

# 2022 Medical plan benefit summary



*This summary is for quoting purposes only*

**Connexus VBC\_\$3000\_\$7000\_\$30/\$45\_20%**

|   | In-network you pay | Out-of-network you pay <sup>1</sup> |
|---|--------------------|-------------------------------------|
| <b>Calendar year costs</b>                                |                    |                                     |
| Deductible per member                                     | \$3,000            | \$6,000                             |
| Deductible per family                                     | \$6,000            | \$12,000                            |
| Out-of-pocket maximum including deductible per member     | \$7,000            | \$14,000                            |
| Out-of-pocket maximum including deductible per family     | \$14,000           | \$28,000                            |
| <b>Care and services</b>                                  |                    |                                     |
| ACA preventive care visit                                 | \$0*               | Not covered                         |
| PCP office visit  | \$30*              | 40%                                 |
| CirrusMD virtual visit                                    | \$0*               | N/A                                 |
| Other virtual visit                                       | \$20*              | 40%                                 |
| Specialist visit  | \$45*              | 40%                                 |
| Urgent care visit   | \$30*              | 40%                                 |
| Outpatient mental health/ substance use disorder visit    | \$30*              | 40%                                 |
| Acupuncture care, spinal manipulations <sup>2</sup>       | \$30*              | 40%                                 |
| <b>Maternity care</b>                                     |                    |                                     |
| Practitioner services                                     | 20%                | 40%                                 |
| Hospital stay   | 20%                | 40%                                 |
| <b>Hospital inpatient / outpatient services</b>           |                    |                                     |
| Inpatient care  | 20%                | 40%                                 |
| Skilled nursing facility care (60 days per year)          | 20%                | 40%                                 |
| Outpatient hospital / facility                            | 20%                | 40%                                 |
| Outpatient diagnostic x-ray and lab                       | 20%*               | 40%                                 |
| Advanced imaging (MRI, CT, CAT, PET scans)                | 20%                | 40%                                 |
| Emergency room: facility                                  |                    | \$200*                              |
| Emergency room: physician, lab and other services         |                    | 20%                                 |
| <b>Other covered services</b>                             |                    |                                     |
| Outpatient rehabilitation (30 sessions per year)          | \$45*              | 40%                                 |
| Therapeutic injections                                    | 20%                | 40%                                 |
| Durable medical equipment (DME)/ prosthetics              | 20%                | 40%                                 |
| Ambulance service   |                    | 20%                                 |
| Home health, hospice, and respite care (limits may apply) | 20%                | 40%                                 |

\* Deductible waived.

<sup>1</sup> Out-of-network member responsibility is based on the maximum plan allowance for these services.

<sup>2</sup> 12 visit limit for acupuncture, 20 visit limit for spinal manipulations.

*This Benefit Summary is preliminary and subject to change. Please request a Summary of Benefits and Coverage (SBC) for employers and their employees.*

[www.modahealth.com](http://www.modahealth.com)

V13.1.OR.22

# 2022 Prescription Medication Summary



This summary is for quoting purposes only

**\$2/\$15/\$45/\$75/\$225/30%**

| Medication Type         | Retail<br>30-day supply* | Mail-Order<br>90-day supply* | Specialty<br>30-day supply |
|-------------------------|--------------------------|------------------------------|----------------------------|
| Value                   | \$2 copay                | \$6 copay                    | N/A                        |
| Select                  | \$15 copay               | \$45 copay                   | N/A                        |
| Preferred               | \$45 copay               | \$135 copay                  | N/A                        |
| Non Preferred           | \$75 copay               | \$225 copay                  | N/A                        |
| Preferred Specialty     | N/A                      | N/A                          | \$225 copay                |
| Non Preferred Specialty | N/A                      | N/A                          | 30% coinsurance            |

This Rx plan is Medicare Part D creditable.

**\* Insulin: \$75 maximum cost share per 30-day supply**

**Value Tier Medications** are medications that include commonly prescribed products used to treat chronic medical conditions, and that are considered safe, effective and cost-effective to alternative medications. A list of value tier medications is available on [modahealth.com](http://modahealth.com).

**Select Tier Medications** include those generic medications that are safe and effective, and represent the most cost effective option within their therapeutic category, as well as certain brand medications that are both clinically favorable and cost effective.

**Preferred Tier Medications** mean those medications, including specialty preferred medications, that have been reviewed by Moda and found to be safe and clinically effective at a favorable cost when compared to other medications in the same therapeutic class and/or category. Generic medications may be included in this tier when they have not been shown to be safer or more effective than other more cost effective generic medications.

In the Select and Preferred tiers, both generic and brand medications are covered. If a member requests, or the treating physician prescribes, a brand medication when a generic equivalent is available, the member will be responsible for the brand cost sharing plus the difference in cost between the generic and the brand medication.

**Nonpreferred Tier Medications** means brand medications, including specialty brand medications, that have been reviewed by Moda Health and do not have significant therapeutic advantage over their preferred alternative. These products generally have safe and effective options available under the Value, Select and/or Preferred tiers.

**Specialty Medications** Certain prescription medications are defined as specialty products. Specialty medications are often used to treat complex chronic health conditions. Specialty medications often require special handling techniques, careful administration and a unique ordering process. Most specialty medications require prior authorization.

**Generic Medications** are medications that have been found by the Food and Drug Administration (FDA) to be therapeutically equivalent to the brand alternative and are often the most cost effective option. Generic medications must contain the same active ingredients as their brand counterpart and be identical in strength, dosage form and route of administration.

If a brand medication is filled by the pharmacy when a generic equivalent is available, the member may have to pay the difference in cost between the generic and brand medication. Expenses incurred due to brand substitution do not count toward the out-of-pocket maximum.

**Calendar Year Medical and Prescription Medication Maximum Out of Pocket is combined (please refer to your medical summary)**

This is a summary of the pharmacy benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not considered a Summary of Benefits and Coverage (SBC), and should not be distributed to employers or their employees as a replacement for the SBC.

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