

2014 – 15 Moda Health plan updates and clarifications

Effective October 1, 2014

Medical

All plans

- Deductible and medical copayments now accrue to the annual out-of-pocket maximum
- Procedures for uncomplicated inguinal hernia repair have been added to the \$500 Additional Cost Tier
- Tonsillectomies for members under age 18 who have chronic tonsillitis or sleep apnea have been added to the \$100 Additional Cost Tier
- New reference price program institutes a maximum reimbursement amount for certain services
- Knee and hip replacements subject to a \$25,000 reference price maximum (travel benefit available)
- Oral appliances for sleep apnea subject to a \$1,800 reference price maximum
- Palliative care covered in full, in-network. Deductible waived on plans A – G.

NEW Synergy Network of providers

- Available for members who live or work in Clark, Multnomah, Clackamas, Washington, Yamhill, Marion, Polk, Benton, Linn, Lane, Jackson and Josephine counties
- Includes Asante, Legacy Health, OHSU, PeaceHealth, Portland Adventist, Salem Clinic, Salem Health and Samaritan Health Services
- Members must choose a primary care medical home
- Available for plan options A – H

NEW Summit Network of providers

- Available for members who live or work in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties
- Includes 10 hospitals and medical centers in eastern Oregon as well as hospitals in Washington and Idaho
- Members must choose a primary care medical home
- Available for plan options A – H

Pharmacy

- No plan design changes
- 90-day retail fill benefit for Value and Select Generic tier medications at 3 times 31-day copay
- 90-day mail-order benefit still available through PPS/Kroger at 2 times 31-day copay
- Specialty medication through Ardon Health specialty pharmacy
- Pharmacy network is OPDP (Oregon Prescription Drug Plan)
- Tiering updates take place twice annually in January and July

Dental

- Space maintainers covered up to age 19
- Crown over the final implant supported bridge retainer and implant abutment or pontic once per tooth or tooth space over the lifetime of the implant.
- 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.

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 one pair of lenses every plan year

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OEBB statewide plans

Medical Plan	Deductible (individual) ¹	Out-of-pocket (individual)	Incentive visit copay		Primary care copay		Specialist care	Urgent care copay
			Medical home	ODS Plus	Medical home	ODS Plus		
Plan A	\$200	\$2,400	\$10 ²	20% ²	\$20 ²	20%	20%	\$50 ²
Plan B	\$350	\$2,950	\$10 ²	20% ²	\$20 ²	20%	20%	\$50 ²
Plan C	\$500	\$3,300	\$10 ²	20% ²	\$20 ²	20%	20%	\$50 ²
Plan D	\$750	\$3,800	\$15 ²	20% ²	\$30 ²	20%	20%	\$50 ²
Plan E	\$1,000	\$4,250	\$15 ²	20% ²	\$30 ²	20%	20%	\$50 ²
Plan F	\$1,250	\$5,500	\$15 ²	20% ²	\$30 ²	20%	20%	\$50 ²
Plan G	\$1,500	\$6,350	\$15 ²	20% ²	\$30 ²	20%	20%	\$50 ²
Plan H ³	\$1,500	\$5,000	20%	20%	20%	20%	20%	20%

¹ Deductible may be reduced by \$100/individual (up to \$300/family) if Healthy Futures requirements were met.

² Deductible waived

³ HSA-only plan

Family deductibles are three times the individual amount on plans A – G. Family deductible is twice the individual amount on plan H. Family out-of-pocket maximums vary by plan. See plan options brochure for details.

OEBB Summit and Synergy Network plans

Medical Plan	Deductible (individual) ¹	Out-of-pocket (individual)	Medical home incentive care copay	Medical home primary care copay	Specialist	Urgent care copay
Plan A	\$200	\$2,400	\$10 ^{2,4}	\$20 ^{2,4}	20%	\$50 ²
Plan B	\$350	\$2,950	\$10 ^{2,4}	\$20 ^{2,4}	20%	\$50 ²
Plan C	\$500	\$3,300	\$10 ^{2,4}	\$20 ^{2,4}	20%	\$50 ²
Plan D	\$750	\$3,800	\$15 ^{2,4}	\$30 ^{2,4}	20%	\$50 ²
Plan E	\$1,000	\$4,250	\$15 ^{2,4}	\$30 ^{2,4}	20%	\$50 ²
Plan F	\$1,250	\$5,500	\$15 ^{2,4}	\$30 ^{2,4}	20%	\$50 ²
Plan G	\$1,500	\$6,350	\$15 ^{2,4}	\$30 ^{2,4}	20%	\$50 ²
Plan H ³	\$1,500	\$5,000	20%	20%	20%	20%

¹ Deductible may be reduced by \$100/individual (up to \$300/family) if Healthy Futures requirements were met.

² Deductible waived

³ HSA-only plan

⁴ Copay applies only if seen at your pre-selected medical home

Family deductibles are three times the individual amount on plans A – G. Family deductible is twice the individual amount on plan H. Family out-of-pocket maximums vary by plan. See plan options brochure for details.

