

# Health plans for every body

Individuals and families

*Plans available Jan. 1, 2015, through Dec. 31, 2015*

odoma

Oregon

 DELTA DENTAL

 ODS

 moda  
HEALTH

Hello. Welcome to Moda Health and ODS, the place you go when you want more than a health plan – because good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way.

We have all of that and a little bit more – and we're excited to help you start on a journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

## Resources for your health journey

Moda Health is here to help you get well sooner when you're sick or injured and live well the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

### Get started with myModa

You'll love everything you can do at myModa, your personalized member website. It's simple to access on your computer or mobile device. As a member, log in at [modahealth.com](http://modahealth.com) to:

- › See and manage your benefits
- › Check claims and find claim forms
- › Review electronic explanations of benefits (EOBs)
- › View and download your member ID card
- › Use Be Better tools to get and stay healthy
- › Connect with health professionals
- › Look up medication prices before you buy
- › Pay your monthly premium with eBill
- › Set up recurring payments using AutoPay
- › Access exclusive member savings

### Be Better tools

These handy resources let you take charge of your healthy potential. They're free to members and come with every health plan. Use them to create a healthier you! Simply log in to myModa, your personalized member website, to get started. Here's what you'll find.

### Momentum

Take charge of your health – and follow your progress. It's easy with the healthy living dashboard, Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:

- › Take a health assessment and see your "health age"
- › Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- › Research conditions and medications
- › Set goals and track progress
- › Create a Family Health Record
- › Access health content and resources

### Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. You'll also get one-on-one support when you need it. Our eight care programs include:

- › Cardiac Care
- › Dental Care
- › Depression Care
- › Diabetes Care
- › Lifestyle Coaching
- › Women's Health & Maternity Care
- › Respiratory Care
- › Spine & Joint Care

### Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll take some of the work off your plate – so you can focus on healing. Our nurse case managers and care coordinators will help you:

- › Navigate the healthcare system
- › Communicate and work with your providers to support your care plan
- › Understand your benefits
- › Arrange medically necessary, covered services ordered by your provider
- › Connect with community resources

### eDoc

Email a health professional about nonurgent health concerns. eDoc keeps it private and customized to you. Connect with:

- › Board-certified physicians
- › Licensed psychologists
- › Pharmacists
- › Dentists
- › Dietitians
- › Fitness experts
- › eDocVoice – leave a message for a provider, and you'll get a phone response within 24 hours

### Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Just call toll-free at 866-321-7580 for guidance on:

- › Basic health conditions and symptoms
- › Treatment for minor injuries and burns
- › Home cold and flu remedies
- › When to visit your doctor

### Quitting tobacco

Stop smoking or chewing tobacco for good. We connect members with programs that make kicking the habit a little easier. You'll get advice from a Quit Coach and a custom quit plan that works for you.

Under the Affordable Care Act, coaching to help you stop smoking is covered in full. Take advantage of these perks:

- › Phone, text and online support from Quit Coaches, 24 hours a day
- › Tips on dealing with cravings
- › Information about medications that can help you quit
- › Free tobacco cessation medications prescribed by an in-network provider
- › Useful articles, videos and online tracking tools

### Pharmacy discount card

All members in Oregon can save money on prescription medications through our partnership with the Oregon Prescription Drug Program (OPDP). You can get discounts on prescriptions not covered under your plan.

Use the card to save up to 80 percent on generic and 20 percent on brand-name medications. You just pay the cost after the discount is applied. Signing up is free. Simply visit [modahealth.com/plans/individual](http://modahealth.com/plans/individual) and look for the pharmacy link on the left to learn more.

### MIDAS medical ID protection

Keep your health privacy safe with this easy and free service. As a Moda Health member, simply log in to myModa and follow the links to MIDAS to claim your benefit. It's a simple way to safeguard your medical record from fraud.

## Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you go. So, we've made it easy to find in-network coverage in your hometown and across the country.

### Connexus Network

Formerly known as ODS Plus Network, this is one of the largest PPO networks in Oregon. It includes thousands of primary care physicians and specialists working together with Moda Health to help keep you healthy.

### Community Care Network (CCN)

This custom network serves Portland and Salem communities. It includes a select group of Legacy Health, Salem Health, Adventist Health and Oregon Health & Science University (OHSU) providers that work together to give you the best care. Enjoy access if you live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.

### Rose City Network

This exclusive network includes Providence Health & Services as well as other physicians, clinics and facilities in the Portland metro area. You can access these providers if you live in Multnomah, Washington, Clackamas and Yamhill counties.

### Travel with peace of mind\*

Go on. Explore. When you're traveling, care is never far. Our travel network comes with each medical plan in Oregon. When traveling outside of Oregon, members have access to the Connexus Network in Idaho and the PHCS Healthy Directions Network in all other states.

Eligible, enrolled dependent children can also find in-network care if they live out of town. As long as they use PHCS Healthy Directions Network providers, they're covered.

