### This plan helps you handle whatever life brings.

You’re a planner. When there’s a hint of rain, you’re holding the umbrella. Unexpected sun? No problem, because you’re packing sunscreen 24/7. When it comes to healthcare, you want to feel covered, too. That means plenty of doctors, robust drug coverage and low deductibles — basically the whole nine yards to protect you and your family. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way. Not on your watch, but then life happens ... even when you’re not looking.

### Calendar year costs

<table>
<thead>
<tr>
<th></th>
<th>In-network, you pay</th>
<th>Out-of-network, you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person</td>
<td>$1,250</td>
<td>$2,500</td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$6,350</td>
<td>$12,700</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$12,700</td>
<td>$25,400</td>
</tr>
</tbody>
</table>

### Care & services

- **Primary care physician (PCP) office visit**: $25/visit<sup>1</sup> 50%
- **Specialist office visit**: $25/visit<sup>1</sup> 50%
- **Urgent care visit**: $25/visit<sup>1</sup> 50%
- **Inpatient care/ambulatory services**: 30% 50%
- **Outpatient diagnostic X-ray & lab**: 30% 50%
- **Outpatient mental health/chemical dependency**: 30% 50%
- **Emergency room**: 30% 30%
- **Ambulance**: 30% 30%
- **Physical, speech or occupational therapy**: $25/visit<sup>1,2</sup> 50%
- **Alternative care visit**: $25/visit<sup>1,2</sup> 50%

### Prescription drugs

- **Value**: $2<sup>1</sup> $2<sup>1</sup>
- **Generic**: 50%<sup>1</sup> 50%<sup>1</sup>
- **Brand**: 50%<sup>1</sup> 50%<sup>1</sup>

### Features

- **Plan tier**: Silver
- **Provider network**: First Choice Health PPO Network
- **Travel network**: Healthy Directions
- **Preventive care**: In-network, you pay 0% for eligible preventive care<sup>1</sup>
- **Embedded pediatric dental**: Plan pays fixed amount; no network requirement for pediatric dental care. Members can choose any dentists.

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<sup>1</sup> Deductible waived
<sup>2</sup> Covers spinal manipulations and acupuncture care
Limitations

- The Plan's 90-day transplant exclusion period will be shortened one day for each day of "creditable coverage" under another health plan, provided there was not a 63 day lapse (or longer) in coverage immediately prior to the enrollment date in this Plan.
- All medical and surgical admissions must be authorized by Moda Health.
- Mental illness / chemical dependency (including alcoholism) will be treated the same as other medical conditions.
- When a member has more than one health plan, combined benefits for both plans will be provided up to, but not exceeding, the maximum plan allowance for all covered services.
- Skilled nursing facility benefits are limited to 60 days per calendar year.
- Inpatient rehabilitation benefits are limited to 30 days per calendar year. Annual limit does not apply if medically necessary for treating chronic conditions or diseases.
- Outpatient rehabilitation and habilitation benefits are limited separately to 25 sessions per calendar year.
- Neurodevelopmental therapy benefits are limited to 25 visits per calendar year.
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- Hospice respite care is limited to 14 inpatient and outpatient care per lifetime.
- Acupuncture care is limited to 12 visits per calendar year.
- Spinal manipulations are limited to 10 visits per calendar year.
- Home healthcare is limited to 130 visits per year.
- Pediatric dental care and vision care are limited to members under age 19.
- Retail and specialty prescriptions 30-day supply; mail-order prescriptions 90-day supply

Exclusions

- Services provided by the patient or a member of the patient’s immediate family
- Services or supplies that are not medically necessary
- Services and supplies for reversal of sterilization or to treat infertility
- Services and supplies for obesity, except for those required under the Affordable Care Act
- Surgery to alter the refractive character of the eye
- Dental examinations and treatment, and orthodontia except as specifically listed in pediatric dental care
- Court ordered services, including a sex offender treatment program and a screening interview or treatment program related to driving under the influence of intoxicants. This exclusion does not apply to services that are medically necessary or provided pursuant to civil commitment proceedings for mental illness.
- Custodial care
- Experimental or investigational treatment
- Services or supplies available in whole, or in part under any city, county, state or federal law, except Medicaid
- Charges above the maximum plan allowance
- Instruction programs, except as provided for under the outpatient diabetic instruction benefit of this plan
- Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- Cosmetic services and supplies. An exception is provided for reconstructive surgery after a mastectomy treatment for congenital anomalies and treatment to restore a physical bodily function lost as a result of a medical condition.
- Services and supplies associated with orthognathic surgery

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

Note: This Washington plan is at state review and is subject to changes.