

# 2015 – 16 Moda Health plan updates and clarifications

Effective October 1, 2015

## Medical

### All plans

- Maximum cost share added to Plan A – G. This plan year limit includes your pharmacy copays and coinsurance, additional cost tier copays, as well as any covered medical expenses that accrue toward your out-of-pocket maximum
- Current out-of-pocket maximum limits will remain the same. As noted above, ACT copays will accrue toward the maximum cost share

### Synergy Network – NEW expansion!

- Starting October 1, the Synergy Network is expanding to include Clatsop, Columbia, Hood River, Klamath, Lincoln, Tillamook and Wasco counties
- Currently available for members who live or work in Clark, Multnomah, Clackamas, Washington, Yamhill, Marion, Polk, Benton, Linn, Lane, Jackson and Josephine counties
- Includes Asante, Legacy Health, OHSU, PeaceHealth, Portland Adventist, Salem Clinic, Salem Health and Samaritan Health Services. Columbia Memorial Hospital, Mid-Columbia Medical Center and Sky Lakes Medical Center will join October 1.
- Each enrolled member must choose a Moda Medical Home for primary care and preventive services
- Available for plan options A – H

### Summit Network

- Available for members who live or work in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties
- Includes over 10 hospitals and medical centers in eastern Oregon, as well as hospitals in Washington and Idaho
- Each enrolled member must choose a Moda Medical Home for primary care and preventive services
- Available for plan options A – H

### Synergy Network and Summit Network reference price update

- Reference pricing for joint replacement no longer applies to Synergy and Summit Network plans as of March 1, 2015

### Pharmacy

- Pharmacy expenses will accrue toward the maximum cost share on Plan A – G
- 90-day retail fill benefit for Value and Select Generic tier medications at 3 times the 31-day copay
- 90-day mail-order benefit still available through PPS/Kroger at 2 times the 31-day copay
- Specialty medication through Ardon Health specialty pharmacy
- Pharmacy network is OPDP (Oregon Prescription Drug Plan)
- Tiering updates take place twice per year in January and July

### Dental

- No plan design changes
- Moving from a constant benefit plan (4 or 6) to an incentive benefit plan (1, 2 or 3) will cause the benefit level to start at 70%
- Coverage for orthodontia on Plan 1 – 4
- No orthodontia coverage for Plan 6
- Late enrollees subject to 12-month waiting period for all services other than preventive care

### Vision

- No plan design changes
- Benefit runs on the plan year basis (not every 12 months)
- Benefit maximum includes exam and hardware.
- Covers contacts or one pair of lenses every plan year
- Late enrollees are subject to a 12-month waiting period for lenses and frames

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## OEBB statewide plans

Medical Plan	Deductible (individual) <sup>1</sup>	Out-of-pocket (individual)	Maximum cost share (individual) (includes OOP, ACT, and Rx)	Incentive visit copay		Primary care copay		Specialist care	Urgent care copay
				Medical home	Connexus Network	Medical home	Connexus Network		
Plan A	\$200	\$2,400	\$6,600	\$10 <sup>2</sup>	20% <sup>2</sup>	\$20 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan B	\$350	\$2,950	\$6,600	\$10 <sup>2</sup>	20% <sup>2</sup>	\$20 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan C	\$500	\$3,300	\$6,600	\$10 <sup>2</sup>	20% <sup>2</sup>	\$20 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan D	\$750	\$3,800	\$6,600	\$15 <sup>2</sup>	20% <sup>2</sup>	\$30 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan E	\$1,000	\$4,250	\$6,600	\$15 <sup>2</sup>	20% <sup>2</sup>	\$30 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan F	\$1,250	\$5,500	\$6,600	\$15 <sup>2</sup>	20% <sup>2</sup>	\$30 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan G	\$1,500	\$6,350	\$6,600	\$15 <sup>2</sup>	20% <sup>2</sup>	\$30 <sup>2</sup>	20%	20%	\$50 <sup>2</sup>
Plan H <sup>3</sup>	\$1,500	\$5,000	NA	20%	20%	20%	20%	20%	20%

<sup>1</sup> Deductible may be reduced by \$100/individual (up to \$300/family) if Healthy Futures requirements were met.

<sup>2</sup> Deductible waived

<sup>3</sup> HSA-only plan

Family deductibles are three times the individual amount on plans A – G. Family deductible is twice the individual amount on plan H. Family out-of-pocket maximums vary by plan. See plan options brochure for details.

## OEBB Summit and Synergy Network plans

Medical Plan	Deductible (individual) <sup>1</sup>	Out-of-pocket (individual)	Maximum cost share (individual) (includes OOP, ACT, and Rx)	Medical home incentive care copay	Medical home primary care copay	Specialist	Urgent care copay
Plan A	\$200	\$2,400	\$6,600	\$10 <sup>2,4</sup>	\$20 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan B	\$350	\$2,950	\$6,600	\$10 <sup>2,4</sup>	\$20 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan C	\$500	\$3,300	\$6,600	\$10 <sup>2,4</sup>	\$20 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan D	\$750	\$3,800	\$6,600	\$15 <sup>2,4</sup>	\$30 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan E	\$1,000	\$4,250	\$6,600	\$15 <sup>2,4</sup>	\$30 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan F	\$1,250	\$5,500	\$6,600	\$15 <sup>2,4</sup>	\$30 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan G	\$1,500	\$6,350	\$6,600	\$15 <sup>2,4</sup>	\$30 <sup>2,4</sup>	20%	\$50 <sup>2</sup>
Plan H <sup>3</sup>	\$1,500	\$5,000	NA	20%	20%	20%	20%

<sup>1</sup> Deductible may be reduced by \$100/individual (up to \$300/family) if Healthy Futures requirements were met.

<sup>2</sup> Deductible waived

<sup>3</sup> HSA-only plan

<sup>4</sup> Copay applies only if seen at your pre-selected medical home

Family deductibles are three times the individual amount on plans A – G. Family deductible is twice the individual amount on plan H. Family out-of-pocket maximums vary by plan. See plan options brochure for details.