### In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between your maximum plan allowance and their billed charges. This is known as "balance billing." In-network Moda Health providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

\*Traveling for the purpose of seeking care does not qualify for the travel network benefit.

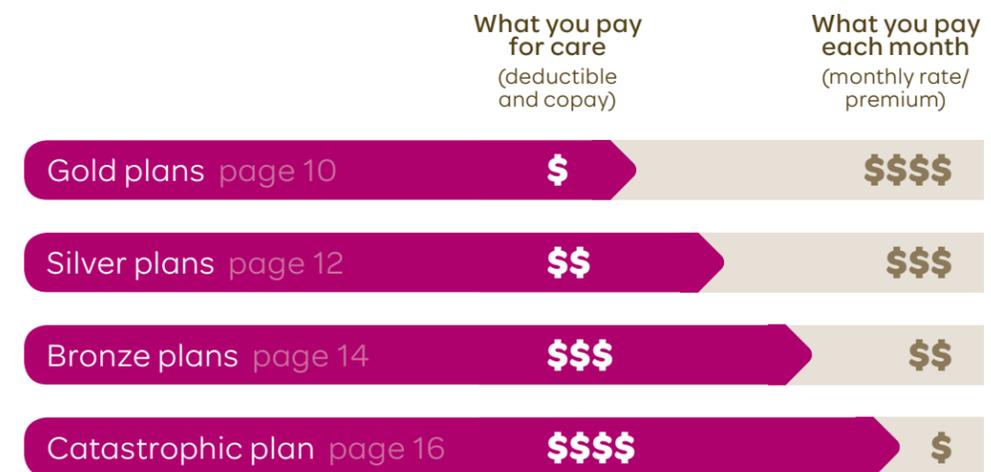
## Which tier is right for you?

Not sure where to start? Whatever your needs, we're confident you'll find the plan that fits just right. Plan tiers can help you narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

### Plan tier categories

Our medical plans fall into one of four tiers: Gold, Silver, Bronze and Catastrophic. Gold plans cost a little more, but they cover more, too. Silver plans fall somewhere in the middle. Bronze plans provide a little less coverage, but you'll save money on monthly premiums.

The Catastrophic tier includes one plan. If you're under 30 or meet some eligibility requirements, this plan offers coverage just in case of an emergency.





When it comes to better healthcare, we think we can do more together.

> Medical plans

## Find your perfect plan

We love our health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you be your healthy best.

Each plan covers 100 percent of most preventive care – that includes women’s annual exams, well-baby care, routine physicals and immunizations. Plans vary most by network size, premiums, deductibles and copays. If you want to feel protected, prepared and connected, you’re in the right place.

Some plans include provider networks that require you to live in certain counties to be eligible to enroll. Be sure to review each plan carefully before choosing the one for you. Check the networks page in this booklet to see the counties they cover.

Turn the page to check out our 2015 individual and family plan summaries. For free print copies of plan summaries, contact Moda Health at 855-718-1767.

### Enrolling in your new plan

Starting Nov. 2014, visit [choosemoda.com](http://choosemoda.com) to browse and compare 2015 Moda Health medical plans and enroll. You can use the same website to sign up for dental coverage, anytime. The site also explains how health plans, Health Care Reform and federal tax credits work – so take a look!

Not an online type of person? No worries. Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY users, please call 711.



*We take clinical quality seriously. That commitment has earned our PPO plans National Committee for Quality Assurance (NCQA) accreditation.*

## Gold tier plans

	Be Protected (Connexus)		Be Focused (CCN) <sup>2</sup>		Be Focused (Rose City) <sup>3</sup>		Oregon Standard Gold (Connexus)	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>								
Deductible per person	\$750	\$1,500	\$500	\$1,000	\$500	\$1,000	\$1,300	\$2,600
Deductible per family	\$1,500	\$3,000	\$1,000	\$2,000	\$1,000	\$2,000	\$2,600	\$5,200
Out-of-pocket max per person	\$4,750	\$9,500	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700
Out-of-pocket max per family	\$9,500	\$19,000	\$10,000	\$20,000	\$10,000	\$20,000	\$12,700	\$25,400
<b>Care &amp; services</b>								
Preventive care <sup>4</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$15/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Specialist office visit <sup>5</sup>	\$15/visit <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$40/visit <sup>1</sup>	50%
Urgent care visit	\$15/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%
Inpatient/outpatient care	15%	50%	20%	50%	20%	50%	10%	50%
Outpatient diagnostic X-ray & lab	15%	50%	20%	50%	20%	50%	10%	50%
Outpatient mental health/chemical dependency	\$15/visit <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Emergency room	15%	15%	20%	20%	20%	20%	10%	10%
Ambulance	15%	15%	20%	20%	20%	20%	10%	10%
Physical, speech or occupational therapy	\$15/visit <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Alternative care <sup>6</sup> (\$1,000 max per year)	\$15/visit <sup>1</sup>	50%	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	\$15/visit <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Pediatric vision hardware	15%	50%	20%	50%	20%	50%	\$0/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 <sup>1</sup> ; services must be completed within 90 days of the injury		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
<b>Prescription medications</b>								
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>
Select	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>
Preferred	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>
Brand	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>7</sup>	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>								
Plan tier	Gold		Gold		Gold		Gold	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace only		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Community Care Network (CCN)		Rose City		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19		Not included		Not included		Not included	

<sup>1</sup> Deductible waived

<sup>2</sup> You are eligible for this plan if you live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.

