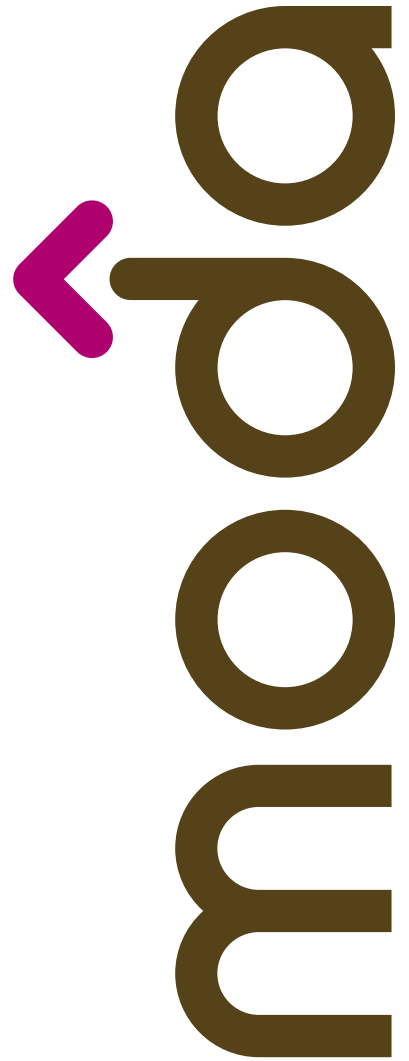


Health plans for every body

Individuals and families

Plans available Jan. 1, 2015, through Dec. 31, 2015.



Hello. Welcome to Moda Health, the place you go when you want more than a health plan — because good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way. We have all of that and a little bit more — and we're excited to help you start on a journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

Resources for your health journey

Moda Health is here to help you get well sooner when you're sick or injured and live well the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. It's simple to access on your computer or mobile device. As a member, log in at modahealth.com to:

- See and manage your benefits
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- View and download your member ID card
- Use Be Better tools to get and stay healthy
- Connect with health professionals
- Look up drug prices before you buy
- Pay your monthly premium with eBill
- Set up recurring payments using AutoPay
- Access exclusive member savings

Be Better tools

These handy resources let you take charge of your healthy potential. They're free to members and come with every health plan. Use them to create a healthier you! Simply log in to myModa to get started. Here's what you'll find.

Momentum

Take charge of your health — and follow your progress. It's easy with the healthy living dashboard, Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:

- Take a health assessment and see your "health age"
- Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- Research conditions and medications
- Set goals and track progress
- Create a Family Health Record
- Find health content and resources

Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. You'll also get one-on-one support when you need it. Our eight care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care

Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll take some of the work off your plate — so you can focus on healing. Our nurse case managers and care coordinators will help you:

- Navigate the healthcare system
- Communicate and work with your providers to support your care plan
- Understand your benefits
- Arrange medically necessary, covered services ordered by your provider
- Connect with community resources

eDoc

Email a health professional about nonurgent health concerns. eDoc keeps it private and customized to you. Connect with:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice — leave a message for a provider, and you'll get a phone response within 24 hours

Nurse line

Get quick health advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Just call toll-free at 866-321-7580 for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor

Quitting tobacco

Stop smoking or chewing tobacco for good. We connect members with programs that make kicking the habit a little easier. You'll get advice from a Quit Coach and a custom quit plan that works for you.

Under the Affordable Care Act, coaching to help you stop smoking is covered in full. Take advantage of these perks:

- Phone, text and online support from Quit Coaches, 24 hours a day
- Tips on dealing with cravings
- Information about medications that can help you quit
- Free tobacco cessation medications dispensed at an in-network retail pharmacy
- Useful articles, videos and online tracking tools

Pharmacy discount card

All members in Washington can save money on prescription medications through our partnership with the Washington Prescription Drug Program (WPDP). You can get discounts on prescriptions not covered under your plan.

Use the card to save up to 80 percent on generic and 20 percent on brand-name medications. You just pay the cost after the discount is applied. Signing up is free. Simply visit modahealth.com/plans/individual and look for the pharmacy link on the left to learn more.

MIDAS medical ID protection

Keep your health privacy safe with this easy and free service. As a Moda Health member, simply log in to myModa and follow the links to MIDAS to claim your benefit. It's a simple way to safeguard your medical record from fraud.

Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you go. So we've made it easy to find in-network coverage in your hometown and across the country.

First Choice Health PPO Network

If you live in Washington, this is your medical network. It includes thousands of doctors, hospitals and other medical providers across many specialties. You also can see providers in the Connexus Network.

