Summary of Medical and Pharmacy Benefits 2021-22 Plan Year

Contents:

KAISER PERMANENTE® Plans

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2A Kaiser Permanente Network		Medical Plan 2B Kaiser Permanente Network		Medical Plan 3 Kaiser Permanente Network *HSA Optional*	
Plan Year Costs Deductibles and copayments apply to the annual out-of-pocket maximum.	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	In Network Member Pays	Out of Network Member Pays
Deductible per person	None	NA	$800	NA	$1,200	NA	$1,600[2]	NA
Maximum deductible per family	None	NA	$2,400	NA	$3,600	NA	$3,200[2]	NA
Out-of-pocket (OOP) maximum per person[3]	$1,500	NA	$4,000	NA	$4,500	NA	$6,550[2]	NA
Out-of-pocket (OOP) maximum per family[3]	$3,000	NA	$12,000	NA	$13,500	NA	$13,100[2]	NA
Maximum cost share per person	NA	NA	NA	NA	NA	NA	NA	NA
Maximum cost share per family	NA	NA	NA	NA	NA	NA	NA	NA
Preventive Care Services								
Wellness visit	$0	NA	$0[1]	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	$0[1]	Not Covered
Office Visits and Virtual Care								
Primary care office visits	$20	Not Covered	$25[1]	Not Covered	$30[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	NA	NA
Incentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	NA	NA	NA	NA	NA	NA	NA	NA
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered	$0	Not Covered
Specialist office visits	$30	Not Covered	$35[1]	Not Covered	$40[1]	Not Covered	20%	Not Covered
Urgent care	$35	See Plan Handbook	$40[1]	See Plan Handbook	$45[1]	See Plan Handbook	20%	See Plan Handbook
Mental Health Services								
Mental health office visits	$20	Not Covered	$25[1]	Not Covered	$30[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	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered	20%	Not Covered
Outpatient Services								
Outpatient surgery/facility care	$75	Not Covered	20%	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	$40[1] per visit	Not Covered	20%	Not Covered
Tests (outpatient)								
Preventive tests	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered
Laboratory	$20 per visit	Not Covered	$25[1] per visit	Not Covered	$30[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	$30[1] per visit	Not Covered	20%	Not Covered
CT, MRI, PET scans	$20 per visit	Not Covered	$25[1] per visit	Not Covered	$30[1] per visit	Not Covered	20%	Not Covered
Alternative Care Services[8]								
Acupuncture, chiropractic & naturopathic services[11]	$20 per service	Not Covered	$25[1] per service	Not Covered	$30[1] per service	Not Covered	20%	Not Covered
Maternity Care								
Outpatient maternity care	$0	Not Covered	$0[1]	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	20%	Not Covered

KAISER PERMANENTE®

Plans – *continued*

No lifetime maximum on any medical plans.	**Medical Plan 1 Kaiser Permanente Network**		**Medical Plan 2A Kaiser Permanente Network**		**Medical Plan 2B Kaiser Permanente Network**		**Medical Plan 3 Kaiser Permanente Network *HSA Optional***	
Plan Year Costs Deductibles and copayments apply to the annual out-of-pocket maximum.	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	In Network Member Pays	Out of Network Member Pays
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	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	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	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	NA	NA
Emergency Services								
Emergency room (copay waived if admitted)	$100 per visit (waived if admitted)		20%		20%		20%	
Ambulance	$75		$100[1]		$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	10%[1]	Not Covered	20%	Not Covered
Durable medical equipment (DME)	20%	Not Covered	20%[1]	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	$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		$1100 - Rx max also applies to Medical OOP Max		Rx applies toward plan OOP max	
Retail								
Value	NA	NA	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	$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	$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	$45 per 30-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook
Mail								
Value	NA	NA	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	$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	$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	$90 per 90-day supply if criteria met	See Plan Handbook	20%	See Plan Handbook
Specialty								
Generic (Moda Plans only)	NA	NA	NA	NA	NA	NA	NA	NA
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	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	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 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.

7 For value teir 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, acupuncture and spinal manipulation services are subject to 12 visits per plan year.

9 For Moda plans, 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 For Moda plans, member must see their chosen PCP 360 or any in-network specialist to recieve the copay benefit.

11 For Moda plans, 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 comparison and your member handbook, the member handbook will prevail.

Plans 1–4

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		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	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
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%
Office Visits and Virtual Care												
Primary care 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%
Incentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	$15[1,10]	20%	Not covered	$15[1,10]	20%	Not covered	$20[1,10]	25%	Not covered	$20[1,10]	25%	Not covered
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	$0[1,9]	$0[1,9]	Not covered	$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%	$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%
Mental Health Services												
Mental health office visits	$20[1]	$20[1]	50%	$20[1]	$20[1]	50%	$25[1]	$25[1]	50%	$25[1]	$25[1]	50%
Mental health inpatient and residential services	20%	20%	50%	20%	20%	50%	25%	25%	50%	25%	25%	50%
Chemical dependency services (inpatient, outpatient or residential)	$20[1]	$20[1]	50%	$20[1]	$20[1]	50%	$25[1]	$25[1]	50%	$25[1]	$25[1]	50%
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 Services[8]												
Acupuncture, chiropractic & naturopathic services[11]	$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%

Plans 1–4 – *continued*

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		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	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
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		See Plan Handbook	$4 per 31-day supply		See Plan Handbook	$4 per 31-day supply		See Plan Handbook	$4 per 31-day supply		See Plan Handbook
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		See Plan Handbook	$8 per 90-day supply		See Plan Handbook	$8 per 90-day supply		See Plan Handbook	$8 per 90-day supply		See Plan Handbook
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 per 90-day supply			25% up to $150 per 90-day supply			25% up to $150 per 90-day supply			25% up to $150 per 90-day supply		
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												
Generic (Moda Plans only)	$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	$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
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	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			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		
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.			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.		

Plans 5–7

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network *HDHP HSA Compliant*			Medical Plan 7 Connexus Network *HDHP HSA Compliant*		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	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	$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%
Office Visits and Virtual Care									
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%
Incentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	$25[1,10]	25%	Not covered	15%[10]	20%	Not covered	20%[10]	25%	Not covered
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	$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	$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 Services[8]									
Acupuncture, chiropractic & naturopathic services[11]	$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%
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%

Plans 5–7 – *continued*

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network *HDHP HSA Compliant*			Medical Plan 7 Connexus Network *HDHP HSA Compliant*		
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	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
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		See Plan Handbook	20%	25%	See Plan Handbook	20%	25%	See Plan Handbook
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		See Plan Handbook	20%	25%	See Plan Handbook	20%	25%	See Plan Handbook
Preferred brand	25% up to $150 per 90-day supply			20%	25%		20%	25%	
Non-preferred brand[5]	50% up to $450 per 90-day supply			20%	25%		20%	25%	
Specialty									
Generic (Moda Plans only)	$12 per 31-day supply or $36 per 90-day supply when allowed			20%	25%		20%	25%	
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to $200 per 31-day supply or $400 for 90-day supply when allowed		See Plan Handbook	20%	25%	See Plan Handbook	20%	25%	See Plan Handbook
Non-preferred brand[5]	50% up to $500 per 31-day supply or $1,000 for 90-day supply when allowed.			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 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.

7 For value teir 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, acupuncture and spinal manipulation services are subject to 12 visits per plan year.

9 For Moda plans, 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 For Moda plans, member must see their chosen PCP 360 or any in-network specialist to recieve the copay benefit.

11 For Moda plans, 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 comparison and your member handbook, the member handbook will prevail.