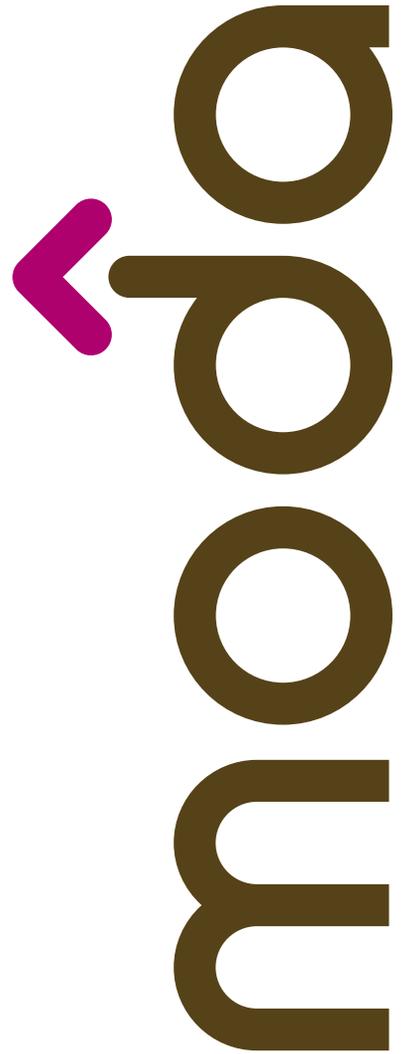


# Health plans for every body

Individuals and families



Oregon

[modahealth.com](http://modahealth.com)

*Plans available Jan. 1, 2014*



## Better health starts here

Hello. Welcome to Moda Health, the place you go when you want more than a health plan – because you know good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way.

At Moda Health, we have all of that and a little bit more – and we're excited about helping you on your journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

## Resources for your journey

Moda Health is here to help you get well sooner when you're sick or injured and live well longer the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

### myModa

Need information about your plan? Your personalized member website, myModa, helps you understand and get the most from your benefits. You can log in to myModa by visiting [modahealth.com](http://modahealth.com).

- › View your benefits, eligibility and history.
- › See prescription history, pharmacy benefits and estimate prices on your medications.
- › See account details, such as contact information and enrolled dependents.
- › See and download ID cards.
- › Check the status of a claim, see your claim history and access claim forms.
- › Review electronic explanations of benefits (EOBs).
- › Pay your premium online with eBill – see invoices, set up payment (credit card, debit, checking or savings) and set a recurring payment using AutoPay.

### Be Better tools

Make your health plan work for you. Offering resources and personal support for your best health, our Be Better tools come with every Moda Health plan and are available through myModa. Read on to see what you'll get.

#### eDoc

Knowledge is power. By understanding your health conditions, you can make better decisions for yourself. eDoc lets you email a specialized health professional at any time to get the answers you need.

eDoc gives you access to:

- › Board-certified physicians
- › Licensed psychologists
- › Pharmacists
- › Dentists
- › Dietitians
- › Fitness experts
- › eDocVoice – leave a message for a provider, and you'll get a phone response within 24 hours

## Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are ready for your call, 24 hours a day. For basic health situations, they can help:

- Explain symptoms
- Suggest treatment for minor injuries and burns
- Recommend home cold and flu remedies
- Advise you when to make a doctor's appointment
- Suggest when you should go to urgent care or the emergency room

## Condition management and health coaching

If you're dealing with a chronic health condition, you don't have to do it alone. We offer in-depth support programs that help you set goals and learn how to stay healthy. You also can get one-on-one support from a health coach who will help you every step of the way. Our specialized programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care

## Care coordination

When you're sick or injured, we can help take some of the work off your plate so you can focus on healing. A Moda Health case manager can help you navigate the healthcare system and:

- Communicate with providers
- Understand treatment options
- Arrange for in-home caregivers
- Order medical equipment

## Online tracking tools

Celebrate your progress toward a healthier you. Use secure online tools to learn about, manage and track your health:

- Health and symptom evaluation
- Medical library
- Health helpers (health trackers, calculators and more)
- Pharmacy costs and research
- Personal health files
- News, forums and communication tools

## Pharmacy discount card

Save money on prescription drugs through our partnership with the Oregon Prescription Drug Program (OPDP). This program offers discounts on prescriptions not covered under your plan.

Enrollment is free, and you can sign up online, over the phone or by mailing an enrollment form. All prescription drugs are eligible for a discount; you are responsible for paying the cost in full once the discount is applied.

## Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you are. So we've made it easy to find in-network coverage in your hometown and across the country.

### ODS Plus Network

This is one of the largest PPO networks in the state of Oregon. It includes thousands of primary care physicians and specialists working together with Moda Health to help keep you healthy.

### Community Care Network

This network serves Portland and Salem communities. It includes a select group of Legacy Health, Salem Health, Adventist Health and OHSU providers who work together to give you the best care. Enjoy access in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.

### Providence Preferred Network

This network includes Providence Health System physicians, clinics and facilities in the Portland metro area. You can access these providers in Multnomah, Washington, Clackamas and Yamhill counties.

### Travel with peace of mind

Go on. Explore. When you're traveling, care is never far. Our Travel Network comes with each medical plan in Oregon. As a Moda Health member, you're covered wherever you go.

