

2022 – 23 Moda Health plan updates and clarifications

Effective Oct. 1, 2022

Medical

- > **NEW!** Moda removed the Maximum Cost Share (MCS) from medical plans 1-5*. This means all eligible medical expenses (including additional cost tier copay/coinsurances and pharmacy expenses) will now accrue towards the out-of-pocket maximum.
- *The MCS is not applicable to plans 6 and 7.
- > **NEW!** Members who live outside of the Connexus service area will use Moda's National Network with the exception of those living in Alaska, Idaho and Texas. Members who live in Alaska, Idaho and Texas will continue to have access to the PCHS network.
- > **NEW!** Continuous Glucose Monitors (CGM) and diabetic testing supplies will only be covered under the pharmacy benefit and no longer covered under Durable Medical Equipment (DME) benefit.
- > **NEW!** Moda is expanding our Site of Care (SOC) program to add therapeutic oncology medications. Members currently receiving select infused therapeutic oncology medication from a hospital outpatient setting may be redirected to clinically appropriate home infusion.
- > **NEW!** Moda is a Pre-Diabetes Prevention Program called Pre-D. Members who engage the Pre-D program can decrease their risk for chronic conditions such as heart disease, stroke and developing Type II Diabetes. The initial session includes an assessment, creation of personal program goals, referral to a Nutritionist and personalized health coaching at no cost to the member. Members who participate in the program will also receive a FitBit to help them track their weight and exercise.
- > **NEW!** Moda's new Behavioral Health (BH) program will allow members additional access to providers and expand Black, Indigenous, and people of color providers in the network. The BH Champion included in the program will be able to assist the member in verifying provider availability and help schedule appointments.
- > Medical Plans 1-7 will continue to be offered. See back page for plan details.
- > Members have the option to participate in coordinated care and receive the benefit benefits by selecting a PCP 360 for primary care services.

The benefit benefits include:

- A lower individual deductible
 - A lower individual out-of-pocket maximum
 - Lower cost for certain services like primary care office visits, specialist office visits, and alternative care.
- > No changes to the deductibles, out-of-pocket limits, copayments or coinsurance.
 - > All Moda medical plans will continue to include our Moda 360 program, which includes access to our Health Navigator team, CirrusMD, Meru Health and much more!

Pharmacy

- > No changes to pharmacy copays/coinsurance
- > 90-day mail order benefit is through Postal Prescription Services (PPS) or Costco. You can receive additional savings by using the mail-order benefit.

Vision

- > No changes. Plans Opal, Pearl, and Quartz will continue to be offered.
- > Benefit runs on a plan year basis (not every 12 months).
- > Benefit maximum includes exam and hardware.

Dental

- > **NEW!** OEBC added the Preventive First program. This means all preventive services will no longer accrue towards the annual benefit maximum and members will have additional dollars to use for basic and major services (ie. fillings, crowns, and implants).
- > No changes to dental copays and coinsurance. Dental plans 1, 5, 6, Exclusive PPO, and Exclusive PPO – incentive plan will continue to be offered.
- > Premier Plans 1, 5, and 6 utilize the Delta Dental Premier Network. The Exclusive PPO and Exclusive PPO - incentive plan will use the Delta Dental PPO Network.
- > The Exclusive PPO plan requires that members use a Delta Dental PPO provider. This plan does not pay for services provided by a Premier Network or non-contracted provider.

Delta Dental Plan Options

Dental Plan	Plan 1 ₂	Plan 5 ₂	Plan 6	Exclusive PPO ₃	Exclusive PPO – incentive plan ₃
Network	Delta Dental Premier			Delta Dental PPO	
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit Maximum	\$2,200	\$1,700	\$1,200	\$1,500	\$2,300
In-network members pay					
Preventative/ diagnostic ₁	30%-0%	30%-0%	0%	0%	0%
Restorative	30%-0%	30%-0%	20%	10%	30%-0%
Major Restorative	30%-0%	30%	50%	20%	30%-0%
Prosthodontic	30%-0%	50%	50%	20%	30%-0%
Orthodontic (Lifetime maximum - \$1,800)	20%	20%	N/A	20%	20%

¹ Deductible waived.

² Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

³ This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency.

Medical Plans 1-7 (Connexus Network)

Medical Plan	Deductible		Out-of-pocket		Primary Care		Specialist Visits		Alternative Care		Urgent Care	
	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM
Medical Plan 1	\$400	\$500	\$2,850	\$3,250	\$20 ¹	20%	\$40 ¹	20%	\$20 ¹	20%	\$40 ¹	20%
Medical Plan 2	\$800	\$900	\$4,250	\$8,000	\$20 ¹	20%	\$40 ¹	20%	\$20 ¹	20%	\$40 ¹	20%
Medical Plan 3	\$1,200	\$1,300	\$4,850	\$5,250	\$25 ¹	25%	\$50 ¹	25%	\$25 ¹	25%	\$50 ¹	25%
Medical Plan 4	\$1,600	\$1,700	\$6,700	\$7,100	\$25 ¹	25%	\$50 ¹	25%	\$25 ¹	25%	\$50 ¹	25%
Medical Plan 5	\$2,000	\$2,100	\$6,800	\$7,200	\$30 ¹	25%	\$50 ¹	25%	\$30 ¹	25%	\$50 ¹	25%
Medical Plan 6	\$1,600	\$1,700	\$6,400	\$6,750	15%	20%	15%	20%	20%	25%	15%	20%
Medical Plan 7	\$2,000	\$2,100	\$6,500	\$6,750	20%	25%	20%	25%	20%	25%	20%	25%

¹ Deductible waived. All amounts reflect member responsibility.

Subscriber-only amounts shown. Family deductible and out-of-pocket maximums vary by plan. See plan options brochure for details.

