

Experience better with Moda Health

Texas 2022 | Equal Funding



moda
HEALTH

Here at Moda, we're committed to making healthcare work better for everyone.

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

Diversity:

We value, respect and celebrate people of all backgrounds, identities, and abilities and actively seek to identify how uniqueness makes us better.

Equity:

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

Inclusion:

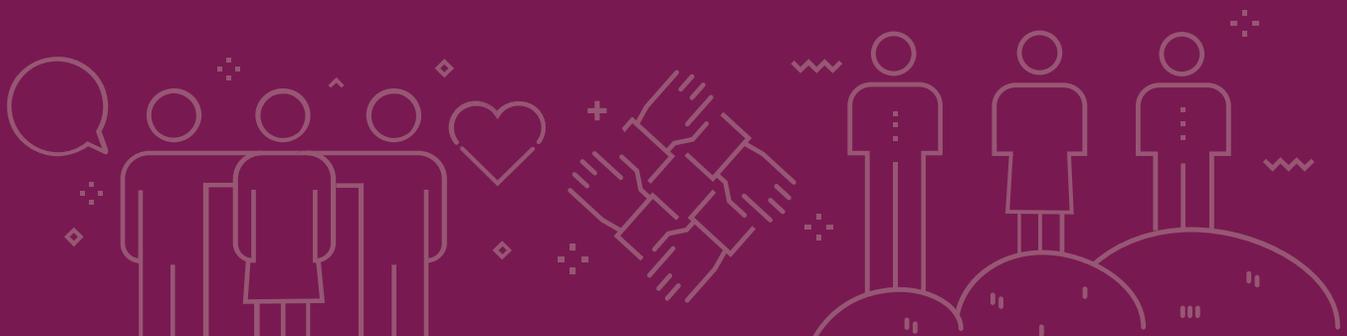
We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education, and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

We will be better. We will do better. It is the right thing to do and we expect it of ourselves.



Welcome to Moda Health Plan, Inc., the place your clients go when they want to experience better – better people, better plans, better services and better health.



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We're with you, *every step of the way*

In 1954, a group of dentists recognized that not everyone across our country had access to the right dental treatment. So, they decided to work together to help support families with their dental needs. Then, in the '80s, medical coverage was added to help take care of members' total health needs and Delta Dental Plans Association (DDPA) was created in 1966. That is the origin of Moda Health Plan, Inc. and its partnership with DDPA. With operations in Texas, Alaska, Washington and Oregon, we distinguish ourselves through service excellence and by providing value through insurance and business solutions.

Since our inception, we have been a driving force of healthcare evolution, offering members innovative and evidence-based health plans, diverse provider networks, member-centric programs and compassionate customer service. Today, we are a multi-faceted organization serving 1.5 million members through a full line of medical, dental and pharmacy plans, including individual plans, Medicare plans, employee group plans and government-sponsored plans.

Moda Health is committed to setting and meeting high quality-of-care standards to enhance members' health, improve service experiences and reduce costs. Our ultimate goal is to create better outcomes for all of the lives we touch through our wide variety of plans, as well as through our subsidiaries.

Advancing the health and well-being of our customers

Driven by the idea that there is always a better way to deliver care, Moda Health is dedicated to advancing the health and well-being of people in all communities. Our health plans are designed to support your clients' employee population, giving them access to the tools and resources that help them to get the most out of their medical benefits and pharmaceutical care.



Why choose Equal Funding?

Equal Funding is a good option for clients looking to transition from fully insured, or those interested in limiting risk in a partially self-funded environment. Equal Funding is also ideal if your clients are seeking more transparency on what their collective healthcare dollars are going toward on a more granular level.

Benefits of Equal Funding

Stability

- The monthly cost of Equal Funding is consistent and does not require additional funding

Protection

- **Defines and maintains risk** up-front through the inclusion of stop-loss insurance
- **Your clients are protected from the unexpected.** With Equal Funding, your clients are not solely responsible for the significant cost if one of their members has a large claim.
- **Clients may see lower costs** with Equal Funding. Once the policy period ends, if there is a surplus position, an administrative fee credit will be applied to the following policy year.
- **We keep it simple.** We integrate aggregate and specific stop-loss coverage with customizable coverage levels and limits.

Why choose us?

Moda Health is committed to delivering better value and better outcomes for your clients and their employees. By combining our expertise in healthcare with your deep knowledge about your clients, we'll pinpoint your client's unique needs to tailor a plan that will manage risk while optimizing value for their health dollar.

Delivering better value

Our approach to healthcare is rooted in collaboration, and we will always put you, your clients and their employees first. We understand that every client's needs are different. You can count on us to meet your clients where they are today while also accounting for their future needs.

Value-based advantages of choosing Moda Health include:

- Coverage that puts your clients and their employees first
- Best-in-class, tailored implementation
- Network alignment and care coordination
- Coordinated member engagement

Ensuring better outcomes

We're committed to packaging the right set of services and support for your clients.

We also inspire and support your clients' employees in improving their health, manage chronic conditions, and navigate their plan and care options.

With happier and healthier employees, clients will realize boosts in engagement, morale and productivity in their day-to-day.

Our "right coverage at the right time" includes:

- Integrated pharmacy benefits
- Support for high-risk members
- Chronic care management
- Wellness services, programs and tools
- Telehealth benefits

Partnering to manage costs

Our goal is to become a partner that helps clients maximize their healthcare investment. By taking the time to understand your clients' business top to bottom and delivering transparency throughout our partnership, you'll always have the insights needed to make informed recommendations about your clients' group health plan.

- Robust reporting to identify short-term trends, long-term needs and cost-savings opportunities
- Industry-leading case management
- Personalized service and support



How Equal Funding works

Equal Funding plans are ideal for clients who value cost control and transparency when purchasing a health plan. With Equal Funding, clients get greater financial transparency while still offering their employees a wide range of benefits and the support to get the most out of them.

Moda Health's Equal Funding plan allows clients to pay for their maximum exposure over 12 predictable monthly payments. Once the policy period ends, if there is a surplus position, an administrative fee credit will be applied to the following policy year.

The plan contains three components:

- A self-funded medical plan, which covers medical services and pharmacy expenses for your clients
- An agreement with Moda Health that provides third-party administration for claims processing, billing, customer service and other administrative services
- A stop-loss insurance policy from Moda Health that helps protect your clients from large catastrophic claims by a covered individual(s), and provides overall protection if combined medical and pharmacy claims exceed the expected annual limit

Why Equal Funding is different

With Equal Funding, if covered claims are higher than expected, the stop-loss insurance policy will cover them. However, if health care claims are lower than expected, your clients will receive a credit towards the next plan year's administrative fees.

