


No lifetime maximum on any medical plans.		 Medical Plan 2 Connexus Network			
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.		In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	
Deductible per person		\$800	\$900	\$1,600	
Maximum deductible per family		\$2,700	\$2,700	\$4,800	
Out-of-pocket (OOP) maximum per person <sup>3</sup>		\$3,850	\$4,250	\$8,000	
Out-of-pocket (OOP) maximum per family <sup>3</sup>		\$12,750	\$12,750	\$24,000	
Maximum cost share per person		\$7,900	\$7,900	NA	
Maximum cost share per family		\$15,800	\$15,800	NA	
<b>Preventive Care Services</b>					
Wellness visit		\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not covered	
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.		\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	
<b>Primary Care Office Visits</b>					
Primary care office visits		\$20 <sup>1,6</sup>	20%	50%	
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)		\$40 <sup>1</sup>	NA	50%	
Virtual Care		\$10 <sup>1,9</sup>	\$10 <sup>1,9</sup>	50%	
Specialist office visits		\$40 <sup>1</sup>	20%	50%	
Urgent care		\$40 <sup>1</sup>	20%	20%	
<b>Mental Health Services</b>					
Mental health office visits		\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%	
Mental health inpatient and residential services		20%	20%	50%	
Chemical dependency services (inpatient, outpatient or residential)		\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%	
<b>Outpatient Services</b>					
Outpatient surgery/facility care		20%	20%	50%	
Outpatient rehabilitation (physical, occupational & speech therapy) <b>Kaiser Plans:</b> Maximum 20 visits per therapy per Plan Year <b>Moda Plans:</b> 30 sessions per plan year / 60 for spinal or head injury		20%	20%	50%	
<b>Tests (outpatient)</b>					
Preventive tests		\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	
Laboratory		20%	20%	50%	
X-ray, imaging, and special diagnostic procedures		20%	20%	50%	
CT, MRI, PET scans		\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	
<b>Alternative Care Services<sup>8</sup></b>					
Acupuncture, chiropractic & naturopathic services		\$20 <sup>1</sup>	20%	50%	
<b>Maternity Care</b>					
Outpatient maternity care			20%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care			20%	20%	50%

NA - Not applicable  
 1 Deductible waived.  
 2 Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).  
 3 For Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.  
 4 Benefit is subject to a 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 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.  
 7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.  
 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.  
 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.



OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year



No lifetime maximum on any medical plans.		 <b>Medical Plan 2 Connexus Network</b>		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.		In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
<b>Hospital Services</b>				
Inpatient care/surgery		20%	20%	50%
Skilled nursing facility care ( <b>Kaiser Plans:</b> 100 days per plan year, <b>Moda Plans:</b> 60 days per plan year)		20%	20%	50%
<b>Additional Cost Tier</b>				
<b>Moda Plans Only:</b> \$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%
<b>Moda Plans Only:</b> \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair		\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%
<b>Emergency Services</b>				
Emergency room (copay waived if admitted)		\$100 copay + 20%		
Ambulance		20%		
<b>Other Covered Services</b>				
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children		10%	10%	50%
Durable medical equipment (DME)		20%	20%	50%
Bariatric surgery		\$500 + 20%	\$500 + 20%	Not covered
<b>Pharmacy Services</b>				
Out-of-pocket (OOP) maximum		Rx applies toward Max Cost Share		
<b>Retail</b>				
Value		\$4 per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda Plans)		\$12 per 31-day supply		
Preferred brand		25% up to \$75 per 31-day supply		
Non-preferred brand <sup>5</sup>		50% up to \$175 per 31-day supply		
<b>Mail</b>				
Value		\$8 per 90-day supply		
Generic (Kaiser plans) / Select generic (Moda Plans)		\$24 per 90-day supply		
Preferred Brand		25% up to \$150		
Non-preferred brand <sup>5</sup>		50% up to \$450 per 90-day supply		
<b>Specialty</b>				
Select generic (Kaiser plans) / Preferred brand (Moda Plans)		25% up to \$200 per 31-day supply		
Non-preferred brand <sup>5</sup>		50% up to \$500 per 31-day supply		

NA - Not applicable  
 1 Deductible waived.  
 2 Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).  
 3 For Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.  
 4 Benefit is subject to a 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 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.  
 7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.  
 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.  
 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.



OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year

No lifetime maximum on any medical plans.	 <b>Medical Plan 5 Connexus Network</b>			 <b>Medical Plan 6 Connexus Network HSA optional</b>		
	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
<b>Plan Year Costs</b> - Deductibles and copayments apply to the annual out-of-pocket maximum.						
Deductible per person	\$2,000	\$2,100	\$4,000	\$1,600 <sup>2</sup>	\$1,700 <sup>2</sup>	\$3,200 <sup>2</sup>
Maximum deductible per family	\$6,300	\$6,300	\$12,600	\$3,400 <sup>2</sup>	\$3,400 <sup>2</sup>	\$6,400 <sup>2</sup>
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$6,800	\$7,200	\$13,700	\$6,400 <sup>2</sup>	\$6,750 <sup>2</sup>	\$13,100 <sup>2</sup>
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$15,800	\$15,800	\$27,400	\$13,500 <sup>2</sup>	\$13,500 <sup>2</sup>	\$26,200 <sup>2</sup>
Maximum cost share per person	\$7,900	\$7,900	NA	NA	NA	NA
Maximum cost share per family	\$15,800	\$15,800	NA	NA	NA	NA
<b>Preventive Care Services</b>						
Wellness visit	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Primary Care Services</b>						
Primary care office visits	\$30 <sup>1,6</sup>	25%	50%	15%	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 <sup>1</sup>	NA	50%	15%	NA	50%
Virtual Care	\$10 <sup>1,9</sup>	\$10 <sup>1,9</sup>	50%	\$10 <sup>9</sup>	\$10 <sup>9</sup>	50%
Specialist office visits	\$50 <sup>1</sup>	25%	50%	15%	20%	50%
Urgent care	\$50 <sup>1</sup>	25%	25%	15%	20%	See Plan Handbook
<b>Mental Health Services</b>						
Mental health office visits	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50%	15%	20%	50%
Mental health inpatient and residential services	25%	25%	50%	20%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50%	15%	20%	50%
<b>Outpatient Services</b>						
Outpatient surgery/facility care	25%	25%	50%	20%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) <b>Kaiser Plans:</b> Maximum 20 visits per therapy per Plan Year <b>Moda Plans:</b> 30 sessions per plan year / 60 for spinal or head injury	25%	25%	50%	20%	25%	50%
<b>Tests (outpatient)</b>						
Preventive tests	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
Laboratory	25%	25%	50%	20%	25%	50%
X-ray, imaging, and special diagnostic procedures	25%	25%	50%	20%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
<b>Alternative Care Services<sup>8</sup></b>						
Acupuncture, chiropractic & naturopathic services	\$30 <sup>1</sup>	25%	50%	20%	25%	50%
<b>Maternity Care</b>						
Outpatient maternity care	25%	25%	50%	20%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	25%	25%	50%	20%	25%	50%

NA - Not applicable

1 Deductible waived.

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

3 For Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.

4 Benefit is subject to a 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 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.

7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.

No lifetime maximum on any medical plans.	<b>Medical Plan 5 Connexus Network</b>			<b>Medical Plan 6 Connexus Network HSA optional</b>		
	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
<b>Plan Year Costs</b> - Deductibles and copayments apply to the annual out-of-pocket maximum.						
<b>Hospital Services</b>						
Inpatient care/surgery	25%	25%	50%	20%	25%	50%
Skilled nursing facility care ( <b>Kaiser Plans:</b> 100 days per plan year, <b>Moda Plans:</b> 60 days per plan year)	25%	25%	50%	20%	25%	50%
<b>Additional Cost Tier</b>						
<b>Moda Plans Only:</b> \$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 + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
<b>Moda Plans Only:</b> \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	20%	25%	50%
<b>Emergency Services</b>						
Emergency room (copay waived if admitted)	\$100 copay + 25%			20%	25%	See Plan Handbook
Ambulance	25%			20%	25%	See Plan Handbook
<b>Other Covered Services</b>						
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	20%	25%	50%
Durable medical equipment (DME)	25%	25%	50%	20%	25%	50%
Bariatric surgery	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 20%	\$500 + 25%	Not covered
<b>Pharmacy Services</b>						
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward plan OOP max		
<b>Retail</b>						
Value	\$4 per 31-day supply			\$4 <sup>1</sup> per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply			20%	25%	
Preferred brand	25% up to \$75 per 31-day supply			20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$175 per 31-day supply			20%	25%	
<b>Mail</b>						
Value	\$8 per 90-day supply			\$8 <sup>1</sup> per 90-day supply		
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24 per 90-day supply			20%	25%	
Preferred Brand	25% up to \$150			20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$450 per 90-day supply			20%	25%	
<b>Specialty</b>						
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply			20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$500 per 31-day supply			20%	25%	

NA - Not applicable

1 Deductible waived.

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

3 For Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.

4 Benefit is subject to a 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 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.

7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

**This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.**