2019 Medical plan benefit summary

moda HEALTH

Pioneer Silver 2500	Tier 1 you pay	Tier 2 you pay	Tier 3 you pay
Calendar year costs			
Deductible per person	$2,500	$5,000	$15,000
Deductible per family	$5,000	$10,000	$30,000
Out-of-pocket max per person	$7,900	$7,900	$23,700
Out-of-pocket max per family	$15,800	$15,800	$47,400
Care & services			
Preventive care visit	$0/visit	$0/visit	60% after deductible
Primary care provider (PCP) office visit	$25/visit	40% after deductible	60% after deductible
Specialist office visit	$50/visit	40% after deductible	60% after deductible
Urgent care visit	$25/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	60% after deductible
Emergency room visit	$250/25%/visit	$250/25%/visit	$250/25%/visit
Ambulance	$25/25% after deductible	$25/25% after deductible	$25/25% after deductible
Inpatient/outpatient Care	25% after deductible	40% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	$25/visit	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	$50/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	20% after deductible	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	$0/visit	$0/visit	50% after deductible
Pediatric vision hardware	0%	0%	50% after deductible
Prescription medications[1]			
Value	$2	$2	$2
Select	$20	$20	$20
Preferred	$40	$40	$40
Non-Preferred	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	35% after deductible	35% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	45% after deductible	Not covered
Features			
Metallic level	Silver		
Exchange	In and Out		
Medicare Part D creditable	Yes		
Service area	Kenai Peninsula Borough		
Network	Pioneer/MedImpact		
Additional benefits[2]	Includes adult hearing/vision		

1 *90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.*
2 *This plan includes mandated hearing. For more details contact your sales and service representative.*

Limitations

- Acupuncture and spinal manipulation limited to 12 visits each per calendar year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When you have other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every three calendar years
- Home healthcare limited to 130 visits per calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare Part B had the member enrolled in Medicare, will be reduced by the amount Medicare paid or would have paid.
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders). Limits apply separately to rehabilitative and habilitation services.
- Massage therapy limited to 12 visits per calendar year
- Orthodontia limited to dependent children under age 19 only when medically necessary
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy
- Skilled nursing facility limited to 60 days per calendar year
- Specialty medications must be obtained from a Moda-designated specialty pharmacy.
- Transplants must be performed at an Exclusive Center of Excellence facility to be eligible for coverage. Round-trip transportation and lodging up to $7,500 per transplant
- Vision exam and glasses or contacts covered once per calendar year for members under age 19
- Vision exam and lenses or contacts covered once per calendar year for members age 19 and older. One pair of frames covered every 2 years

Exclusions

- Any expense that results from an act of declared or undeclared war or armed aggression
- Any expense you or your dependents do not have to pay
- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Treatment for sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan 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.

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