

Experience better with Moda Health

Texas 2022 | Moda Select
Individual & family



moda
HEALTH

We're committed to making healthcare work better for everyone.

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

Diversity:

We value, respect and celebrate people of all backgrounds, identities, and abilities and actively seek to identify how uniqueness makes us better.

Equity:

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

Inclusion:

We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education, and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

We will be better. We will do better. It is the right thing to do and we expect it of ourselves.



*Welcome to Moda Health,
the place you go when you
want to experience better
– better people, better
plans, better services
and better health.*



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Better plans for the *real you.*

You have a lot to think about when choosing the right medical benefits for you and your family. Our exclusive provider organization (EPO) plans connect you with your primary care provider (PCP), who works closely with the rest of your care team (other providers, specialists, etc.) to help you achieve better health and wellness.

To help you manage your health, you will be required to select an in-network PCP. By establishing a relationship with a PCP, we can work together to achieve your health and wellness goals based on your history and preferences.

Our plans support your personal healthcare needs through partnerships between you, Moda Health, and your in-network providers. Once you've selected a PCP, our plans use the Moda Select Network to provide cost-effective, coordinated care on your journey to better overall health.

Choose an in-network provider

All plans are EPOs and are connected to the Moda Select Network. There are **no out-of-network benefits with an EPO plan except for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.** Your healthcare provider and specialists must be in the Moda Select Network or you will be **responsible for the full cost** of out-of-network services.

Your children who are under a medical support order and live in the US but outside of the service area are eligible for out-of-area benefits.

As a member, you choose from a list of quality in-network providers to access care that's right for you. Moda Health does not require a referral for in-network specialist care.



All plans are EPOs and are connected to the Moda Select Network. There are **no out-of-network benefits with an EPO plan except for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.** Your healthcare provider and specialists must be in the Moda Select Network or you will be **responsible for the full cost** of out-of-network services.

Moda Select Network

The Moda Select Network offers a personalized care experience that gives members quick access to high quality care at an affordable cost. Serving Hays, Travis and Williamson counties in the greater Austin area, the network is made of a carefully selected community of PCPs, specialists and partner health systems, including:

- Austin Diagnostic Clinic
- Austin Regional Clinic
- Capital Area Primary Care Providers
- Capital Area Providers
- Capital Area Surgeons
- St. David's HealthCare
- St. David's Ortho Neuro and Rehab
- St. David's Specialized Women's Services

The Moda Select Network is available for residents of Williamson, Travis and Hays counties.



Know your medical plan

How your health plan *works*

We're here to help you experience better, and part of experiencing better health is understanding how your health plan works. When you get to know your health plan, you can get the most out of your benefits.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it's easier to create healthy moments.

Preventive care services include:

- Preventive health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other screenings

Medication tiers offer ways to save

All of our medical plans include prescription benefits. These benefits connect you with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty, and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan.

To see medication tier coverage amounts, check the plan benefit tables in this brochure. You can visit modahealth.com/pdl and choose "Individual/Family" to search medications by plan and find out your medication tiers and your costs.

Pediatric vision

Vision care includes embedded pediatric vision coverage for members under age 19 and one annual eye exam for adults.

TruHearing

Hearing aids are costly. Using TruHearing makes them more affordable. Eligible members can get a discount for a hearing aid exam and hearing aids through TruHearing.

To learn more, log into your Member Dashboard at modahealth.com/texas.

CirrusMD

Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to you except the HDHP plan is subject to the deductible. With the CirrusMD app, all you need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

Moda Health members can sign up for CirrusMD at modahealth.com/cirrusmd. Members can download the CirrusMD app from the App Store or Google Play.

HDHP plans

Our high-deductible health plan (HDHP) is compatible with a health savings account (HSA). Having an HDHP gives you the flexibility and choice to use tax-free funds for eligible healthcare expenses. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. Simply check to see if your financial institution has an HSA option or use our partner, BenefitHelp Solutions to set up an HSA account.

Deciding on a plan

Plans vary by premiums, deductibles, copays and coinsurance. Understanding these factors can help you pick the right plan.

Generally, you'll pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so you'll pay less out-of-pocket for care. Metallic levels (listed below) can help you narrow down what you'll pay each month for coverage.

