MOJO Plans 1–4	Please see	Plan Handbool	<u>k for details.</u>	$\bigcirc$	bebb	Summary 0 2022-23 Pl		and Pharma	cy Benefits			
No lifetime maximum on any medical plans.		Medical Plan 1 Connexus Networl	\$1761.90/mo k		Medical Plan 2 Connexus Networl	\$1634.42/mo k		Medical Plan 3 Connexus Networ	\$1533. <mark>39/</mark> mo k		Medical Plan 4 Connexus Networ	\$1447.88/mo k
Plan Year Costs⁵	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays
Deductible per person	\$400	\$500	\$800	\$800	\$900	\$1,600	\$1,200	\$1,300	\$2,400	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800	\$3,900	\$3,900	\$7,200	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$9,750	\$9,750	\$18,000	\$12,750	\$12,750	\$24,000	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400
Preventive Care Services												
Routine adult, well-child and women's exams; annual obesity screening & immunizations.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible
Office Visits and Virtual Care												
Primary care office visits	\$20 <sup>1,5</sup>	20% after deductible	50% after deductible	\$20 <sup>1,5</sup>	20% after deductible	50% after deductible	\$25 <sup>1,5</sup>	25% after deductible	50% after deductible	\$25 <sup>1,5</sup>	25% after deductible	50% after deductible
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$40 <sup>1</sup>	N/A	50% after deductible		N/A	50% after deductible		N/A	50% after deductible	\$50 <sup>1</sup>	N/A	50% after deductible
Incentive care office visits (Moda plans only)	\$15 <sup>1</sup>	20% after deductible	N/A	\$15 <sup>1</sup>	20% after deductible	N/A	\$20 <sup>1</sup>	25% after deductible	N/A	\$20 <sup>1</sup>	25% after deductible	
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)		<mark>(\$01</mark> )	Not covered	<mark>\$01</mark>	<mark>(\$01</mark> )	Not covered	<mark>(\$01</mark> )	<mark>(\$01</mark> )	Not covered	<mark>\$01</mark>	<mark>(\$01</mark> )	Not covered
Specialist office visits		20% after deductible			20% after deductible			25% after deductible		\$50 <sup>1</sup>		50% after deductible
Urgent care	\$40 <sup>1</sup>	20% after deductible	20% after deductible	\$40 <sup>1</sup>	20% after deductible	20% after deductible	\$50 <sup>1</sup>	25% after deductible	25% after deductible	\$50 <sup>1</sup>	25% after deductible	25% after deductible
Mental Health and Chemical Dependency Services								1				
Mental health office visits	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after deductible	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after deductible	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50% after deductible	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50% after deductible
Mental health inpatient and residential services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Change from 21/22 Chemical dependency services (outpatient or residential)	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after deductible	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after deductible	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50% after deductible	\$25 <sup>1</sup>	\$25 <sup>1</sup>	50% after deductible
Chemical dependency services (inpatient) change from 21/2	·			20% after deductible			25% after deductible		50% after deductible		25% after deductible	
Outpatient Services												
Outpatient surgery/facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational & speech therapy)								25% after deductible				
Tests (outpatient)												
Labs, x-ray, and imaging	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
CT, MRI, PET scans	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible
Alternative Care Services <sup>7</sup>												
Acupuncture and Chiropractic <sup>7</sup>	\$20 <sup>1</sup>	20% after deductible	20% after deductible	\$20 <sup>1</sup>	20% after deductible	50% after deductible	\$25 <sup>1</sup>	25% after deductible	50% after deductible	\$25 <sup>1</sup>	25% after deductible	50% after deductible
Naturopathic office visits change from 21/22	<mark>\$401</mark>	20% after deductible	50% after deductible	<mark>\$401</mark>	20% after deductible	50% after deductible	\$50 <sup>1</sup>	25% after deductible	50% after deductible	\$50 <sup>1</sup>	25% after deductible	50% after deductible
Maternity Care												
Routine maternity care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Hospital Services												
Inpatient care/surgery	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible

## Summary of Medical and Pharmacy Repetite

No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 3 Connexus Network			Medical Plan 4 Connexus Network		
Plan Year Costs⁵	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of- Network Services Member Pays
Additional Cost Tier			<u> </u>									
<b>Moda Plans Only:</b> \$100 Additional Cost Tier (ACT): 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% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50 after deductible
<b>Moda Plans Only:</b> \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay + 25% after deductible	\$500 copay + 25% after deductible	\$500 copay + 50% after deductible	\$500 copay + 25% after deductible	\$500 copay + 25% after deductible	\$500 copay + 50 after deductible
Emergency Services												
gency room (copay waived if admitted) \$100 copay + 20% after deductible		ductible	\$100 copay + 20% after deductible			\$100 copay + 25% after deductible			\$100 copay + 25% after deductible			
Ambulance	lance 20% after deductible			20% after deductible			25% after deductible			25% after deductible		
Other Covered Services Hearing aids: \$4,000 maximum benefit every 48 months for	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deduct
adults, see handbook for State mandated benefit for children												
Durable medical equipment (DME)	200/ ofter deductible	200/ ofter deductible	EO0/ after deductible	200/ after deductible	200/ after deductible	E00/ after deductible	QE0/ ofter deductible	0E0/ ofter deductible	E00/ after deductible	OE0/ ofter deductible	OE0/ ofter deductible	EO0/ ofter deduct
	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deducti
Pharmacy Services												
Pharmacy ServicesOut-of-pocket (OOP) maximumchange from 21/22		20% after deductible applies toward OOP M			20% after deductible applies toward OOP M			25% after deductible applies toward OOP M			25% after deductible applies toward OOP M	
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22		applies toward OOP M			applies toward OOP M			applies toward OOP M			applies toward OOP M	
Pharmacy ServicesOut-of-pocket (OOP) maximumchange from 21/22Retail	( <mark>Rx</mark> a	applies toward OOP M day supply	1ax)	Rx \$4 per 31-	applies toward OOP M	1ax)	( <mark>R</mark> x	applies toward OOP N day supply	1ax)	(Rx \$4 per 31-	applies toward OOP M	lax)
Pharmacy Services Out-of-pocket (OOP) maximum change from 21/22 Retail Value	(Rx a \$4 per 31-c	applies toward OOP M day supply day supply	Nax See Plan	Rx \$4 per 31- \$12 per 31	applies toward OOP N day supply	<mark>lax</mark> See Plan	( <mark>Rx</mark> \$4 per 31-	applies toward OOP M day supply day supply	<mark>lax</mark> See Plan	(Rx \$4 per 31-	applies toward OOP M -day supply -day supply	lax See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)	(Rx a \$4 per 31-c \$12 per 31-r	applies toward OOP M day supply day supply er 31-day supply	1ax)	Rx \$4 per 31- \$12 per 31 25% up to \$75 p	applies toward OOP M day supply day supply	1ax)	Rx \$4 per 31- \$12 per 31-	applies toward OOP M day supply day supply er 31-day supply	1ax)	Rx \$4 per 31- \$12 per 31 25% up to \$75 p	applies toward OOP M -day supply -day supply	lax)
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup>	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 pe	applies toward OOP M day supply day supply er 31-day supply	Nax See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p	applies toward OOP M day supply day supply per 31-day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31- \$12 per 31- 25% up to \$75 p	applies toward OOP M day supply day supply er 31-day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p	applies toward OOP M day supply day supply oer 31-day supply	lax See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 pe	applies toward OOP M day supply day supply er 31-day supply per 31-day supply	Nax See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175	applies toward OOP M day supply day supply per 31-day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31- \$12 per 31- 25% up to \$75 p	applies toward OOP M day supply day supply er 31-day supply per 31-day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply	lax See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup>	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 pe 50% up to \$175 p	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply	<mark>fax)</mark> See Plan Handbook	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$8 per 90-	applies toward OOP N day supply day supply per 31-day supply per 31-day supply	<mark>fax)</mark> See Plan Handbook	Rx \$4 per 31- \$12 per 31- 25% up to \$75 p 50% up to \$175 p	applies toward OOP M day supply day supply er 31-day supply ber 31-day supply day supply	<mark>fax)</mark> See Plan Handbook	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply	<mark>lax)</mark> See Plan Handbook
