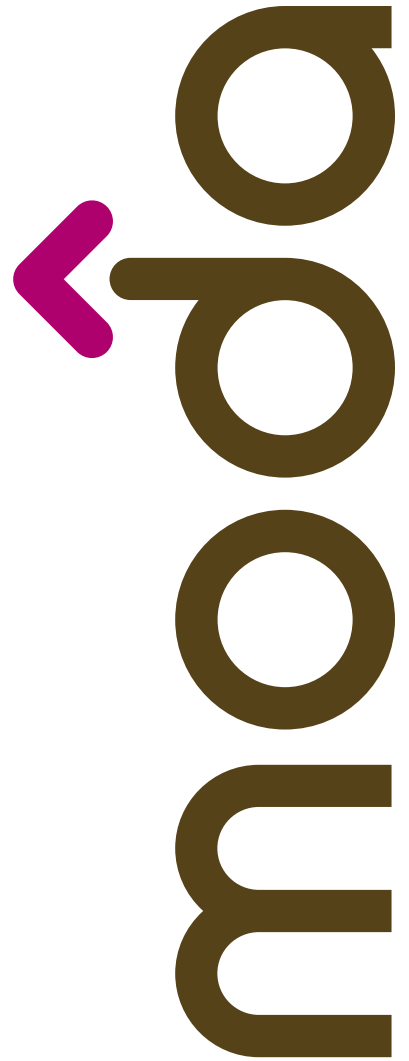


Health plans for every body

Individuals and families



Washington

modahealth.com

Plans available Jan. 1, 2014



Better health starts here

Hello. Welcome to Moda Health, the place you go when you want more than a health plan – because you know good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way.

At Moda Health, we have all of that and a little bit more – and we're excited about helping you on your journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

Resources for your journey

Moda Health is here to help you get well sooner when you're sick or injured and live well longer the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

myModa

Need information about your plan? Your personalized member website, myModa, helps you understand and get the most from your benefits. You can log in to myModa by visiting modahealth.com.

- › View your benefits, eligibility and history.
- › See prescription history and pharmacy benefits, and estimate prices on your medications.
- › See account details, such as contact information and enrolled dependents.
- › See and download ID cards.
- › Check the status of a claim, see your claim history and access claim forms.
- › Review electronic explanations of benefits (EOBs).
- › Pay your premium online with eBill – see invoices, set up payment (credit card, debit, checking or savings) and set a recurring payment using AutoPay.

Be Better tools

Make your health plan work for you. Offering resources and personal support for your best health, our Be Better tools come with every Moda Health plan and are available through myModa. Read on to see what you'll get.

eDoc

Knowledge is power. By understanding your health conditions, you can make better decisions for yourself. eDoc lets you email a specialized health professional at any time to get the answers you need.

eDoc gives you access to:

- › Board-certified physicians
- › Licensed psychologists
- › Pharmacists
- › Dentists
- › Dietitians
- › Fitness experts
- › eDocVoice – leave a message for a provider, and you'll get a phone response within 24 hours.

Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are ready for your call, 24 hours a day. For basic health situations, they can help:

- Explain symptoms
- Suggest treatment for minor injuries and burns
- Recommend home cold and flu remedies
- Advise you when to make a doctor's appointment
- Suggest when you should go to urgent care or the emergency room

Condition management and health coaching

If you're dealing with a chronic health condition, you don't have to do it alone. We offer in-depth support programs that help you set goals and learn how to stay healthy. You also can get one-on-one support from a health coach who will help you every step of the way. Our specialized programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care

Care coordination

When you're sick or injured, we can help take some of the work off your plate so you can focus on healing. A Moda Health case manager can help you navigate the healthcare system and:

- Communicate with providers
- Understand treatment options
- Arrange for in-home caregivers
- Order medical equipment

Online tracking tools

Celebrate your progress toward a healthier you. Use secure online tools to learn about, manage and track your health:

- Health and symptom evaluation
- Medical library
- Health helpers (health trackers, calculators and more)
- Pharmacy costs and research
- Personal health files
- News, forums and communication tools

Discounts on prescription drugs

Save money on your prescription drugs through our partnership with the Washington Prescription Drug Program (WPDP). This program gives you the opportunity to receive discounts on medications not covered under your plan.

