2027 **Coordinated Care *Medical plan*** benefit table

	In-network you pay	Out-of-network you pay[8]
Plan-year costs		
Deductible per person	$500	$500
Deductible per family	$1,500	$1,500
Out-of-pocket max per person	$1,500	$4,000
Out-of-pocket max per family	$4,500	$12,000
Maximum cost share (per person), includes medical and pharmacy	$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations and hearing screenings	0%	30% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) office visits[1,2]	$10/visit after deductible	30% after deductible
Specialist office visits	$25 visit after deductible	30% coinsurance after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	30% after deductible
Outpatient physician services (including surgery and anesthesia)	$10/service after deductible	30% after deductible
Allergy shots, serums and injectable medications	$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	$100[3] after deductible	$100, then 30%[3] after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery[4]	$500[3] after deductible	$500, then 30%[3] after deductible
Mental Health Office visit	$10/visit	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits[10]	$10 after deductible	30%[6] after deductible
Massage therapy[10]	$10/visit[3, 8] after deductible	30%
Maternity care services		
Physician or midwife services	0%	30% after deductible
Hospital stay	$50 per day, up to $250 per admission after deductible	40% after deductible + $500 copay[7]
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	$50 per day, up to $250 per admission after deductible	40% after deductible + $500 copay[7]
Bariatric surgery	$50 per day, up to $250 per admission after deductible	Not covered[4]
Emergency care		
Urgent care visit	$25/visit after deductible	$25/visit after deductible
Emergency room (copay waived if admitted)	$150/visit[3] after deductible	$150/visit[3] after deductible
Ambulance	$75/trip after deductible	$75/trip after deductible
Other covered services		
X-ray	0%	30% after deductible
Imaging services[6] (such as PET, CT, MRI)	$100[3] after deductible	$100, then 30%[3] after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	$10/visit after deductible	30% after deductible
Outpatient surgery	$10/service after deductible	40% after deductible + $100 copay[7]
Dialysis, infusion, chemotherapy and radiation therapy	$10/service after deductible	30% after deductible
Durable medical equipment and supplies	15% after deductible	30% after deductible

2027 **PPO *Medical plan*** benefit table

	In-network you pay	Out-of-network you pay[8]
Plan-year costs		
Deductible per person	$250	$500
Deductible per family	$750	$1,500
Out-of-pocket max per person	$1,900	$4,800
Out-of-pocket max per family	$5,700	$14,400
Maximum cost share (per person), includes medical and pharmacy	$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations and hearing screenings	0%	30% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary Care office visits	Primary care office visits: 15% or 10%[1] first four visits, per calendar year, deductible waived	30% after deductible
Specialist office visits	15% after deductible	30% coinsurance after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	15% visit after deductible	30% after deductible
Allergy shots, serums and injectable medications	15%/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	$100[2] then 15% after deductible	$100, then 30%[2] after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery[3]	$500[2] then 15% after deductible	$500, then 30%[2] after deductible
Mental Health Office visit	15%/visit	30% after deductible
Chemical dependency treatment	15%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits[9]	15%/visit[2] after deductible	30%[4] after deductible
Massage therapy[9]	15%/visit[2, 9] after deductible	30%[10]
Maternity care services		
Physician or midwife services	15%	30% after deductible
Hospital stay	15% per admission after deductible	30% after deductible
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	15% per admission after deductible	40% after deductible + $500 copay[6]
Bariatric surgery	15% per admission after deductible	Not covered
Emergency care		
Urgent care visit	15%/visit after deductible	15%/visit after deductible
Emergency room (copay waived if admitted)	$150/visit[2] then 15% after deductible	$150/visit[2] then 15% after deductible
Ambulance	15%/trip after deductible	15%/trip after deductible
Other covered services		
X-ray	15% after deductible	30% after deductible
Imaging services[7] (such as PET, CT, MRI)	$100, then 15%[4] after deductible	$100, then 30%[4] after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	15%/visit after deductible[6]	30% after deductible
Outpatient surgery	15%/service after deductible[6]	40% after deductible + $100 copay[6]
Dialysis, infusion, chemotherapy and radiation therapy	15%/service after deductible[6]	30% after deductible
Durable medical equipment and supplies	15% after deductible	30% after deductible

