

2013-14 Moda Health Plan Updates and Clarifications

Effective October 1, 2013

Medical

- NEW Moda Medical Home tier – features copays for incentive and primary care visits
- NEW Wellness Visit – covered in full, Moda Medical Home providers only.
- Viscosupplementation and discography added to \$100 Additional Cost Tier (plans A-G)
- Inpatient and outpatient substance abuse treatment covered in full, deductible waived (plans A-G)

Medical Plan	Deductible (individual)	Out-of-pocket (individual)	Incentive visit copay		Primary care copay		Specialist copay	Urgent care copay
			Moda Home	ODS Plus	Moda Home	ODS Plus		
Plan A	\$200	\$2,000	\$10*	20%*	\$20*	20%	20%	\$50*
Plan B	\$350	\$2,400	\$10*	20%*	\$20*	20%	20%	\$50*
Plan C	\$500	\$2,600	\$10*	20%*	\$20*	20%	20%	\$50*
Plan D	\$750	\$2,800	\$15*	20%*	\$30*	20%	20%	\$50*
Plan E	\$1,000	\$3,000	\$15*	20%*	\$30*	20%	20%	\$50*
Plan F	\$1,250	\$4,000	\$15*	20%*	\$30*	20%	20%	\$50*
Plan G	\$1,500	\$5,000	\$15*	20%*	\$30*	20%	20%	\$50*
Plan H**	\$1,500	\$5,000	20%	20%	20%	20%	20%	20%

*Deductible waived

** HSA-only plan. Deductible and copays apply to out-of-pocket maximum on this plan only.

2012-13 previous medical benefits

Medical Plan	Deductible (individual)	Out-of-pocket (individual)	Incentive visit	Primary care	Specialist	Urgent Care
Plan 3	\$200	\$1,500	\$10*	\$25*	20%	\$50
Plan 4	\$300	\$2,000	\$10*	\$25*	20%	\$50
Plan 5	\$300	\$2,000	\$10*	\$25*	20%	\$50
Plan 6	\$400	\$2,100	20%*	20%	20%	20%
Plan 7	\$500	\$2,200	20%	20%	20%	20%
Plan 8	\$1,000	\$2,200	20%	20%	20%	20%
Plan 9	\$1,500	\$5,000	20%	20%	20%	20%

* Deductible waived

Pharmacy

- NEW - Annual out-of-pocket replaced with a per prescription maximum
- NEW - 90-day retail fill benefit for Value and Select Generic tier medications
 - 3 times 31-day copay
- 90-day mail-order benefit still available through PPS/Kroger
 - 2 times 31-day copay
- Specialty medication through Diplomat
- Pharmacy network is OPDP (Oregon Prescription Drug Plan)

Prescription Drug Plan	Retail (31-day)	Retail (90-day)	Mail-order (90-day supply)	Specialty (31-day supply)
Value	\$0	\$0	\$0	N/A
Select Generic	\$8	\$24	\$16	
Preferred*	25% to \$50 max	N/A	25% to \$100 max	
Non-preferred*	50% to \$150 max	N/A	50% to \$300 max	

* Copay maximum applies per prescription

2012-13 previous pharmacy benefits

Prescription Drug Plan B	Retail (31-day)	Mail-order (90-day supply)	Specialty (31-day supply)
Annual out-of-pocket maximum	\$1,100		
Value	\$4	\$8	N/A
Select Generic	\$8	\$16	
Preferred*	\$25	\$50	
Non-preferred*	50%	50%	

Dental

- Bitewing x-rays move from covered once every 6 months to every 12 months
- Panoramic x-rays move from covered once every 3 years to once every 5 years.
- Eliminate vizilite coverage
- Moving from a constant benefit plan (4 or 6) to an incentive benefit plan (1, 2, 3) will cause the benefit level to start at 70%.
- Coverage for orthodontia to plans 1-4. No orthodontia coverage for plan 6. The annual deductible does not apply to orthodontia.

Vision

- No plan design changes
- Benefit runs on the plan year basis (not every 12 months)
- Benefit maximum includes exam and hardware.
- Covers contacts or lenses every plan year