Gold › PPO 1000B

	In-network, members pay	Out-of-network, members pay
Calendar year costs		
Deductible per person	$1,000	$2,000
Deductible per family	$2,000	$4,000
Out-of-pocket max per person	$4,000	$8,000
Out-of-pocket max per family	$8,000	$16,000
Care & services		
Preventive care[2]	$0/visit[1]	50%
Primary care physician (PCP) office visit	$15/visit[1]	50%
Specialist office visit[3]	$30/visit[1]	50%
Urgent care visit	$15/visit[1]	50%
Inpatient/outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%[1]	50%
Outpatient mental health/ chemical dependency	$15/visit[1]	50%
Emergency room	$200 copay + 20%/visit[1]	$200 copay + 20%/visit[1]
Ambulance	20%	20%
Physical, speech or occupational therapy	$30/visit[1]	50%
Alternative care[4]	$15/visit[1]	50%
Pediatric vision exam	$15/visit[1]	50%
Pediatric vision hardware	20%[1]	50%
Prescription medications		
Value	$2[1]	$2[1]
Select	$15[1]	$15[1]
Preferred	$45[1]	$45[1]
Brand	$75[1]	$75[1]
Specialty[5]	50%[1]	Not covered
Features		
Plan tier	Gold	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	Connexus	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Includes naturopathic office visits
4 Covers medically necessary acupuncture, chiropractic services and naturopathic substances
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

Limitations

- Alternative care subject to an annual dollar maximum of $1,500.
- Ambulance transportation limited to six trips per calendar year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence
- Coordination of Benefits. When a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- Hearing aids and related services covered once every 48 months for members under age 26
- Hospice respite care limited to 30 days lifetime maximum, up to five days consecutive
- Prescriptions — maximum 30-day supply for retail and specialty pharmacy and 90-day supply for mail order pharmacy
- Rehabilitation and habilitation benefits limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for up to 60 days or sessions for treatment of neurologic conditions
- Skilled nursing facility limited to 60 days per year
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage
- Vision exam and glasses or contacts covered once per year for members under age 19

Exclusions

- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered services, except as required under Oregon statute
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Intellectual disability for members over age 18
- Massage or massage therapy
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye