

Faculty & Part-time Faculty 2022-23 Medical/Rx Plans	Moda Medical Plan 1			Moda Medical Plan 2		
Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
<b>Plan Year Costs</b>						
Deductible per person	\$400	\$500	\$800	\$800	\$900	\$1600
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$9,750	\$9,750	\$18,000	\$12,750	\$12,750	\$24,000
<b>Preventive Care Services</b>						
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Primary Care, Specialist, and Urgent Care</b>						
Primary care office visits	\$20 <sup>1,5</sup>	20%	50%	\$20 <sup>1,5</sup>	20%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$40 <sup>1</sup>	NA	50%	\$40 <sup>1</sup>	NA	50%
Incentive care office visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans Only)	\$15 <sup>1</sup>	20%	NA	\$15 <sup>1</sup>	20%	NA
Virtual care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not Covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not Covered
Specialist office visits	\$40 <sup>1</sup>	20%	50%	\$40 <sup>1</sup>	20%	50%
Urgent care	\$40 <sup>1</sup>	20%	20%	\$40 <sup>1</sup>	20%	20%
<b>Mental Health &amp; Chemical Dependency Services</b>						
Mental health office visits	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%
Mental health inpatient and residential services	20%	20%	50%	20%	20%	50%
Chemical dependency services (outpatient or residential)	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50%
Chemical dependency services (inpatient)	20%	20%	50%	20%	20%	50%
<b>Outpatient Services</b>						
Outpatient surgery/facility care	20%	20%	50%	20%	20%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)	20%	20%	50%	20%	20%	50%
<b>Tests (Outpatient)</b>						
Labs, x-ray and imaging	20%	20%	50%	20%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
<b>Alternative Care Services</b>						
Acupuncture and Chiropractic <sup>7</sup>	\$20 <sup>1</sup>	20%	20%	\$20 <sup>1</sup>	20%	50%
Naturopathic Office Visits	\$40 <sup>1</sup>	20%	50%	\$40 <sup>1</sup>	20%	50%
<b>Maternity Care</b>						
Routine outpatient maternity care	20%	20%	50%	20%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	20%	20%	50%
<b>Hospital Services</b>						
Inpatient care/surgery	20%	20%	50%	20%	20%	50%
Skilled nursing facility care	20%	20%	50%	20%	20%	50%
<b>Additional Cost Tier (Applies to Moda Plans Only)</b>						
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
Spine surgery, knee & hip replacement <sup>3</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%
<b>Emergency Services</b>						
Emergency room (copay waived if admitted)	\$100 copay + 20%			\$100 copay + 20%		
Ambulance	20%			20%		
<b>Other Covered Services</b>						
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	10%	10%	50%
Durable medical equipment (DME)	20%	20%	50%	20%	20%	50%

Faculty & Part-time Faculty 2022-23 Medical/Rx Plans	Moda Medical Plan 1			Moda Medical Plan 2		
Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
<b>Pharmacy Services</b>						
Out-of-pocket (OOP) maximum	Rx applies toward OOP Max			Rx applies toward OOP Max		
<b>Retail</b>						
Value	\$4 per 31-day supply	See Plan Handbook	\$4 per 31-day supply	See Plan Handbook		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$12 per 31-day supply	See Plan Handbook	\$12 per 31-day supply	See Plan Handbook		
Preferred Brand	25% up to \$75 per 31-day supply	See Plan Handbook	25% up to \$75 per 31-day supply	See Plan Handbook		
Non-Preferred Brand <sup>4</sup>	50% up to \$175 per 31-day supply	See Plan Handbook	50% up to \$175 per 31-day supply	See Plan Handbook		
<b>Mail</b>						
Value	\$8 per 90-day supply	See Plan Handbook	\$8 per 90-day supply	See Plan Handbook		
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply	See Plan Handbook	\$24 per 90-day supply	See Plan Handbook		
Preferred Brand	25% up to \$150 per 90-day supply	See Plan Handbook	25% up to \$150 per 90-day supply	See Plan Handbook		
Non-Preferred Brand <sup>4</sup>	50% up to \$450 per 90-day supply	See Plan Handbook	50% up to \$450 per 90-day supply	See Plan Handbook		
<b>Specialty</b>						
Generic (Moda Plans)	\$12 per 31-day supply or \$36 per 90-day supply when allowed	See Plan Handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed	See Plan Handbook		
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 per 90-day supply when allowed	See Plan Handbook	25% up to \$200 per 31-day supply or \$400 per 90-day supply when allowed	See Plan Handbook		
Non-Preferred Brand <sup>4</sup>	50% up to \$500 per 31-day supply or \$1000 for 90-day supply when allowed	See Plan Handbook	50% up to \$500 per 31-day supply or \$1000 for 90-day supply when allowed	See Plan Handbook		

