2022 Medical plan benefit summary

moda HEALTH

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	$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 medications[1]		
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	

1 *Copay amounts are per 30-day supply. Insulin: $25 maximum cost share for a 30-day supply.*

Limitations

- 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 once per year.
- Infusion therapy — Some medications require use of preferred medication suppliers to be eligible for coverage
- 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 (physical, occupational, and speech therapy and spinal manipulation) limited to 35 sessions per year. Limits apply separately to rehabilitation and habilitation services.
- Skilled nursing facility limited to 25 days per year
- Transplants must be performed at the authorized transplant facilities to be eligible for coverage
- Vision exam and glasses or contacts covered once per year for members under age 19
- Vision exam covered once per year for members over age 19

Exclusions

- Abortion, except in the case of rape, incest or when the life of the mother is endangered
- Acupuncture
- 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 services
- 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
- Temporomandibular Joint Syndrome (TMJ), any non-surgical or non-diagnostic services or supplies provided for the treatment of the temporomandibular joint and all adjacent or related muscles and nerves
- 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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Health plans provided by Moda Health Plan, Inc.
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