Metallic levels

- Gold plans typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- Silver plans sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- Bronze plans provide a little less coverage – about 60 percent of the total average cost of care – but have lower monthly premiums.

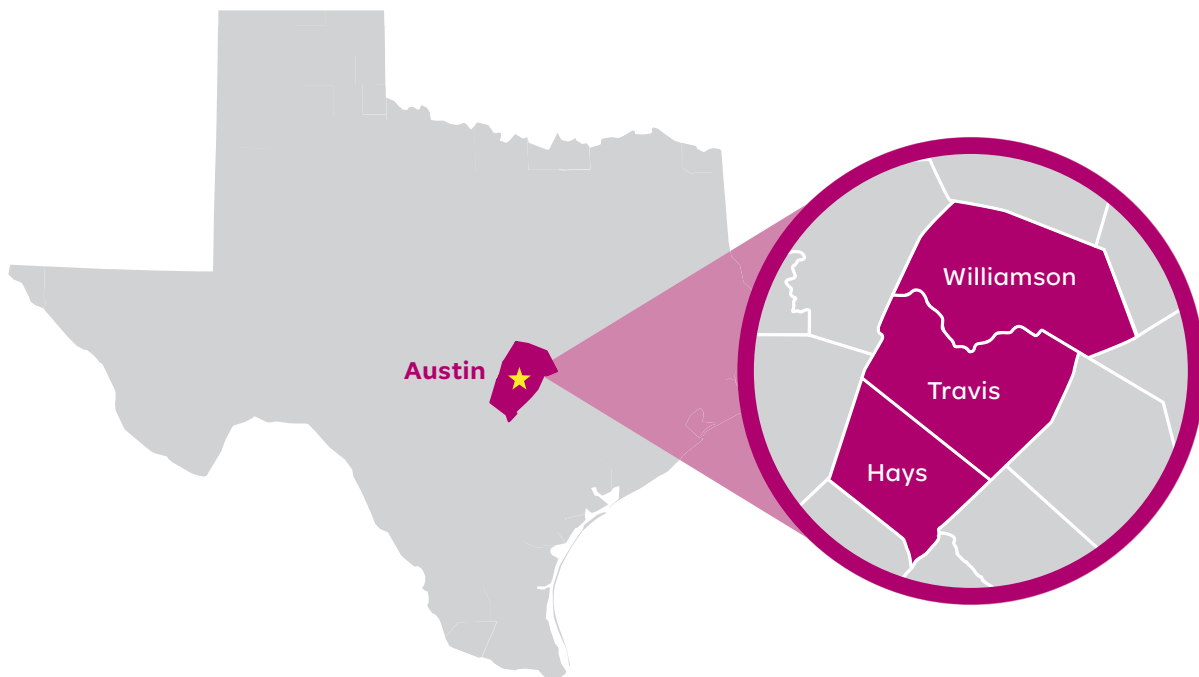
Life's better in the *network*

Health happens, whether 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 for you to find in-network coverage.

Moda Select Network

The medical plans in this brochure provide you access to providers in the Moda Select network. This network includes a group of licensed medical professionals, clinics, pharmacies, labs and hospitals. These providers offer quality care and services to our individual members who live within the Hays, Travis, and Williamson service area. The map shows the network coverage area.

There are no **out-of-network benefits** with an EPO plan **except for medical emergency services** and retail pharmacy services, when you cannot choose an in-network provider in an in-network facility, and for some out-of-area children. Your healthcare provider and specialists must be in-network for the plan you choose or you may be **responsible for the full cost** of out-of-network services.



Our pharmacy network

Members get the best benefit by using the Navitus pharmacy network. Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost you more. We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.

Travel with peace of mind

While traveling outside of the service area, members can receive emergency or urgent care through the First Health Network. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, members may access any provider for emergency care. This care is subject to balance billing. This means that you may be responsible to pay in full any amount that your benefits do not cover. Other care received outside the U.S. is not covered.

The travel network is not available if you are temporarily residing outside of the primary service area unless you meet the eligibility and documentation requirements for an out-of-area child.

Questions?

We're here to help! Please see the back cover for our individual sales and services contact information or go to modahealth.com/texas.

