Silver › PPO 3000

moda HEALTH

	In-network, members pay[1]	Out-of-network, members pay
Calendar year costs		
Deductible per person	$3,000	$6,000
Deductible per family	$6,000	$12,000
Out-of-pocket max per person	$6,350	$12,700
Out-of-pocket max per family	$12,700	$25,400
Care & services		
Primary care physician (PCP) office visit	$25/visit[2]	50%
Specialist office visit	$45/visit[2]	50%
Urgent care visit	$25/visit[2]	50%
Inpatient care (includes maternity)	20%	50%
Outpatient hospital/facility care visit	20%	50%
Outpatient diagnostic X-ray & lab	20%[2]	50%
Outpatient mental health/chemical dependency	$25/visit[2]	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy	$45/visit[2]	50%
Alternative care visit (spinal manipulation & acupuncture)	$25/visit[2]	50%
Retail prescription drugs		
Value	$2[2]	$2[2]
Select generic	$15[2]	$15[2]
Preferred	45%[2]	45%[2]
Brand	45%[2]	45%[2]
Features		
Plan enrollment options	Moda Health only	
Provider network	Members can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, members pay 0% for eligible preventive care[2]	
Embedded pediatric dental	Not covered	
Embedded pediatric vision	Pediatric vision care is covered for members up to age 19	

1 Members choose between two networks; each covers a different Anchorage-area hospital. All other care from licensed providers in Alaska is covered at the in-network benefit level.
2 Deductible waived

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Limitations

- All medical and surgical admissions must be authorized by Moda Health.
- Mental illness / chemical dependency (including alcoholism) are treated the same as other medical conditions.
- When a member has other health coverage, group or individual, combined benefits for this plan and all other plans will be provided up to, but not exceeding, the maximum plan allowance for all covered services.
- Inpatient rehabilitation benefits, including chronic pain care, are limited to 30 days per calendar year. No limit for medically necessary services for members under 21 with autism spectrum disorders.
- Outpatient rehabilitation benefits, including habilitation and chronic pain care, are limited to a combined 45 sessions per calendar year. No limit for medically necessary services for members under 21 with autism spectrum disorders.
- 12 visits per calendar year for acupuncture care
- 12 visits per calendar year for spinal manipulation
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage. Round trip transportation and lodging for the recipient and one caregiver (or 2 caregivers if the recipient is a minor) up to $7,500 per transplant.
- Hospice benefits are limited to 10 days of inpatient care and 240 hours of respite care.
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches.
- Home health care is limited to 130 visits per year.
- Specialty prescriptions 30-day supply; retail and mail-order prescriptions 90-day supply (one copay for each 30-day supply)

Exclusions

- Services provided by the patient or a member of the patient's immediate family
- Services or supplies that are not medically necessary
- Services and supplies for reversal of sterilization or to treat infertility
- Services and supplies for obesity, except for those required under the Affordable Care Act
- Surgery to alter the refractive character of the eye
- Dental examinations and treatment, orthodontia except as specifically listed in special dental care
- Naturopathy and homeopathy
- Massage or massage therapy except as specifically listed under rehabilitation and habilitation
- Court ordered services, except when medically necessary
- Custodial care
- Experimental or investigational treatment
- Routine health exams for administrative purposes, such as participating in sports or other activities
- Temporomandibular Joint Syndrome (TMJ)
- Services or supplies available in whole or in part under any city, county, state, or federal law, except Medicaid
- Charges above the maximum plan allowance
- Instruction programs, except as provided for under the health education services benefit of this plan
- Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- Cosmetic services and supplies. An exception is provided for reconstructive surgery after a mastectomy and complications of reconstructive surgeries if medically necessary and not excluded.
- Services and supplies associated with orthognathic surgery