



**WellConnect PPO Copay Plan  
WELL2000\_12A2**

<b>Standard PPO Plan</b>	<b>CCN Network (Level 1)</b>	<b>ODS Plus Network (Level 2)</b>	<b>Out-of-Network Provider<sup>1</sup> (Level 3)</b>
Annual Deductible	\$2,000 Individual / \$6,000 Family		
Annual Out-of-Pocket Maximum	\$3,000 Individual / \$9,000 Family	\$6,000 Individual / \$18,000 Family	\$9,000 Individual / \$27,000 Family
Essential Benefit Annual Maximum ( <i>Medical &amp; Rx</i> )	\$2,000,000		
<b>CHRONIC &amp; PREVENTIVE CARE SERVICES</b>			
<b>Health Maintenance Testing:</b> - Annual Cholesterol LDL-C - Annual Diabetes HbA1C - Annual Urine Microalbumin	No copay*	No copay*	Not Covered
<b>Imaging/Ancillary:</b> - Ejection Fraction Echocardiogram - Biannual Spirometry Tests	No copay*	No copay*	Not Covered
Periodic Health Exams	No copay*	No copay*	Not Covered
Routine Women's Exams	No copay*	No copay*	50%
Immunizations	No copay*	No copay*	Not Covered
<b>PROFESSIONAL SERVICES</b>			
Urgent Care, Office and Home Visits	\$25 copay* <sup>2</sup>	40%	50%
Acupuncture / Chiropractic / Naturopathic ( <i>\$1,500 Annual Maximum</i> )	\$25 copay* <sup>2</sup>		
<b>HOSPITAL INPATIENT / OUTPATIENT SERVICES</b>			
Inpatient Hospital Care	20%	40%	50%
Outpatient Hospital / Facility	20%	40%	50%
Surgery	20%	40%	50%
Emergency Room Facility	\$200 copay* <sup>2</sup>		
Ambulance Service (\$5,000 annual maximum)	20%		
Outpatient Diagnostic X-Ray and Lab	20%*	40%	50%
Specified Imaging Services (MRI, CT, CAT and PET scans)	20%	40%	50%
Physical Therapy	\$25 copay* <sup>2</sup>	40%	50%
Allergy Injections	20%	40%	50%
Durable Medical Equipment / Prosthetics	20%	40%	50%
Home Health, Hospice, and Respite Care	20%	40%	50%

<b>MINIMALLY INVASIVE PROCEDURES</b> <i>Procedures below are less invasive than open surgery for the same purpose.</i>	<b>Includes All Services Related To Procedures</b>		
*Laparoscopic Colectomy ( <i>colon removal</i> ) *Laparoscopic or Vaginal Hysterectomy ( <i>uterus removal</i> ) *Laparoscopic Gastric Fundoplication or Hiatal Hernia repair ( <i>repair for gastric reflux disease/heartburn</i> ) *Outpatient Laparoscopic Cholecystectomy ( <i>gall bladder removal</i> ) *Non-Emergent Laparoscopic Appendectomy ( <i>appendix removal</i> )	10%	30%	50%
<b>MEMBER PREFERENCE BENEFIT OPTIONS</b>	<b>Includes All Services Related To Procedures</b>		
*Outpatient Upper Endoscopy	\$100 copay + 20% <sup>2</sup>	\$100 copay + 40% <sup>2</sup>	\$100 copay + 50% <sup>2</sup>
*Spine Surgery for Pain (Includes Injections) *Orthopedic joint procedures <i>-Knee replacement; Hip replacement; Arthroscopies; Shoulder surgery for osteoarthritis</i> *Colectomy ( <i>colon removal other than laparoscopic or robotic</i> ) *Hysterectomy ( <i>uterus removal other than laparoscopic, vaginal or robotic</i> ) *Fundoplication or Hiatal Hernia repair *Outpatient Cholecystectomy ( <i>gall bladder removal other than laparoscopic</i> ) *Non-Emergent Appendectomy ( <i>appendix removal other than laparoscopic</i> )	\$500 copay + 20% <sup>2</sup>	\$500 copay + 40% <sup>2</sup>	\$500 copay + 50% <sup>2</sup>

\*Deductible waived.

<sup>1</sup> In and out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

<sup>2</sup> Copayments, and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

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