You can enroll for free. Just sign up online, over the phone or by mailing an enrollment form. All prescription drugs are eligible for a discount; you pay the cost in full after the discount is applied.

Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you are. So we've made it easy to find in-network coverage in your hometown and across the country.

Moda Health networks have you covered

As a member of Moda Health, you can see providers in the First Choice Health PPO Network, as well as the ODS Plus Network. This gives you a wide choice of physicians and geographic coverage. With more than 50,000 providers across all specialties – primary care, surgery, radiology, anesthesiology, chiropractic and acupuncture – you can always find what you need.

Travel with peace of mind

Go on. Explore. When you're traveling, care is never far. As a Moda Health member, you can receive in-network benefits through the ODS Plus Network in Oregon and Idaho, and the PHCS Healthy Directions Network in all other states.

In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between your maximum plan allowance and their billed charges. In-network Moda Health providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

To view the summary of benefits and coverage (SBC) for these plans, please visit choosemoda.com and go to "explore plans." A uniform glossary is available to help you understand the most common healthcare terms at www.cciio.cms.gov. For free print copies of the SBC or uniform glossary, contact Moda Health at 866-939-0368.

Our health plans cover any licensed provider when they are providing covered services within the scope of their licenses. For example, you can visit a naturopath for a routine health examination.

Which 'tier' is right for you?

Not sure where to start? Plan tiers can help you narrow down the options. Take a look at the chart below to compare average care costs and monthly rates by tier.

Plan tier categories

Our medical plans fall into one of two tiers: gold and silver.

Gold plans cost a little more, but they cover more, too. Silver plans provide a little less coverage, but you'll save money on monthly premiums.

Knowing about these tiers may help you choose the best plan for you.

	What you pay for care (deductible and copay)	What you pay each month (monthly rate)
Gold plan page 10	\$	\$\$\$\$
Silver plan page 11	\$\$	\$\$\$



When it comes to better healthcare, we think we can do more together.

Find your perfect plan

We love our new health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you get well sooner and live well longer.

Each plan covers 100 percent of most preventive care – that includes women’s annual exams, well-baby care, routine physicals and immunizations. Plans vary most by premiums, deductibles and copays.

If you want to feel protected and prepared, you’re in the right place.

Turn the page to check out our new plan summaries.

Enroll in your new plan online

Visit choosemoda.com to browse, compare and enroll in any new Moda Health plan online. You can also learn about Health Care Reform and whether or not you qualify for financial help.

Not an online type of person? No worries. We’ve still got you covered. Our friendly and knowledgeable team members are here to help. Just call toll-free at 866-939-0368, Monday through Friday, 7:30 a.m. to 5:30 p.m.



We take clinical quality seriously. That commitment has earned our PPO plans NCQA commendable accreditation.

Gold > Be Protected

With health coverage like this, worry is a world away. You want healthcare with plenty of bells and whistles. This plan covers you from your head to your toes. Enjoy our lowest copays and deductibles for primary and specialty care.

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$650	\$1,300
Deductible per family	\$1,300	\$2,600
Out-of-pocket max per person	\$4,000	\$8,000
Out-of-pocket max per family	\$8,000	\$16,000
Care & services		
Primary care physician office visit	\$15/visit ¹	50%
Specialist office visit	\$15/visit ¹	50%
Urgent care visit	\$15/visit ¹	50%
Inpatient care/ambulatory services	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/ chemical dependency	15%	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech, occupational or massage therapy	\$15/visit ¹	50%
Alternative care visit	\$15/visit ^{1,2}	50% ²
Prescription drugs		
Value	\$2 retail/\$6 mail order ¹	\$2 retail/\$6 mail order ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Features		
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care ¹	
Embedded pediatric dental	Plan pays fixed amount; no network requirement for pediatric dental care. Members can choose any dentist. ³	
Embedded pediatric vision	Pediatric vision care is covered for members up to age 19. ³	

¹ Deductible waived

² Covers spinal manipulations and acupuncture care

³ See glossary of terms for more about this benefit

Silver > Be Prepared

This plan helps you handle whatever life brings. You're a planner. When it comes to healthcare, you want plenty of doctors, robust drug coverage and low deductibles. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way.