The premium equivalent includes the cost of estimated health care claims and fixed-cost items (administrative fees and stop-loss insurance premiums). This calculated amount is considered your clients' "maximum liability" to eliminate surprises at the end of the year.

A portion of the monthly payments will go toward a claims funding account, which covers employees' eligible claims. At the end of the year, the claims funding payments will be compared with the actual claims costs. If actual claims costs for the year are less than expected, the plan has a surplus.

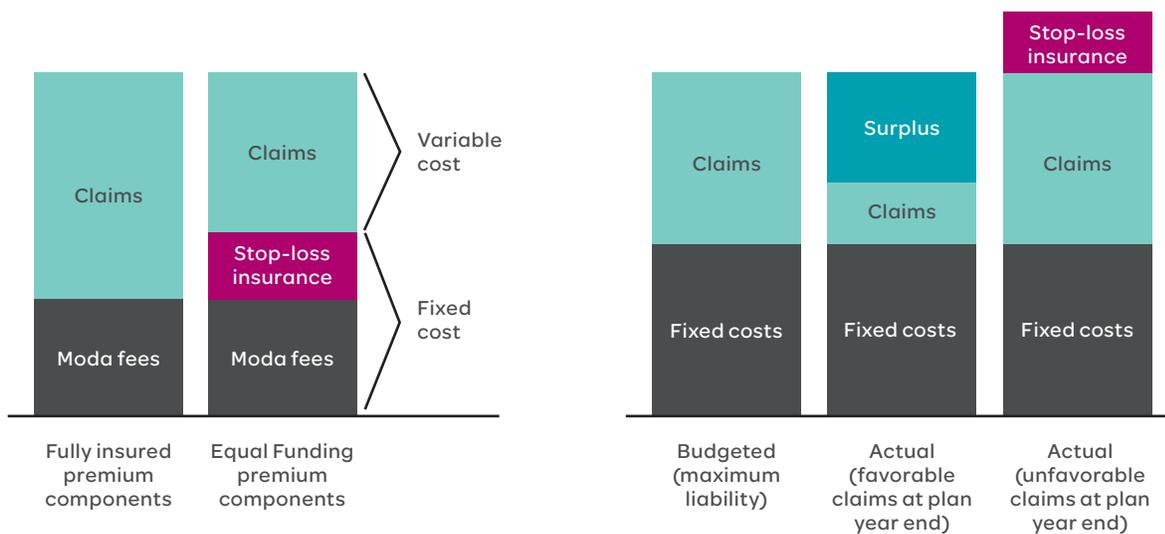
After plan reconciliation, a portion of any surplus is credited back to your clients' and applied to the next plan year's administrative fees. Moda Health will keep the rest as a deferred service fee.

If actual claims are higher than expected, clients will not be required to pay more at the end of the year because they will have already paid the maximum liability.

Billing and payment

Each month, employers will receive a paperless billing statement that is viewable through the Moda Health Employer Dashboard. The billing statement will reflect the total amount due for each covered employee and dependent for the current month's coverage, as well as retroactive months of coverage that apply. The invoice will be generated around the seventh of each month for the following coverage period. Premiums will be automatically pulled from the employer's financial institute around the first of each month.

Date	Sample monthly billing cycle for May
April 7	Ebill generated (viewable online within 48 hours)
May 1	May payment due
May 1	May remittance pulled via electronic fund transfer (EFT)
May 10	Moda Health confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied



Enrollment and underwriting requirements

Prepare your clients for a healthy start

Keeping your clients healthy is an investment that pays dividends. So get ready to help start their employees' journey to better overall health and wellness.

Business requirements

Here are some of the finer points about enrolling groups in our plans.

Group Requirements: Groups must have at least 25 employees enrolled

Obtaining a quote: Requires member-level census, renewal rates, claims experience and large claims as well as the employer-level risk questionnaire. Claims experience should be received within 120 days of the effective date.

Service area: 60% of all employees must reside within the Moda Health service areas. Members on an EPO plan must reside in the service area.

Ineligibilities: 1099 employees and PEO's

Plan choices: A group of 25-99 can choose up to three plans to offer their employees. For groups of 100+, up to four plans may be offered.

Employee participation: A group must have a minimum participation of 25 employees or 75% of full-time eligible employees (less valid waivers) – whichever is greater. There is no minimum participation requirement for dependents.

Employer contribution: The employer must contribute at least 50% toward the employee-only rate of the lowest-cost plan. If a dollar amount contribution is chosen, the amount must at least equal 50% of the employee-only rate of the lowest premium plan chosen.

HRAs and HSAs: Rates assume no more than 50% funding of the employee/family deductible cost (HRA or HSA). For deductible plans without an HRA or HSA, the employee will be financially responsible for the funding of the entire deductible amount.

Stop-loss

Contract basis: Incurred in 12 months, paid in 60 months

Specific deductibles: Deductibles starting at \$20,000

Aggregate attachment point: 120% of expected claims

Surplus share: 50% of surplus. The group must renew with Moda Health to be eligible for a surplus share

Account settlement: The account settlement will be issued after three months of runout claims have been paid. When the settlement is issued, a percentage of the surplus is paid to the group via a bill credit. In this settlement, Moda Health retains a percentage of the maximum annual claims fund as a terminal reserve to account for claims that will be submitted for the remainder of the contract period (through the 60th month).