<sup>3</sup> You are eligible for this plan if you live in Multnomah, Washington, Clackamas and Yamhill counties.

<sup>4</sup> For services as required under the Affordable Care Act

<sup>5</sup> Includes naturopathic office visits

<sup>6</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>7</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

## Silver tier plans

	Be Prepared (Connexus)		Be Aligned (CCN) <sup>2</sup>		Be Aligned (Rose City) <sup>3</sup>		Be Smart (Connexus)		Oregon Standard Silver (Connexus)	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>										
Deductible per person	\$1,150	\$2,300	\$2,500	\$5,000	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000
Deductible per family	\$2,300	\$4,600	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
Out-of-pocket max per person	\$6,600	\$13,200	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,350	\$12,700
Out-of-pocket max per family	\$13,200	\$26,400	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000	\$12,700	\$25,400
<b>Care &amp; services</b>										
Preventive care <sup>4</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$25/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup> for first 5 visits, 35% subsequent visits <sup>5</sup>	50%	\$30/visit <sup>1</sup> for first 5 visits, 35% subsequent visits <sup>5</sup>	50%	\$15/visit <sup>1</sup> for first 3 visits, 25% subsequent visits <sup>6</sup>	50%	\$35/visit <sup>1</sup>	50%
Specialist office visit <sup>7</sup>	\$25/visit <sup>1</sup>	50%	35%	50%	35%	50%	25%	50%	\$70/visit <sup>1</sup>	50%
Urgent care visit	\$25/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup> for first 5 visits, 35% subsequent visits <sup>5</sup>	50%	\$30/visit <sup>1</sup> for first 5 visits, 35% subsequent visits <sup>5</sup>	50%	\$15/visit <sup>1</sup> for first 3 visits, 25% subsequent visits <sup>6</sup>	50%	\$90/visit <sup>1</sup>	50%
Inpatient/outpatient care	30%	50%	35%	50%	35%	50%	25%	50%	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%	35%	50%	35%	50%	25%	50%	30%	50%
Outpatient mental health/chemical dependency	\$25/visit <sup>1</sup>	50%	35%	50%	35%	50%	25%	50%	\$35/visit <sup>1</sup>	50%
Emergency room	30%	30%	35%	35%	35%	35%	25%	25%	30%	30%
Ambulance	30%	30%	35%	35%	35%	35%	25%	25%	30%	30%
Physical, speech or occupational therapy	\$25/visit <sup>1</sup>	50%	35%	50%	35%	50%	25%	50%	\$35/visit <sup>1</sup>	50%
Alternative care <sup>8</sup> (\$1,000 max per year)	\$25/visit <sup>1</sup>	50%	Not covered	Not covered	Not covered	Not covered	\$15/visit <sup>1</sup>	50%	Not covered	Not covered
Pediatric vision exam	\$25/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	25% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Pediatric vision hardware	30%	50%	35%	50%	35%	50%	25%	50%	\$0/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 <sup>1</sup> ; services must be completed within 90 days of the injury		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Select	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>
Brand	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>9</sup>	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>										
Plan tier	Silver		Silver		Silver		Silver		Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace only		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Community Care Network (CCN)		Rose City		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19		Not included		Not included		Not included		Not included	

<sup>1</sup> Deductible waived

<sup>2</sup> You are eligible for this plan if you live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.

<sup>3</sup> You are eligible for this plan if you live in Multnomah, Washington, Clackamas and Yamhill counties.

<sup>4</sup> For services as required under the Affordable Care Act

<sup>5</sup> Plan pays for first five office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>6</sup> Plan pays for first three office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>7</sup> Includes naturopathic office visits

<sup>8</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>9</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

