
















OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year

No lifetime maximum on any medical plans.	 Medical Plan 5 Connexus Network			 Medical Plan 6 Connexus Network HSA optional			 Medical Plan 7 Connexus Network HSA optional		
	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
<b>Plan Year Costs</b> - Deductibles and copayments apply to the annual out-of-pocket maximum.									
<b>Hospital Services</b>									
Inpatient care/surgery	25%	25%	50%	20%	25%	50%	20%	25%	50%
Skilled nursing facility care ( <b>Kaiser Plans:</b> 100 days per plan year, <b>Moda Plans:</b> 60 days per plan year)	25%	25%	50%	20%	25%	50%	20%	25%	50%
<b>Additional Cost Tier</b>									
<b>Moda Plans Only:</b> \$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 + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%	20%	25%	50%
<b>Moda Plans Only:</b> \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	20%	25%	50%	20%	25%	50%
<b>Emergency Services</b>									
Emergency room (copay waived if admitted)	\$100 copay + 25%			20%	25%	See Plan Handbook	20%	25%	See Plan Handbook
Ambulance	25%			20%	25%	See Plan Handbook	20%	25%	See Plan Handbook
<b>Other Covered Services</b>									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	20%	25%	50%	20%	25%	50%
Durable medical equipment (DME)	25%	25%	50%	20%	25%	50%	20%	25%	50%
Bariatric surgery	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 20%	\$500 + 25%	Not covered	\$500 + 20%	\$500 + 25%	Not covered
<b>Pharmacy Services</b>									
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward plan OOP max			Rx applies toward plan OOP max		
<b>Retail</b>									
Value	\$4 per 31-day supply			\$4 <sup>1</sup> per 31-day supply			\$4 <sup>1</sup> per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply			20%	25%		20%	25%	
Preferred brand	25% up to \$75 per 31-day supply			20%	25%		20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$175 per 31-day supply			20%	25%		20%	25%	
<b>Mail</b>									
Value	\$8 per 90-day supply			\$8 <sup>1</sup> per 90-day supply			\$8 <sup>1</sup> per 90-day supply		
Generic (Kaiser plans) / Select generic (Moda Plans)	\$24 per 90-day supply			20%	25%		20%	25%	
Preferred Brand	25% up to \$150			20%	25%		20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$450 per 90-day supply			20%	25%		20%	25%	
<b>Specialty</b>									
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply			20%	25%		20%	25%	
Non-preferred brand <sup>5</sup>	50% up to \$500 per 31-day supply			20%	25%		20%	25%	

NA - 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 Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.  
 4 Benefit is subject to a reference price limitation.  
 5 A formulary exception must be approved for non-preferred brand prescription medication.  
 6 If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.  
 7. For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.  
 8. For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.  
 9. For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

**This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.**