Life's *better* in the network

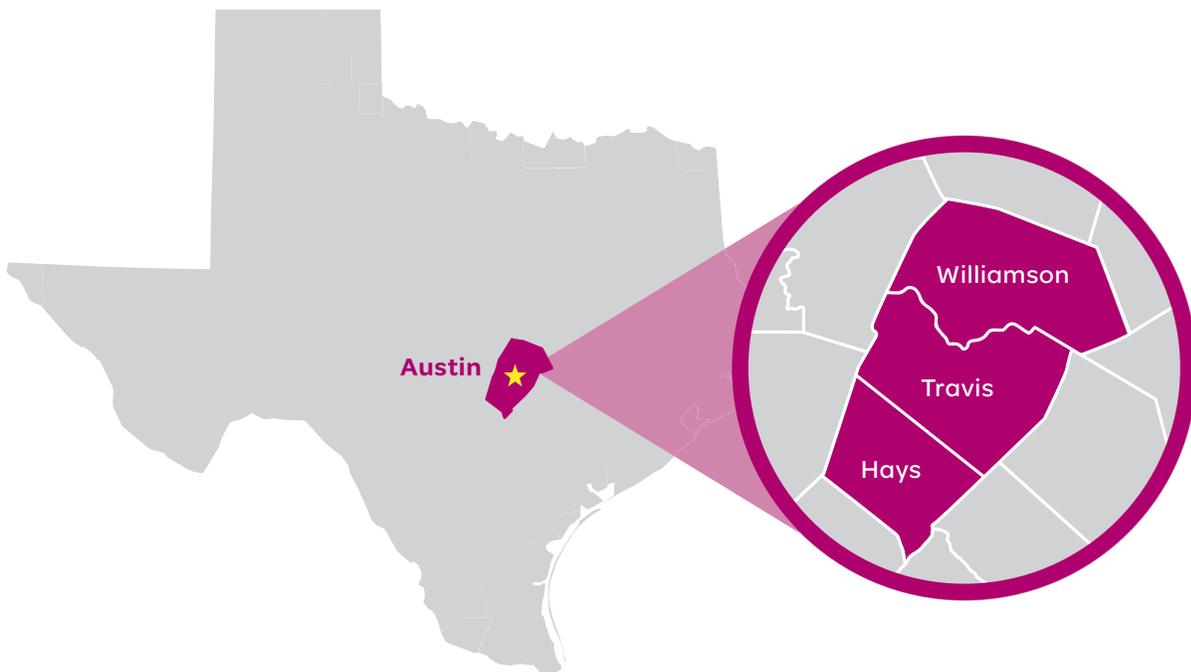
Health happens, whether your clients' employees are at home or on the road. We want to make sure they stay covered no matter where they go. So, we've made it easy for their employees to find in-network coverage.

Moda Select

The Moda Select network offers a personalized care experience that gives members quick access to high quality care at an affordable cost. Serving Hays, Travis and Williamson counties in the greater Austin area, the Moda Select network directs members to manage their health in close partnership with a primary care provider (PCP) with which practitioners work together to coordinate care, and keep members feeling their best.

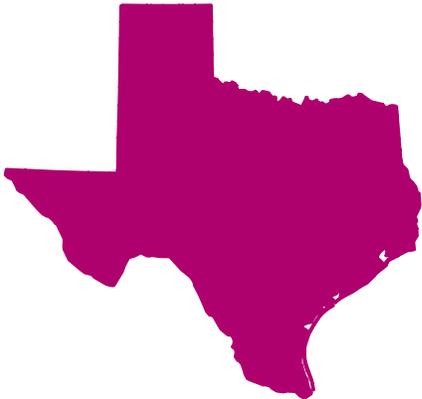
The network is made of a carefully selected community of PCPs, specialists and partner health systems, including:

- Capital Area Primary Care Providers
- Capital Area Surgeons
- St. David's Specialized Women's Services
- St. David's Ortho Neuro and Rehab
- Austin Diagnostic Clinic
- St. David's Heart & Vascular
- Austin Regional Clinic



American Specialty Health Group, Inc. (ASHG)

For more than 30 years, ASHG has been providing musculoskeletal provider network services to employer groups throughout the country. ASHG will provide the network members within the state of Texas use to find outpatient providers of occupational, speech, physical and therapeutic massage, as well as any complementary care needs such as chiropractic and acupuncture.



Networks outside of the greater Austin area

First Health® Network

The First Health Network serves members who reside outside of the Moda Select network's service area. First Health is a National PPO rental network with providers in 49 states (currently excluding Hawaii), which includes Washington, D.C., and Puerto Rico. It offers extensive access with 5,500+ hospitals, 90,000+ ancillary and 550,000 professional providers at over one million healthcare service locations.

Travel network – First Health Network

When members hit the road, care is never far away. While traveling outside the network service areas, members can receive emergency or urgent care through the First Health travel network, which is paid at the in-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the U.S., members may access any provider for emergency care at the in-network cost-sharing amount. This care is subject to balance billing. Other care received outside the U.S. is not covered.



Expect *quality* pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We're here to support the pharmacy needs of your clients' employees, every step of the way.

Medication tiers offer ways to save

All Moda Health medical plans come with an option of pharmacy plans. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amount, check the plan benefit tables in this brochure. Members can visit modahealth.com/texas/producer/plans/pharmacy-plans and choose "View formulary" to see a list of medications and find out their medication's tier.

Pharmacy benefits, and then some

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network.

The Navitus Network includes over 90 percent of pharmacies in Texas, plus more than 58,000 pharmacies nationwide. This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Costco
- CVS
- H-E-B
- Kroger
- Tom Thumb
- Walgreens
- Walmart

Simply use Find Care to access the Navitus Network and locate a nearby pharmacy.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.

2022 Moda Pharmacy plan options

	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
R1.TX.22 \$0/\$10/\$30/\$50/\$150/30%	\$0	\$10	\$30	\$50	\$150	30%
R2.TX.22 \$0/\$15/\$45/\$75/\$225/30%	\$0	\$15	\$45	\$75	\$225	30%
R3.TX.22 \$0/\$20/\$60/50%/\$180/50%	\$0	\$20	\$60	50%	\$180	50%
R4.TX.22 \$0/\$15/50% (Not medicare creditable coverage)	\$0	Greater of \$15 or 50%				
R5.TX.22 \$0/\$10/\$50/\$100/\$150/\$250	\$0	\$10	\$50	\$100	\$150	\$250
R6.TX.22 \$0/\$10/\$35/\$75/\$150/\$250	\$0	\$10	\$35	\$75	\$150	\$250
R7.TX.22 \$0/\$15/\$50/\$100/\$250/\$350	\$0	\$15	\$50	\$100	\$250	\$350

Explore our plans and help your clients choose the right fit.

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group. Please note that employees living in Hawaii are not covered.

If you or your clients have questions about any plan, please contact your sales and service representative. See back cover for contact information.

Exclusive provider organization (EPO) plans

EPO plans are designed to offer a personalized care experience that helps members find their way to better care, value and health. There are no out-of-network benefits with an EPO plan except for medical emergency services and retail pharmacy services. All healthcare provider and specialists must be in the Moda Select Network or the member will be responsible for the full cost of out-of-network services.