2027 **Part-time Coordinated Care *Medical plan*** benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person	$500	$1,000
Deductible per family	$1,500	$3,000
Out-of-pocket max per person	$2,500	$6,000
Out-of-pocket max per family	$7,500	$18,000
Maximum cost share (per person), includes medical and pharmacy	$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations and hearing screenings	0%	50% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360)[2, 3] and specialist office visits	$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery and anesthesia)	$40/visit after deductible	50% after deductible
Allergy shots, serums and injectable medications	$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	$100[4] after deductible	$100, then 50%[4] after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery[5]	$500[4] after deductible	$500, then 50%[4] after deductible
Mental health	$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits[11]	$40/visit[4] after deductible	50%[6] after deductible
Massage therapy[11]	$40/visit[4, 9] after deductible	50%[10]
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	$500 per admission after deductible	50% after deductible + $500 copay[8]
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	$500 per admission after deductible	50% after deductible + $500 copay[8]
Bariatric surgery	$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	$30/visit after deductible	$30/visit after deductible
Emergency room (copay waived if admitted)	$150/visit[4] after deductible	$150/visit[4] after deductible
Ambulance	$75/trip after deductible	$75/trip after deductible
Other covered services		
X-ray	20% after deductible	50% after deductible
Imaging services[7] (such as PET, CT, MRI)	$100, then 20%[4] after deductible	$100, then 50%[4] after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	$40/visit after deductible[8]	50% after deductible
Outpatient surgery	$40/service after deductible[8]	50% after deductible + $100 copay[8]
Dialysis, infusion, chemotherapy and radiation therapy	$40/service after deductible[8]	50% after deductible
Durable medical equipment and supplies	20% after deductible	50% after deductible

2027 **Part-time PPO Plan *Medical plan*** benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person	$500	$1,000
Deductible per family	$1,500	$3,000
Out-of-pocket max per person	$3,200	$7,500
Out-of-pocket max per family	$9,600	$22,500
Maximum cost share (per person), includes medical and pharmacy	$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations and hearing screenings	0%	50% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360)[2, 3] and specialist office visits	20% or 15%[3] first four visits, per calendar year, deductible waived	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery and anesthesia)	20%/visit after deductible	$500 + 50%
Allergy shots, serums and injectable medications	20%/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	$100, then 20%	$100, then 50%[4] after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery[5]	$500[4] then 20%	$500, then 50%[4] after deductible
Mental health	20%/visit	50% after deductible
Chemical dependency treatment	20%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits[11]	20%[11]	50%[11]
Massage therapy[11]	20%[11]	50%[10]
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	20%	50% after deductible + $500 copay[8]
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	20%	50% after deductible + $500 copay[8]
Bariatric surgery	20%	Not covered
Emergency care		
Urgent care visit	20%	20%/visit after deductible
Emergency room (copay waived if admitted)	$150, then 20%	$150, then 20%
Ambulance	20%/trip after deductible	$75/trip after deductible
Other covered services		
X-ray	20% after deductible	50% after deductible
Imaging services[7] (such as PET, CT, MRI)	$100, then 20%[4] after deductible	$100, then 50%[4] after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	20%/visit after deductible[8]	50% after deductible
Outpatient surgery	20%/service after deductible[8]	50% after deductible + $100 copay[8]
Dialysis, infusion, chemotherapy and radiation therapy	20%/service after deductible[8]	50% after deductible
Durable medical equipment and supplies	20% after deductible	50% after deductible

2027 ***Dental plan*** benefit table

	Full-time Delta Dental PPO plan[1]		Full-time Delta Dental Premier plan[1]	Part-time Delta Dental Premier plan[1]
	In-network, you pay	Out-of-network, you pay	In-network, you pay	In-network, you pay
Plan-year costs				
Deductible per person	$50		$50	$50
Deductible per family	$150		$150	N/A
Benefit maximum	$1,750		$1,750	$1,250
Preventive* & diagnostic services				
Exam and prophylaxis/cleanings	0% no deductible	10%	0% no deductible	0%
X-rays	0% no deductible	10%	0% no deductible	0%
Fissure sealants	0% no deductible	10%	0% no deductible	0%
Basic services				
Restorative dentistry *(treatment of tooth decay with composite)*	1st year – 20%[2] 2nd year – 10%[2] 3rd year – 0%[2]	30%	20%	50%
Oral surgery *(surgical extractions and certain minor surgical procedures)*		30%	20%	50%
Endodontic *(pulp therapy and root canal filling)*		30%	20%	50%
Periodontics *(treatment of tissues supporting the teeth)*		30%	20%	50%
Major services				
Implants	50%	50%	50%	N/A
Crowns	50%	50%	50%	50%
Cast restorations	50%	50%	50%	50%
Dentures and bridge work *(construction or repair of fixed bridges, partials and complete dentures)*	50%	50%	50%	50%
Nitrous Oxide	50%	50%	50%	50%
Occlusal guards[3]	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
Lifetime maximum - $1,800	50%	50%	50%	N/A

**Preventive costs will not accrue toward the plan maximum.*

1 *To find in-network providers, go to modahealth.com/pebb and choose Find Care.*
2 *Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.*
3 *$150 maximum, once every five years*

For limitations and exclusions, visit modahealth.com/pebb and refer to your Member Handbook.