### In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between the maximum plan allowance and their billed charges. In-network Moda Health providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

## Which 'tier' is right for you?

Not sure where to start? Whatever your needs, we're confident you'll find the plan that fits just right. Plan tiers can help you narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

### Plan tier categories

Our medical plans fall into one of four tiers: Gold, silver, bronze and catastrophic.

Gold plans cost a little more, but they cover more, too. Silver plans fall somewhere in the middle. Bronze plans provide a little less coverage, but you'll save money on monthly premiums.

The catastrophic tier includes one plan. If you're under 30 or meet some eligibility requirements, this plan offers coverage just in case of an emergency.

Knowing about these tiers may help you find and choose the best plan for you.





When it comes to better healthcare, we think we can do more together.

## Find your perfect plan

We love our new health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you get well sooner and live well longer.

Each plan covers 100 percent of preventive care – that includes women’s annual exams, well-baby care, routine physicals and immunizations. Plans vary most by network size, premiums, deductibles and copays.

If you want to feel protected, prepared and connected, you’re in the right place.

Turn the page to check out our new plan summaries.

### Enrolling in your new plan, online

This fall just visit [choosemoda.com](http://choosemoda.com) to browse, compare and enroll in any new Moda Health plan online. You also can learn about Health Care Reform and whether or not you qualify for financial help.

Not an online type of person? No worries. We’ve still got you covered. Our friendly and knowledgeable team members are here to help. Just call toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m.



PPO

*We take clinical quality seriously. That commitment has earned our PPO plans National Committee for Quality Assurance (NCQA) accreditation.*

# Gold > Be Protected

With health coverage like this, worry is a world away. You want healthcare with plenty of bells and whistles. This plan covers you from your head to your toes. Enjoy our lowest copays and deductibles for primary and specialty care.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$750	\$1,500
Deductible per family	\$1,500	\$3,000
Out-of-pocket max per person	\$4,750	\$9,500
Out-of-pocket max per family	\$9,500	\$19,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$15/visit <sup>1</sup>	50%
Specialist office visit	\$15/visit <sup>1</sup>	50%
Urgent care visit	\$15/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	15%	50%
Outpatient care	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/ chemical dependency	15%	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy	\$15/visit <sup>1</sup>	50%
Alternative care visit <sup>2</sup>	\$15/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental <sup>3</sup>	15% in-network and 50% out-of-network; up to age 19	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> Covers chiropractic, naturopathic and acupuncture care

<sup>3</sup> See glossary of terms for more about this benefit

# Gold > Be Focused

This plan helps you find your way to being better. You're looking for well-rounded coverage and a team of pros who always have your back. Having a defined network is just fine, because more isn't necessarily better. You want to focus on living well and doing what you love.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$500	\$1,000
Deductible per family	\$1,000	\$2,000
Out-of-pocket max per person	\$5,000	\$10,000
Out-of-pocket max per family	\$10,000	\$20,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$20/visit <sup>1</sup>	50%
Specialist office visit	20% <sup>1</sup>	50%
Urgent care visit	\$20/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	20%	50%
Outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%	50%
Outpatient mental health/ chemical dependency	20%	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy	20% <sup>1</sup>	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Community Care Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>2</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> See glossary of terms for more about this benefit

# Gold > Be Focused – Rose City\*

This plan helps you find your way to being better. You're looking for well-rounded coverage from a team of pros at Providence clinics. Having a specific network works great because it has just what you need. All this lets you focus on living well and doing what you love.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$500	\$1,000
Deductible per family	\$1,000	\$2,000
Out-of-pocket max per person	\$5,000	\$10,000
Out-of-pocket max per family	\$10,000	\$20,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$20/visit <sup>1</sup>	50%
Specialist office visit	20% <sup>1</sup>	50%
Urgent care visit	\$20/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	20%	50%
Outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%	50%
Outpatient mental health/ chemical dependency	20%	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy	20% <sup>1</sup>	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Providence Preferred Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>2</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> See glossary of terms for more about this benefit

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

# Gold Oregon Standard Gold

This plan offers plenty of fabulous features at great rates. You get a low deductible, low copays and reasonable prescription drug coverage.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$1,300	\$2,600
Deductible per family	\$2,600	\$5,200
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$20/visit <sup>1</sup>	50%
Specialist office visit	\$40/visit <sup>1</sup>	50%
Urgent care visit	\$60/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	10%	50%
Outpatient care	10%	50%
Outpatient diagnostic X-ray & lab	10%	50%
Outpatient mental health/ chemical dependency	\$ 20/visit <sup>1</sup>	50%
Emergency room	10%	10%
Ambulance	10%	10%
Physical, speech or occupational therapy	\$20/visit <sup>1</sup>	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value/Select generic	\$10	\$10
Preferred	\$30	\$30
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>2</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> See glossary of terms for more about this benefit

Moda Health gold tier plans	Be Protected	
	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$750	\$1,500
Deductible per family	\$1,500	\$3,000
Out-of-pocket max per person	\$4,750	\$9,500
Out-of-pocket max per family	\$9,500	\$19,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$15/visit <sup>1</sup>	50%
Specialist office visit	\$15/visit <sup>1</sup>	50%
Urgent care visit	\$15/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	15%	50%
Outpatient care	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/chemical dependency	15%	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy	\$15/visit <sup>1</sup>	50%
Alternative care visit <sup>2</sup>	\$15/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental <sup>3</sup>	15% in-network and 50% out-of-network; up to age 19	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> Covers chiropractic, naturopathic and acupuncture care