Preferred provider organization (PPO)

We offer a wide selection PPO plans to meet your client's specific needs. Our PPO plans combine great benefits with access to PPO contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO-contracted provider.

High-deductible health plans (HDHP)

An HDHP is compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses.

Moda Health is partnering with its subsidiary company, BenefitHelp Solutions, to offer HSA administration at no additional charge.

HSA services include:

- Online member portal and mobile app
- HSA debit cards issued to all members
- Investment guidance tools and a suite of investment options
- Annual tax document preparation
- And more, such as:
 - Online member portal and mobile app
 - HSA debit cards issued to all members
 - Investment guidance tools and a suite of investment options
 - Annual tax document preparation



2022 Moda EPO plans

	EPO_ \$500_ \$3000_ \$25/\$50_ 20%		EPO_ \$1000_ \$4500_ \$25/\$50_ 20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$500	Not covered	\$1,000	Not covered
Deductible per family	\$1,000	Not covered	\$2,000	Not covered
Out-of-pocket max per person	\$3,000	Not covered	\$4,500	Not covered
Out-of-pocket max per family	\$6,000	Not covered	\$9,000	Not covered
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$25*	Not covered	\$25*	Not covered
Specialist visits	\$50*	Not covered	\$50*	Not covered
Urgent care visits	\$75*	Not covered	\$75*	Not covered
CirrusMD visits	\$0*	Not covered	\$0*	Not covered
Outpatient diagnostic x-ray & lab	20%*	Not covered	20%*	Not covered
Emergency room facility	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%
Ambulance	20%	20%	20%	20%
Inpatient/outpatient care	20%	Not covered	20%	Not covered
Outpatient mental health/chemical dependency visit	\$25*	Not covered	\$25*	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$50*	Not covered	\$50*	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$25*	Not covered	\$25*	Not covered

*Deductible waived

EPO_ \$1500_ \$4500_ \$25/\$50_ 20%		EPO_ \$2000_ \$5000_ \$25/\$50_ 20%		EPO_ \$2500_ \$6000_ \$30/\$60_ 20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,500	Not covered	\$2,000	Not covered	\$2,500	Not covered
\$3,000	Not covered	\$4,000	Not covered	\$5,000	Not covered
\$4,500	Not covered	\$5,000	Not covered	\$6,000	Not covered
\$9,000	Not covered	\$10,000	Not covered	\$12,000	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$25*	Not covered	\$25*	Not covered	\$30*	Not covered
\$50*	Not covered	\$50*	Not covered	\$60*	Not covered
\$75*	Not covered	\$75*	Not covered	\$90*	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
20%*	Not covered	20%*	Not covered	20%*	Not covered
\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%
20%	20%	20%	20%	20%	20%
20%	Not covered	20%	Not covered	20%	Not covered
\$25*	Not covered	\$25*	Not covered	\$30*	Not covered
\$50*	Not covered	\$50*	Not covered	\$60*	Not covered
\$25*	Not covered	\$25*	Not covered	\$30*	Not covered

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda EPO plans

	EPO_-\$3000_-\$6000_-\$30/\$60_20%		EPO_-\$3000_-\$6500_-\$35/\$70_30%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$3,000	Not covered	\$3,000	Not covered
Deductible per family	\$6,000	Not covered	\$6,000	Not covered
Out-of-pocket max per person	\$6,000	Not covered	\$6,500	Not covered
Out-of-pocket max per family	\$12,000	Not covered	\$13,000	Not covered
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$30*	Not covered	\$35*	Not covered
Specialist visits	\$60*	Not covered	\$70*	Not covered
Urgent care visits	\$90*	Not covered	\$105*	Not covered
CirrusMD visits	\$0*	Not covered	\$0*	Not covered
Outpatient diagnostic x-ray & lab	20%*	Not covered	30%*	Not covered
Emergency room facility	\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%
Ambulance	20%	20%	30%	30%
Inpatient/outpatient care	20%	Not covered	30%	Not covered
Outpatient mental health/chemical dependency visit	\$30*	Not covered	\$35*	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$60*	Not covered	\$70*	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$30*	Not covered	\$35*	Not covered

*Deductible waived

EPO_\$3500_\$7000_\$30/\$60_20%		EPO_\$3500_\$7500_\$30/\$60_30%		EPO_\$4000_\$8150_\$35/\$70_20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$3,500	Not covered	\$3,500	Not covered	\$4,000	Not covered
\$7,000	Not covered	\$7,000	Not covered	\$8,000	Not covered
\$7,000	Not covered	\$7,500	Not covered	\$8,150	Not covered
\$14,000	Not covered	\$15,000	Not covered	\$16,300	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$30*	Not covered	\$30*	Not covered	\$35*	Not covered
\$60*	Not covered	\$60*	Not covered	\$70*	Not covered
\$90*	Not covered	\$90*	Not covered	\$105*	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
20%*	Not covered	30%*	Not covered	20%*	Not covered
\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%
20%	20%	30%	30%	20%	20%
20%	Not covered	30%	Not covered	20%	Not covered
\$30*	Not covered	\$30*	Not covered	\$35*	Not covered
\$60*	Not covered	\$60*	Not covered	\$70*	Not covered
\$30*	Not covered	\$30*	Not covered	\$35*	Not covered

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda EPO plans

	EPO_-\$4000_-\$8150_-\$40/\$80_30%		EPO_-\$4500_-\$8150_-\$35/\$70_20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$4,000	Not covered	\$4,500	Not covered
Deductible per family	\$8,000	Not covered	\$9,000	Not covered
Out-of-pocket max per person	\$8,150	Not covered	\$8,150	Not covered
Out-of-pocket max per family	\$16,300	Not covered	\$16,300	Not covered
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$40*	Not covered	\$35*	Not covered
Specialist visits	\$80*	Not covered	\$70*	Not covered
Urgent care visits	\$120*	Not covered	\$105*	Not covered
CirrusMD visits	\$0*	Not covered	\$0*	Not covered
Outpatient diagnostic x-ray & lab	30%*	Not covered	20%*	Not covered
Emergency room facility	\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%
Ambulance	30%	30%	20%	20%
Inpatient/outpatient care	30%	Not covered	20%	Not covered
Outpatient mental health/chemical dependency visit	\$40*	Not covered	\$35*	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$80*	Not covered	\$70*	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$40*	Not covered	\$35*	Not covered

