency room visit	50% after deductible	50% after deductible
Ambulance	50% after deductible	50% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit[2]	50% after deductible	50% after deductible
Alternative care visit[3]	Not covered	
Embedded pediatric dental care	Not covered	
Pediatric vision exam	50% after deductible	50% after deductible
Pediatric vision hardware	50% after deductible	50% after deductible
Prescription medications[4]		
Value	$2	$2
Select	50% after deductible	50% after deductible
Preferred	50% after deductible	50% 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	

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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