<sup>3</sup> See glossary of terms for more about this benefit

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

Be Focused		Be Focused – Rose City*		Oregon Standard Gold	
In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
\$500	\$1,000	\$500	\$1,000	\$1,300	\$2,600
\$1,000	\$2,000	\$1,000	\$2,000	\$2,600	\$5,200
\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700
\$10,000	\$20,000	\$10,000	\$20,000	\$12,700	\$25,400
\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$40/visit <sup>1</sup>	50%
\$20/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%
20%	50%	20%	50%	10%	50%
20%	50%	20%	50%	10%	50%
20%	50%	20%	50%	10%	50%
20%	50%	20%	50%	\$20/visit <sup>1</sup>	50%
20%	20%	20%	20%	10%	10%
20%	20%	20%	20%	10%	10%
20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
\$2	\$2	\$2	\$2	\$10	\$10
\$10	\$10	\$10	\$10		
50%	50%	50%	50%	\$30	\$30
50%	50%	50%	50%	50%	50%
Community Care Network		Providence Preferred Network		ODS Plus Network	
Healthy Directions		Healthy Directions		Healthy Directions	
In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care	
Not covered		Not covered		Not covered	
Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.	



A healthy body can do wonders for your peace of mind.

# Silver > Be Prepared

This plan helps you handle whatever life brings. You're a planner. When it comes to healthcare, you want plenty of doctors, robust drug coverage and low deductibles. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$1,000	\$2,000
Deductible per family	\$2,000	\$4,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$25/visit <sup>1</sup>	50%
Specialist office visit	\$25/visit <sup>1</sup>	50%
Urgent care visit	\$25/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	30%	50%
Outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	30%	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$25/visit <sup>1</sup>	50%
Alternative care visit <sup>2</sup>	\$25/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$15	\$15
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental <sup>3</sup>	30% in-network and 50% out-of-network; up to age 19	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> Covers chiropractic, naturopathic and acupuncture care

<sup>3</sup> See glossary of terms for more about this benefit

# Silver > Be Smart

This plan is your answer to balanced healthcare. For your healthcare, you want a solid plan at a great value. That means having pharmacy coverage, yearly check-ups and occasional chiropractic visits covered, no questions asked.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$3,000	\$6,000
Deductible per family	\$6,000	\$12,000
Out-of-pocket max per person	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits <sup>2</sup>	50%
Specialist office visit	25%	50%
Urgent care visit	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	25%	50%
Outpatient care	25%	50%
Outpatient diagnostic X-ray & lab	25%	50%
Outpatient mental health/ chemical dependency	25%	50%
Emergency room	25%	25%
Ambulance	25%	25%
Physical, speech or occupational therapy	25%	50%
Alternative care visit <sup>3</sup>	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>4</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> Covers chiropractic, naturopathic and acupuncture care

<sup>4</sup> See glossary of terms for more about this benefit

# Silver > Be Aligned

This plan protects your health and your wallet. Life keeps you busy. You want a budget-friendly plan that works as hard as you do. A close-knit network helps your doctors work together and gives you the essentials: yearly checkups and quality care, close to home.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Community Care Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After five PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> See glossary of terms for more about this benefit

# Silver > Be Aligned – Rose City\*

This plan protects your health and your wallet. Life keeps you busy. You want a budget-friendly plan that covers the basics: reliable Providence doctors and clinics, yearly checkups and excellent care, close to home.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Providence Preferred Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After five PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> See glossary of terms for more about this benefit

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

# Silver Oregon Standard Silver

You're practical, so you want your plan to cover what you need – prescription drugs, doctor visits, tests and specialty care – at a reasonable price.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$35/visit <sup>1</sup>	50%
Specialist office visit	\$70/visit <sup>1</sup>	50%
Urgent care visit	\$90/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	30%	50%
Outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	\$35/visit <sup>1</sup>	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$35/visit <sup>1</sup>	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value/Select generic	\$15	\$15
Preferred	\$50	\$50
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>2</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> See glossary of terms for more about this benefit

Moda Health silver tier plans	Be Prepared		Be Smart	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>				
Deductible per person	\$1,000	\$2,000	\$3,000	\$6,000
Deductible per family	\$2,000	\$4,000	\$6,000	\$12,000
Out-of-pocket max per person	\$6,350	\$12,700	\$6,000	\$12,000
Out-of-pocket max per family	\$12,700	\$25,400	\$12,000	\$24,000
<b>Care &amp; services</b>				
Primary care physician (PCP) office visit	\$25/visit <sup>1</sup>	50%	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits <sup>2</sup>	50%
Specialist office visit	\$25/visit <sup>1</sup>	50%	25%	50%
Urgent care visit	\$25/visit <sup>1</sup>	50%	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	30%	50%	25%	50%
Outpatient care	30%	50%	25%	50%
Outpatient diagnostic X-ray & lab	30%	50%	25%	50%
Outpatient mental health/chemical dependency	30%	50%	25%	50%
Emergency room	30%	30%	25%	25%
Ambulance	30%	30%	25%	25%
Physical, speech or occupational therapy	\$25/visit <sup>1</sup>	50%	25%	50%
Alternative care visit <sup>4</sup>	\$25/visit <sup>1</sup>	50% <sup>2</sup>	\$15/visit for first 3 visits <sup>1</sup> , 25% for subsequent visits	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.		Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select generic	\$15	\$15	\$10	\$10
Preferred	50%	50%	50%	50%
Brand	50%	50%	50%	50%
<b>Features</b>				
Provider network	ODS Plus Network		ODS Plus Network	
Travel network	Healthy Directions		Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental <sup>5</sup>	30% in-network and 50% out-of-network; up to age 19		Not covered	
Embedded pediatric vision <sup>5</sup>	Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> PCP and urgent care visits are combined. After five PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