*Deductible waived

EPO_\$4500_\$8150_\$40/\$80_30%		EPO_\$5000_\$8150_\$35/\$70_20%		EPO_\$5000_\$8150_\$40/\$80_30%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,500	Not covered	\$5,000	Not covered	\$5,000	Not covered
\$9,000	Not covered	\$10,000	Not covered	\$10,000	Not covered
\$8,150	Not covered	\$8,150	Not covered	\$8,150	Not covered
\$16,300	Not covered	\$16,300	Not covered	\$16,300	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$40*	Not covered	\$35*	Not covered	\$40*	Not covered
\$80*	Not covered	\$70*	Not covered	\$80*	Not covered
\$120*	Not covered	\$105*	Not covered	\$120*	Not covered
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
30%*	Not covered	20%*	Not covered	30%*	Not covered
\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%
30%	30%	20%	20%	30%	30%
30%	Not covered	20%	Not covered	30%	Not covered
\$40*	Not covered	\$35*	Not covered	\$40*	Not covered
\$80*	Not covered	\$70*	Not covered	\$80*	Not covered
\$40*	Not covered	\$35*	Not covered	\$40*	Not covered

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda EPO plans

	EPO_-\$6000_-\$8150_-\$40/\$80_30%		EPO_-\$7000_-\$8150_-\$40/\$80_30%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$6,000	Not covered	\$7,000	Not covered
Deductible per family	\$12,000	Not covered	\$14,000	Not covered
Out-of-pocket max per person	\$8,150	Not covered	\$8,150	Not covered
Out-of-pocket max per family	\$16,300	Not covered	\$16,300	Not covered
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$40*	Not covered	\$40*	Not covered
Specialist visits	\$80*	Not covered	\$80*	Not covered
Urgent care visits	\$120*	Not covered	\$120*	Not covered
CirrusMD visits	\$0*	Not covered	\$0*	Not covered
Outpatient diagnostic x-ray & lab	30%*	Not covered	30%*	Not covered
Emergency room facility	\$500*/30%	\$500*/30%	\$500*/30%	\$500*/30%
Ambulance	30%	30%	30%	30%
Inpatient/outpatient care	30%	Not covered	30%	Not covered
Outpatient mental health/chemical dependency visit	\$40*	Not covered	\$40*	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$80*	Not covered	\$80*	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$40*	Not covered	\$40*	Not covered

*Deductible waived

EPO_-\$8700_-\$8700_-\$40/\$80_0%

In-network member pays	Out-of-network member pays
\$8,700	Not covered
\$17,400	Not covered
\$8,700	Not covered
\$17,400	Not covered
\$0*	Not covered
\$40*	Not covered
\$80*	Not covered
\$120*	Not covered
\$0*	Not covered
0%	Not covered
0%	0%
0%	0%
0%	Not covered
\$40*	Not covered
\$80*	Not covered
\$40*	Not covered

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.



2022 Moda EPO HDHP

	EHDHP_\$3000_\$5000_20%		EHDHP_\$3000_\$3000_0%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$3,000	Not covered	\$3,000	Not covered
Deductible per family	\$6,000	Not covered	\$6,000	Not covered
Out-of-pocket max per person	\$5,000	Not covered	\$3,000	Not covered
Out-of-pocket max per family	\$10,000	Not covered	\$6,000	Not covered
	Embedded deductible		Embedded deductible	
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit	20%	Not covered	0%	Not covered
Specialist visits	20%	Not covered	0%	Not covered
Urgent care visits	20%	Not covered	0%	Not covered
CirrusMD visits	\$0	Not covered	\$0	Not covered
Outpatient diagnostic x-ray & lab	20%	Not covered	0%	Not covered
Emergency room facility	20%	20%	0%	0%
Ambulance	20%	20%	0%	0%
Inpatient/outpatient care	20%	Not covered	0%	Not covered
Outpatient mental health/ chemical dependency visit	20%	Not covered	0%	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	20%	Not covered	0%	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	20%	Not covered	0%	Not covered

*Deductible waived

EHDHP_\$4000_\$6000_20%		EHDHP_\$5000_\$7000_20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,000	Not covered	\$5,000	Not covered
\$8,000	Not covered	\$10,000	Not covered
\$6,000	Not covered	\$7,000	Not covered
\$12,000	Not covered	\$14,000	Not covered
Embedded deductible		Embedded deductible	
\$0*	Not covered	\$0*	Not covered
20%	Not covered	20%	Not covered
20%	Not covered	20%	Not covered
20%	Not covered	20%	Not covered
\$0	Not covered	\$0	Not covered
20%	Not covered	20%	Not covered
20%	20%	20%	20%
20%	20%	20%	20%
20%	Not covered	20%	Not covered
20%	Not covered	20%	Not covered
20%	Not covered	20%	Not covered
20%	Not covered	20%	Not covered

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda EPO HDHP

	EHDHP_\$5000_\$5000_0%		EHDHP_\$6000_\$7000_20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$5,000	Not covered	\$6,000	Not covered
Deductible per family	\$10,000	Not covered	\$12,000	Not covered
Out-of-pocket max per person	\$5,000	Not covered	\$7,000	Not covered
Out-of-pocket max per family	\$10,000	Not covered	\$14,000	Not covered
	Embedded deductible		Embedded deductible	
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit	0%	Not covered	20%	Not covered
Specialist visits	0%	Not covered	20%	Not covered
Urgent care visits	0%	Not covered	20%	Not covered
CirrusMD visits	\$0	Not covered	\$0	Not covered
Outpatient diagnostic x-ray & lab	0%	Not covered	20%	Not covered
Emergency room facility	0%	0%	20%	20%
Ambulance	0%	0%	20%	20%
Inpatient/outpatient care	0%	Not covered	20%	Not covered
Outpatient mental health/ chemical dependency visit	0%	Not covered	20%	Not covered
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	0%	Not covered	20%	Not covered
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	0%	Not covered	20%	Not covered

*Deductible waived

EHDHP_\$7000_\$7000_0%	
In-network member pays	Out-of-network member pays
\$7,000	Not covered
\$14,000	Not covered
\$7,000	Not covered
\$14,000	Not covered
Embedded deductible	
\$0*	Not covered
0%	Not covered
0%	Not covered
0%	Not covered
\$0	Not covered
0%	Not covered
0%	0%
0%	0%
0%	Not covered



This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda Value-Based Care PPO plans

