2023-2024 Moda Medical Plan Designs (Effective October 1, 2023 - September 30, 2024)

moda	Moda Medical Plan 1	Moda Medical Plan 1 In- Network Non-	Moda Medical Plan 1 Any Out-of-Network Services	Moda Medical Plan 2 In-Network	Moda Medical Plan 2 in- Network Non-	Moda Medical Plan 2 Any Out-of-Network Services	Moda Medical Plan 3	Moda Medical Plan 3 In- Network Non-	Moda Medical Plan 3 Any Out-of-Network Services	Moda Medical Plan 6 HDHPHSA Compliant In-Network	Moda Medical Plan 6 HDHPHSA Compliant	Moda Medical Plan 6 HDHPHSA Compliant Any Out-of-Network Services
HEALTH	In-Network Coordinated Care	Coordinated Care*		Coordinated Care ⁵	Coordinated Care ⁶		In-Network Coordinated Care"	Coordinated Care ⁶		Coordinated Care ⁵	Coordinated Care ⁶	
Network Deductibles & Out-of-Pocket Maximums	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network	Connexus Network
Deductible per person Maximum deductible per family	\$400 \$1.500	\$500 \$1.500	\$800 \$2,400	\$800 \$2,700	\$900 \$2,700	\$1,600 \$4,800	\$1,200 \$3,900	\$1,300 \$3,900	\$2,400 \$7,200	\$1.600 ²	\$1.700 ²	\$3.2002
Out-of-pocket (OOP) maximum per person	\$2.850 ³	\$3.250 ²	\$6.000 ³			\$4,800 \$8.000 ³	\$4.850 ²		\$10.000 ¹	\$3,400 ² \$6,400 ^{2,3}	\$3,400 ² \$6,750 ^{2,3}	\$6.400 ² \$13.100 ^{2,3}
Out-of-pocket (OOP) maximum per family Preventive Care Services	\$9,750 ³	\$9,750 ³	\$18,000 ¹	\$12,750 ³	\$12,750 ³	\$24,000 ³	\$15,750 ³	\$15,750 ³	\$27,400 ³	\$13,500 ^{2,3}		\$26,200 ^{2,3}
Routine adult, well- child and women's exams; annual obesity screening & immunizations Office Visits and Virtual Care	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible
Primary care office visits	\$20 ^{1,5}	20% after deductible	50% after deductible	\$20 ^{1,5}	20% after deductible	50% after deductible	\$25 ^{1,5}	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	S40 ¹	N/A	50% after deductible	\$40 ¹	N/A	50% after deductible	\$50 ¹	N/A	50% after deductible	15% after deductible	N/A	50% after deductible
Incentive care office visits (Moda Plans only)	\$151		N/A	\$151		N/A	\$20 ¹	25% after deductible	N/A	15% after deductible		N/A
CirrusMD telehealth (Moda Plans) Specialist office visits	\$0° \$40 ¹	20% after	Not covered 50% after	\$0° \$40 ¹	\$0 ¹ 20% after deductible	Not covered 50% after deductible	\$0° \$50 ¹	S0 ¹ 25% after deductible	Not covered 50% after deductible	\$0 after deductible 15% after deductible	\$0 after deductible 20% after deductible	Not covered 50% after deductible
Urgent care	\$40 ¹	deductible 20% after deductible	deductible 20% after deductible	\$40 ¹	20% after deductible	20% after deductible	\$50 ¹	25% after deductible	25% after deductible	15% after deductible	20% after deductible	See Plan
Mental Health and Chemical Dependency Services	\$20 ¹	S20 ¹	50% after deductible	an al	\$20 ¹	50% after deductible	\$25 ¹	\$25 ¹	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Mental health inpatient and residential services	20% after deductible	\$20" 20% after deductible	50% after deductible	\$20° 20% after deductible	20% after deductible	50% after deductible	\$25" 25% after deductible	\$25" 25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
	20% after deductible			20% after deductible			25% after deductible					
Chemical dependency services (outpatient or residential)	\$201	\$201	50% after deductible	\$20'	\$20'	50% after deductible	\$251	\$251	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Chemical dependency services (inpatient)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Outpatient Services Outpatient surgery/facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational & speech therapy)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Diagnostic Testing Labs, X-ray, and imaging	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
CT, MRI, PET scans			\$100 copay + 50% after deductible			\$100 copay + 50% after deductible			\$100 copay+ 50% after deductible	20% after deductible		50% after deductible
Alternative Care Services												
Acupuncture and Chiropractic ⁷	\$20 ¹	20% after deductible	50% after deductible	\$20 ¹	20% after deductible	50% after deductible	\$25 ¹	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Naturopathic office visits	\$40 ¹	20% after deductible	50% after deductible	\$40 ¹	20% after deductible	50% after deductible	\$50 ¹	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible
Maternity Care Routine maternity care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Hospital Services Inpatient care/surgery	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after	25% after deductible	50% after	20% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	deductible 25% after deductible	25% after deductible	deductible 50% after deductible	20% after deductible		50% after deductible
Additional Cost Tier	l						<u> </u>					
Moda Only: \$100 Additional Cost Tier (ACT)3: specified imaging, spinal injections, tonsillectomies for members under age 18 w/ chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay+ 50% after deductible	20% after deductible	25% after deductible	50% after deductible
studies, lumbar discographies												
Moda Only: \$500 Additional Cost Tier (ACT)3: Spine surgery, knee & hip replacement, knee & shoulder	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay	\$500 copay	\$500	20% after deductible	25% after deductible	50% after deductible
