



Connexus Network

	Birch PPO		Cedar PPO		Dogwood PPO	
	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
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.						
Deductible per person	\$800	\$1,600	\$1,200	\$2,400	\$1,600	\$3,200
Maximum deductible per family	\$2,400	\$4,800	\$3,600	\$7,200	\$4,800	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person	\$6,850	N/A	\$6,850	N/A	\$6,850	N/A
Maximum cost share per family	\$13,700	N/A	\$13,700	N/A	\$13,700	N/A
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Includes routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)						
Moda Medical Home incentive care	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Incentive office visits and home visits	20% ¹	50%	20% ¹	50%	20% ¹	50%
Office Services						
Moda Medical Home primary care services	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Primary care office visits	20%	50%	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%	20%	50%
Urgent Care	\$50 ¹		\$50 ¹		\$50 ¹	
Mental Health Services						
Mental health office visits	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Outpatient Services						
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%
Tests (outpatient)						
Preventive tests	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Laboratory	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Alternative Care Services (\$2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%	20%	50%
Maternity Care						
Outpatient Maternity Care	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%



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Hospital Services						
Inpatient care/surgery	20%	50%	20%	50%	20%	50%
Skilled nursing facility care						
Kaiser Plans: 100 days per plan year	20%	50%	20%	50%	20%	50%
Moda Plans: 60 days per plan year						
Additional Cost Tier						
Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Emergency Services						
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%	
Other Covered Services						
Hearing Aids \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	50%	10%	50%	10%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	Not covered	\$500 + 20%	Not covered	\$500 + 20%	Not covered
Pharmacy Services						
Out-of-pocket Maximum	Rx applies toward		Rx applies toward		Rx applies toward	
Retail						
Value (Moda Plans Only)	\$4 per 31-day supply		\$4 per 31-day supply		\$4 per 31-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	\$12 per 31-day supply		\$12 per 31-day supply		\$12 per 31-day supply	
Preferred Brand	25% up to \$75		25% up to \$75		25% up to \$75	
Non-preferred brand	50% up to \$175		50% up to \$175		50% up to \$175	
Mail						
Value (Moda Plans Only)	\$8 per 90-day supply		\$8 per 90-day supply		\$8 per 90-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24 per 90-day supply		\$24 per 90-day supply		\$24 per 90-day supply	
Preferred Brand	25% up to \$150		25% up to \$150		25% up to \$150	
Non-preferred brand	50% up to \$450		50% up to \$450		50% up to \$450	
Specialty						
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply		25% up to \$200 per 31-day supply		25% up to \$200 per 31-day supply	
Non-preferred brand	50% up to \$500		50% up to \$500		50% up to \$500	

N/A - Not applicable

¹ Deductible waived.

² Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

³ For PPO plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. For CCM plans, OOP max includes medical copayments, coinsurance, as well as pharmacy copays and coinsurance. ACT copayments will continue accruing towards Maximum Cost Share limit.)

⁴ Benefit is subject to a reference price limitation. This is not applicable to CCM Plans.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.