2016 Medical plan benefit summary

moda HEALTH

Moda Health Rose City Be Lively		
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$5,500	$11,000
Deductible per family	$11,000	$22,000
Out-of-pocket max per person	$6,850	$13,700
Out-of-pocket max per family	$13,700	$27,400
Care & services		
Preventive care visit[1]	$0/visit	50% after deductible
Primary care provider (PCP) office visit	$80/visit	50% after deductible
Specialist office visit	$100/visit	50% after deductible
Urgent care visit	$80/visit	50% after deductible
Inpatient/outpatient care	40% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	$80/visit	50% after deductible
Emergency room visit	40% after deductible	40% after deductible
Ambulance	40% after deductible	40% after deductible
Physical, speech or occupational therapy visit	$100/visit	50% after deductible
Alternative care visit[2]	40%	50% after deductible
Embedded pediatric dental care	Not covered	
Embedded pediatric vision exam	40%	50% after deductible
Embedded pediatric vision hardware	40% after deductible	50% after deductible
Prescription medications[3]		
Value	$2	$2
Select	40% after deductible	40% after deductible
Preferred	40% after deductible	40% after deductible
Brand	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered
Features		
Metallic level	● Bronze	
Plan enrollment options	Through HealthCare.gov only	
Provider network	Rose City Network[4]	
Travel network	PHCS Healthy Directions Network	

1 *For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.*
2 *Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to $1,000 per calendar year.*
3 *30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.*
4 *You are eligible for this plan if you live in Multnomah, Washington, Clackamas or Yamhill county.*

Limitations

- Alternative care subject to $1,000 annual dollar maximum.
- 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 – If using a brand medication when a generic equivalent is available, the member will be responsible for the brand cost sharing plus the difference in cost between the generic and brand medication.
- 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
- 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 after a mastectomy and some medically necessary complications of reconstructive surgeries)
- 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)
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- 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 practicing for or 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.

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 in Oregon provided by Moda Health Plan, Inc.
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