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,250	\$2,500
Deductible per family	\$2,500	\$5,000
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 office visit	\$25/visit ¹	50%
Specialist office visit	\$25/visit ¹	50%
Urgent care visit	\$25/visit ¹	50%
Inpatient care/ambulatory services	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	30%	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech, occupational or massage therapy	\$25/visit ¹	50%
Alternative care visit	\$25/visit ^{1,2}	50% ²
Prescription drugs		
Value	\$2 retail/\$6 mail order ¹	\$2 retail/\$6 mail order ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Features		
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
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What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that's right for you, you're in good hands.

Monthly rates for individual plans starting in 2014

Thanks in part to Health Care Reform, only a couple of things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly medical premium, add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

All children under age 21 have the same rate based on each plan. However, you only need to include up to three children under age 21 in your total.* Child dependents ages 21 through 25 have a rate based on their actual age.

Easy steps to calculate your premium

- 1 Jot down the rate for each person age 21+
- 2 Jot down the rate for each person (up to three*) under age 21
- 3 Add all of these rates together to get your family's total rate

** If you have more than three dependent children under age 21, only three need to be calculated into your rate – this helps keep your healthcare affordable.*

Monthly rates*

Age	0-20	21	22	23	24	25	26	27	28
Medical plans									
Be Protected	168.81	265.84	265.84	265.84	265.84	266.90	272.22	278.60	288.97
Be Prepared	148.83	234.38	234.38	234.38	234.38	235.32	240.01	245.63	254.78

Age (continued)	29	30	31	32	33	34	35	36	37
Medical plans									
Be Protected	297.47	301.73	308.11	314.49	318.48	322.73	324.86	326.98	329.11
Be Prepared	262.28	266.03	271.65	277.28	280.79	284.54	286.42	288.29	290.17

Age (continued)	38	39	40	41	42	43	44	45	46
Medical plans									
Be Protected	331.24	335.49	339.74	346.12	352.24	360.74	371.38	383.87	398.76
Be Prepared	292.04	295.79	299.54	305.17	310.56	318.06	327.43	338.45	351.58

Age (continued)	47	48	49	50	51	52	53	54	55
Medical plans									
Be Protected	415.51	434.65	453.52	474.79	495.79	518.92	542.31	567.57	592.82
Be Prepared	366.34	383.22	399.86	418.61	437.13	457.52	478.14	500.41	522.68

Age (continued)	56	57	58	59	60	61	62	63	64+
Medical plans									
Be Protected	620.20	647.85	677.36	691.98	721.49	747.01	763.76	784.76	797.52
Be Prepared	546.82	571.19	597.21	610.10	636.12	658.62	673.39	691.90	703.15

*Rates effective Jan. 1, 2014, through Dec. 31, 2014



A healthy body can do wonders for your peace of mind.

Answers to your questions

Am I eligible to apply?

For any Moda Health individual medical plan, you and any dependents applying for coverage must be Washington residents for at least 30 days prior to submitting an application and reside in Washington at least six months out of the calendar year. Eligible members include you, your legal spouse or registered domestic partner, and any children up to age 26. Individuals who are eligible for Medicare are not eligible for a Moda Health individual medical plan, regardless of age.

You can apply for coverage during the general open enrollment period from Oct. 1, 2013, to March 31, 2014, or within 60 days of a special enrollment qualifying event.