# Bronze tier plans

	Be Connected (CCN) <sup>2</sup>		Be Connected (Rose City) <sup>3</sup>		Be Balanced <sup>4</sup> (Connexus)		Oregon Standard Bronze (Connexus)		Be Savvy (HSA) <sup>5</sup> (Connexus)	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>										
Deductible per person	\$4,250	\$8,500	\$4,250	\$8,500	\$4,250	\$8,500	\$5,000	\$10,000	\$5,250	\$10,500
Deductible per family	\$8,500	\$17,000	\$8,500	\$17,000	\$8,500	\$17,000	\$10,000	\$20,000	\$10,500	\$21,000
Out-of-pocket max per person	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200	\$6,350	\$12,700	\$6,350	\$12,700
Out-of-pocket max per family	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400	\$12,700	\$25,400	\$12,700	\$25,400
<b>Care &amp; services</b>										
Preventive care <sup>6</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$60/visit <sup>8</sup>	50%	40%	50%
Specialist office visit <sup>9</sup>	35%	50%	35%	50%	35%	50%	\$100/visit <sup>8</sup>	50%	40%	50%
Urgent care visit	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$35/visit <sup>1</sup> for first 3 visits, 35% subsequent visits <sup>7</sup>	50%	\$120/visit <sup>8</sup>	50%	40%	50%
Inpatient/outpatient care	35%	50%	35%	50%	35%	50%	50%	50%	40%	50%
Outpatient diagnostic X-ray & lab	35%	50%	35%	50%	35%	50%	50%	50%	40%	50%
Outpatient mental health/chemical dependency	35%	50%	35%	50%	35%	50%	\$60/visit <sup>8</sup>	50%	40%	50%
Emergency room	35%	35%	35%	35%	35%	35%	50%	50%	40%	40%
Ambulance	35%	35%	35%	35%	35%	35%	50%	50%	40%	40%
Physical, speech or occupational therapy	35%	50%	35%	50%	35%	50%	\$60/visit <sup>8</sup>	50%	40%	50%
Alternative care <sup>10</sup> (\$500 max per year)	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	40%	50%
Pediatric vision hardware	35%	50%	35%	50%	35%	50%	\$0/visit <sup>1</sup>	50%	40%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$20 <sup>8</sup>	\$20 <sup>8</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>
Select	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$20 <sup>8</sup>	\$20 <sup>8</sup>	50%	50%
Preferred	40%	40%	40%	40%	40%	40%	\$80 <sup>8</sup>	\$80 <sup>8</sup>	50%	50%
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty <sup>11</sup>	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
<b>Features</b>										
Plan tier	Bronze		Bronze		Bronze		Bronze		Bronze	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Health Insurance Marketplace only		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health	
Provider network	Community Care Network (CCN)		Rose City		Connexus		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	
Embedded pediatric dental	Not included		Not included		Not included		Not included		Not included	

1 Deductible waived  
 2 You are eligible for this plan if you live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.  
 3 You are eligible for this plan if you live in Multnomah, Washington, Clackamas and Yamhill counties.  
 4 You are not eligible for this plan if you live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.  
 5 This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any financial institution for their HSA plan.

6 For services as required under the Affordable Care Act  
 7 Plan pays for first three office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.  
 8 This is the copay that applies after the deductible is met.  
 9 Includes naturopathic office visits  
 10 Covers medically necessary acupuncture, chiropractic services and naturopathic substances  
 11 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

## Be Bold\* (Connexus)

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$6,600	\$13,200
Deductible per family	\$13,200	\$26,400
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
<b>Care &amp; services</b>		
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	0%
Primary care physician (PCP) office visit	\$45/visit <sup>1</sup> for first 3 visits, 0% subsequent visits <sup>3</sup>	0%
Specialist office visit <sup>4</sup>	0%	0%
Urgent care visit	0%	0%
Inpatient/outpatient care	0%	0%
Outpatient diagnostic X-ray & lab	0%	0%
Outpatient mental health/ chemical dependency	0%	0%
Emergency room	0%	0%
Ambulance	0%	0%
Physical, speech or occupational therapy	0%	0%
Alternative care	Not covered	Not covered
Pediatric vision exam	0%	0%
Pediatric vision hardware	0%	0%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription medications</b>		
Value	0%	0%
Select	0%	0%
Preferred	0%	0%
Brand	0%	0%
Specialty <sup>5</sup>	0%	Not covered
<b>Features</b>		
Plan tier	Catastrophic	
Plan enrollment options	Health Insurance Marketplace only	
Provider network	Connexus	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Plan pays for first three office visits with a copay. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Includes naturopathic office visits

<sup>5</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

\*If you're under 30 or meet some eligibility requirements



From everyday life to  
once-in-a-lifetime  
adventures, care is never  
far from where you are.



Treat yourself  
to better  
health today.

> Rates

## What plans cost

Our plans offer competitive rates to fit a range of needs. If you want great coverage at a price that's right for you, you're in good hands.

### Monthly rates for individual plans starting 2015

Thanks in part to the Affordable Care Act, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly premiums, simply add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

All children under age 21 have the same rate based on the plan. However, you only need to include up to three children under age 21 in your total.\* Child dependents ages 21 through 25 have a rate based on their actual age.