Faculty & Part-time Faculty 2022-23 Medical/Rx Plans	Moda Medical Plan 3			Moda Medical Plan 4		
Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
<b>Plan Year Costs</b>						
Deductible per person	\$1,200	\$1,300	\$2,400	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$3,900	\$3,900	\$7,200	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400
<b>Preventive Care Services</b>						
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Primary Care, Specialist, and Urgent Care</b>						
Primary care office visits	\$25 <sup>1,5</sup>	25%	50%	\$25 <sup>1,5</sup>	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 <sup>1</sup>	NA	50%	\$50 <sup>1</sup>	NA	50%
Incentive care office visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans Only)	\$20 <sup>1</sup>	25%	NA	\$20 <sup>1</sup>	25%	NA
Virtual care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not Covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not Covered
Specialist office visits	\$50 <sup>1</sup>	25%	50%	\$50 <sup>1</sup>	25%	50%
Urgent care	\$50 <sup>1</sup>	25%	25%	\$50 <sup>1</sup>	25%	25%
<b>Mental Health &amp; Chemical Dependency Services</b>						
Mental health office visits	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50%	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50%
Mental health inpatient and residential services	25%	25%	50%	25%	25%	50%
Chemical dependency services (outpatient or residential)	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50%	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50%
Chemical dependency services (inpatient)	25%	25%	50%	25%	25%	50%
<b>Outpatient Services</b>						
Outpatient surgery/facility care	25%	25%	50%	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)	25%	25%	50%	25%	25%	50%
<b>Tests (Outpatient)</b>						
Labs, x-ray and imaging	25%	25%	50%	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
<b>Alternative Care Services</b>						
Acupuncture and Chiropractic <sup>7</sup>	\$25 <sup>1</sup>	25%	50%	\$25 <sup>1</sup>	25%	50%
Naturopathic Office Visits	\$50 <sup>1</sup>	25%	50%	\$50 <sup>1</sup>	25%	50%
<b>Maternity Care</b>						
Routine outpatient maternity care	25%	25%	50%	25%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	25%	25%	50%	25%	25%	50%
<b>Hospital Services</b>						
Inpatient care/surgery	25%	25%	50%	25%	25%	50%
Skilled nursing facility care	25%	25%	50%	25%	25%	50%
<b>Additional Cost Tier (Applies to Moda Plans Only)</b>						
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Spine surgery, knee & hip replacement <sup>3</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
<b>Emergency Services</b>						
Emergency room (copay waived if admitted)	\$100 copay + 25%			\$100 copay + 25%		
Ambulance	25%			25%		
<b>Other Covered Services</b>						
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%	10%	10%	50%
Durable medical equipment (DME)	25%	25%	50%	25%	25%	50%

Faculty & Part-time Faculty 2022-23 Medical/Rx Plans	Moda Medical Plan 3			Moda Medical Plan 4		
Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
<b>Pharmacy Services</b>						
Out-of-pocket (OOP) maximum	Rx applies toward OOP Max			Rx applies toward OOP Max		
<b>Retail</b>						
Value	\$4 per 31-day supply	See Plan Handbook		\$4 per 31-day supply		See Plan Handbook
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$12 per 31-day supply	See Plan Handbook		\$12 per 31-day supply		See Plan Handbook
Preferred Brand	25% up to \$75 per 31-day supply	See Plan Handbook		25% up to \$75 per 31-day supply		See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$175 per 31-day supply	See Plan Handbook		50% up to \$175 per 31-day supply		See Plan Handbook
<b>Mail</b>						
Value	\$8 per 90-day supply	See Plan Handbook		\$8 per 90-day supply		See Plan Handbook
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply	See Plan Handbook		\$24 per 90-day supply		See Plan Handbook
Preferred Brand	25% up to \$150 per 90-day supply	See Plan Handbook		25% up to \$150 per 90-day supply		See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$450 per 90-day supply	See Plan Handbook		50% up to \$450 per 90-day supply		See Plan Handbook
<b>Specialty</b>						
Generic (Moda Plans)	\$12 per 31-day supply or \$36 per 90-day supply when allowed	See Plan Handbook		\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 per 90-day supply when allowed	See Plan Handbook		25% up to \$200 per 31-day supply or \$400 per 90-day supply when allowed		See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$500 per 31-day supply or \$1000 for 90-day supply when allowed	See Plan Handbook		50% up to \$500 per 31-day supply or \$1000 for 90-day supply when allowed		See Plan Handbook