arthroscopy, uncomplicated hernia repair							+ 25% after deductible	+ 25% after deductible	copay+ 50% after deductible			
Emergency Services Emergency room (copay waived if admitted)	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 conav	\$100 conav	\$100	20% after deductible	25% after deductible	See Plan Handbook
Energency conficepay where it summed a	5100 copey + 10% arter deductate	\$100 copily + 10% inter dedictione	5100 copuy + 1070 arter deductione	Jib copy - 10% arter deductible	\$100 copily + 10% area deducable	Side copuy + 10% arter deductione	\$100 copay + 25% after deductible	+ 25% after deductible	copay+ 25% after deductible	1076 Bitch deddetable		Jeenannandoook
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	25% after deductible	25% after deductible	25% after deductible	20% after deductible	25% after deductible	See Plan Handbook
Other Covered Services Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
for children												
Durable medical equipment (DME)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Pharmacy Services Out-of-pocket (OOP) maximum	Rx applies toward plan OOP max	Rx applies toward plan OOPmax	Rx applies toward plan OOP max	Rx applies toward plan OOP max	Rx applies toward plan OOPmax	Rx applies toward plan OOP max	Rx applies toward plan OOP max	Rx applies toward plan OOPmax	Rx applies toward plan OOP max	Rx applies toward plan OOP max	Rx applies toward plan OOPmax	Rx applies toward plan OOP max
Retail												
Value	\$4 per 31- day supply	\$4 per 31- day supply	See Plan Handbook	\$4 per 31- day supply	\$4 per 31- day supply	See Plan Handbook	\$4 per 31- day supply	\$4 per 31- day supply	See Plan Handbook	\$4 ¹ per 31- day supply	\$4 ¹ per 31- day supply	See Plan Handbook
Select generic (Moda Plans)	\$12 per 31-day supply	\$12 per 31-day supply	See Plan Handbook	\$12 per 31-day supply	\$12 per 31-day supply	See Plan Handbook	\$12 per 31-day supply	\$12 per 31-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Preferred brand	25% up to \$75 per 31-day supply	25% up to \$75 per 31-day supply	See Plan Handbook	25% up to \$75 per 31-day supply	25% up to \$75 per 31-day supply	See Plan Handbook	25% up to \$75 per 31-day supply	25% up to \$75 per 31-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Non-preferred brand ⁴	50% up to \$175 per 31-day supply	50% up to \$175 per 31-day supply	See Plan Handbook	50% up to \$175 per 31-day supply	50% up to \$175 per 31-day supply	See Plan Handbook	50% up to \$175 per 31-day supply	50% up to \$175 per 31-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Mail Value	\$8 per 90-day supply	\$8 per 90-day supply	See Plan Handbook	\$8 per 90-day supply	\$8 per 90-day supply	See Plan Handbook	\$8 per 90-day supply	\$8 per 90-day supply	See Plan Handbook	\$8 ¹ per 90- day supply	\$8 ¹ per 90- day supply	See Plan Handbook
Select generic (Moda Plans)	\$24 per 90-day supply	\$24 per 90-day supply	See Plan Handbook	\$24 per 90-day supply	\$24 per 90-day supply	See Plan Handbook	\$24 per 90-day supply	\$24 per 90-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Preferred brand	25% up to \$150 per 90-day supply	25% up to \$150 per 90-day supply	See Plan Handbook	25% up to \$150 per 90-day supply	25% up to \$150 per 90-day supply	See Plan Handbook	25% up to \$150 per 90-day supply	25% up to \$150 per 90-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Non-preferred brand ⁴	50% up to \$450 per 90-day supply	50% up to \$450 per 90-day supply	See Plan Handbook	50% up to \$450 per 90-day supply	50% up to \$450 per 90-day supply	See Plan Handbook	50% up to \$450 per 90-day supply	50% up to \$450 per 90-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Specialty Generic (Moda Plans only)			6 - Bi - H - B - I	440 04 4	440							6 - M - 11 - 11 - 1
Generic (Moda Plans only)	\$12 per 31-day supply or \$36 per 90- day when allowed	\$12 per 31-day supply or \$36 per 90- day when allowed	See Plan Handbook	\$12 per 31-day supply or \$36 per 90 day when allowed	\$12 per 31-day supply or \$36 per 90- day when allowed	See Plan Handbook	\$12 per 31-day supply or \$36 per 90- day when allowed	\$12 per 31-day supply or \$36 per 90- day when allowed	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply or	25% up to \$200 per 31-day supply or	See Plan Handbook	25% up to \$200 per 31-day supply o	25% up to \$200 per 31-day supply or	See Plan Handbook	25% up to \$200 per 31-day supply or	25% up to \$200 per 31-day supply or	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
	\$400 for 90-day supply when allowed	\$400 for 90-day supply when allowed		\$400 for 90-day supply when allowed	\$400 for 90-day supply when allowed		\$400 for 90-day supply when allowed	\$400 for 90-day supply when allowed				
Non-preferred brand ⁴	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	See Plan Handbook	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	See Plan Handbook	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
	and an and an	allawad		allowed	allowed		allowed	allowed				
	allowed	allowed		litored	unowed		alowed	anowed				

NIA = Not applicable 7 For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist capay and coinsurances and not limited to the 12 combined visits per plan year.