

Clackamas Community College OEBB 2021-2022 Plan Year – Summary of Moda Medical Plans and Pharmacy Benefits

Medical Plans - No lifetime maximum on any medical plans	Moda Medical Plan 1			Moda Medical Plan 2			Moda Medical Plan 6 - HSA Optional		
Plan Year Costs	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁶ Member Pays	In-Network Non-Coordinated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Deductible per person	\$400	\$500	\$800	\$800	\$900	\$1,600	\$1,600 ²	\$1,700 ²	\$3,200 ²
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800	\$3,400 ²	\$3,400 ²	\$6,400 ²
Out-of-pocket (OOP) maximum per person ³	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000	\$6,400 ²	\$6,750 ²	\$13,100 ²
Out-of-pocket (OOP) maximum per family ³	\$9,750	\$9,750	\$18,000	\$12,750	\$12,750	\$24,000	\$13,500 ²	\$13,500 ²	\$26,200 ²
Maximum cost share per person	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA	NA	NA	NA
Maximum cost share per family	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA	NA	NA	NA
Preventative Care Services									
Wellness Visit	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Office Visits and Virtual Care									
Primary care office visits	\$20 ^{1,6}	20%	50%	\$20 ^{1,6}	20%	50%	15%	20%	50%
Primary care office visits with a provider other than your chosen PCP 360	\$40 ¹	NA	50%	\$40 ¹	NA	50%	15%	NA	50%
Incentive care office visits for asthma, health conditions, cholesterol, high blood pressure, diabetes	\$15 ^{1,10}	20%	Not covered	\$15 ^{1,10}	20%	Not covered	15% ¹⁰	20%	Not covered
CirrusMD telehealth	\$0 ^{1,9}	\$0 ^{1,9}	Not covered	\$0 ^{1,9}	\$0 ^{1,9}	Not covered	\$0 ^{1,9}	\$0 ^{1,9}	Not covered
Specialist office visits	\$40 ¹	20%	50%	\$40 ¹	20%	50%	15%	20%	50%
Urgent care	\$40 ¹	20%	20%	\$40 ¹	20%	20%	15%	20%	See Plan Handbook
Mental Health Services									
Mental health office visits	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%	15%	20%	50%
Mental health inpatient and residential services	20%	20%	50%	20%	20%	50%	20%	25%	50%
Chemical dependency services (inpatient, outpatient, or residential)	\$20 ¹	\$20 ¹	50%	\$20 ¹	\$20 ¹	50%	15%	20%	50%
Outpatient Services									
Outpatient surgery/facility care	20%	20%	50%	20%	20%	50%	20%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy) 30 sessions per plan year / 60 for spinal or head injury	20%	20%	50%	20%	20%	50%	20%	25%	50%
Tests (outpatient)									
Preventive tests	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%	\$0 ¹	\$0 ¹	50%
Laboratory	20%	20%	50%	20%	20%	50%	20%	25%	50%
X-ray, imaging, and special diagnostic procedures	20%	20%	50%	20%	20%	50%	20%	25%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	20%	25%	50%
Alternative Care Services⁸									
Acupuncture, chiropractic & naturopathic services ¹¹	\$20 ¹	20%	50%	\$20 ¹	20%	50%	20%	25%	50%
Maternity Care									
Outpatient maternity care	20%	20%	50%	20%	20%	50%	20%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	20%	50%	20%	20%	50%	20%	25%	50%
Hospital Services									
Inpatient care/surgery	20%	20%	50%	20%	20%	50%	20%	25%	50%
Skilled nursing facility care - 60 days per plan year	20%	20%	50%	20%	20%	50%	20%	25%	50%

Clackamas Community College OEBB 2021-2022 Plan Year – Summary of Moda Medical Plans and Pharmacy Benefits

Additional Cost Tier									
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 copay + 20%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	20%	25%	50%
Moda plans only: \$500 Additional Cost Tier (ACT): spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	20%	25%	50%
Emergency Services									
Emergency room (copay waived if admitted)	\$100 copay + 20%			\$100 copay + 20%			20%	25%	See Plan Handbook
Ambulance	20%			20%			20%	25%	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%	10%	50%	10%	10%	50%	20%	25%	50%
Durable medical equipment (DME)	20%	20%	50%	20%	20%	50%	20%	25%	50%
Bariatric surgery	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 20%	\$500 + 20%	Not covered	\$500 + 20%	\$500 + 25%	Not covered
Pharmacy Services									
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share			Rx applies toward plan OOP max		
Retail									
Value	\$4 per 31-day supply		See Plan Handbook	\$4 per 31-day supply		See Plan Handbook	\$4 ¹ per 31-day supply		See Plan Handbook
Select generic	\$12 per 31-day supply			\$12 per 31-day supply			20%	25%	
Preferred brand	25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			20%	25%	
Non-preferred brand ⁵	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply			20%	25%	
Mail									
Value	\$8 per 90-day supply		See Plan Handbook	\$8 per 90-day supply		See Plan Handbook	\$8 ¹ per 90-day supply		See Plan Handbook
Select generic	\$24 per 90-day supply			\$24 per 90-day supply			20%	25%	
Preferred brand	25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply			20%	25%	
Non-preferred brand ⁵	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply			20%	25%	
Specialty									
Generic	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See Plan Handbook	20%	25%	See Plan Handbook
Preferred brand	25% up to \$200 per 31-day supply or \$400 for \$90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for \$90-day supply when allowed			20%	25%	
Non-preferred brand ⁵	50% up to \$500 per 31-day supply or \$1,000 for \$90-day supply when allowed			50% up to \$500 per 31-day supply or \$1,000 for \$90-day supply when allowed			20%	25%	

Plan Premium	Moda Medical Plan 1	Moda Medical Plan 2	Moda Medical Plan 6
Employee Only	\$708.97	\$659.56	\$557.18
Employee + Spouse/Partner	\$1,559.72	\$1,451.04	\$1,225.80
Employee + Child(ren)	\$1,347.06	\$1,253.20	\$1,058.67
Employee + Family	\$2,197.84	\$2,044.69	\$1,727.30
The premiums listed above are not the amounts that you pay each month. Utilize the Monthly Benefits Calculator on the HR Webpage to calculate your monthly out-of-pocket cost.			

NA – Not applicable

1 Deductible waived.

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

Clackamas Community College OEBB 2021-2022 Plan Year – Summary of Moda Medical Plans and Pharmacy Benefits

3 OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.

4 Benefit is subject to a reference price limitation.

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

6 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced “coordinated” benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the “non-coordinated” benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the “out-of-network” level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.

8 Acupuncture and spinal manipulation services are subject to 12 visits per plan year.

9 CirrusMD app is covered at no member cost sharing. All other virtual care for primary and urgent care services (defined as 2-way video conferencing visits) is covered at a \$10 copay with deductible waived for plans 1-5. Plans 6 and 7 is a \$10 copay after the deductible has been met.

10 Member must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

11 The copay listed is for acupuncture and spinal manipulation services only. Naturopathic substances are covered. See Plan Handbook for details.

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 document and your member handbook, the member handbook will prevail.