

| No lifetime maximum on any medical plans. | Medical Plan 1 Kaiser Permanente Network | | Medical Plan 2 Kaiser Permanente Network | | Medical Plan 3 Kaiser Permanente Network <i>HSA Optional</i> | |
|--|--|----------------------------|--|----------------------------|---|----------------------------|
| | In-Network Member Pays | Out-of-Network Member Pays | 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 | None | NA | \$800 | NA | \$1,600 ² | NA |
| Maximum deductible per family | None | NA | \$2,400 | NA | \$3,200 ² | NA |
| Out-of-pocket (OOP) maximum per person ³ | \$1,500 | NA | \$4,000 | NA | \$6,550 ² | NA |
| Out-of-pocket (OOP) maximum per family ³ | \$3,000 | NA | \$12,000 | NA | \$13,100 ² | NA |
| Maximum cost share per person | NA | NA | NA | NA | NA | NA |
| Maximum cost share per family | NA | NA | NA | NA | NA | NA |
| Preventive Care Services | | | | | | |
| Wellness visit | \$0 | NA | \$0 ¹ | NA | \$0 ¹ | NA |
| Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services. | \$0 | Not Covered | \$0 ¹ | Not Covered | \$0 ¹ | Not Covered |
| Primary care office visits | \$20 | Not Covered | \$25 ¹ | Not Covered | 20% | Not Covered |
| Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only) | NA | NA | NA | NA | NA | NA |
| Virtual Care | \$0 | Not Covered | \$0 ¹ | Not Covered | 20% | Not Covered |
| Specialist office visits | \$30 | Not Covered | \$35 ¹ | Not Covered | 20% | Not Covered |
| Urgent care | \$35 | See Plan Handbook | \$40 ¹ | See Plan Handbook | 20% | See Plan Handbook |
| Mental Health Services | | | | | | |
| Mental health office visits | \$20 | Not Covered | \$25 ¹ | Not Covered | 20% | Not Covered |
| Mental health inpatient and residential services | \$100 per day, up to \$500 per admission max | Not Covered | 20% | Not Covered | 20% | Not Covered |
| Chemical dependency services (inpatient, outpatient or residential) | \$0 | Not Covered | \$0 ¹ | Not Covered | 20% | Not Covered |
| Outpatient Services | | | | | | |
| Outpatient surgery/facility care | \$75 | Not Covered | 20% | Not Covered | 20% | Not Covered |
| 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 | \$30 per visit | Not Covered | \$35 ¹ per visit | Not Covered | 20% | Not Covered |
| Tests (outpatient) | | | | | | |
| Preventive tests | \$0 | Not Covered | \$0 ¹ | Not Covered | \$0 ¹ | Not Covered |
| Laboratory | \$20 per visit | Not Covered | \$25 ¹ per visit | Not Covered | 20% | Not Covered |
| X-ray, imaging, and special diagnostic procedures | \$20 per visit | Not Covered | \$25 ¹ per visit | Not Covered | 20% | Not Covered |
| CT, MRI, PET scans | \$20 per visit | Not Covered | \$25 ¹ per visit | Not Covered | 20% | Not Covered |
| Alternative Care Services⁸ | | | | | | |
| Acupuncture, chiropractic & naturopathic services | \$20 per service | Not Covered | \$25 ¹ per service | Not Covered | 20% | Not Covered |
| Maternity Care | | | | | | |
| Outpatient maternity care | \$0 | Not Covered | \$0 ¹ | Not Covered | \$0 ¹ | Not Covered |
| Physician or midwife services & hospital stay, delivery & routine newborn nursery care | \$100 per day, up to \$500 per admission max | Not Covered | 20% | Not Covered | 20% | Not Covered |

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).

³ For Moda plans, 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 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.

⁷ For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

⁸ For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

⁹ For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.