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup> Mail         Value	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 pe 50% up to \$175 p \$8 per 90-c	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply	Nax See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$8 per 90 \$24 per 90	applies toward OOP M day supply day supply oer 31-day supply per 31-day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31- 25% up to \$75 p 50% up to \$175 p \$8 per 90-	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply	<mark>lax</mark> See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply	lax See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup> Mail         Value         Generic (Kaiser Plans) / Select generic (Moda Plans)	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 pe 50% up to \$175 p \$8 per 90-c \$24 per 90-c	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply oer 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$8 per 90 \$24 per 90 25% up to \$150	applies toward OOP N day supply day supply per 31-day supply per 31-day supply day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31- 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply eday supply er 90-day supply	Nax See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply -day supply per 90-day supply	lax See Plan Handbook See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum)       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup> Mail         Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand <sup>4</sup> Non-preferred brand <sup>4</sup>	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 per 50% up to \$175 per \$8 per 90-c \$24 per 90- 25% up to \$150 per	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply oer 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$8 per 90 \$24 per 90 25% up to \$150	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply -day supply per 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31- 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90 25% up to \$150 p	applies toward OOP M day supply day supply er 31-day supply per 31-day supply day supply day supply eday supply er 90-day supply	Nax See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90 25% up to \$150 p	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply -day supply per 90-day supply	lax See Plan Handbook See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup> Mail         Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand <sup>4</sup>	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 per 50% up to \$175 per \$8 per 90-c \$24 per 90- 25% up to \$150 per	applies toward OOP M day supply day supply er 31-day supply ber 31-day supply day supply day supply ber 90-day supply ber 90-day supply ber 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$8 per 90 \$24 per 90 25% up to \$150 50% up to \$150 \$50% up to \$450	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply -day supply per 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31- 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90 25% up to \$150 p	applies toward OOP M day supply day supply er 31-day supply ber 31-day supply day supply day supply day supply ber 90-day supply ber 90-day supply	Nax See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p \$8 per 90- \$24 per 90 25% up to \$150 p	applies toward OOP M -day supply -day supply per 31-day supply per 31-day supply -day supply -day supply per 90-day supply per 90-day supply	lax See Plan Handbook See Plan
Pharmacy Services         Out-of-pocket (OOP) maximum       change from 21/22         Retail       Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand         Non-preferred brand <sup>4</sup> Mail         Value         Generic (Kaiser Plans) / Select generic (Moda Plans)         Preferred brand <sup>4</sup> Specialty	Rx a \$4 per 31-c \$12 per 31-c 25% up to \$75 per 50% up to \$175 per 50% up to \$175 per \$8 per 90-c \$24 per 90- 25% up to \$150 per 50% up to \$450 per 50% up to \$450 per	applies toward OOP M day supply day supply er 31-day supply ber 31-day supply day supply day supply day supply ber 90-day supply ber 90-day supply ber 90-day supply ber 90-day supply for \$36 per 90-day en allowed er 31-day supply or upply when allowed	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 \$50% up to \$175 \$24 per 90 25% up to \$150 50% up to \$150 50% up to \$450 \$12 per 31-day supply wh 25% up to \$200 p \$400 for 90-day s	applies toward OOP M day supply -day supply oer 31-day supply per 31-day supply -day supply I-day supply per 90-day supply per 90-day supply	Max) See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p 50% up to \$175 p \$8 per 90- \$24 per 90 25% up to \$150 p 50% up to \$450 p \$12 per 31-day supp	applies toward OOP N day supply day supply er 31-day supply ber 31-day supply day supply day supply eday supply ber 90-day supply ber 90-day supply ber 90-day supply for \$36 per 90-day en allowed er 31-day supply or upply when allowed	Nax See Plan Handbook See Plan	Rx \$4 per 31- \$12 per 31 25% up to \$75 p 50% up to \$175 p 50% up to \$175 p \$24 per 90 25% up to \$150 p 50% up to \$150 p 50% up to \$450 p	applies toward OOP M -day supply -day supply oer 31-day supply per 31-day supply -day supply -day supply per 90-day supply per 90-day supply per 90-day supply per 90-day supply per 90-day supply per 90-day supply per 91-day supply or upply when allowed	lax See Plan Handbook See Plan

