

## Clackamas Community College OEBB 2022-2023 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 Deductibles and copayments apply to the annual out-of-pocket maximum	In-Network Coordinated Care <sup>6</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>6</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>6</sup> 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	\$1,600 <sup>2</sup>	\$1,700 <sup>2</sup>	\$3,200 <sup>2</sup>
Maximum deductible per family	\$1,500	\$1,500	\$2,400	\$2,700	\$2,700	\$4,800	\$3,400 <sup>2</sup>	\$3,400 <sup>2</sup>	\$6,400 <sup>2</sup>
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$2,850	\$3,250	\$6,000	\$3,850	\$4,250	\$8,000	\$6,400 <sup>2</sup>	\$6,750 <sup>2</sup>	\$13,100 <sup>2</sup>
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$9,750	\$9,750	\$18,000	\$12,750	\$12,750	\$24,000	\$13,500 <sup>2</sup>	\$13,500 <sup>2</sup>	\$26,200 <sup>2</sup>
<b>Preventative Care Services</b>									
Wellness Visit	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded
Routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50% after ded
<b>Office Visits and Virtual Care</b>									
Primary care office visits	\$20 <sup>1,6</sup>	20% after ded	50% after ded	\$20 <sup>1,6</sup>	20% after ded	50% after ded	15% after ded	20% after ded	50% after ded
Primary care office visits with a provider other than your chosen PCP 360	\$40 <sup>1</sup>	NA	50% after ded	\$40 <sup>1</sup>	NA	50% after ded	15% after ded	NA	50% after ded
CirrusMD telehealth	\$0 <sup>1,9</sup>	\$0 <sup>1,9</sup>	Not covered	\$0 <sup>1,9</sup>	\$0 <sup>1,9</sup>	Not covered	\$0 <sup>1,9</sup> after ded	\$0 <sup>1,9</sup> after ded	Not covered
Specialist office visits	\$40 <sup>1</sup>	20% after ded	50% after ded	\$40 <sup>1</sup>	20% after ded	50% after ded	15% after ded	20% after ded	50% after ded
Urgent care	\$40 <sup>1</sup>	20% after ded	20% after ded	\$40 <sup>1</sup>	20% after ded	20% after ded	15% after ded	20% after ded	See Plan Handbook
<b>Mental Health Services</b>									
Mental health office visits	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after ded	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after ded	15% after ded	20% after ded	50% after ded
Mental health inpatient and residential services	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Chemical dependency services (outpatient or residential)	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after ded	\$20 <sup>1</sup>	\$20 <sup>1</sup>	50% after ded	15% after ded	20% after ded	50% after ded
Chemical dependency services (inpatient)	20%	20%	20% after ded	20%	20%	50%	20% after ded	25% after ded	50%
<b>Outpatient Services</b>									
Outpatient surgery/facility care	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Outpatient rehabilitation (physical, occupational & speech therapy) 30 sessions per plan year / 60 for spinal or head injury	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
<b>Tests (outpatient)</b>									
Laboratory, x-rays, and imaging	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
CT, MRI, PET scans	\$100 copay + 20% after ded	\$100 copay + 20% after ded	\$100 copay + 50% after ded	\$100 copay + 20% after ded	\$100 copay + 20% after ded	\$100 copay + 50% after ded	20% after ded	25% after ded	50% after ded
<b>Alternative Care Services<sup>8</sup></b>									
Acupuncture and chiropractic <sup>11</sup>	\$20 <sup>1</sup>	20% after ded	20% after ded	\$20 <sup>1</sup>	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Naturopathic office visits	\$40 <sup>1</sup>	20% after ded	50% after ded	\$40 <sup>1</sup>	20% after ded	50% after ded	15% after ded	20% after ded	50% after ded
<b>Maternity Care</b>									
Routine maternity care	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
<b>Hospital Services</b>									
Inpatient care/surgery	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Skilled nursing facility care - 60 days per plan year	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
<b>Additional Cost Tier</b>									
<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 ded	\$100 copay + 20% after ded	\$100 copay + 50% after ded	\$100 copay + 20% after ded	\$100 copay + 20% after ded	\$100 copay + 50% after ded	20% after ded	25% after ded	50% after ded

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Moda plans only: \$500 Additional Cost Tier (ACT): spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20% after ded	\$500 copay + 20% after ded	\$500 copay + 50% after ded	\$500 copay + 20% after ded	\$500 copay + 20% after ded	\$500 copay + 50% after ded	20% after ded	25% after ded	50% after ded
<b>Emergency Services</b>									
Emergency room (copay waived if admitted)	\$100 copay + 20% after ded			\$100 copay + 20% after ded			20% after ded	25% after ded	See Plan Handbook
Ambulance	20% after ded			20% after ded			20% after ded	25% after ded	See Plan Handbook
<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% after ded	10% after ded	50% after ded	10% after ded	10% after ded	50% after ded	20% after ded	25% after ded	50% after ded
Durable medical equipment (DME)	20% after ded	20% after ded	50% after ded	20% after ded	20% after ded	50% after ded	20% after ded	25% after ded	50% after ded
<b>Pharmacy Services</b>									
Out-of-pocket (OOP) maximum	Rx applies toward Max Cost Share			Rx applies toward Max Cost Share			Rx applies toward plan OOP max		
<b>Retail</b>									
Value	\$4 per 31-day supply		See Plan Handbook	\$4 per 31-day supply		See Plan Handbook	\$4 <sup>1</sup> per 31-day supply		See Plan Handbook
Select generic	\$12 per 31-day supply			\$12 per 31-day supply			20% after ded	25% after ded	
Preferred brand	25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			20% after ded	25% after ded	
Non-preferred brand <sup>5</sup>	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply			20% after ded	25% after ded	
<b>Mail</b>									
Value	\$8 per 90-day supply		See Plan Handbook	\$8 per 90-day supply		See Plan Handbook	\$8 <sup>1</sup> per 90-day supply		See Plan Handbook
Select generic	\$24 per 90-day supply			\$24 per 90-day supply			20% after ded	25% after ded	
Preferred brand	25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply			20% after ded	25% after ded	
Non-preferred brand <sup>5</sup>	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply			20% after ded	25% after ded	
<b>Specialty</b>									
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% after ded	25% after ded	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% after ded	25% after ded	
Non-preferred brand <sup>5</sup>	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% after ded	25% after ded	

Plan Premium	Moda Medical Plan 1	Moda Medical Plan 2	Moda Medical Plan 6
Employee Only	\$740.30	\$686.74	\$573.23
Employee + Spouse/Partner	\$1,628.65	\$1,510.83	\$1,261.10
Employee + Child(ren)	\$1,406.60	\$1,304.84	\$1,089.16
Employee + Family	\$2,294.98	\$2,128.93	\$1,777.05
The premiums listed above are not the amounts that you pay each month. Utilize the Monthly Benefits Calculator on the <a href="#">HR Webpage</a> to calculate your monthly out-of-pocket cost.			

NA – Not applicable

After ded – After deductible

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).

3 OOP max includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

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.

## **Clackamas Community College OEBB 2022-2023 Plan Year – Summary of Moda Medical Plans and Pharmacy Benefits**

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

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 \$0 copay with deductible waived for plans 1-5. Plans 6 and 7 is a \$0 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.**