

2016 Medical plan benefit table



Be Rugged (Select)		
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$6,850	\$13,700
Deductible per family	\$13,700	\$27,400
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%	0% after deductible
Primary care provider (PCP) office visit	\$45/visit for first 3 visits; 0% after deductible for subsequent visits	0% after deductible
Specialist office visit	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible
Alternative care visit ²	0% after deductible	0% after deductible
Embedded pediatric dental care	Included for members under age 19.	
Embedded pediatric vision exam	0% after deductible	0% after deductible
Embedded pediatric vision hardware	0% after deductible	0% after deductible
Prescription medications³		
Value	0% after deductible	0% after deductible
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Brand	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered
Features		
Metallic level	● Catastrophic	
Plan enrollment options	Through HealthCare.gov only	
Provider network	Endeavor Select Network/MedImpact	

¹ For services as required under the Affordable Care Act

² Covers medically necessary spinal manipulations and acupuncture care

³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Limitations

- Alternative care limited to 12 acupuncture and 12 spinal manipulation visits per calendar year
- Authorization by Moda Health required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Home healthcare limited to 130 visits per year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Orthodontia limited to dependent children under age 19 and subject to a two-year exclusion period
- Prescriptions – maximum 90-day supply for retail and mail order pharmacy
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders).
- Skilled nursing facility limited to 60 days per calendar year
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage. Round trip transportation and lodging up to \$7,500 per transplant
- Vision exam and glasses or contacts covered once per calendar 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 treatments for complications from reconstructive surgeries)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Massage or massage therapy, except as specifically listed under rehabilitation and habilitation
- Naturopathic and homeopathic remedies
- 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
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- 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)
- Treatment of sexual dysfunction
- 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 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.

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.