Be Aligned		Be Aligned – Rose City*		Oregon Standard Silver	
In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
\$6,000	\$12,000	\$6,000	\$12,000	\$6,350	\$12,700
\$12,000	\$24,000	\$12,000	\$24,000	\$12,700	\$25,400
\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>3</sup>	50%	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>3</sup>	50%	\$35/visit <sup>1</sup>	50%
35%	50%	35%	50%	\$70/visit <sup>1</sup>	50%
\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>3</sup>	50%	\$30/visit for first 5 visits <sup>1</sup> , 35% for subsequent visits <sup>3</sup>	50%	\$90/visit <sup>1</sup>	50%
35%	50%	35%	50%	30%	50%
35%	50%	35%	50%	30%	50%
35%	50%	35%	50%	30%	50%
35%	50%	35%	50%	\$35/visit <sup>1</sup>	50%
35%	35%	35%	35%	30%	30%
35%	35%	35%	35%	30%	30%
35%	50%	35%	50%	\$35/visit <sup>1</sup>	50%
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
\$2	\$2	\$2	\$2	\$15	\$15
\$10	\$10	\$10	\$10		
50%	50%	50%	50%	\$50	\$50
50%	50%	50%	50%	50%	50%
Community Care Network		Providence Preferred Network		ODS Plus Network	
Healthy Directions		Healthy Directions		Healthy Directions	
In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care	
Not covered		Not covered		Not covered	
Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.	

<sup>4</sup> Covers chiropractic, naturopathic and acupuncture care

<sup>5</sup> See glossary of terms for more about this benefit

## Bronze > Be Connected

This plan plugs right into your active world. You crave close ties, especially when it comes to healthcare. That means real-time advice from doctors, friendly health coaches and all your regular check-ups and meds. Getting all this from your favorite doctor and clinic just makes things easier.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$4,250	\$8,500
Deductible per family	\$8,500	\$17,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value <sup>1</sup>	\$2	\$2
Select generic <sup>1</sup>	\$15	\$15
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Community Care Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> See glossary of terms for more about this benefit

# Bronze > Be Connected – Rose City\*

This plan plugs right into your active world. You crave close ties. Healthcare is no exception. You want real-time advice from the Providence doctors you trust, friendly health coaches and all your regular check-ups and meds.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$4,250	\$8,500
Deductible per family	\$8,500	\$17,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value <sup>1</sup>	\$2	\$2
Select generic <sup>1</sup>	\$15	\$15
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Providence Preferred Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> See glossary of terms for more about this benefit

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

# Bronze Be Savvy\*

This plan puts you in the financial driver's seat. You're kind of a numbers nut. You expect the same lovely logic from your health plan. You'll get more by paying with pretax dollars and having the freedom to manage the numbers yourself.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$5,250	\$10,500
Deductible per family	\$10,500	\$21,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	40%	50%
Specialist office visit	40%	50%
Urgent care visit	40%	50%
Inpatient care (includes maternity)	40%	50%
Outpatient care	40%	50%
Outpatient diagnostic X-ray & lab	40%	50%
Outpatient mental health/ chemical dependency	40%	50%
Emergency room	40%	40%
Ambulance	40%	40%
Physical, speech or occupational therapy	40%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value	\$2	\$2
Select generic	50%	50%
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>1</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> See glossary of terms for more about this benefit

\*This plan is compatible with a health savings account.

# Bronze Oregon Standard Bronze

This low-cost plan kicks in when you really need it. It covers a fair share of all the standards – prescription drugs, doctor visits, tests and specialty care. If you don't mind higher copays, it's just right.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$5,000	\$10,000
Deductible per family	\$10,000	\$20,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$60/visit	50%
Specialist office visit	\$100/visit	50%
Urgent care visit	\$120/visit	50%
Inpatient care (includes maternity)	50%	50%
Outpatient care	50%	50%
Outpatient diagnostic X-ray & lab	50%	50%
Outpatient mental health/ chemical dependency	\$60/visit	50%
Emergency room	50%	50%
Ambulance	50%	50%
Physical, speech or occupational therapy	\$60/visit	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value/Select generic	\$20	\$20
Preferred	\$80	\$80
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>1</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> See glossary of terms for more about this benefit

Moda Health bronze tier plans	Be Connected	
	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$4,250	\$8,500
Deductible per family	\$8,500	\$17,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>
Select generic	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	Community Care Network	
Travel network	Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>1</sup>	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

<sup>3</sup> See glossary of terms for more about this benefit

\*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.