### How to calculate your premium

- 1 Jot down the rate for each person age 21+
- 2 Jot down the rate for each person (up to three\*) under age 21
- 3 Add all of these rates together to get your family's total rate

*\* If you have more than three dependent children under age 21, only three need to be calculated into your rate. This helps keep your healthcare affordable.*

# Monthly rates\*

Age	0 – 20	21	22	23	24	25	26	27
<b>Medical plans</b>								
Be Protected (Connexus)	\$156	\$246	\$246	\$246	\$246	\$247	\$252	\$258
Be Focused (CCN)	\$146	\$230	\$230	\$230	\$230	\$230	\$235	\$241
Be Focused (Rose City)	\$141	\$222	\$222	\$222	\$222	\$223	\$228	\$233
Oregon Standard Gold Plan (Connexus)	\$147	\$232	\$232	\$232	\$232	\$233	\$238	\$243
Be Prepared (Connexus)	\$136	\$214	\$214	\$214	\$214	\$215	\$219	\$225
Be Aligned (CCN)	\$110	\$173	\$173	\$173	\$173	\$174	\$177	\$181
Be Aligned (Rose City)	\$106	\$167	\$167	\$167	\$167	\$168	\$171	\$175
Be Smart (Connexus)	\$117	\$184	\$184	\$184	\$184	\$185	\$188	\$193
Oregon Standard Silver Plan (Connexus)	\$122	\$192	\$192	\$192	\$192	\$192	\$196	\$201
Be Connected (CCN)	\$98	\$154	\$154	\$154	\$154	\$155	\$158	\$161
Be Connected (Rose City)	\$94	\$148	\$148	\$148	\$148	\$149	\$152	\$155
Be Balanced (Connexus)	\$103	\$162	\$162	\$162	\$162	\$163	\$166	\$170
Oregon Standard Bronze Plan (Connexus)	\$91	\$144	\$144	\$144	\$144	\$144	\$147	\$151
Be Savvy (Connexus)	\$91	\$143	\$143	\$143	\$143	\$144	\$147	\$150
Be Bold (Connexus)	\$83	\$131	\$131	\$131	\$131	\$131	\$134	\$137

28	29	30	31	32	33	34	35	36	37	38	39	40	41
\$268	\$276	\$280	\$286	\$292	\$295	\$299	\$301	\$303	\$305	\$307	\$311	\$315	\$321
\$249	\$257	\$261	\$266	\$272	\$275	\$279	\$280	\$282	\$284	\$286	\$290	\$293	\$299
\$242	\$249	\$252	\$258	\$263	\$266	\$270	\$272	\$273	\$275	\$277	\$281	\$284	\$290
\$252	\$260	\$263	\$269	\$274	\$278	\$282	\$283	\$285	\$287	\$289	\$293	\$296	\$302
\$233	\$240	\$243	\$248	\$254	\$257	\$260	\$262	\$264	\$265	\$267	\$270	\$274	\$279
\$188	\$194	\$197	\$201	\$205	\$207	\$210	\$212	\$213	\$214	\$216	\$219	\$221	\$225
\$181	\$187	\$189	\$194	\$198	\$200	\$203	\$204	\$205	\$207	\$208	\$211	\$213	\$217
\$200	\$206	\$209	\$213	\$217	\$220	\$223	\$225	\$226	\$228	\$229	\$232	\$235	\$239
\$208	\$214	\$218	\$222	\$227	\$230	\$233	\$234	\$236	\$237	\$239	\$242	\$245	\$250
\$167	\$172	\$175	\$178	\$182	\$184	\$187	\$188	\$189	\$191	\$192	\$194	\$197	\$200
\$161	\$166	\$168	\$172	\$175	\$177	\$180	\$181	\$182	\$183	\$184	\$187	\$189	\$193
\$176	\$181	\$184	\$188	\$192	\$194	\$197	\$198	\$199	\$201	\$202	\$204	\$207	\$211
\$156	\$161	\$163	\$166	\$170	\$172	\$174	\$175	\$177	\$178	\$179	\$181	\$184	\$187
\$156	\$160	\$163	\$166	\$169	\$172	\$174	\$175	\$176	\$177	\$178	\$181	\$183	\$187
\$142	\$147	\$149	\$152	\$155	\$157	\$159	\$160	\$161	\$162	\$163	\$165	\$167	\$170

Age (continued)	42	43	44	45	46	47	48	49	50
<b>Medical plans</b>									
Be Protected (Connexus)	\$327	\$334	\$344	\$356	\$370	\$385	\$403	\$420	\$440
Be Focused (CCN)	\$304	\$311	\$321	\$331	\$344	\$359	\$375	\$392	\$410
Be Focused (Rose City)	\$295	\$302	\$311	\$321	\$334	\$348	\$364	\$379	\$397
Oregon Standard Gold Plan (Connexus)	\$307	\$315	\$324	\$335	\$348	\$363	\$379	\$396	\$414
Be Prepared (Connexus)	\$284	\$291	\$299	\$309	\$321	\$335	\$350	\$366	\$383
Be Aligned (CCN)	\$229	\$235	\$242	\$250	\$260	\$271	\$283	\$295	\$309
Be Aligned (Rose City)	\$221	\$227	\$233	\$241	\$250	\$261	\$273	\$285	\$298
Be Smart (Connexus)	\$244	\$249	\$257	\$265	\$276	\$287	\$301	\$314	\$328
Oregon Standard Silver Plan (Connexus)	\$254	\$260	\$268	\$277	\$288	\$300	\$313	\$327	\$342
Be Connected (CCN)	\$204	\$209	\$215	\$222	\$231	\$241	\$252	\$263	\$275
Be Connected (Rose City)	\$196	\$201	\$207	\$214	\$222	\$231	\$242	\$253	\$264
Be Balanced (Connexus)	\$215	\$220	\$226	\$234	\$243	\$253	\$265	\$276	\$289
Oregon Standard Bronze Plan (Connexus)	\$190	\$195	\$201	\$207	\$215	\$224	\$235	\$245	\$256
Be Savvy (Connexus)	\$190	\$194	\$200	\$207	\$215	\$224	\$234	\$244	\$256
Be Bold (Connexus)	\$173	\$178	\$183	\$189	\$196	\$205	\$214	\$223	\$234