	VBC_ \$500_ \$3000_ \$25/ \$50_ 20%		VBC_ \$1000_ \$4500_ \$25/ \$50_ 20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$500	\$1,500	\$1,000	\$3,000
Deductible per family	\$1,000	\$3,000	\$2,000	\$6,000
Out-of-pocket max per person	\$3,000	unlimited	\$4,500	unlimited
Out-of-pocket max per family	\$6,000	unlimited	\$9,000	unlimited
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$25*	50%	\$25*	50%
Specialist visits	\$50*	50%	\$50*	50%
Urgent care visits	\$75*	50%	\$75*	50%
CirrusMD visits	\$0*	N/A	\$0*	N/A
Outpatient diagnostic x-ray & lab	20%*	50%	20%*	50%
Emergency room facility	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%
Ambulance	20%	20%	20%	20%
Inpatient/outpatient care	20%	50%	20%	50%
Outpatient mental health/ chemical dependency visit	\$25*	50%	\$25*	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$50*	50%	\$50*	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$25*	50%	\$25*	50%

*Deductible waived

VBC_\$1500_\$4500_\$25/\$50_20%		VBC_\$2000_\$5000_\$25/\$50_20%		VBC_\$2500_\$6000_\$30/\$60_20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,500	\$4,500	\$2,000	\$6,000	\$2,500	\$7,500
\$3,000	\$9,000	\$4,000	\$12,000	\$5,000	\$15,000
\$4,500	unlimited	\$5,000	unlimited	\$6,000	unlimited
\$9,000	unlimited	\$10,000	unlimited	\$12,000	unlimited
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$25*	50%	\$25*	50%	\$30*	50%
\$50*	50%	\$50*	50%	\$60*	50%
\$75*	50%	\$75*	50%	\$90*	50%
\$0*	N/A	\$0*	N/A	\$0*	N/A
20%*	50%	20%*	50%	20%*	50%
\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%	\$500*/20%
20%	20%	20%	20%	20%	20%
20%	50%	20%	50%	20%	50%
\$25*	50%	\$25*	50%	\$30*	50%
\$50*	50%	\$50*	50%	\$60*	50%
\$25*	50%	\$25*	50%	\$30*	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda Value-Based Care PPO plans

	VBC_-\$3000_-\$6000_-\$30/\$60_20%		VBC_-\$3000_-\$6500_-\$35/\$70_30%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$3,000	\$9,000	\$3,000	\$9,000
Deductible per family	\$6,000	\$18,000	\$6,000	\$18,000
Out-of-pocket max per person	\$6,000	unlimited	\$6,500	unlimited
Out-of-pocket max per family	\$12,000	unlimited	\$13,000	unlimited
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$30*	50%	\$35*	50%
Specialist visits	\$60*	50%	\$70*	50%
Urgent care visits	\$90*	50%	\$105*	50%
CirrusMD visits	\$0*	N/A	\$0*	N/A
Outpatient diagnostic x-ray & lab	20%*	50%	30%*	50%
Emergency room facility	\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%
Ambulance	20%	20%	30%	30%
Inpatient/outpatient care	20%	50%	30%	50%
Outpatient mental health/chemical dependency visit	\$30*	50%	\$35*	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$60*	50%	\$70*	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$30*	50%	\$35*	50%

*Deductible waived

VBC_\$3500_\$7000_\$30/\$60_20%		VBC_\$3500_\$7500_\$30/\$60_30%		VBC_\$4000_\$8150_\$35/\$70_20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$3,500	\$10,500	\$3,500	\$10,500	\$4,000	\$12,000
\$7,000	\$21,000	\$7,000	\$21,000	\$8,000	\$24,000
\$7,000	unlimited	\$7,500	unlimited	\$8,150	unlimited
\$14,000	unlimited	\$15,000	unlimited	\$16,300	unlimited
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$30*	50%	\$30*	50%	\$35*	50%
\$60*	50%	\$60*	50%	\$70*	50%
\$90*	50%	\$90*	50%	\$105*	50%
\$0*	N/A	\$0*	N/A	\$0*	N/A
20%*	50%	30%*	50%	20%*	50%
\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%
20%	20%	30%	30%	20%	20%
20%	50%	30%	50%	20%	50%
\$30*	50%	\$30*	50%	\$35*	50%
\$60*	50%	\$60*	50%	\$70*	50%
\$30*	50%	\$30*	50%	\$35*	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda Value-Based Care PPO plans

	VBC_-\$4000_-\$8150_-\$40/\$80_30%		VBC_-\$4500_-\$8150_-\$35/\$70_20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$4,000	\$12,000	\$4,500	\$13,500
Deductible per family	\$8,000	\$24,000	\$9,000	\$27,000
Out-of-pocket max per person	\$8,150	unlimited	\$8,150	unlimited
Out-of-pocket max per family	\$16,300	unlimited	\$16,300	unlimited
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit, three adult visits before cost share	\$40*	50%	\$35*	50%
Specialist visits	\$80*	50%	\$70*	50%
Urgent care visits	\$120*	50%	\$105*	50%
CirrusMD visits	\$0*	N/A	\$0*	N/A
Outpatient diagnostic x-ray & lab	30%*	50%	20%*	50%
Emergency room facility	\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%
Ambulance	30%	30%	20%	20%
Inpatient/outpatient care	30%	50%	20%	50%
Outpatient mental health/chemical dependency visit	\$40*	50%	\$35*	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$80*	50%	\$70*	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$40*	50%	\$35*	50%

*Deductible waived

VBC_\$4500_\$8150_\$40/\$80_30%		VBC_\$5000_\$8150_\$35/\$70_20%		VBC_\$5000_\$8150_\$40/\$80_30%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,500	\$13,500	\$5,000	\$15,000	\$5,000	\$15,000
\$9,000	\$27,000	\$10,000	\$30,000	\$10,000	\$30,000
\$8,150	unlimited	\$8,150	unlimited	\$8,150	unlimited
\$16,300	unlimited	\$16,300	unlimited	\$16,300	unlimited
\$0*	Not covered	\$0*	Not covered	\$0*	Not covered
\$40*	50%	\$35*	50%	\$40*	50%
\$80*	50%	\$70*	50%	\$80*	50%
\$120*	50%	\$105*	50%	\$120*	50%
\$0*	N/A	\$0*	N/A	\$0*	N/A
30%*	50%	20%*	50%	30%*	50%
\$500*/30%	\$500*/30%	\$500*/20%	\$500*/20%	\$500*/30%	\$500*/30%
30%	30%	20%	20%	30%	30%
30%	50%	20%	50%	30%	50%
\$40*	50%	\$35*	50%	\$40*	50%
\$80*	50%	\$70*	50%	\$80*	50%
\$40*	50%	\$35*	50%	\$40*	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda Value-Based Care PPO plans