\*\*This plan is compatible with a health savings account.

Be Connected – Rose City*		Be Savvy**		Oregon Standard Bronze	
In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
\$4,250	\$8,500	\$5,250	\$10,500	\$5,000	\$10,000
\$8,500	\$17,000	\$10,500	\$21,000	\$10,000	\$20,000
\$6,350	\$12,700	\$6,350	\$12,700	\$6,350	\$12,700
\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400
\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%	40%	50%	\$60/visit	50%
35%	50%	40%	50%	\$100/visit	50%
\$35/visit for first 3 visits <sup>1</sup> , 35% for subsequent visits <sup>2</sup>	50%	40%	50%	\$120/visit	50%
35%	50%	40%	50%	50%	50%
35%	50%	40%	50%	50%	50%
35%	50%	40%	50%	50%	50%
35%	50%	40%	50%	\$60/visit	50%
35%	35%	40%	40%	50%	50%
35%	35%	40%	40%	50%	50%
35%	50%	40%	50%	\$60/visit	50%
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2	\$2	\$20	\$20
\$15 <sup>1</sup>	\$15 <sup>1</sup>	50%	50%		
50%	50%	50%	50%	\$80	\$80
50%	50%	50%	50%	50%	50%
Providence Preferred Network		ODS Plus Network		ODS Plus Network	
Healthy Directions		Healthy Directions		Healthy Directions	
In-network, you pay 0% for eligible preventive care <sup>1</sup>		In-network, you pay 0% for eligible preventive care		In-network, you pay 0% for eligible preventive care	
Not covered		Not covered		Not covered	
Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.		Pediatric vision care is covered for members up to age 19.	

# Catastrophic Be Bold\*

Designed specifically for certain people, this plan catches you if you fall. You love adventure. To support your daring lifestyle, you stay fit as a fiddle and maintain healthy habits. For healthcare, you just want the parachute to open in case something goes wrong.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$6,350	\$12,700
Deductible per family	\$12,700	\$25,400
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$45/visit for first 3 visits <sup>1</sup> , 0% for subsequent visits <sup>2</sup>	50%
Specialist office visit	0%	50%
Urgent care visit	0%	50%
Inpatient care (includes maternity)	0%	50%
Outpatient care	0%	50%
Outpatient diagnostic X-ray & lab	0%	50%
Outpatient mental health/ chemical dependency	0%	50%
Emergency room	0%	0%
Ambulance	0%	0%
Physical, speech or occupational therapy	0%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible	
<b>Prescription drugs</b>		
Value	0%	0%
Select generic	0%	0%
Preferred	0%	0%
Brand	0%	0%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> Plan pays for first three PCP office visits with a copay. Thereafter, the deductible applies.

<sup>3</sup> See glossary of terms for more about this benefit

\* Specific eligibility requirements apply for this plan.

## Dental coverage for your total health

Healthy teeth are happy teeth. With our individual and family dental coverage, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

### Delta Dental PPO Network

This preferred provider option offers access to the largest PPO network in Oregon and across the country. Members will enjoy better benefits using PPO network dentists. The network includes more than 600 participating providers.

### Delta Dental Premier Network

These traditional fee-for-service providers give members access to the largest dental network available in Oregon and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers. The network includes more than 2,000 participating providers.

### Is my dentist in the network?

Log onto [modahealth.com](http://modahealth.com) to access our up-to-date Find Care tool and search for participating dentists in your area.

### Individual dental plan highlights

- > No waiting periods for Class 1 services
- > Filed-fee savings from participating dentists
- > Predetermination of benefits if requested in a pretreatment plan
- > No claim forms
- > Prompt and accurate claims payment
- > Superior customer service



# Dental Delta Dental Preferred Provider Organization (PPO) Family Plan

Calendar year costs		
Deductible per person	None	
Out-of-pocket maximum per person (under age 19)	\$700 for one child, \$1,400 for two or more children	
Annual maximum (age 19+)	\$1,000	
	In-network, you pay	Out-of-network, you pay
Class 1		
Exams & X-rays	20%	40%
Cleanings	20%	40%
Sealants, topical fluoride	20%	40%
Class 2		
Space maintainers <sup>1</sup>	40%	50%
Restorative fillings <sup>2</sup>	40%	50%
Class 3		
Oral surgery <sup>3</sup>	50%	50%
Endodontics <sup>3</sup>	50%	50%
Periodontics <sup>3</sup>	50%	50%
Restorative crowns <sup>3</sup>	50%	50%
Bridges <sup>3,4</sup>	50%	50%
Partial and complete dentures <sup>3</sup>	50%	50%
Anesthesia <sup>3</sup>	50%	50%
Orthodontia <sup>1,5</sup>	50%	50%
Features		
Provider network	Delta Dental PPO Network	Delta Dental Premier Network and Nonparticipating
Balance bill	No	Delta Dental Premier Network: no Nonparticipating: yes