51	52	53	54	55	56	57	58	59	60	61	62	63	64+
\$460	\$481	\$503	\$526	\$550	\$575	\$601	\$628	\$641	\$669	\$693	\$708	\$727	\$738
\$428	\$448	\$468	\$490	\$512	\$535	\$559	\$585	\$597	\$623	\$645	\$659	\$678	\$689
\$415	\$434	\$454	\$475	\$496	\$519	\$542	\$567	\$579	\$603	\$625	\$639	\$656	\$666
\$433	\$453	\$473	\$495	\$517	\$541	\$565	\$591	\$604	\$630	\$652	\$666	\$685	\$696
\$400	\$418	\$437	\$458	\$478	\$500	\$522	\$546	\$558	\$582	\$602	\$616	\$633	\$642
\$323	\$338	\$353	\$370	\$386	\$404	\$422	\$441	\$451	\$470	\$487	\$497	\$511	\$519
\$311	\$326	\$341	\$356	\$372	\$390	\$407	\$425	\$435	\$453	\$469	\$480	\$493	\$501
\$343	\$359	\$375	\$392	\$410	\$429	\$448	\$468	\$478	\$499	\$516	\$528	\$543	\$551
\$357	\$374	\$391	\$409	\$427	\$447	\$467	\$488	\$499	\$520	\$539	\$551	\$566	\$575
\$287	\$300	\$314	\$329	\$343	\$359	\$375	\$392	\$401	\$418	\$433	\$442	\$454	\$462
\$276	\$289	\$302	\$316	\$330	\$345	\$361	\$377	\$385	\$402	\$416	\$425	\$437	\$444
\$302	\$316	\$330	\$346	\$361	\$378	\$395	\$413	\$422	\$440	\$455	\$465	\$478	\$486
\$268	\$280	\$293	\$307	\$320	\$335	\$350	\$366	\$374	\$390	\$404	\$413	\$424	\$431
\$267	\$280	\$292	\$306	\$319	\$334	\$349	\$365	\$373	\$389	\$403	\$412	\$423	\$429
\$244	\$256	\$267	\$280	\$292	\$305	\$319	\$334	\$341	\$355	\$368	\$376	\$387	\$393

\*Rates effective Jan. 1, 2015, through Dec. 31, 2015



Together, we  
can find a way to  
better health.

## > Dental plans

# Dental coverage for your total health

Healthy teeth are happy teeth. With our individual and family dental coverage, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

### Individual dental plan highlights

Delta Dental plans have participating providers who will not charge more than ODS' allowed amount. However, you will pay less with participating in-network providers on the PPO plan.

- > Freedom to choose your dentist
- > No waiting periods for Class 1 services
- > Filed-fee savings from participating dentists
- > Predetermination of benefits if requested in a pretreatment plan
- > No claim forms
- > Fast and accurate claims payment
- > Superior customer service

### Delta Dental PPO Network

The preferred provider option (PPO) gives you access to the largest PPO network in Oregon and across the country. Members will enjoy better benefits by seeing dentists in the PPO network. It includes more than 1,100 participating providers in Oregon.

### Delta Dental Premier Network

The Premier option connects you with the largest dental network in Oregon and nationally. It includes more than 2,300 providers in Oregon. If you have the Delta Dental PPO plan, you can save money by seeing dentists in the Premier Network for out-of-network care.

### Delta Dental PPO plan

Enjoy a broad range of both services and providers with this plan. You receive in-network benefits when seeing a Delta Dental PPO dentist. This plan also gives you the flexibility of seeing a Premier or noncontracted dentist under the out-of-network benefits.

### Delta Dental EPO plan

This plan gives you a higher level of benefits than the PPO plan, but you must see Delta Dental PPO-contracted providers to receive a benefit. This exclusive provider option does not pay for services provided from a Premier or noncontracted dentist.

### Delta Dental Individual – Pediatric plan

This PPO plan is available for all members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover children under age 19.

### Is my dentist in the network?

To find out, visit [modahealth.com](http://modahealth.com) and use our Find Care tool. Just choose the Delta Dental PPO Network and search for participating dentists in your area.

