# 2022 Medical plan benefit summary



### Moda Health Beacon Silver 4500

Deductible per person         \$4.500         Not covered           Dut-of-pocket max per person         \$8,700         Not covered           Dut-of-pocket max per person         \$8,700         Not covered           Dut-of-pocket max per fomily         \$17,400         Not covered           Care & services          S17,400         Not covered           Preventive care visit         Not covered         S17,400         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,911         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,911         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,911         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,911         Not covered           Diriof-pocket max per yould (PCP) office visit         \$170/visit         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,911         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,912         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,912         Not covered           Diriof-pocket max per yould (PCP) office visit         \$15,912         Not covered           Diriofient mental healthysubstance us adyisod marginal m		In-network you pay	Out-of-network you pay
Deductible per family         SB,000         Not covered           Dut-of-pocket max per person         \$8,700         Not covered           Dut-of-pocket max per family         \$17,400         Not covered           Care & services         ************************************	Calendar year costs		
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Berergency room visit         35% after deductible         35% after deductible           Berergency room visit         35% after deductible         35% after deductible           Anbulance         35% after deductible         Not covered           Dutpatient mental health/substance use disorder visit         \$35% after deductible         Not covered           Physical, speech or occupational therapy visit         \$70/visit         Not covered           Acupuncture and spinal manipulation services         \$35% after deductible         Not covered           Value         \$2         \$2           Select         \$20         \$20           Preferred         40%         40%           Non-Preferred         50% after deductible         50% after deductible           Preferred Specialty         Not covered         50% after deductible           Non-Preferred Specialty         Not covered         S0% after deductible           Non-Preferred Specialty         Not covered         S0% after deductible           Metallic level         Silver         Silver           Exchange         In and Out         Silver           Provider network         Beacon Network         Freatures           Service area         Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomoh, Tillamook, Was	Virtual care visit	\$10/visit	Not covered
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Inpatient/outpatient Care         35% after deductible         Not covered           Dutpatient mental health/substance use disorder visit         \$35/visit         Not covered           Physical, speech or occupational therapy visit         \$70/visit         Not covered           Acupuncture and spinal manipulation services         \$35/visit         Not covered           Prescription medications'         Value         \$2         \$2           Value         \$20         \$20         \$20           Preferred         40%         40%         40%           Non-Preferred         50% after deductible         50% after deductible           Preferred Specialty         \$20         \$20           Non-Preferred Specialty         50% after deductible         50% after deductible           Preferred Specialty         \$00 after deductible         Not covered           Non-Preferred Specialty         \$0% after deductible         Not covered           Features          Service area         Service area           Metallic level         Service area         Service area         Service area	Emergency room visit	35% after deductible	35% after deductible
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Physical, speech or occupational therapy visit         \$70/visit         Not covered           Acupuncture and spinal manipulation services         \$35/visit         Not covered           Prescription medications <sup>1</sup> Value         \$2         \$2           Value         \$2         \$2         \$2           Select         \$20         \$20           Preferred         40%         40%           Non-Preferred         50% after deductible         50% after deductible           Preferred Specialty         \$00 covered         \$20           Non-Preferred Specialty         50% after deductible         \$0% after deductible           Non-Preferred Specialty         \$00 covered         \$00 covered           Non-Preferred Specialty         \$00 covered         \$00 covered           Features         In and Out         \$10 covered           Provider network         Beacon Network         \$20 covered           Fravel network         First Health Network         \$20 covered           Service area         Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Inpatient/outpatient Care	35% after deductible	Not covered
Acupuncture and spinal manipulation services         \$35/visit         Not covered           Prescription medications1         Value         \$2         \$2           Value         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20         \$20	Outpatient mental health/substance use disorder visit	\$35/visit	Not covered
Prescription medications'         Image: state	Physical, speech or occupational therapy visit	\$70/visit	Not covered
Value         %2           Select         \$20           Select         \$20           Preferred         40%           Non-Preferred         50% after deductible           Specialty         Not covered           Non-Preferred Specialty         Not covered           Non-Preferred Specialty         Not covered           Specialty         Not covered           Metallic level         Silver           Exchange         In and Out           Provider network         First Health Network           Fravel network         Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Acupuncture and spinal manipulation services	\$35/visit	Not covered
Select       \$20         Preferred       40%         Non-Preferred       50% after deductible         Preferred Specialty       Not covered         Non-Preferred Specialty       Not covered         Preferred Specialty       Not covered         Metallic level       Silver         Exchange       In and Out         Provider network       First Health Network         Farvel area       Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomoh, Tillamook, Wasco, Washington, Yamhill	Prescription medications <sup>1</sup>		
Preferred       40%         Non-Preferred       50% after deductible         Preferred Specialty       Not covered         Non-Preferred Specialty       Not covered         Non-Preferred Specialty       Not covered         Service area       Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Value	\$2	\$2
Non-Preferred50% after deductible50% after deductiblePreferred Specialty40%Not coveredNon-Preferred Specialty50% after deductibleNot coveredFeaturesMetallic levelSilverExchangeIn and OutProvider networkBeacon NetworkTravel networkFirst Health NetworkService areaClackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Select	\$20	\$20
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Exchange       In and Out         Provider network       Beacon Network         Travel network       First Health Network         Service area       Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Features		
Provider network     Beacon Network       Fravel network     First Health Network       Service area     Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Metallic level	<ul> <li>Silver</li> </ul>	
First Health Network       Service area       Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Exchange	In and Out	
Service area Clackamas, Clatsop, Columbia, Coos, Curry, Hood River, Jackson, Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Provider network	Beacon Network	
Service area Josephine, Multnomah, Tillamook, Wasco, Washington, Yamhill	Travel network	First Health Network	
	Service area		
	Additional benefits (not covered out-of-network)	Pediatric vision: Exam \$35/visi	t; Hardware 35% after deductible

## Limitations

- Acupuncture limited to 12 visits per 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 limited to once every 3 years. Hearing tests limited to twice per year under age 4 and once per year age 4 and older.
- Hospice respite care limited to 30 days lifetime maximum, up to five days consecutive
- Infusion therapy Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Medicare Any expense that is actually paid under Medicare, or would have been paid under Medicare Part B if you had enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid.
- Prescriptions If using a brand medication when a generic equivalent is available, the member will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication. Prescriptions are limited to a 30-day supply for standard retail and most specialty pharmacy and 90 days for mail order and participating retail. Some medications require special fulfillment through an exclusive pharmacy provider.
- Preventive care Cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for rehabilitation up to 60 days after acute head or spinal cord injury or 60 sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habilitative services.
- Skilled nursing facility limited to 60 days per year
- Spinal manipulation limited to 20 visits per year
- Transplants must be performed at the authorized transplant facility to be eligible for coverage
- Vision exam and glasses or contacts covered once per year for members under age 19

### Exclusions

- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment except for accidental injury
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- 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 except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient
- Services provided by 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

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

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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