

No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 4 Connexus Network			Medical Plan 6 Connexus Network		
	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	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	\$400	\$500	\$800	\$800	\$900	\$1,600	\$1,600	\$1,700	\$3,200	\$1,600 ²	\$1,700 ²	\$3,200 ²
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800	\$5,100	\$5,100	\$9,600	\$3,400 ²	\$3,400 ²	\$6,400 ²
Out-of-pocket (OOP) maximum per person ³	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000	\$6,700	\$7,100	\$13,700	\$6,400 ²	\$6,750 ²	\$13,100 ²
Out-of-pocket (OOP) maximum per family ³	\$9,750	\$9,750	\$18,000	\$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	\$7,900	\$7,900	NA	N/A	N/A	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA	N/A	N/A	NA
Preventive Care Services												
Wellness visit	\$0 ¹	\$0 ¹	Not covered	\$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%	\$0 ¹	\$0 ¹	50%
Office Visits and Virtual Care												
Primary care office visits	\$20 ^{1,6}	20%	50%	\$20 ^{1,6}	20%	50%	\$25 ^{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%	\$40 ¹	NA	50%	\$50 ¹	NA	50%	15%	NA	50%
Incentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	\$15 ^{1,10}	20%	Not covered	\$15 ^{1,10}	20%	Not covered	25 ^{1,10}	25%	Not covered	15% ^{1,10}	20%	Not covered
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 ^{1,9}	\$0 ^{1,9}	Not covered	\$0 ^{1,9}	\$0 ^{1,9}	Not covered	\$0 ^{1,9}	\$0 ^{1,9}	Not covered	\$0 ^{1,9}	\$0 ^{1,9}	Not covered
Specialist office visits	\$40 ¹	20%	50%	\$40 ¹	20%	50%	\$50 ¹	25%	50%	15%	20%	50%
Urgent care	\$40 ¹	20%	20%	\$40 ¹	20%	20%	\$50 ¹	25%	25%	15%	20%	See Plan HB
Mental Health Services												
Mental health office visits	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%	\$25 ¹	\$25 ¹	50%	15%	20%	50%
Mental health inpatient and residential services	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%	\$25 ¹	\$25 ¹	50%	15%	20%	50%
Outpatient Services												
Outpatient surgery/facility care	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	20%	50%	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%	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
Alternative Care Services⁸												
Acupuncture, chiropractic & naturopathic services ¹¹	\$20 ¹	20%	50%	\$20 ¹	20%	50%	\$25 ¹	25%	50%	20%	25%	50%
Maternity Care												
Outpatient maternity care	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%

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Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.														
Hospital Services														
Inpatient care/surgery	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%		
Skilled nursing facility care														
Moda Plans: 60 days per plan year	20%	20%	50%	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 + 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 + 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%		20%	25%	See Plan HB		
Ambulance		20%			20%			25%		20%	25%	See Plan HB		
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%	10%	10%	50%	20%	25%	50%		
Durable medical equipment (DME)	20%	20%	50%	20%	20%	50%	25%	25%	50%	20%	25%	50%		
Bariatric surgery	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 25%	\$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 Max Cost Share			Rx applies toward Max Cost Share				
Retail														
Value	\$4 per 31-day supply		See Plan Handbook	\$4 per 31-day supply		See Plan Handbook	\$4 per 31-day supply		See Plan Handbook	\$4 ¹ per 31-day supply		See Plan Handbook		
Select generic (Moda Plans)	\$12 per 31-day supply			\$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			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			50% up to \$175 per 31-day supply			20%			25%	
Mail														
Value	\$8 per 90-day supply		See Plan Handbook	\$8 per 90-day supply		See Plan Handbook	\$8 per 90-day supply		See Plan Handbook	\$8 ¹ per 90-day supply		See Plan Handbook		
Select generic (Moda Plans)	\$24 per 90-day supply			\$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			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			50% up to \$450 per 90-day supply			20%			25%	
Specialty														
Generic (Moda Plans only)	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook	20%		25%		
Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			20%		25%		
Non-preferred brand ⁵	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.			50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.			50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.			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).

6. If enrolled in a Moda Medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced “coordinated” benefit shown in the far left column

9. For Moda plans, CirrusMD app is covered at no member cost sharing. All other virtual care for primary and urgent care services (defined as 2-way video conferencing visits) is covered at a \$10 copay with deductible waived for plans 1, 2 and 4. Plans 6 is a \$10 copay after the deductible has been met.

10 For Moda plans, member must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.