Faculty & Part-time Faculty 2022-23 Medical/Rx Plans	Moda Medical Plan 5		
Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
<b>Plan Year Costs</b>			
Deductible per person	\$2,000	\$2,100	\$4,000
Maximum deductible per family	\$6,300	\$6,300	\$12,600
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$6,800	\$7,200	\$13,700
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$15,800	\$15,800	\$27,400
<b>Preventive Care Services</b>			
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Primary Care, Specialist, and Urgent Care</b>			
Primary care office visits	\$30 <sup>1,5</sup>	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 <sup>1</sup>	NA	50%
Incentive care office visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans Only)	\$25 <sup>1</sup>	25%	NA
Virtual care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not Covered
Specialist office visits	\$50 <sup>1</sup>	25%	50%
Urgent care	\$50 <sup>1</sup>	25%	25%
<b>Mental Health &amp; Chemical Dependency Services</b>			
Mental health office visits	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50%
Mental health inpatient and residential services	25%	25%	50%
Chemical dependency services (outpatient or residential)	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50%
Chemical dependency services (inpatient)	25%	25%	50%
<b>Outpatient Services</b>			
Outpatient surgery/facility care	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)	25%	25%	50%
<b>Tests (Outpatient)</b>			
Labs, x-ray and imaging	25%	25%	50%
CT, MRI, PET scans	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
<b>Alternative Care Services</b>			
Acupuncture and Chiropractic <sup>7</sup>	\$30 <sup>1</sup>	25%	50%
Naturopathic Office Visits	\$50 <sup>1</sup>	25%	50%
<b>Maternity Care</b>			
Routine outpatient maternity care	25%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	25%	25%	50%
<b>Hospital Services</b>			
Inpatient care/surgery	25%	25%	50%
Skilled nursing facility care	25%	25%	50%
<b>Additional Cost Tier (Applies to Moda Plans Only)</b>			
Specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
Spine surgery, knee & hip replacement <sup>3</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
<b>Emergency Services</b>			
Emergency room (copay waived if admitted)	\$100 copay + 25%		
Ambulance	25%		
<b>Other Covered Services</b>			
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	10%	50%
Durable medical equipment (DME)	25%	25%	50%

**Faculty & Part-time Faculty  
2022-23 Medical/Rx Plans**

**Moda Medical Plan 5**

Plan Year: October 1 - September 30	In-Network Coordinated Care <sup>5</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Out-of-Network Services Member Pays
-------------------------------------	------------------------------------------------------------	-------------------------------------------------------------------	-------------------------------------------

**Pharmacy Services**

Out-of-pocket (OOP) maximum	Rx applies toward OOP Max		
-----------------------------	---------------------------	--	--

**Retail**

Value	\$4 per 31-day supply	See Plan Handbook
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$12 per 31-day supply	See Plan Handbook
Preferred Brand	25% up to \$75 per 31-day supply	See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$175 per 31-day supply	See Plan Handbook

**Mail**

Value	\$8 per 90-day supply	See Plan Handbook
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$24 per 90-day supply	See Plan Handbook
Preferred Brand	25% up to \$150 per 90-day supply	See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$450 per 90-day supply	See Plan Handbook

**Specialty**

Generic (Moda Plans)	\$12 per 31-day supply or \$36 per 90-day supply when allowed	See Plan Handbook
Select Generic (Kaiser Plans) Preferred Brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 per 90-day supply when allowed	See Plan Handbook
Non-Preferred Brand <sup>4</sup>	50% up to \$500 per 31-day supply or \$1000 for 90-day supply when allowed	See Plan Handbook

NA - Not applicable

1 - Deductible waived.

2 - Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 - For Moda plans, OOP max includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

4 - A formulary exception must be approved for non-preferred brand prescription medication.

5 - To receive in-network coordinated care benefits, you must choose and use a PCP 360.

6 - To receive in-network non-coordinated care benefits, you must use Connexus providers.

7 - For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda Plans, acupuncture care and spinal manipulation services are limited to 12 combined visits per plan year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.

**This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.**