# Dental plans

	Delta Dental PPO				Delta Dental EPO				Delta Dental Individual – Pediatric Plan			
<b>Calendar year costs</b>												
Deductible per person	\$0				\$50				\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members			
Annual benefit max (age 19+)	\$1,000				\$1,000				NA			
	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Class 1</b>												
Exams and X-rays	30%	50%	30%	50%	0% <sup>1</sup>	Not covered	0% <sup>1</sup>	Not covered	30%	50%	Not covered	
Cleanings	30%	50%	30%	50%	0% <sup>1</sup>		0% <sup>1</sup>		30%	50%		
Periodontal maintenance	30%	50%	30%	50%	0% <sup>1</sup>		0% <sup>1</sup>		30%	50%		
Sealants	30%	50%	30%	50%	0% <sup>1</sup>		0% <sup>1</sup>		30%	50%		
Topical fluoride	30%	50%	30% <sup>2</sup>	50% <sup>2</sup>	0% <sup>1</sup>		0% <sup>1,2</sup>		30%	50%		
<b>Class 2</b>												
Space maintainers	40%	50%	Not covered		30%	Not covered	Not covered	Not covered	40%	50%	Not covered	
Restorative fillings <sup>3</sup>	40%	50%	40%	50%	30%		30%		40%	50%		
<b>Class 3</b>												
Oral surgery <sup>4</sup>	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Endodontics <sup>4</sup>	50%	50%	50%	50%	50%		50%		50%			
Periodontics <sup>4</sup>	50%	50%	50%	50%	50%		50%		50%			
Restorative crowns <sup>4</sup>	50%	50%	50%	50%	50%		50%		50%			
Bridges <sup>4</sup>	Not covered		50%	50%	Not covered		50%		Not covered			
Partial and complete dentures <sup>4</sup>	50%	50%	50%	50%	50%		50%		50%	50%		
Anesthesia <sup>4</sup>	50%	50%	50%	50%	50%		50%		50%	50%		
Orthodontia <sup>5</sup>	50%	50%	Not covered		50%		Not covered		50%	50%		
<b>Features</b>												
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	Not covered	Delta Dental PPO Network	Not covered	Delta Dental PPO Network	All other providers	Not covered	
Balance bill	No	Delta Dental Premier Network: No Nonparticipating: Yes	No	Delta Dental Premier Network: No Nonparticipating: Yes	No		No		No	Delta Dental Premier Network: No Nonparticipating: Yes		
<b>Cost</b>												
Monthly rate per person <sup>6</sup>	\$27		\$27		\$27		\$27		\$27		NA	

<sup>1</sup> Deductible waived  
<sup>2</sup> Covered once in a 12-month period if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment.  
<sup>3</sup> Six-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.  
<sup>4</sup> 12-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.  
<sup>5</sup> Only covered to treat cleft palate, with or without cleft lip  
<sup>6</sup> Rates effective Jan. 1, 2015, through Dec. 31, 2015. If you have more than three dependent children under age 21, only three need to be calculated into your rate.



A healthy body can do wonders for your peace of mind.

> FAQs

## Answers to your questions

### How do I sign up for 2015 benefits?

To enroll in a 2015 individual medical plan, visit [choosemoda.com](http://choosemoda.com) during open enrollment, Nov. 15, 2014, through Feb. 15, 2015. If you miss open enrollment and experience a qualifying event, such as losing health coverage or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Just want dental coverage? It's available year-round. Visit [choosemoda.com](http://choosemoda.com) to pick a dental plan now or a 2015 dental plan later this year.

If you're not an online type of person, no worries. Just call us toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY users, please call 711.

### Am I eligible to apply?

If you are buying a plan directly from Moda Health and not using the federal marketplace, you and any dependents applying for coverage must live in Oregon. You must be Oregon residents and live in Oregon at least six months out of the calendar year. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Individuals who are eligible for Medicare are not eligible for a Moda Health individual medical plan, regardless of age.

### Which network includes my provider?

Moda Health networks include a ton of great doctors, clinics, pharmacies and hospitals. To find one, visit [modahealth.com](http://modahealth.com) and use Find Care. Search as a guest, choose a network and then enter a provider name.

To see which network each plan includes, review the plan details pages in this booklet.

### Which bank can I use for my HSA plan?

It's your choice. You have the freedom to pick any financial institution you wish.

### What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account.

### Can my employer sponsor my individual coverage?

Moda Health individual plans cannot be employer-sponsored plans. You will be responsible for paying your monthly premium directly to Moda Health. We do not accept business checks for individual plans.

### When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket, but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning in January. If the rates change with renewal, the new rates will be provided with 30 days' prior notice.

### Can I switch to a different plan at any time?

No, you will only be able to change plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

### Which individual medical plans can I purchase through the Health Insurance Marketplace?

You can enroll in most Moda Health individual medical plans through us or via the Health Insurance Marketplace. Our catastrophic plan, Be Bold, and our Rose City plans are only available via the Health Insurance Marketplace ([healthcare.gov](http://healthcare.gov)).