How to select a PCP

Be sure to check to see if your current provider is included in our Moda Select network. After your enrollment, you will need to select an in-network PCP for yourself and any dependents.

To look for an in-network PCP, go to modahealth.com/texas to search for a Moda Select network provider, and add your PCP via your Member Dashboard.

How open enrollment *works*

Open Enrollment dates are subject to change due to government regulations. Please visit ModaHealth.com/shop/dates to see what the current enrollment periods are. You can enroll in a plan or switch to a different plan during that time. If you miss the Open Enrollment period and experience a life change, you might qualify for Special Enrollment. For example, having a baby, getting married or divorced, losing health coverage or moving to a new state may make you and those you want to cover eligible. Visit the Learning Center at ModaHealth.com/shop/dates to find out more about open and Special Enrollment.

Eligibility

Subscribers must currently live in the service area and intend to live in the service area permanently or indefinitely to be eligible to enroll. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Coverage is not available to a person if the main reason for living in the service area is to get health coverage or for another temporary reason such as getting treatment and the person does not intend to live in the service area indefinitely.

If you have a qualified medical child support order (QMCSO) for children who live outside the service area but in the US, they are eligible for out-of-area benefits.

There are no **out-of-network benefits** with an EPO plan **except for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider**. Out-of-area benefits are available for some out-of-area children.

Individuals who are enrolled in Medicare (Part A or Part B) or Medicare Advantage cannot enroll in a Moda Health individual medical plan, regardless of age. Learn more about Medicare at cms.gov.

After you enroll

Once you're enrolled, use the ID number you'll receive in your welcome letter to log in to your Member Dashboard at modahealth.com/texas. There, you can find in-network providers, select or change your PCP, access health resources and review your Member Handbook to get familiar with your plan. When your first bill is ready, you can also manage billing and payment options through eBill using your Member Dashboard.

Follow these simple steps to enroll



Confirm your eligibility

You must currently reside in the service area, and intend to live in the service area permanently or indefinitely, to be eligible to enroll. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. For dependents with a QMCSO living inside the US but outside of the service area, out-of-area services are covered subject to certain restrictions. Coverage is not available to a person if the main reason for living in the service area is to receive treatment and does not intend to live in the service area indefinitely.

Find the plan you like

Browse and compare our 2022 plans in this brochure or at ShopModaPlans.com.

The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look! For free print copies of plan summaries of benefits and coverage (SBCs), please call us. You may also view our Member Handbooks at modahealth.com/texas.

Browse at modahealth.com/texas

Open Enrollment dates are subject to change due to government regulations. Please visit ModaHealth.com/shop/dates to see what the current enrollment periods are. Even if you qualify for federal financial assistance, visit us at modahealth.com/texas to view our on-exchange plans.

2022 Medical plan benefit table

	Moda Select Gold 1000		Moda Select Gold 1800	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$1,000	Not covered	\$1,800	Not covered
Deductible per family	\$2,000	Not covered	\$3,600	Not covered
Out-of-pocket max per person	\$8,000	Not covered	\$7,000	Not covered
Out-of-pocket max per family	\$16,000	Not covered	\$14,000	Not covered
Care & services				
Preventive care visit under ACA	\$0/visit	Not covered	\$0/visit	Not covered
Primary care provider (PCP) office visit	\$15/visit	Not covered	\$20/visit	Not covered
Specialist office visit	\$30/visit	Not covered	\$40/visit	Not covered
Urgent care visit	\$30/visit	Not covered	\$40/visit	Not covered
Virtual care visit	\$5/ visit	Not covered	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	15% after deductible	Not covered	25% after deductible	Not covered
Emergency room visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Ambulance	15% after deductible	15% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient Care	15% after deductible	Not covered	25% after deductible	Not covered
Outpatient mental health/chemical dependency visit	\$15/visit	Not covered	\$20/visit	Not covered
Physical, speech, or occupational therapy and spinal manipulation visit	\$30/visit	Not covered	\$40/visit	Not covered
Pediatric eye exam	0%	Not covered	0%	Not covered
Pediatric lenses & frames or contact	0%	Not covered	0%	Not covered
Adult eye exam	\$10/visit	Not covered	\$10/visit	Not covered
Prescription medications¹				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	40%	40%	40%	40%
Non-Preferred	50%	50%	50%	50%
Preferred Specialty	40%	Not covered	40%	Not covered
Non-Preferred Specialty	50%	Not covered	50%	Not covered
Features				
Metallic level	● Gold		● Gold	
Exchange	In		In	
Provider network	Moda Select		Moda Select	
Travel network	First Health Network		First Health Network	
Service area	Hays, Travis, Williamson		Hays, Travis, Williamson	

