

This plan protects your health, and your wallet. Life keeps you busy. Between work, family and personal projects, you do your best to connect the dots. The same goes for healthcare. You want a plan that works as hard as you do, and delivers on its promise. Nothing fancy, just a budget-friendly package that covers the basics: reliable Providence doctors and clinics, yearly checkups and quality care, close to home.

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000
Care & services		
Primary care physician (PCP) office visit	\$30/visit for first 5 visits ¹ , 35% for subsequent visits ²	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit for first 5 visits ¹ , 35% for subsequent visits ²	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs		
Value	\$2 ¹	\$2 ¹
Generic	\$10 ¹	\$10 ¹
Preferred	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Features		
Plan enrollment options	Cover Oregon only	
Provider network	Rose City Network	
Travel network	PHCS Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care ¹	
Embedded pediatric dental	Not covered	
Embedded pediatric vision	Covered for members under age 19	

¹ Deductible waived

² PCP and urgent care visits are combined. After five PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

*Rose City plans are only available through Oregon’s health plan marketplace, Cover Oregon.

Silver > Be Aligned – Rose City

Limitations

- > All medical and surgical admissions must be authorized by Moda Health.
- > Inpatient rehabilitation benefits are limited to 30 days per calendar year. May be eligible for up to 60 days for treatment of neurologic conditions.
- > Outpatient rehabilitation benefits are limited to 30 sessions per calendar year. May be eligible for up to 60 sessions for treatment of neurologic conditions.
- > Hearing aids and related services once every 48 months for members under age 26
- > Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- > Hospice benefits are limited to a 30-day respite lifetime maximum up to 5 consecutive days.
- > Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence.
- > Home health care is limited to 140 out-of-network visits per year.
- > Ambulance transportation is limited to 6 trips per calendar year.
- > Prescriptions 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 and orthodontia except as specifically listed
- > Massage or massage therapy, chiropractic, naturopathic, acupuncture and homeopathic care
- > Court ordered services, except as required under Oregon statute.
- > Custodial care
- > Experimental or investigational treatment
- > 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 outpatient diabetic instruction 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 reconstruction surgeries if medically necessary and not excluded.
- > Services and supplies associated with orthognathic surgery

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.