## Healthcare lingo explained

We realize that the words used in health plan brochures can be confusing, so we've made you a cheat sheet of sorts. To find even more definitions, including a printable uniform glossary, visit the Learning center at [choosemoda.com](http://choosemoda.com). For free print copies of the uniform glossary or plan summaries of benefits and coverage, contact Moda Health at 855-718-1767.

### Alternative care

This includes chiropractic and acupuncture services and naturopathic substances.

### Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill you the difference between the maximum plan allowance and their billed charges. In-network providers can't do this.

### Brand medication

Patented medications produced and marketed by a specific manufacturer. These medications have been reviewed by Moda Health and found to not have significant therapeutic advantage over their preferred alternative(s).

### Catastrophic plan

Designed for members under 30, this plan is an affordable way for you to protect yourself from large, unplanned medical expenses. You must meet certain eligibility requirements to qualify for a catastrophic plan.

### Coinsurance

The percentage of allowable charges for which the patient is responsible.

### Copay

The fixed amount you pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it.

### Deductible

The amount you pay for covered healthcare services in a calendar year before the health plan starts paying for treatment. Fixed dollar copayments, prescription medications, out-of-pocket costs and disallowed charges may not apply toward the deductible.

### Embedded pediatric dental

Plans with embedded pediatric dental cover routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and medically necessary orthodontic care. Services are covered only for members under age 19 and are subject to the medical deductible and coinsurance of the plan.

### Exclusive provider option (EPO)

EPO is a type of ODS (Delta Dental) dental plan. EPO members have in-network coverage when receiving care from a dentist contracted on the PPO Network panel. Providers contracted under this panel cannot balance bill. The EPO plan does not cover care from out-of-network providers.

### Marketplace

Also called an "exchange," a health plan marketplace is an online hub where folks can buy affordable health coverage. The federal marketplace is called the "Health Insurance Marketplace." People who qualify for a federal tax credit based on income must buy a plan through a marketplace to receive the tax credit.

### Out-of-pocket maximum

The most an individual pays in a calendar year for covered healthcare services before benefits are paid in full. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, coinsurance and copayments. It does not include disallowed charges or balance billing amounts for out-of-network providers.

### Preferred medication

Preferred medications have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same therapeutic class.

### Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

### Preferred provider option (PPO)

A preferred provider option (PPO) is a type of ODS (Delta Dental) dental or Moda Health medical plan. PPO members have in-network coverage when receiving care from a provider contracted on a PPO Network panel. Providers contracted under this panel cannot balance bill.

### Preferred provider organization (PPO)

A PPO can also refer to "preferred provider organization." This is a panel of medical or dental providers contracted under Moda Health or ODS to provide in-network coverage at agreed-upon rates, with no balance billing. Members maximize their benefits by seeing in-network PPO providers.

### Primary care provider (PCP)

A PCP can be an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician's assistant. These providers practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology and women's health.

### Specialist

A medical provider specializing in a specific type of health condition or care. Specialists can include cardiologists, dermatologists, naturopaths, oncologists, urologists and many others.

### Specialty medication

Members with complex chronic health conditions may need to take specialty medications. These medications often require special handling, administration and ordering. You must have prior authorization to get these medications.

### Special enrollment

Certain life events might qualify you for special enrollment. This means you can enroll for a health plan outside of the open enrollment period. For example, having a baby or moving to a new state could make you or those you cover eligible.

### Tax credit

Federal tax credits help people pay for health coverage. You might qualify for credits based on your income. To use a tax credit, you must buy coverage through the Health Insurance Marketplace.

### Value medication

These include select, commonly prescribed products used to treat chronic medical conditions and preserve health.

## Limitations and exclusions for medical plans

### Limitations

- Alternative care subject to an annual dollar maximum. This benefit is not available on some plans.
- Ambulance transportation 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 limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence
- 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 covered once every 48 months for members under age 26
- Hospice respite care limited to 30 days lifetime maximum, up to five days consecutive
- Prescriptions – maximum 30-day supply for retail and specialty pharmacy and 90 days for mail order medications
- Rehabilitation and habilitation benefits limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for up to 60 days or sessions for treatment of neurologic conditions
- Skilled nursing facility limited to 60 days per year
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage
- All medical plans include one vision exam and standard lens and frame or contact lenses every 12 months for those under age 19.

### Exclusions

- Alternative care on some plans
- 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 as required under Oregon statute
- Custodial care
- Dental examinations and treatment over age 18 (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Intellectual disability for members over age 18
- 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
- Injury resulting from participating in professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- 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)
- Vision surgery to alter the refractive character of the eye.

## Limitations and exclusions for dental plans

### Limitations

#### Diagnostic and preventive

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period
- Fluoride once in a six-month period under age 19
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

#### Basic and major

- Bridges and dentures once in a seven-year period (denture is 10-year limit under age 19)
- Bridges not covered under age 19
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth space.
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

### Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Nightguards
- Orthodontia (exception for treatment of cleft palate under age 19)
- Out-of-network providers on the EPO plan
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary



## Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 855-718-1767. TTY users, please call 711.

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

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service.