2020 Medical plan benefit summary

moda HEALTH

Synergy Gold 1000

	In-network member pays	Out-of-network member pays
Calendar year costs		
Deductible per person	$1,000	$3,000
Deductible per family	$2,000	$6,000
Out-of-pocket max per person	$7,500	$22,500
Out-of-pocket max per family	$15,000	$45,000
Care & services		
Preventive care visit	$0/visit	50% after deductible
Primary care provider (PCP) visit	$20/visit	50% after deductible
Specialist visit	$40/visit	50% after deductible
Urgent care visit	$20/visit	50% after deductible
Virtual care visit	$10/visit	50% after deductible
Outpatient diagnostic X-ray & lab	25%	50% after deductible
Emergency room visit	$250/25%/visit	$250/25%/visit
Ambulance	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	$20/visit	50% after deductible
Physical, speech or occupational therapy visit	$40/visit	50% after deductible
Acupuncture and spinal manipulation services	$20/visit	50% after deductible
Pediatric vision exam	$20/visit	50% after deductible
Pediatric vision hardware	25%	50% after deductible
Prescription medications[1]		
Value	$2	$2
Select	$20	$20
Preferred	$40	$40
Non-Preferred	40%	40%
Preferred Specialty	40%	Not covered
Non-Preferred Specialty	50%	Not covered
Features		
Metallic level	Gold	
Small business health care tax credit eligible	No	
Medicare Part D creditable	Yes	
Network	Synergy Network	
Travel network	First Health Network	
Service area	Statewide	

1 *Copay amounts are per 30-day supply.*

Limitations

- Acupuncture and spinal manipulation is subject to $2,000 annual maximum
- Ambulance transportation is limited to six trips per calendar year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence
- Brand tier medications — If members use a brand medication when a generic equivalent is available, they will be responsible for the nonpreferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits — when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every three years
- Hospice respite care is limited to 30 days lifetime maximum and up to five days consecutive
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare Part B had the member enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid.
- Infusion therapy — some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply for standard retail and specialty pharmacy and 90-day supply for Choice 90 and mail order pharmacies.
- Preventive services that are not required under the Affordable Care Act may have member cost sharing. Only women's exam, Pap test, mammogram, prostate exam and PSA test are covered out-of-network.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for up to 60 days after acute head or spinal cord injury or 60 sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habilitative services.
- Skilled nursing facility is limited to 60 days per year
- Transplants must be performed at a Center of Excellence to be eligible for coverage
- Vision exam and glasses or contacts are covered once per year for members under age 19

Exclusions

- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

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 additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the contract may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

modahealth.com

Health plans in Oregon provided by Moda Health Plan, Inc.
58826612 (8/19) SS-1544