2016 Medical plan benefit summary

moda HEALTH

Moda Health Connexus Basic 6500		
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$6,500	$13,000
Deductible per family	$13,000	$26,000
Out-of-pocket max per person	$6,500	$13,000
Out-of-pocket max per family	$13,000	$26,000
Care & services		
Preventive care visit[1]	$0/visit	0% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible
Specialist office visit	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible
Alternative care visit	Not covered	
Embedded pediatric dental care	Not covered	
Pediatric vision exam	0% after deductible	0% after deductible
Pediatric vision hardware	0% after deductible	0% after deductible
Prescription medications[2]		
Value	$2	$2
Select	$10	$10
Preferred	0% after deductible	0% after deductible
Brand	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered
Features		
Metallic level	● Bronze	
Provider network	Connexus Network	
Travel network	PHCS Healthy Directions Network	

1 *For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.*
2 *30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.*

Limitations

- Ambulance transportation is limited to six trips per calendar year.
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications.
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence.
- Brand tier medications — when a generic tier medication is available, the member also pays the difference in cost between the generic tier and brand tier medication.
- Coordination of Benefits — when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- Hearing aids and related services are covered once every 48 months for members under age 26.
- Hospice respite care is limited to 30 days lifetime maximum and up to five days consecutive.
- Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90-day supply for mail order pharmacy.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. Members may be eligible for up to 60 days or sessions for treatment of neurologic conditions.
- Skilled nursing facility is limited to 60 days per year.
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- Vision exam and glasses or contacts are covered once per year for members under age 19.

Exclusions

- Alternative care
- 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 sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- 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
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- 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.

modahealth.com

Health plans in Oregon provided by Moda Health Plan, Inc.
11246785_2 (10/15) SS-1544