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

¹ Copay amounts are per 30-day supply. \$25 maximum cost share per 30-day supply for insulin.

Moda Select Silver 3500		Moda Select Silver 4800		Moda Select Silver 6400	
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
\$3,500	Not covered	\$4,800	Not covered	\$6,400	Not covered
\$7,000	Not covered	\$9,600	Not covered	\$12,800	Not covered
\$8,000	Not covered	\$8,000	Not covered	\$8,000	Not covered
\$16,000	Not covered	\$16,000	Not covered	\$16,000	Not covered
\$0/visit	Not covered	\$0/visit	Not covered	\$0/visit	Not covered
\$35/visit	Not covered	\$35/visit	Not covered	\$35/visit	Not covered
\$70/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
\$70/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
\$25/visit	Not covered	\$25/visit	Not covered	\$25/visit	Not covered
35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
\$35/visit	Not covered	\$35/visit	Not covered	\$35/visit	Not covered
\$70/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
0%	Not covered	0%	Not covered	0%	Not covered
0%	Not covered	0%	Not covered	0%	Not covered
\$10/visit	Not covered	\$10/visit	Not covered	\$10/visit	Not covered
\$2	\$2	\$2	\$2	\$2	\$2
\$20	\$20	\$20	\$20	\$20	\$20
40%	40%	40%	40%	40%	40%
50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
40%	Not covered	40%	Not covered	40%	Not covered
50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
● Silver		● Silver		● Silver	
In		In		In	
Moda Select		Moda Select		Moda Select	
First Health Network		First Health Network		First Health Network	
Hays, Travis, Williamson		Hays, Travis, Williamson		Hays, Travis, Williamson	

2022 Medical plan benefit table

	Moda Select Bronze 8700	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$8,700	Not covered
Deductible per family	\$17,400	Not covered
Out-of-pocket max per person	\$8,700	Not covered
Out-of-pocket max per family	\$17,400	Not covered
Care & services		
Preventive care visit under ACA	\$0/visit	Not covered
Primary care provider (PCP) office visit	\$85/visit	Not covered
Specialist office visit	\$120/visit	Not covered
Urgent care visit	\$120/visit	Not covered
Virtual care visit	\$75/visit	Not covered
Outpatient diagnostic X-ray & lab	0% after deductible	Not covered
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	Not covered
Outpatient mental health/chemical dependency visit	\$85/visit	Not covered
Physical, speech, or occupational therapy and spinal manipulation visit	\$120/visit	Not covered
Pediatric eye exam	0%	Not covered
Pediatric lenses & frames or contact	0%	Not covered
Adult eye exam	\$10/visit	Not covered
Prescription medications¹		
Value	\$2	\$2
Select	\$25	\$25
Preferred	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered
Features		
Metallic level	● Bronze	
Exchange	In	
Provider network	Moda Select	
Travel network	First Health Network	
Service area	Hays, Travis, Williamson	

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¹ Copay amounts are per 30-day supply. \$25 maximum cost share per 30-day supply for insulin.



High-deductible health plan (HDHP)

Tax advantages with an **HDHP**

Our health savings account (HSA)-compatible, high-deductible EPO health plan (HDHP) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

Calendar year costs

Deductible

If you have subscriber-only coverage, you must meet the per-person deductible. If your plan covers more than one person, you must meet the per person deductible only until the total family deductible is satisfied before benefits are payable.

Out-of-pocket maximum

After you meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent of covered care for the remainder of the year. If your plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

Eligibility

Anyone can enroll in a Moda Health HDHP, even if you do not have an HSA.

