



OEBB Summary of Medical and Pharmacy Benefits 2019-20 Plan Year

No lifetime maximum on any medical plans.	Medical Plan 2 Connexus Network			Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HSA optional		
	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.									
Deductible per person	\$800	\$900	\$1,600	\$2,000	\$2,100	\$4,000	\$1,600 ²	\$1,700 ²	\$3,200 ²
Maximum deductible per family	\$2,700	\$2,700	\$4,800	\$6,300	\$6,300	\$12,600	\$3,400 ²	\$3,400 ²	\$6,400 ²
Out-of-pocket (OOP) maximum per person ³	\$3,850	\$4,250	\$8,000	\$6,800	\$7,200	\$13,700	\$6,400 ²	\$6,750 ²	\$13,100 ²
Out-of-pocket (OOP) maximum per family ³	\$12,750	\$12,750	\$24,000	\$15,800	\$15,800	\$27,400	\$13,500 ²	\$13,500 ²	\$26,200 ²
Maximum cost share per person	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA	NA	NA	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA	NA	NA	NA
Preventive Care Services									
Wellness visit (Moda plans: ages 21 and over, must use PCP 360)	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Primary care office visits	\$20 ^{1,6}	20%	50%	\$30 ^{1,6}	25%	50%	15%	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$40 ¹	NA	50%	\$50 ¹	NA	50%	15%	NA	50%
Specialist office visits	\$40 ¹	20%	50%	\$50 ¹	25%	50%	15%	20%	50%
Urgent care	\$40 ¹	20%	20%	\$50 ¹	25%	25%	15%	20%	20%
Mental Health Services									
Mental health office visits	\$20 ¹	\$20 ¹	50%	\$30 ¹	\$30 ¹	50%	15%	20%	50%
Mental health inpatient and residential services	20%	20%	50%	25%	25%	50%	20%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20 ¹	\$20 ¹	50%	\$30 ¹	\$30 ¹	50%	15%	20%	50%
Outpatient Services									
Outpatient surgery/facility care	20%	20%	50%	25%	25%	50%	20%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	20%	50%	25%	25%	50%	20%	25%	50%
Tests (outpatient)									
Preventive tests	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%	25%	25%	50%	20%	25%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%	25%	25%	50%	20%	25%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
Alternative Care Services (\$2,000 combined maximum)									
Acupuncture, chiropractic & naturopathic services, labs, diagnostics, etc. <i>Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	\$20 ¹	20%	50%	\$30 ¹	25%	50%	20%	25%	50%
Maternity Care									
Outpatient maternity care	20%	20%	50%	25%	25%	50%	20%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	25%	25%	50%	20%	25%	50%

NA = Not applicable

¹ Deductible waived

² Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (except where ¹ indicates deductible waived).

³ For Moda plans, out-of-pocket (OOP) maximum includes medical copays and coinsurance. Pharmacy copays and coinsurance, and ACT copays, will continue accruing toward Maximum Cost Share.

⁴ Benefit is subject to reference price limitation.

⁵ A formulary exception must be approved for non-preferred brand prescription medication.

⁶ If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column under that plan if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this document and your member handbook, the member handbook will prevail.



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Hospital Services									
Inpatient care/surgery	20%	20%	50%	25%	25%	50%	20%	25%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	20%	50%	25%	25%	50%	20%	25%	50%
Additional Cost Tier									
Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	20%	25%	50%
Emergency Services									
Emergency room (copay waived if admitted)	\$100 copay + 20%	\$100 copay + 20%		\$100 copay + 25%	\$100 copay + 25%		20%	25%	
Ambulance	20%	20%		25%	25%		20%	25%	
Other Covered Services									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	10%	10%	50%	20%	25%	50%
Durable medical equipment (DME)	20%	20%	50%	25%	25%	50%	20%	25%	50%
Bariatric surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 20%	\$500 + 25%	Not covered
Pharmacy Services									
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share			Rx applies toward plan OOP max		
Retail									
Value (Moda Plans Only)	\$4 per 31-day supply			\$4 per 31-day supply			\$4 ¹ per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply			\$12 per 31-day supply			20%	25%	
Preferred brand	25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			20%	25%	
Non-preferred brand ⁵	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply			20%	25%	
Mail									
Value (Moda Plans Only)	\$8 per 90-day supply			\$8 per 90-day supply			\$8 ¹ per 90-day supply		
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24 per 90-day supply			\$24 per 90-day supply			20%	25%	
Preferred Brand	25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply			20%	25%	
Non-preferred brand ⁵	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply			20%	25%	
Specialty									
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply			25% up to \$200 per 31-day supply			20%	25%	
Non-preferred brand ⁵	50% up to \$500 per 31-day supply			50% up to \$500 per 31-day supply			20%	25%	

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