<sup>1</sup> Not covered for ages 19 and older

<sup>2</sup> Six-month exclusion period applies for ages 19 and older

<sup>3</sup> One-year exclusion period applies for ages 19 and older

<sup>4</sup> Not covered for ages 18 and under

<sup>5</sup> Only covered to treat cleft palate, with or without cleft lip

# Dental Delta Dental Exclusive Provider Organization (EPO) Family Plan

Calendar year costs		
Deductible per person	\$50 (waived for Class 1)	
Out-of-pocket maximum per person (under age 19)	\$700 for one child, \$1,400 for two or more children	
Annual maximum (age 19+)	\$1,000	
	In-network, you pay	Out-of-network, you pay
Class 1		
Exams & X-rays	0%	Not covered
Cleanings	0%	
Sealants, topical fluoride	0%	
Class 2		
Space maintainers <sup>1</sup>	20%	Not covered
Restorative fillings <sup>2</sup>	20%	
Class 3		
Oral surgery <sup>3</sup>	50%	Not covered
Endodontics <sup>3</sup>	50%	
Periodontics <sup>3</sup>	50%	
Restorative crowns <sup>3</sup>	50%	
Bridges <sup>3,4</sup>	50%	
Partial and complete dentures <sup>3</sup>	50%	
Anesthesia <sup>3</sup>	50%	
Orthodontia <sup>1,5</sup>	50%	
Features		
Provider network	Delta Dental PPO Network	Delta Dental Premier Network and Nonparticipating
Balance bill	No	Yes

<sup>1</sup> Not covered for ages 19 and older

<sup>2</sup> Six-month exclusion period applies for ages 19 and older

<sup>3</sup> One-year exclusion period applies for ages 19 and older

<sup>4</sup> Not covered for ages 18 and under

<sup>5</sup> Only covered to treat cleft palate, with or without cleft lip

Moda Health dental plans	Delta Dental Preferred Provider Organization (PPO) Family Plan		Delta Dental Exclusive Provider Organization (EPO) Family Plan	
<b>Calendar year costs</b>				
Deductible per person	None		\$50 (waived for Class 1)	
Out-of-pocket maximum per person (under age 19)	\$700 for one child, \$1,400 for two or more children		\$700 for one child, \$1,400 for two or more children	
Annual maximum (age 19+)	\$1,000		\$1,000	
	<b>In-network, you pay</b>	<b>Out-of-network, you pay</b>	<b>In-network, you pay</b>	<b>Out-of-network, you pay</b>
<b>Class 1</b>				
Exams & X-rays	20%	40%	0%	Not covered
Cleanings	20%	40%	0%	
Sealants, topical fluoride	20%	40%	0%	
<b>Class 2</b>				
Space maintainers <sup>1</sup>	40%	50%	20%	Not covered
Restorative fillings <sup>2</sup>	40%	50%	20%	
<b>Class 3</b>				
Oral surgery <sup>3</sup>	50%	50%	50%	Not covered
Endodontics <sup>3</sup>	50%	50%	50%	
Periodontics <sup>3</sup>	50%	50%	50%	
Restorative crowns <sup>3</sup>	50%	50%	50%	
Bridges <sup>3,4</sup>	50%	50%	50%	
Partial and complete dentures <sup>3</sup>	50%	50%	50%	
Anesthesia <sup>3</sup>	50%	50%	50%	
Orthodontia <sup>1,5</sup>	50%	50%	50%	
<b>Features</b>				
Provider network	Delta Dental PPO Network	Delta Dental Premier Network and Nonparticipating	Delta Dental PPO Network	Delta Dental Premier Network and Nonparticipating
Balance bill	No	Delta Dental Premier Network: no Nonparticipating: yes	No	Yes

<sup>1</sup> Not covered for ages 19 and older

<sup>2</sup> Six-month exclusion period applies for ages 19 and older

<sup>3</sup> One-year exclusion period applies for ages 19 and older

<sup>4</sup> Not covered for ages 18 and under

<sup>5</sup> Only covered to treat cleft palate, with or without cleft lip

## What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that's right for you, you're in good hands.

### Monthly rates for individual plans starting 2014

Thanks in part to Health Care Reform, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly medical and dental premiums, simply add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

All children under age 21 have the same rate based on each plan. However, you only need to include up to three children under age 21 in your total.\* Child dependents 21 through 25 have a rate based on their actual age.

### Easy steps to calculate your premium

- 1 Jot down the rate for each person age 21+
- 2 Jot down the rate for each person (up to three\*) under age 21
- 3 Add all of these rates together to get your family's total rate

*\* If you have more than three dependent children under age 21, only three need to be calculated into your rate – this helps keep your healthcare affordable.*

# Monthly rates\*

Age	0-20	21	22	23	24	25	26	27
<b>Medical plans</b>								
Be Protected	140	221	221	221	221	222	226	232
Be Focused	132	209	209	209	209	209	214	219
Be Focused – Rose City	128	202	202	202	202	203	207	212
Oregon Standard Gold	134	212	212	212	212	213	217	222
Be Prepared	124	195	195	195	195	196	200	204
Be Smart	106	167	167	167	167	168	171	175
Be Aligned	100	157	157	157	157	158	161	165
Be Aligned – Rose City	96	151	151	151	151	152	155	159
Oregon Standard Silver	110	173	173	173	173	173	177	181
Be Connected	89	139	139	139	139	140	143	146
Be Connected – Rose City	85	134	134	134	134	135	137	140
Be Savvy	82	129	129	129	129	130	133	136
Oregon Standard Bronze	82	130	130	130	130	130	133	136
Be Bold	76	120	120	120	120	120	123	125
<b>Dental plans</b>								
PPO Family Plan	23	27	27	27	27	27	27	27
EPO Family Plan	24	25	25	25	25	25	25	25