To be eligible to participate in an HSA, you must:

- Use a financial institution that has an HSA option. You have the option to open an HSA through our partner BenefitHelp Solutions. To learn more about this option, call BenefitHelp Solutions at 888-387-5440.
- Be covered by a Moda Health HDHP plan. Please see the Moda Select Bronze HSA 6900 plan on page 21.
- Not be covered under another non-HSA-compatible medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

	Moda Select Bronze HSA 6900	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$6,900	Not covered
Deductible per family	\$13,800	Not covered
Out-of-pocket max per person	\$6,900	Not covered
Out-of-pocket max per family	\$13,800	Not covered
Care & services		
Preventive care visit under ACA	\$0/visit	Not covered
Primary care provider (PCP) office visit	0% after deductible	Not covered
Specialist office visit	0% after deductible	Not covered
Urgent care visit	0% after deductible	Not covered
Virtual care visit	0% after deductible	Not covered
Outpatient diagnostic X-ray & lab	0% after deductible	Not covered
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	Not covered
Outpatient mental health/ chemical dependency visit	0% after deductible	Not covered
Physical, speech, or occupational therapy and spinal manipulation visit	0% after deductible	Not covered
Pediatric eye exam	0% after deductible	Not covered
Pediatric lenses & frames or contact	0% after deductible	Not covered
Adult eye exam	0% after deductible	Not covered
Prescription medications ¹		
Value	0%	0%
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered
Features		
Metallic level	● Bronze	
Exchange	In	
Provider network	Moda Select	
Travel network	First Health Network	
Service area	Hays, Travis, Williamson	

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¹ Copay amounts are per 30-day supply. For all tiers - \$25 maximum cost share per 30-day supply for insulin.



Understand what you will *pay each month*

As your healthcare partner and your guide to accessing quality care, we're here to help you understand the amount you pay each month for coverage.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 will each have a premium based on their age. Your rating area, or where you live, also matters.

If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit modahealth.com/texas.

How your premium could change

2022 premiums are effective Jan. 1, 2022, through Dec. 31, 2022. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member. Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice 90 days prior to the new plan effective date explaining any changes to your plan and premium.



To view plans and premiums, visit modahealth.com/texas

Tools and Programs for your *health journey*

Moda Health is here to help you feel better and live longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with your Member Dashboard

Your Member Dashboard is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, just log in to your Member Dashboard at modahealth.com/texas to:

- Find in-network providers
- Select or change your PCP
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Look up medication prices
- Download your member ID card
- Access tools to get and stay healthy and manage your dental care needs

Tools for better health

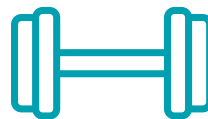
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



Momentum

Take charge of your health – and follow your progress. It’s easy with Momentum, powered by Moda Health. Log in to your Member Dashboard and look for Momentum to:

- Take a health assessment and see your “health age”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



Active&Fit Direct™

Discounted gym membership

Stay active in the gym or at home With the Active&Fit Direct™ program, you have access to:

- 16,000+ Standard and Premium fitness centers and exercise studios nationwide
- The ability to purchase a membership for your spouse (or domestic partner)
- The option to switch fitness centers to make sure you find the right fit
- 4,000+ digital workout videos so you can work out at home or on-the-go



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight care



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to your Member Dashboard to find medication cost estimates and generic options.



Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Medical members get discounts on select fit bit devices. And you can join Fitbit Care™ for Moda Health to access Fitbit Premium and health coaching at no cost. From steps to sleep, you'll gain valuable insights into how your behaviors affect your health. Plus, you'll get the tools you need to help kickstart your wellbeing journey. You'll enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program for you
- Fitness challenges to complete on your own or with others
- Guided programs to help you move more, sleep better and eat well. These programs are customizable, based on your goals and schedule.
- Personalized insights to help improve your health, based on your exercise, heart rate and sleep
- Advanced sleep tools to boost your energy



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

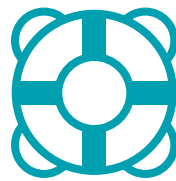
Learn more at assistamerica.com.
For more information, call 800-304-4585.



ChooseHealthy™

You have access to these health and wellness services from ChooseHealthy:

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes



Quitting tobacco

Stop smoking or chewing tobacco for good. Under the Affordable Care Act (ACA), coaching to help you stop smoking is covered in full when you see an in-network provider.