## N/A – Not applicable

- After ded After deductible
- 1 Deductible waived.
- 2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-ofpocket 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 maximum 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 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 is limited to 12 combined visits per 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. Refer to your 🖑 member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network \$1337.47/mo				Medical Plan 6 Connexus Network HDHP HSA Complian		Medical Plan 7 Connexus Network \$1273.28/mo HDHP HSA Compliant		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any 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	Any 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	Any Out-of-Networ Services Member Pays
Deductible per person	\$2,000	\$2,100	\$4,000	\$1,600 <sup>2</sup>	\$1,700 <sup>2</sup>	\$3,200 <sup>2</sup>	\$2,000 <sup>2</sup>	\$2,100 <sup>2</sup>	\$4,000 <sup>2</sup>
Maximum deductible per family	\$6,300	\$6,300	\$12,600	\$3,400 <sup>2</sup>	\$3,400 <sup>2</sup>	\$6,400 <sup>2</sup>	\$4,200 <sup>2</sup>	\$4,200 <sup>2</sup>	\$8,000 <sup>2</sup>
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$6,800	\$7,200	\$13,700	\$6,400 <sup>2</sup>	\$6,750 <sup>2</sup>	\$13,100 <sup>2</sup>	\$6,500 <sup>2</sup>	\$6,750 <sup>2</sup>	\$13,300 <sup>2</sup>
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$15,800	\$15,800	\$27,400	\$13,500 <sup>2</sup>	\$13,500 <sup>2</sup>	\$26,200 <sup>2</sup>	\$13,500 <sup>2</sup>	\$13,500 <sup>2</sup>	\$26,600 <sup>2</sup>
Preventive Care Services				. ,					
Routine adult, well-child and women's exams; annual obesity screening & immunizations.	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductible	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after deductibl
Primary care office visits	\$30 <sup>1,5</sup>	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductibl
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$50 <sup>1</sup>	N/A	50% after deductible	15% after deductible	N/A	50% after deductible	20% after deductible	N/A	50% after deductibl
Incentive care office visits (Moda plans only)	\$25 <sup>1</sup>	25% after deductible	N/A	15% after deductible	20% after deductible	N/A	20% after deductible	25% after deductible	N/A
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	(\$0 <sup>1</sup> )	\$0 <sup>1</sup>	Not covered	\$0 after deductible	\$0 after deductible	Not covered	\$0 after deductible	\$0 after deductible	Not covered
Specialist office visits	\$50 <sup>1</sup>	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductibl
Urgent care	\$50 <sup>1</sup>	25% after deductible	25% after deductible	15% after deductible	20% after deductible	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handboo
Mental Health Services	φου								
Mental health office visits	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Mental health inpatient and residential services change from 21/22	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Chemical dependency services (outpatient or residential)	\$30 <sup>1</sup>	\$30 <sup>1</sup>	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Chemical dependency services (inpatient) change from 21/22	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Outpatient Services									
Outpatient surgery/facility care	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Outpatient surger ynachity care Outpatient rehabilitation (physical, occupational & speech therapy)	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
		25% arter deductible	50% after deductible		25% after deductible	50% after deductible		25% after deductible	50% arter deductio
Diagnostic Testing	25% ofter deductible	05% ofter deductible	EQ0/ after deductible	200/ after deductible	QE0/ ofter deductible	E00/ ofter deductible	200/ ofter deductible	050/ ofter deductible	EQ0/ ofter deductib
Labs, x-ray, and imaging	25% after deductible \$100 copay + 25%	25% after deductible \$100 copay + 25%	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
CT, MRI, PET scans	after deductible	after deductible	\$100 copay + 50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Alternative Care Services									
Acupuncture and Chiropractic <sup>7</sup>	\$30 <sup>1</sup>	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Naturopathic Services change from 21/22	(\$50 <sup>1</sup> )	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Maternity Care									
Outpatient maternity care	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Physician or midwife services & hospital stay, delivery & routine newborn nursery care Hospital Services	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductibl
Inpatient care/surgery Skilled nursing facility care	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
Additional Cost Tier									
<b>Moda Plans Only:</b> \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea,	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductib
viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	after deductible	after deductible	after deductible						

Plans 5–7 – continued

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HDHP HSA Compliant			Medical Plan 7 Connexus Network HDHP HSA Compliant		
<b>Plan Year Costs -</b> Deductibles and copayments apply to the annual out-of-pocket maximum.	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care⁵ Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
Emergency Services									
Emergency room (copay waived if admitted)	\$100	\$100 copay + 25% after deductible			25% after deductible	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Ambulance		25% after deductible			25% after deductible	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Other Covered Services									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10% after deductible	10% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Durable medical equipment (DME)	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Pharmacy Services									
Out-of-pocket (OOP) maximum change from 21/22	Rx applies toward OOP max			Rx applies toward plan OOP max			Rx applies toward plan OOP max		
Retail									
Value	\$4 per 31-	-day supply		\$4 <sup>1</sup> per 31-day supply			\$4 <sup>1</sup> per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply		See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Preferred brand	25% up to \$75 per 31-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Non-preferred brand <sup>5</sup>	50% up to \$175 per 31-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Mail									
Value	\$8 per 90-	-day supply		\$8 <sup>1</sup> per 90	-day supply		\$81 per 90	See Plan	
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$24 per 90-day supply		See Plan	20% after deductible	25% after deductible	See Plan	20% after deductible		25% after deductible
Preferred brand	25% up to \$150 per 90-day supply		Handbook	20% after deductible	25% after deductible	Handbook	20% after deductible	25% after deductible	Handbook
Non-preferred brand <sup>4</sup>	50% up to \$450 per 90-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Specialty									
Generic (Moda Plans only)	<ul> <li>\$12 per 31-day supply or \$36 per 90-day supply when allowed</li> <li>25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed</li> <li>50% up to \$500 per 31-day supply or \$1,000 for 90-day supply when allowed.</li> </ul>		See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook	20% after deductible	25% after deductible	
Select generic (Kaiser plans) / Preferred brand (Moda Plans)				20% after deductible	25% after deductible		20% after deductible	25% after deductible	See Plan Handbook
Non-preferred brand <sup>4</sup>				20% after deductible	25% after deductible		20% after deductible	25% after deductible	

N/A – Not applicable

modc

After ded – After deductible

- 1 Deductible waived.
- 2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-ofpocket 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 maximum 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 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 is limited to 12 combined visits per 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. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.