Age (continued)	42	43	44	45	46	47	48	49	50
<b>Medical plans</b>									
Be Protected	293	300	309	319	331	345	361	377	395
Be Focused	276	283	291	301	313	326	341	356	373
Be Focused – Rose City	268	274	282	292	303	316	330	345	361
Oregon Standard Gold	280	287	296	306	318	331	346	361	378
Be Prepared	258	264	272	281	292	305	319	332	348
Be Smart	221	227	233	241	251	261	273	285	298
Be Aligned	208	213	220	227	236	246	257	268	281
Be Aligned – Rose City	201	205	212	219	227	237	248	258	270
Oregon Standard Silver	229	234	241	249	259	270	282	295	308
Be Connected	185	189	195	201	209	218	228	238	249
Be Connected – Rose City	178	182	187	194	201	210	219	229	239
Be Savvy	172	176	181	187	194	202	212	221	231
Oregon Standard Bronze	172	176	181	187	195	203	212	221	232
Be Bold	159	162	167	173	180	187	196	204	214
<b>Dental plans</b>									
PPO Family Plan	27	27	27	27	27	27	27	27	27
EPO Family Plan	25	25	25	25	25	25	25	25	25

\*Rates effective January 1, 2014 through December 31, 2014

28	29	30	31	32	33	34	35	36	37	38	39	40	41
240	247	251	256	261	265	268	270	272	274	275	279	282	288
227	233	237	242	247	250	253	255	257	258	260	263	267	272
220	226	229	234	239	242	245	247	248	250	252	255	258	263
230	237	240	245	250	254	257	259	260	262	264	267	271	276
212	218	221	226	230	233	237	238	240	241	243	246	249	254
182	187	190	194	198	200	203	204	205	207	208	211	214	218
171	176	178	182	186	188	191	192	193	195	196	198	201	205
165	169	172	176	179	181	184	185	186	187	189	191	194	197
188	193	196	200	204	207	210	211	212	214	215	218	221	225
152	156	158	162	165	167	169	170	172	173	174	176	178	182
146	150	152	155	159	161	163	164	165	166	167	169	171	175
141	145	147	150	153	155	157	158	159	160	161	163	165	169
141	145	147	150	154	155	158	159	160	161	162	164	166	169
130	134	136	139	142	143	145	146	147	148	149	151	153	156
27	27	27	27	27	27	27	27	27	27	27	27	27	27
25	25	25	25	25	25	25	25	25	25	25	25	25	25

51	52	53	54	55	56	57	58	59	60	61	62	63	64+
412	431	451	472	493	516	539	563	575	600	621	635	652	663
389	407	426	445	465	487	508	532	543	566	586	599	616	626
377	394	412	431	450	471	492	515	526	548	568	580	596	606
395	413	432	452	472	494	516	539	551	575	595	608	625	635
363	380	397	416	434	455	475	496	507	529	547	560	575	584
312	326	341	357	373	390	407	426	435	453	469	480	493	501
293	307	321	336	350	367	383	400	409	427	442	452	464	471
282	296	309	323	338	353	369	386	394	411	426	435	447	453
322	337	352	369	385	403	421	440	450	469	485	496	510	518
260	272	284	298	311	325	340	355	363	378	392	401	412	417
250	262	273	286	299	313	327	342	349	364	377	385	396	402
241	253	264	276	289	302	315	330	337	351	364	372	382	387
242	253	265	277	289	303	316	331	338	352	365	373	383	389
223	234	244	256	267	279	292	305	312	325	336	344	353	359
27	27	27	27	27	27	27	27	27	27	27	27	27	27
25	25	25	25	25	25	25	25	25	25	25	25	25	25



Together, we  
can find a way to  
better health.

## Answers to your questions

### Am I eligible to apply?

You are eligible to enroll in a plan during the standard open enrollment period (Oct. 1, 2013, through March 31, 2014) or throughout the year if you experience a qualifying event, such as losing health coverage or moving to a new service area.

If you are buying a plan direct from Moda Health and not using the federal marketplace, you must live in Oregon at least 30 days prior to submitting an application and live in Oregon at least six months out of the year. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Individuals must be younger than age 65 and not eligible for Medicare.

Community Care Network plans – limited to residents of Multnomah, Clackamas, Washington, Marion, Yamhill and Polk counties – include Be Focused, Be Aligned and Be Connected.

Providence Preferred Network plans are limited to residents of Multnomah, Clackamas, Washington and Yamhill counties. These plans include Be Focused – Rose City, Be Aligned – Rose City and Be Connected – Rose City.

All other plans use ODS Plus Network, which is statewide. Any Oregon ZIP code or county is eligible.

### What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account.

### Which plans are only available for purchase through the health insurance marketplace, Cover Oregon?

Providence Preferred Network Rose City plans are only available through the Oregon marketplace, Cover Oregon. Those plans include Be Focused – Rose City, Be Aligned – Rose City and Be Connected – Rose City. The Be Bold catastrophic plan is also only available through Cover Oregon.