Take advantage of these options:

- Free in-network medical office visits for tobacco cessation support
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by your doctor and filled by an in-network retail pharmacy



IDX™ Identity

Keep your information safe with complete identity protection through IDX Identity, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm.

Simply enroll in IDX Identity for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.



Meru Health

Mobile therapy

Now you can get therapy on your smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential access to a personal, remote therapist
- 12 weeks of empowering content
Human support safely offered through your smartphone
- Proven techniques to change unwanted thoughts and habits
- Short mindfulness practices for balancing mood and energy
- Wearable biofeedback training to increase focus and manage stress
- Lessons and practices to improve sleep and nutrition

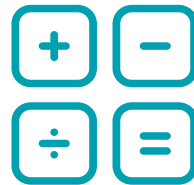


Individual Assistance Program (IAP)

Powered by Cascade Centers, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Conflict at work
- Depression or anxiety
- Stress management
- Family relationships
- Financial/legal/consumer concerns
- Alcohol or drug abuse

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Healthcare Cost Estimator

You shouldn't learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to estimate:

- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.

Answers to your *questions*

Get the most out of your health plan—see answers to common questions.

What payment methods do you accept?

We accept electronic funds transfer (EFT) from a savings or checking account, and ACH (automated clearing house) payments, checks and money orders. Just select the billing and payment option that is best for you:

- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or make a payment through electronic funds transfer or eBill.
- **Electronic funds transfer (EFT).** Contact us and we can help you complete the authorization form. EFT takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of your Member Dashboard.
- **eBill,** our electronic billing service. You can review your premium invoice and make payments online through your Member Dashboard, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit modahealth.com and follow the instructions to create your Member Dashboard account.

How will I make my first premium payment?

Make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to your Member Dashboard to manage your payment method and set up recurring payments with eBill.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Can my employer pay for my individual coverage?

Individual plans cannot be employer sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or Individual Coverage Health Reimbursement (ICHR) and pay for individual plan premiums. Check with your employer if these options are available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Moda Health.

Do plans cover spinal manipulation?

Yes, all Moda Health medical plans cover medically necessary spinal manipulations. Check plan summary tables for specific benefit amounts per plan.

Can I get massage therapy covered?

No. Our medical plans do not cover massage therapy.

Can I see a naturopathic physician under my plan?

Yes. Office visits with a naturopathic physician are covered at the specialist office visit amount. However, if your naturopathic physician is a credentialed PCP, your visit may be paid at the PCP office visit level.

Can I switch to a different plan at any time?

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

Which plans can I purchase through the federal Marketplace?

All Moda Health individual medical plans are offered through the federal Marketplace.



Healthcare lingo *explained*

We realize that the words used in health plan brochures can be new to you, so we've made a cheat sheet to help you along.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges if permitted by state and federal laws. In-network providers don't do this.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Exclusive Provider Organization (EPO)

A type of provider network. For our plans, an EPO network includes providers contracted with us to offer in-network coverage at agreed-upon rates. There are no out-of-network benefits with an EPO plan except for emergency services and pharmacy benefits, and premium services at an in-network facility when you cannot choose an in-network provider and for some out-of-area children.

Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Texas residents use the federal Marketplace, HealthCare.gov.

Maximum plan allowance (MPA)

MPA is the maximum amount that we will reimburse providers. A non-contracted provider may bill a member for any amount above the MPA unless prohibited by law. This may leave members with a high out-of-pocket balance.

Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum

The most members pay in a calendar year for covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. 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 copays. It does not include disallowed charges or balance billing from out-of-network providers.

Pediatric vision

A medical plan benefit that covers vision care for members under age 19.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سب سے اعلیٰ قیمت پر 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید۔

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવે) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດລາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການລ່ວງຍຸຕູ້ອຳນວຍພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ តើអ្នកត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Questions? *We're here to help.*

Contact a Moda Health appointed agent or call us at 855-718-1767. TTY users, please call 711.

Portland Office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156

Customer Service Department

844-931-1779. TTY users should call 711.

modahealth.com/texas

