

No lifetime maximum on any medical plans.	2018-19 Summary of Medical Benefits		Dogwood CCM** Synergy or Summit Network		Dogwood PPO Connexus Network	
			In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.						
Deductible per person	\$1,600	\$3,200	\$1,600	\$3,200		
Maximum deductible per family	\$4,800	\$9,600	\$4,800	\$9,600		
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$6,850	\$13,700	\$6,850	\$13,700		
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$13,700	\$27,400	\$13,700	\$27,400		
Maximum cost share per person	\$7,350	N/A	\$7,350	N/A		
Maximum cost share per family	\$14,700	N/A	\$14,700	N/A		
<b>Preventive Care Services</b>						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0 <sup>1</sup>	Not covered	\$0 <sup>1</sup>	Not covered		
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	50%		
<b>Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)</b>						
Moda Medical Home incentive care	\$15 copay <sup>1</sup>	50%	\$15 copay <sup>1</sup>	50%		
Incentive office visits and home visits	see above	50%	20% <sup>1</sup>	50%		
<b>Office Services</b>						
Moda Medical Home primary care services	\$30 copay <sup>1</sup>	50%	\$30 copay <sup>1</sup>	50%		
Primary care office visits	see above	50%	20%	50%		
Specialist office visits	20%	50%	20%	50%		
Urgent Care	\$50 <sup>1</sup>		\$50 <sup>1</sup>			
<b>Mental Health Services</b>						
Mental health office visits	\$30 copay <sup>1</sup>	50%	\$30 copay <sup>1</sup>	50%		
Mental health inpatient and residential services	20%	50%	20%	50%		
Chemical dependency services (inpatient, outpatient or residential)	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	50%		
<b>Outpatient Services</b>						
Outpatient surgery/facility care	20%	50%	20%	50%		
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%		
<b>Tests (outpatient)</b>						
Preventive tests	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	50%		
Laboratory	20%	50%	20%	50%		
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%		
CT, MRI, PET scans	\$100 + 20%	\$100 + 50%	\$100 copay + 20%	\$100 copay + 50%		
<b>Alternative Care Services (\$2,000 combined maximum)</b>						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of supplies &amp; procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%		
<b>Maternity Care</b>						
Outpatient Maternity Care	20%	50%	20%	50%		
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%		
<b>Hospital Services</b>						
Inpatient care/surgery	20%	50%	20%	50%		
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	50%	20%	50%		
<b>Additional Cost Tier</b>						
Moda Plans Only: \$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 + 20%	\$100 + 50%	\$100 copay + 20%	\$100 copay + 50%		
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 + 20%	\$500 + 50%	\$500 copay + 20%	\$500 copay + 50%		
<b>Emergency Services</b>						
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%			
Ambulance	20%		20%			
<b>Other Covered Services</b>						
Hearing Aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	50%	10%	50%		
Durable Medical Equipment (DME)	20%	50%	20%	50%		
Bariatric Surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	Not covered	\$500 + 20%	Not covered		

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Health Reimbursement Arrangement lowers deductible to \$300 per person with a maximum out of pocket of \$2,900 per person.

## 2018-19 Summary of Pharmacy Service

	<b>Dogwood CCM** Synergy or Summit Network</b>		<b>Dogwood PPO Connexus Network</b>	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
<b>Pharmacy Services</b>				
Out-of-pocket Maximum	Rx applies toward plan OOP Max		Rx applies toward Max Cost Share	
<b>Retail</b>				
Value (Moda Plans Only)	\$0		\$4 per 31-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	\$8 per 31-day supply		\$12 per 31-day supply	
Preferred Brand	25% up to \$50 per 31-day supply		25% up to \$75 per 31-day supply	
Non-preferred brand <sup>5</sup>	50% up to \$150 per 31-day supply		50% up to \$175 per 31-day supply	
<b>Mail</b>				
Value (Moda Plans Only)	\$0		\$8 per 90-day supply	
Generic (Kaiser plans) / Select generic (Moda Plans)	\$16 per 90-day supply		\$24 per 90-day supply	
Preferred Brand	25% up to \$100 per 90-day supply		25% up to \$150 per 90-day supply	
Non-preferred brand <sup>5</sup>	50% up to \$300 per 90-day supply		50% up to \$450 per 90-day supply	
<b>Specialty</b>				
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$100 per 31-day supply		25% up to \$200 per 31-day supply	
Non-preferred brand <sup>5</sup>	50% up to \$300 per 31-day supply		50% up to \$500 per 31-day supply	