### Can my employer sponsor my individual coverage?

Moda Health individual plans cannot be employer-sponsored plans. You will be responsible for paying your monthly premium directly to Moda Health using a personal check. Moda Health does not accept business checks for individual plans.

### When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning Jan. 1, 2014. If the rates change with renewal, the new rates will be provided with 30 days' prior notice.

### Can I switch to a different plan at any time?

No, you will only be able to change your plan at the next open enrollment period for the next year.

## Healthcare lingo explained

We realize that the words used in these types of health plan brochures can be confusing, so we've made you a cheat sheet of sorts. After all, if you can't understand the signs on your journey to health, how can you reach your destination?

### Catastrophic plan

Catastrophic coverage provides protection from an unforeseen, serious accident or medical emergency. Catastrophic coverage is an affordable way to protect yourself from large, unplanned medical expenses. You must meet certain eligibility requirements to qualify for a catastrophic plan.

### Coinsurance

The percentage of allowable charges for which the patient is responsible.

### Copay

The member's share of the total medical bill, expressed as a specific dollar amount paid for a given service, product or treatment.

### Deductible

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given calendar year before the health plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs and disallowed charges may not apply toward the deductible.

### Embedded pediatric dental

Inclusive plans with embedded pediatric dental cover routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and medically necessary orthodontia for the treatment of cleft lip or palate. Services are covered only for members under age 19 and are subject to the medical deductible and coinsurance of the plan.

### Embedded pediatric vision

All medical plans include one vision exam, standard lens and frame every 12 months for those under age 19. Benefits are subject to the medical deductible and applicable coinsurance of the plan.

### Marketplace

Also called an "exchange," a health insurance marketplace is an online hub where you can buy affordable health coverage. If you qualify for a federal tax credit based on your income, you must buy your health plan through a marketplace to receive your credit.

### **Out-of-pocket maximum**

A specified amount of applicable claims expenses in a calendar year that must be met before benefits are paid in full. Once members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every calendar year. Disallowed charges do not apply toward the out-of-pocket maximum.

### **PPO**

A Preferred Provider Organization is a panel of providers contracted under Moda Health or ODS (Delta Dental) to provide in-network benefits at agreed-upon rates.

### **Preferred provider**

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

### **Tax credit**

Federal tax credits help people pay for health insurance. You might qualify based on your income. To use a tax credit, you must buy insurance through your state's health insurance marketplace website.

### **Value-tier drug**

Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.

## Limitations and exclusions for medical plans

### Limitations

- All medical and surgical admissions must be authorized by Moda Health.
- Moda Health will not pay benefits for covered expenses to the extent that members have any other coverage for those expenses.
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 30 sessions per calendar year (the limit may be increased to 60 days/sessions for treatment of neurologic conditions).
- Skilled nursing facility care is covered up to 60 days per calendar year.
- Alternative care is covered up to \$1000 per calendar year.
- Hospice benefits cover respite care to a maximum of 30 days, with up to five consecutive days.
- Home healthcare out of network is covered up to 140 visits per calendar year.
- Vision care, including exam, frame and lenses, is available once every calendar year for members age 18 and under.
- Be Protected and Be Prepared plans include dental care such as exams, cleanings, fluoride, X-rays, fillings, oral surgery and dentures for members age 18 and under. Orthodontia is limited to treatment of cleft palate with or without cleft lip.
- Transplants are covered only at exclusive transplant facilities.
- Some embedded pediatric dental services are subject to frequency limits.

### Exclusions

- Services provided by a member of the patient's immediate family
- Services or supplies that are not medically necessary
- Reversal of sterilization or diagnosis or treatment of infertility
- Obesity treatment, including complications arising out of such treatment, except as required under the Affordable Care Act
- Surgery to alter the refractive character of the eye
- Dental examinations and treatment, except as covered under accident care or pediatric dental care
- Treatment of sexual dysfunction or inadequacy
- Treatment of personality disorders
- Experimental or investigational treatment, except for routine costs for qualified clinical trials
- Services or supplies available in whole or in part under any city, county, state or federal law, except Medicaid
- Charges above those considered maximum plan allowance
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Enrichment programs, including but not limited to psychological or lifestyle enrichment programs such as self-help programs, educational programs, assertiveness training, marathon group therapy and sensitivity training
- Appliances or equipment primarily for comfort, convenience, environmental control or education
- Cosmetic services and supplies (exceptions are provided for reconstructive surgery following a mastectomy)
- Services and supplies associated with orthognathic surgery
- Services and supplies related to the treatment of temporomandibular joint syndrome (TMJ)
- Court-ordered services except as required under Oregon statute
- Instructional programs, including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for under the outpatient diabetic instruction benefit of the plan
- Embedded pediatric dental excludes inlays, onlays, bridges and dental implants.

## Limitations and exclusions for dental plans

### Limitations

- Examinations are limited to once every six months.
- Bitewing X-rays are limited to once every 12 months.
- Full mouth X-rays are limited to once every five years.
- Prophylaxis (cleaning) is limited to once every six months.
- Fluoride application is limited to once every 12 months up to age 19.

### Exclusions

- Surgical placement or removal of implants is not covered.
- Orthodontic services are not covered except to treat cleft palate.
- Services for cosmetic reasons are not covered.



**Questions?** Contact a Moda Health–appointed producer,  
or call us directly at 877-277-7073.