	VBC_-\$6000_-\$8150_-\$40/\$80_30%		VBC_-\$7000_-\$8150_-\$40/\$80_30%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$6,000	\$18,000	\$7,000	\$21,000
Deductible per family	\$12,000	\$36,000	\$14,000	\$42,000
Out-of-pocket max per person	\$8,150	unlimited	\$8,150	unlimited
Out-of-pocket max per family	\$16,300	unlimited	\$16,300	unlimited
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit , three adult visits before cost share	\$40*	50%	\$40*	50%
Specialist visits	\$80*	50%	\$80*	50%
Urgent care visits	\$120*	50%	\$120*	50%
CirrusMD visits	\$0*	N/A	\$0*	N/A
Outpatient diagnostic x-ray & lab	30%*	50%	30%*	50%
Emergency room facility	\$500*/30%	\$500*/30%	\$500*/30%	\$500*/30%
Ambulance	30%	30%	30%	30%
Inpatient/outpatient care	30%	50%	30%	50%
Outpatient mental health/ chemical dependency visit	\$40*	50%	\$40*	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	\$80*	50%	\$80*	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	\$40*	50%	\$40*	50%

*Deductible waived

VBC_-\$8700_-\$8700_-\$40/\$80_0%

In-network member pays	Out-of-network member pays
\$8,700	\$26,100
\$17,400	\$52,200
\$8,700	unlimited
\$17,400	unlimited
\$0*	Not covered
\$40*	50%
\$80*	50%
\$120*	50%
\$0*	N/A
0%	50%
0%	0%
0%	0%
0%	50%
\$40*	50%
\$80*	50%
\$40*	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.



2022 Moda PPO HDHP

	HDHP_\$3000_\$5000_20%		HDHP_\$3000_\$3000_0%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$3,000	\$9,000	\$3,000	\$9,000
Deductible per family	\$6,000	\$18,000	\$6,000	\$18,000
Out-of-pocket max per person	\$5,000	unlimited	\$3,000	unlimited
Out-of-pocket max per family	\$10,000	unlimited	\$6,000	unlimited
	Embedded deductible		Embedded deductible	
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit	20%	50%	0%	50%
Specialist visits	20%	50%	0%	50%
Urgent care visits	20%	50%	0%	50%
CirrusMD visits	\$0	N/A	\$0	N/A
Outpatient diagnostic x-ray & lab	20%	50%	0%	50%
Emergency room facility	20%	20%	0%	0%
Ambulance	20%	20%	0%	0%
Inpatient/outpatient care	20%	50%	0%	50%
Outpatient mental health/ chemical dependency visit	20%	50%	0%	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	20%	50%	0%	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	20%	50%	0%	50%

*Deductible waived

HDHP_\$4000_\$6000_20%		HDHP_\$5000_\$7000_20%	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,000	\$12,000	\$5,000	\$15,000
\$8,000	\$24,000	\$10,000	\$30,000
\$6,000	unlimited	\$7,000	unlimited
\$12,000	unlimited	\$14,000	unlimited
Embedded deductible		Embedded deductible	
\$0*	Not covered	\$0*	Not covered
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
\$0	N/A	\$0	N/A
20%	50%	20%	50%
20%	20%	20%	20%
20%	20%	20%	20%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.

2022 Moda PPO HDHP

	HDHP_\$5000_\$5000_0%		HDHP_\$6000_\$7000_20%	
Calendar year costs	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Deductible per person	\$5,000	\$15,000	\$6,000	\$18,000
Deductible per family	\$10,000	\$30,000	\$12,000	\$36,000
Out-of-pocket max per person	\$5,000	unlimited	\$7,000	unlimited
Out-of-pocket max per family	\$10,000	unlimited	\$14,000	unlimited
	Embedded deductible		Embedded deductible	
Care & services				
ACA preventive care visit	\$0*	Not covered	\$0*	Not covered
PCP visit	0%	50%	20%	50%
Specialist visits	0%	50%	20%	50%
Urgent care visits	0%	50%	20%	50%
CirrusMD visits	\$0	N/A	\$0	N/A
Outpatient diagnostic x-ray & lab	0%	50%	20%	50%
Emergency room facility	0%	0%	20%	20%
Ambulance	0%	0%	20%	20%
Inpatient/outpatient care	0%	50%	20%	50%
Outpatient mental health/ chemical dependency visit	0%	50%	20%	50%
Outpatient physical, speech or occupational therapy visit, 35 sessions per year	0%	50%	20%	50%
Acupuncture, spinal manipulation and massage therapy, 24 visits per year	0%	50%	20%	50%

*Deductible waived

HDHP_ \$7000_ \$7000_ 0%	
In-network member pays	Out-of-network member pays
\$7,000	\$21,000
\$14,000	\$42,000
\$7,000	unlimited
\$14,000	unlimited
Embedded deductible	
\$0*	Not covered
0%	50%
0%	50%
0%	50%
\$0	N/A
0%	50%
0%	0%
0%	0%
0%	50%
0%	50%
0%	50%
0%	50%

This is a summary of the plan benefits. Refer to the Summary of Benefits and Coverage (SBC) and member handbook for plan details.





wellbeing

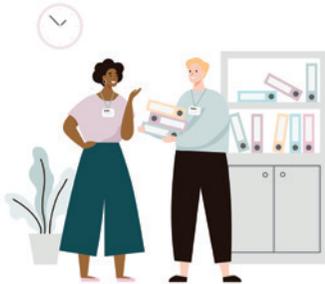
We're here to help your clients take care of their whole health. That's why we created Moda Wellbeing – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Wellbeing makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals, and digital tools are self-serve and available 24/7.

Moda Wellbeing includes:



Member support

Assistance getting the most out of your benefits and managing your plan



Care management

Support accessing care and managing care needs



Condition and disease management

Special support for acute and chronic conditions



Wellness management

Everything needed to maintain and improve health



Financial management

Access to tools to help control healthcare costs and protect identity



Custom services

Programs created specifically to meet the unique needs of your population

Member support

Assistance getting the most out of your benefits and managing your plan



Services

Claims and appeals support

If members disagree with a ruling on a claim, they can file an appeal. They can contact us for help. We're here to support them.

Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

Services (cont.)

Prior authorization support

We want to make sure members get the right care. That's why we require prior authorization (pre-approval) for some healthcare services and prescriptions. If prior authorization is required, the member's in-network healthcare provider will request it. It's important they make sure to see in-network healthcare providers. If in-network providers perform a service that requires prior authorization without pre-approval, they will have to pay for the service. If this happens with a provider who is out-of-network, the member will need to pay a penalty.

Self-serve tools

Pharmacy locator

Members can access our Pharmacy Locator to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

Care management

Support accessing care and managing care needs



Services

Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

Services (cont.)

Text a doctor, 24/7

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to the members*. With the CirrusMD app, all the members need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as they would like

Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. Depending on their plan, they can use a Virtual Visit or telehealth visit when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy or poison oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

Condition and disease management

Special support for acute and chronic conditions



Programs

Counseling

Members can get therapy on their smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential and fast access to evidence-based treatment through smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help members learn how to recover from stress quickly

Programs (cont.)

Health coaching

When members need a hand with their health, our telephonic health coaches use evidence-based practices to help them set goals and feel their best! Members can work with our coaches on a number of lifestyle related issues, as well as condition-specific topics, over 6 monthly sessions per plan year.

Diabetes support

We offer a comprehensive diabetes management program, for no cost, to members who qualify. The program, made possible through our partner, Livongo, provides:

- A smart meter, which automatically uploads blood glucose readings, eliminating the need for logbooks. The meter also serves up real-time tips.
- Unlimited supplies with no hidden costs. Strips and lancets are shipped directly to the members, at their request.
- Coaching anytime and anywhere. Livongo's expert coaches are available via phone, text and our mobile app to give guidance on nutrition and lifestyle questions.

Self-serve tools

Prescription history finder

We offer Medicine Cabinet as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.

Wellness management

Everything members need to maintain and improve health



Services

Fitbit® personalized wellness program

Members can stay fit, healthy and connected with Fitbit®. Members can join Fitbit Care™ to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can get a discounted Fitbit device to help kickstart their well-being journey. Members will enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost their energy

Services (cont.)

Discounted gym membership

Members can stay active in the gym or at home. With the Active&Fit Direct™ program, members have access to:

- 11,000+ fitness centers across the country
 - The option to switch fitness centers to make sure they find the right one
 - 1,500+ digital workout videos so they can work out at home or on-the-go
 - Activity tracking from a variety of wearable fitness devices and apps
-

ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® and Fitbit®
 - Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members will need to exhaust the acupuncture and spinal manipulation benefits on their plan before they can use ChooseHealthy for such care.
 - Access to no-cost online health classes
-

Hearing aid discounts

Get a routine hearing aid exam and hearing aid coverage from TruHearing. Members can get a discount for:

- The latest advances in hearing technology
 - Expert care from a team of helpful professionals in their area
 - A hearing exam plus three follow-up visits for fitting and adjustments
 - A worry-free purchase with a 45-day trial and three-year warranty
 - 48 free batteries per aid included with non-rechargeable models
-

Programs

Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our employee assistance program (EAP).

Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results, as well as research health conditions and topics that are important to them.

Financial management

Access to tools to help control healthcare costs and protect identity



Self-serve tools

Prescription price checker

Members can find out what they may pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

Services

Identity protection

Members can keep their information safe with complete identity protection through IDX Identity. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in IDX identity for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.



Online tools

Tools and programs to support *your clients*

Whether you have just one client or more, keeping their employees healthy is an investment that pays dividends. Our online tools and programs drive member engagement and help you support your clients' employees to better health and wellness throughout their entire health journey.

Tools for producers

eCommissions

View all the commission information for your agency online or in Excel.

Corporate reports

Access utilization reports by benefit and by month for your equal funded and large group clients, including large claims and savings.

Tool for employers

Employer Dashboard

The Employer Dashboard was created to help employers quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7. With the Employer Dashboard, employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Review monthly billing statements with eBill
- Message us securely
- Order ID cards
- Employers who do not submit Electronic Eligibility can:
 - Enroll employees and dependents
 - Make coverage changes
 - Update employee contact information

Your clients can learn more about our comprehensive set of employer tools at modahealth.com/employers.

Reporting

Activity Report – Reflects the number of subscribers, number of members, premiums paid (this will include admin fees, maximum claims liability and stop-loss premiums for Equal Funding groups), number of claims and claims paid

Savings Report – Organizes disallowed amounts of claims into high-level categories and summarizes with an overall savings percentage.

Tiered Enrollment Report – Provides counts of employees (subscribers) and members (subscribers + dependents) shown by the month in which these members were eligible for coverage

Distribution of Charges Report

- Medical – Shows charges (billed amounts) for medical and prescription drug claims processed during the month indicated.

Distribution of Paid Claims Report

- Medical - Shows paid amounts for medical and prescription drug claims processed during the month indicated.

Large Claims Report – a report that reflects the month's paid claims versus when they were incurred

Reconciliation report – Provides a monthly summary of the claims paid, members claims, aggregate claim liability and cumulative surplus / deficit for the contract period

Cost and utilization report - Summary of the cost information that compares the current period to the prior period showing the overall cost as well as breakouts for the inpatient, outpatient, and professional costs per member, per month. The summary of utilization shows information on hospital admissions, Emergency Room utilizations, and other care services.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سب سے بے قیمت کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကျဉ်း: ခို တမိ (မာဗါတဲ ကရဲလ မာဗါ အဒါ့ ငှါလိ) ဝါလိ ဝါ တိ တဲ မာဗါတဲ တမာရဲ မာတဲ ဝါနာ မူဗဲဗဲ ဝါပလဲဝဲဗဲ ဝဲ. 1-877-605-3229 (TTY: 711) ပာ ကံလဲ ကရဲ

ໂປດລຸາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການລ່ວຍຕູ້ອຳນວຍພາສາແມ່ນມີໃຫ້ ທ່ານໂດຍບໍ່ຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ខោយត្រូវការសេវាកម្មជំនួយផ្នែក ភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់ លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Individual & family

Large group



Equal funding

Get a quote

For questions about our group health plans, please contact our sales and service department at toll-free at 800-578-1402, or you may contact your Moda Health Sales & Account Service Representative directly.

modahealth.com/texas