In addition to the general open enrollment, applicants under age 19 can apply for coverage during the open enrollment periods from March 15 through April 30 of each year, or within 60 days of a special enrollment qualifying event.

When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket, but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning Jan. 1, 2015. If the rates change with renewal, the new rates will be provided with 30 days' prior notice.

When do my benefits change?

Benefits will renew each year in January with 30 days' notice of changes.

What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account. Visit modahealth.com to get started.

Can my employer sponsor my individual coverage?

Moda Health individual plans cannot be employer-sponsored plans. You will be responsible for paying your monthly premium directly to Moda Health using a personal check. Moda Health does not accept business checks for individual plans.

Can I switch to a different plan at any time?

No. You can change your plan only during an open enrollment period.



Together, we
can find a way to
better health.

Healthcare lingo explained

We realize that the words used in these types of health plan brochures can be confusing, so we've made you a cheat sheet of sorts. After all, if you can't understand the signs on your journey to health, how can you reach your destination?

Coinsurance

The percentage of allowable charges for which the patient is responsible.

Copay

The member's share of the total medical bill, expressed as a specific dollar amount paid for a given service, product or treatment.

Deductible

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given calendar year before the health plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs and disallowed charges do not apply toward the deductible.

Embedded pediatric dental

Inclusive plans with embedded pediatric dental cover routine dental exams, X-rays, cleanings, restorative fillings, extractions, general anesthesia and medically necessary orthodontia for the treatment of cleft lip or palate. Services are covered only for members under age 19 and are subject to the in-network medical deductible and paid at fixed dollar amounts.

Embedded pediatric vision

All medical plans include one vision exam, standard lens and frame every 12 months for those under age 19. Your deductible and coinsurance do not apply for in- and out-of-network covered services.

Out-of-pocket maximum

A specified amount of applicable claims expenses in a calendar year that must be met before benefits are paid in full. Once members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every calendar year. Disallowed charges do not apply toward the out-of-pocket maximum.

PPO

A Preferred Provider Organization is a panel of providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Value-tier drug

Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.

Limitations and exclusions for medical plans

Limitations

- The plan's 90-day transplant exclusion period will be shortened one day for each day of "creditable coverage" under another health plan, provided there was not a 63-day lapse (or longer) in coverage immediately prior to the enrollment date in this plan.
- All medical and surgical admissions must be authorized by Moda Health.
- Mental illness/chemical dependency (including alcoholism) will be treated the same as other medical conditions.
- When a member has more than one health plan, combined benefits for both plans will be provided up to, but not exceeding, the maximum plan allowance for all covered services.
- Skilled nursing facility benefits are limited to 60 days per calendar year.
- Inpatient rehabilitation benefits are limited to 30 days per calendar year. Annual limit does not apply if medically necessary for treating chronic conditions or diseases.
- Outpatient rehabilitation and habilitation benefits are limited separately to 25 sessions per calendar year.
- Neurodevelopmental therapy benefits are limited to 25 visits per calendar year.
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- Hospice respite care is limited to 14 inpatient or outpatient days per lifetime.
- Acupuncture care is limited to 12 visits per calendar year.
- Spinal manipulations are limited to 10 visits per calendar year.
- Home healthcare is limited to 130 visits per year.
- Pediatric dental care and vision care are limited to members under age 19.
- Retail and specialty prescriptions are for a 30-day supply; mail-order prescriptions are for a 90-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 in pediatric dental care
- Court ordered services, including a sex offender treatment program and a screening interview or treatment program related to driving under the influence of intoxicants – this exclusion does not apply to services that are medically necessary or provided pursuant to civil commitment proceedings for mental illness.
- Custodial care
- Experimental or investigational treatment
- 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 treatment, treatment for congenital anomalies and treatment to restore a physical bodily function lost as a result of a medical condition.
- Services and supplies associated with orthognathic surgery



Questions? Contact a Moda Health-appointed agent,
or call us directly at 866-939-0368.

601 S.W. Second Ave.
Portland, OR 97204-3154

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 the agent or Moda Health.