

2018-19 Moda Health plan updates and clarification



Medical

- All current medical plans will continue to be offered. See back page for plan summary.
- New Fir High Deductible Health Plan. See back page for plan summary.
- No changes to deductibles, out-of-pocket limits, copayments or coinsurance.
- The maximum cost share increased from \$6,850 to \$7,350 per person and from \$13,700 to \$14,700 per family, to align with the 2018 ACA limits.

Pharmacy

- No changes to pharmacy copays/coinsurance
- Generic statins are covered at no cost sharing for ages 40 years and older. Step therapy may apply.
- New High Performance Formulary – Non-preferred brands and high-cost generic medication will be excluded unless a formulary exception is requested and approved.
- New Choice 90 Program – Members can receive retail 90-day fills for all tiers at Choice 90 pharmacies. Certain medications are not available in 90-day supplies for such reasons as quantity limit restrictions or state and federal regulations.

Vision

- No changes to the Vision plans.

Dental

- All current dental plans will continue to be offered.
- The Exclusive PPO plan requires that members use a Delta Dental PPO provider. This plan does not pay for services provided by a Premier Network or non-contracted provider.
- Composite restorations are covered on the posterior teeth.
- Nitrous Oxide is covered at 50 percent. This benefit is subject to the waiting period for late enrollees.
- Benefit maximum for occlusal guard increased from \$150 to \$250.

Other changes

- Healthy Futures program will no longer be offered.



Delta Dental plan options

	Plan 1 ²	Plan 5 ²	Plan 6	Exclusive PPO ³
Network	Delta Dental Premier			Delta Dental PPO
Deductible	\$50	\$50	\$50	\$50
Benefit Maximum	\$2,200	\$1,700	\$1,200	\$1,500
In-network member pays				
Preventative/diagnostic ¹	30%-0%	30%-0%	0%	0%
Restorative	30%-0%	30%-0%	20%	10%
Major Restorative	30%-0%	30%	50%	20%
Prosthetic	30%-0%	50%	50%	20%
Orthodontic (Lifetime maximum – \$1,800)	20%	20%	N/A	20%

¹ Deductible waived. ² Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent. ³ This plan has no out-of-network benefit if seeing non-PPO provider.

Medical plans

CCM plan options (Synergy and Summit networks)

	Alder	Birch	Cedar	Dogwood	Evergreen ⁴	Fir ⁴
Deductible (individual)	\$400	\$800	\$1,200	\$1,600	\$1,600	\$2,000
Out-of-pocket (individual)	\$3,000	\$4,000	\$5,000	\$6,850	\$6,550	\$6,650
Medical Home incentive care	\$10 ^{1,2}	\$15 ^{1,2}	\$15 ^{1,2}	\$15 ^{1,2}	20%	20%
Medical Home primary care	\$20 ^{1,2}	\$30 ^{1,2}	\$30 ^{1,2}	\$30 ^{1,2}	20%	20%
Virtual Visits (OHSU)	\$10 ¹	\$10 ¹	\$10 ¹	\$10 ¹	\$10	\$10
Specialist care	20%	20%	20%	20%	20%	20%
Urgent care	\$50 ¹	\$50 ¹	\$50 ¹	\$50 ¹	20%	20%

PPO Plan options (Connexus Network)

	Birch	Cedar	Dogwood	Evergreen ⁴	Fir ⁴
Deductible (individual) ¹	\$800	\$1,200	\$1,600	\$1,600	\$2,000
Out-of-pocket (individual)	\$4,000	\$5,000	\$6,850	\$6,550	\$6,650
Incentive visit					
Medical Home	\$15 ¹	\$15 ¹	\$15 ¹	20%	20%
Non-Medical Home	20% ¹	20% ¹	20% ¹	20%	20%
Primary care					
Medical Home	\$30 ¹	\$30 ¹	\$30 ¹	20%	20%
Non-Medical Home	20%	20%	20%	20%	20%
Virtual Visits (OHSU)	\$10 ¹	\$10 ¹	\$10 ¹	\$10	\$10
Specialist care	20%	20%	20%	20%	20%
Urgent care	\$50 ²	\$50 ²	50 ²	20%	20%

¹ Deductible waived. ² Copay applies only if seen at your pre-selected Medical Home. ³ HSA-only plan.

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