| No lifetime maximum on any medical plans. | Medical Plan 1 Kaiser Permanente Network | | Medical Plan 2 Kaiser Permanente Network | | Medical Plan 3 Kaiser Permanente Network <i>HSA Optional</i> | |
|---|--|----------------------------|--|----------------------------|---|----------------------------|
| | In-Network Member Pays | Out-of-Network Member Pays | 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. | | | | | | |
| Hospital Services | | | | | | |
| Inpatient care/surgery | \$100 per day, up to \$500 per admission max | See Plan Handbook | 20% | See Plan Handbook | 20% | See Plan Handbook |
| Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year) | \$0 | NA | 20% | NA | 20% | NA |
| 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 | NA | NA | NA | NA | NA | NA |
| Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair | NA | NA | NA | NA | NA | NA |
| Emergency Services | | | | | | |
| Emergency room (copay waived if admitted) | \$100 per visit (waived if admitted) | | 20% | | 20% | |
| Ambulance | \$75 | | \$100 ¹ | | 20% | |
| Other Covered Services | | | | | | |
| Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children | 10% | Not Covered | 10% ¹ | Not Covered | 20% | Not Covered |
| Durable medical equipment (DME) | 20% | Not Covered | 20% ¹ | Not Covered | 20% | Not Covered |
| Bariatric surgery | \$500 + Inpatient Care costs | Not Covered | \$500 + 20% | Not Covered | \$500 + 20% | Not Covered |
| Pharmacy Services | | | | | | |
| Out-of-pocket (OOP) maximum | \$1100 - Rx max also applies to Medical OOP Max | | \$1100 - Rx max also applies to Medical OOP Max | | Rx applies toward plan OOP max | |
| Retail | | | | | | |
| Value | NA | NA | NA | NA | \$0 ⁷ | NA |
| Generic (Kaiser Plans) / Select generic (Moda Plans) | \$5 per 30-day-supply | See Plan Handbook | \$5 per 30-day supply | See Plan Handbook | 20% | See Plan Handbook |
| Preferred brand | \$25 per 30-day supply | See Plan Handbook | \$25 per 30-day supply | See Plan Handbook | 20% | See Plan Handbook |
| Non-preferred brand ⁵ | \$45 per 30-day supply if criteria met | See Plan Handbook | \$45 per 30-day supply if criteria met | See Plan Handbook | 20% | See Plan Handbook |
| Mail | | | | | | |
| Value | NA | NA | NA | NA | \$0 ⁷ | NA |
| Generic (Kaiser plans) / Select generic (Moda Plans) | \$10 per 90-day supply | See Plan Handbook | \$10 per 90-day supply | See Plan Handbook | 20% | See Plan Handbook |
| Preferred Brand | \$50 per 90-day supply | See Plan Handbook | \$50 per 90-day supply | See Plan Handbook | 20% | See Plan Handbook |
| Non-preferred brand ⁵ | \$90 per 90-day supply if criteria met | See Plan Handbook | \$90 per 90-day supply if criteria met | See Plan Handbook | 20% | See Plan Handbook |
| Specialty | | | | | | |
| Select generic (Kaiser plans) / Preferred brand (Moda Plans) | 25% up to \$100 per 30-day supply | See Plan Handbook | 25% up to \$100 per 30-day supply | See Plan Handbook | 20% | See Plan Handbook |
| Non-preferred brand ⁵ | 25% up to \$100 per 30-day supply | See Plan Handbook | 25% up to \$100 per 30-day supply | See Plan Handbook | 20% | See Plan Handbook |

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).

³ For Moda plans, 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 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.

⁷ For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

⁸ For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

⁹ For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.



OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year

| No lifetime maximum on any medical plans. | Medical Plan 1 Connexus Network | | | Medical Plan 2 Connexus Network | | | Medical Plan 3 Connexus Network | | | Medical Plan 4 Connexus Network | | |
|--|---|---|--|---|---|--|---|---|--|---|---|--|
| | 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 | In-Network Coordinated Care ⁶ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays |
| Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum. | | | | | | | | | | | | |
| Deductible per person | \$400 | \$500 | \$800 | \$800 | \$900 | \$1,600 | \$1,200 | \$1,300 | \$2,400 | \$1,600 | \$1,700 | \$3,200 |
| Maximum deductible per family | \$1,500 | \$1,500 | \$2,400 | \$2,700 | \$2,700 | \$4,800 | \$3,900 | \$3,900 | \$7,200 | \$5,100 | \$5,100 | \$9,600 |
| Out-of-pocket (OOP) maximum per person ³ | \$2,850 | \$3,250 | \$6,000 | \$3,850 | \$4,250 | \$8,000 | \$4,850 | \$5,250 | \$10,000 | \$6,700 | \$7,100 | \$13,700 |
| Out-of-pocket (OOP) maximum per family ³ | \$9,750 | \$9,750 | \$18,000 | \$12,750 | \$12,750 | \$24,000 | \$15,750 | \$15,750 | \$27,400 | \$15,800 | \$15,800 | \$27,400 |
| Maximum cost share per person | \$7,900 | \$7,900 | NA | \$7,900 | \$7,900 | NA | \$7,900 | \$7,900 | NA | \$7,900 | \$7,900 | NA |
| Maximum cost share per family | \$15,800 | \$15,800 | NA | \$15,800 | \$15,800 | NA | \$15,800 | \$15,800 | NA | \$15,800 | \$15,800 | NA |
| Preventive Care Services | | | | | | | | | | | | |
| Wellness visit | \$0 ¹ | \$0 ¹ | Not covered | \$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 & immunizations. See Plan Handbook for add'l Preventive Care Services. | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% |
| Mental Health Services | | | | | | | | | | | | |
| Mental health office visits | \$20 ^{1,6} | 20% | 50% | \$20 ^{1,6} | 20% | 50% | \$25 ^{1,6} | 25% | 50% | \$25 ^{1,6} | 25% | 50% |
| Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only) | \$40 ¹ | NA | 50% | \$40 ¹ | NA | 50% | \$50 ¹ | NA | 50% | \$50 ¹ | NA | 50% |
| Virtual Care | \$10 ^{1,9} | \$10 ^{1,9} | 50% | \$10 ^{1,9} | \$10 ^{1,9} | 50% | \$10 ^{1,9} | \$10 ^{1,9} | 50% | \$10 ^{1,9} | \$10 ^{1,9} | 50% |
| Specialist office visits | \$40 ¹ | 20% | 50% | \$40 ¹ | 20% | 50% | \$50 ¹ | 25% | 50% | \$50 ¹ | 25% | 50% |
| Urgent care | \$40 ¹ | 20% | 20% | \$40 ¹ | 20% | 20% | \$50 ¹ | 25% | 25% | \$50 ¹ | 25% | 25% |
| Outpatient Services | | | | | | | | | | | | |
| Outpatient surgery/facility care | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 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% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| Tests (outpatient) | | | | | | | | | | | | |
| Preventive tests | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% |
| Laboratory | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| X-ray, imaging, and special diagnostic procedures | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| CT, MRI, PET scans | \$100 copay + 20% | \$100 copay + 20% | \$100 copay + 50% | \$100 copay + 20% | \$100 copay + 20% | \$100 copay + 50% | \$100 copay + 25% | \$100 copay + 25% | \$100 copay + 50% | \$100 copay + 25% | \$100 copay + 25% | \$100 copay + 50% |
| Alternative Care Services⁸ | | | | | | | | | | | | |
| Acupuncture, chiropractic & naturopathic services | \$20 ¹ | 20% | 50% | \$20 ¹ | 20% | 50% | \$25 ¹ | 25% | 50% | \$25 ¹ | 25% | 50% |
| Maternity Care | | | | | | | | | | | | |
| Outpatient maternity care | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| Physician or midwife services & hospital stay, delivery & routine newborn nursery care | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |

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).
 3 For Moda plans, 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 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.
 7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.
 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.
 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.



OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year

| No lifetime maximum on any medical plans. | Medical Plan 1 Connexus Network | | | Medical Plan 2 Connexus Network | | | Medical Plan 3 Connexus Network | | | Medical Plan 4 Connexus Network | | |
|---|---|---|--|---|---|--|---|---|--|---|---|--|
| | 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 | In-Network Coordinated Care ⁶ Member Pays | In-Network Non-Coordinated Care ⁶ Member Pays | Any Out-of-Network Services Member Pays |
| Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum. | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Inpatient care/surgery | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year) | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| 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 + 20% | \$100 copay + 50% | \$100 copay + 25% | \$100 copay + 25% | \$100 copay + 50% | \$100 copay + 25% | \$100 copay + 25% | \$100 copay + 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 + 20% | \$500 copay + 50% | \$500 copay + 25% | \$500 copay + 25% | \$500 copay + 50% | \$500 copay + 25% | \$500 copay + 25% | \$500 copay + 50% |
| Emergency Services | | | | | | | | | | | | |
| Emergency room (copay waived if admitted) | \$100 copay + 20% | | | \$100 copay + 20% | | | \$100 copay + 25% | | | \$100 copay + 25% | | |
| Ambulance | 20% | | | 20% | | | 25% | | | 25% | | |
| 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% | 10% | 10% | 50% | 10% | 10% | 50% |
| Durable medical equipment (DME) | 20% | 20% | 50% | 20% | 20% | 50% | 25% | 25% | 50% | 25% | 25% | 50% |
| Bariatric surgery | \$500 + 20% | \$500 + 20% | Not covered | \$500 + 20% | \$500 + 20% | Not covered | \$500 + 25% | \$500 + 25% | Not covered | \$500 + 25% | \$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 Max Cost Share | | | Rx applies toward Max Cost Share | | |
| Retail | | | | | | | | | | | | |
| Value | \$4 per 31-day supply | | | \$4 per 31-day supply | | | \$4 per 31-day supply | | | \$4 per 31-day supply | | |
| Generic (Kaiser Plans) / Select generic (Moda Plans) | \$12 per 31-day supply | | | \$12 per 31-day supply | | | \$12 per 31-day supply | | | \$12 per 31-day supply | | |
| Preferred brand | 25% up to \$75 per 31-day supply | | | 25% up to \$75 per 31-day supply | | | 25% up to \$75 per 31-day supply | | | 25% up to \$75 per 31-day supply | | |
| Non-preferred brand ⁵ | 50% up to \$175 per 31-day supply | | | 50% up to \$175 per 31-day supply | | | 50% up to \$175 per 31-day supply | | | 50% up to \$175 per 31-day supply | | |
| Mail | | | | | | | | | | | | |
| Value | \$8 per 90-day supply | | | \$8 per 90-day supply | | | \$8 per 90-day supply | | | \$8 per 90-day supply | | |
| Generic (Kaiser plans) / Select generic (Moda Plans) | \$24 per 90-day supply | | | \$24 per 90-day supply | | | \$24 per 90-day supply | | | \$24 per 90-day supply | | |
| Preferred Brand | 25% up to \$150 | | | 25% up to \$150 | | | 25% up to \$150 | | | 25% up to \$150 | | |
| Non-preferred brand ⁵ | 50% up to \$450 per 90-day supply | | | 50% up to \$450 per 90-day supply | | | 50% up to \$450 per 90-day supply | | | 50% up to \$450 per 90-day supply | | |
| Specialty | | | | | | | | | | | | |
| Select generic (Kaiser plans) / Preferred brand (Moda Plans) | 25% up to \$200 per 31-day supply | | | 25% up to \$200 per 31-day supply | | | 25% up to \$200 per 31-day supply | | | 25% up to \$200 per 31-day supply | | |
| Non-preferred brand ⁵ | 50% up to \$500 per 31-day supply | | | 50% up to \$500 per 31-day supply | | | 50% up to \$500 per 31-day supply | | | 50% up to \$500 per 31-day supply | | |

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).
 3 For Moda plans, 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 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.
 7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.
 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.
 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.



OEBB Summary of Medical and Pharmacy Benefits 2020-21 Plan Year

| No lifetime maximum on any medical plans. | Medical Plan 5 Connexus Network | | | Medical Plan 6 Connexus Network HSA optional | | | Medical Plan 7 Connexus Network HSA optional | | |
|--|--|--|---|--|--|---|--|--|---|
| | 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 |
| Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum. | | | | | | | | | |
| Deductible per person | \$2,000 | \$2,100 | \$4,000 | \$1,600 ² | \$1,700 ² | \$3,200 ² | \$2,000 ² | \$2,100 ² | \$4,000 ² |
| Maximum deductible per family | \$6,300 | \$6,300 | \$12,600 | \$3,400 ² | \$3,400 ² | \$6,400 ² | \$4,200 ² | \$4,200 ² | \$8,000 ² |
| Out-of-pocket (OOP) maximum per person ³ | \$6,800 | \$7,200 | \$13,700 | \$6,400 ² | \$6,750 ² | \$13,100 ² | \$6,500 ² | \$6,750 ² | \$13,300 ² |
| Out-of-pocket (OOP) maximum per family ³ | \$15,800 | \$15,800 | \$27,400 | \$13,500 ² | \$13,500 ² | \$26,200 ² | \$13,500 ² | \$13,500 ² | \$26,600 ² |
| Maximum cost share per person | \$7,900 | \$7,900 | NA | NA | NA | NA | NA | NA | NA |
| Maximum cost share per family | \$15,800 | \$15,800 | NA | NA | NA | NA | NA | NA | NA |
| Preventive 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 & immunizations. See Plan Handbook for add'l Preventive Care Services. | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% |
| Primary Care Office Visits | | | | | | | | | |
| Primary care office visits | \$30 ^{1,6} | 25% | 50% | 15% | 20% | 50% | 20% | 25% | 50% |
| Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only) | \$50 ¹ | NA | 50% | 15% | NA | 50% | 20% | NA | 50% |
| Virtual Care | \$10 ^{1,9} | \$10 ^{1,9} | 50% | \$10 ⁹ | \$10 ⁹ | 50% | \$10 ⁹ | \$10 ⁹ | 50% |
| Specialist office visits | \$50 ¹ | 25% | 50% | 15% | 20% | 50% | 20% | 25% | 50% |
| Urgent care | \$50 ¹ | 25% | 25% | 15% | 20% | See Plan Handbook | 20% | 25% | See Plan Handbook |
| Mental Health Services | | | | | | | | | |
| Mental health office visits | \$30 ¹ | \$30 ¹ | 50% | 15% | 20% | 50% | 20% | 25% | 50% |
| Mental health inpatient and residential services | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Chemical dependency services (inpatient, outpatient or residential) | \$30 ¹ | \$30 ¹ | 50% | 15% | 20% | 50% | 20% | 25% | 50% |
| Outpatient Services | | | | | | | | | |
| Outpatient surgery/facility care | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 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 | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Tests (outpatient) | | | | | | | | | |
| Preventive tests | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% | \$0 ¹ | \$0 ¹ | 50% |
| Laboratory | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| X-ray, imaging, and special diagnostic procedures | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| CT, MRI, PET scans | \$100 copay + 25% | \$100 copay + 25% | \$100 copay + 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Alternative Care Services⁸ | | | | | | | | | |
| Acupuncture, chiropractic & naturopathic services | \$30 ¹ | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Maternity Care | | | | | | | | | |
| Outpatient maternity care | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Physician or midwife services & hospital stay, delivery & routine newborn nursery care | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |

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).
 3 For Moda plans, 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 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.
 7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.
 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.
 9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.

| No lifetime maximum on any medical plans. | Medical Plan 5 Connexus Network | | | Medical Plan 6 Connexus Network HSA optional | | | Medical Plan 7 Connexus Network HSA optional | | |
|---|--|--|---|--|--|---|--|--|---|
| | 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 |
| Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum. | | | | | | | | | |
| Hospital Services | | | | | | | | | |
| Inpatient care/surgery | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year) | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| 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 + 25% | \$100 copay + 25% | \$100 copay + 50% | 20% | 25% | 50% | 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 + 25% | \$500 copay + 25% | \$500 copay + 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Emergency Services | | | | | | | | | |
| Emergency room (copay waived if admitted) | \$100 copay + 25% | | | 20% | 25% | See Plan Handbook | 20% | 25% | See Plan Handbook |
| Ambulance | 25% | | | 20% | 25% | See Plan Handbook | 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% | 20% | 25% | 50% | 20% | 25% | 50% |
| Durable medical equipment (DME) | 25% | 25% | 50% | 20% | 25% | 50% | 20% | 25% | 50% |
| Bariatric surgery | \$500 + 25% | \$500 + 25% | Not covered | \$500 + 20% | \$500 + 25% | Not covered | \$500 + 20% | \$500 + 25% | Not covered |
| Pharmacy Services | | | | | | | | | |
| Out-of-pocket (OOP) maximum | Rx applies toward Max Cost Share | | | Rx applies toward plan OOP max | | | Rx applies toward plan OOP max | | |
| Retail | | | | | | | | | |
| Value | \$4 per 31-day supply | | | \$4 ¹ per 31-day supply | | | \$4 ¹ per 31-day supply | | |
| Generic (Kaiser Plans) / Select generic (Moda Plans) | \$12 per 31-day supply | | | 20% | 25% | | 20% | 25% | |
| Preferred brand | 25% up to \$75 per 31-day supply | | | 20% | 25% | | 20% | 25% | |
| Non-preferred brand ⁵ | 50% up to \$175 per 31-day supply | | | 20% | 25% | | 20% | 25% | |
| Mail | | | | | | | | | |
| Value | \$8 per 90-day supply | | | \$8 ¹ per 90-day supply | | | \$8 ¹ per 90-day supply | | |
| Generic (Kaiser plans) / Select generic (Moda Plans) | \$24 per 90-day supply | | | 20% | 25% | | 20% | 25% | |
| Preferred Brand | 25% up to \$150 | | | 20% | 25% | | 20% | 25% | |
| Non-preferred brand ⁵ | 50% up to \$450 per 90-day supply | | | 20% | 25% | | 20% | 25% | |
| Specialty | | | | | | | | | |
| Select generic (Kaiser plans) / Preferred brand (Moda Plans) | 25% up to \$200 per 31-day supply | | | 20% | 25% | | 20% | 25% | |
| Non-preferred brand ⁵ | 50% up to \$500 per 31-day supply | | | 20% | 25% | | 20% | 25% | |

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).

3 For Moda plans, 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 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.

7 For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

9 For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.