Travel with peace of mind*


Go on. Explore. When you're traveling, care is never far. Our travel network comes with each medical plan in Washington. Members have access to the Connexus Network in Oregon, Southwest Washington and Idaho, and the PHCS Healthy Directions Network in all other states.

Eligible family members can also find in-network care if they live out of town. As long as they use PHCS Healthy Directions Network providers, they're covered.

In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between your maximum plan allowance and their billed charges. This is known as balance billing. In-network providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

There is no network restriction for pediatric dental care. Members can use any licensed dental care provider and Moda Health pays benefits based on a fixed payment schedule. The balance between the fixed payment amounts and the billed charges is the member's responsibility.



When it comes to better healthcare, we think we can do more together.

* Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Which tier is right for you?

Not sure where to start? Whatever your needs, we’re confident you’ll find the plan that fits just right. Plan tiers can help you narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

Plan tier categories

Our medical plans fall into one of three tiers: gold, silver and bronze. Gold plans cost a little more, but they cover more, too. Silver plans sit somewhere in the middle. Bronze plans provide a little less coverage, but you’ll save money on monthly premiums.

	What you pay for care (deductible and copay)	What you pay each month (monthly rate/ premium)
Gold plans	\$	\$\$\$\$
> Be Serene	> Moda Health Be Tranquil	
Silver plans	\$\$	\$\$\$
> Be Agile	> Moda Health Be Confident	
> Be Reliable	> Moda Health Be Sensible	
Bronze plans	\$\$\$	\$\$
> Be Certain	> Moda Health Be Ready	
> Be Active (HSA)	> Moda Health Be Open (HSA)	

Find your perfect plan

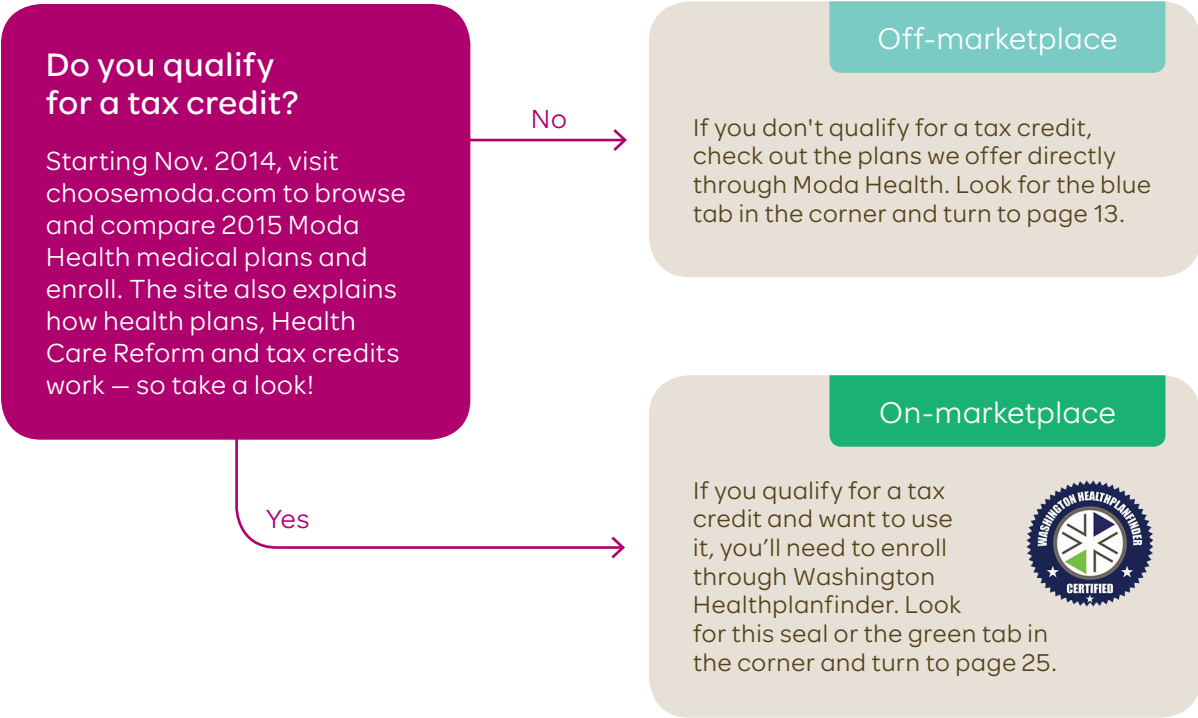
We love our health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you be your healthy best.

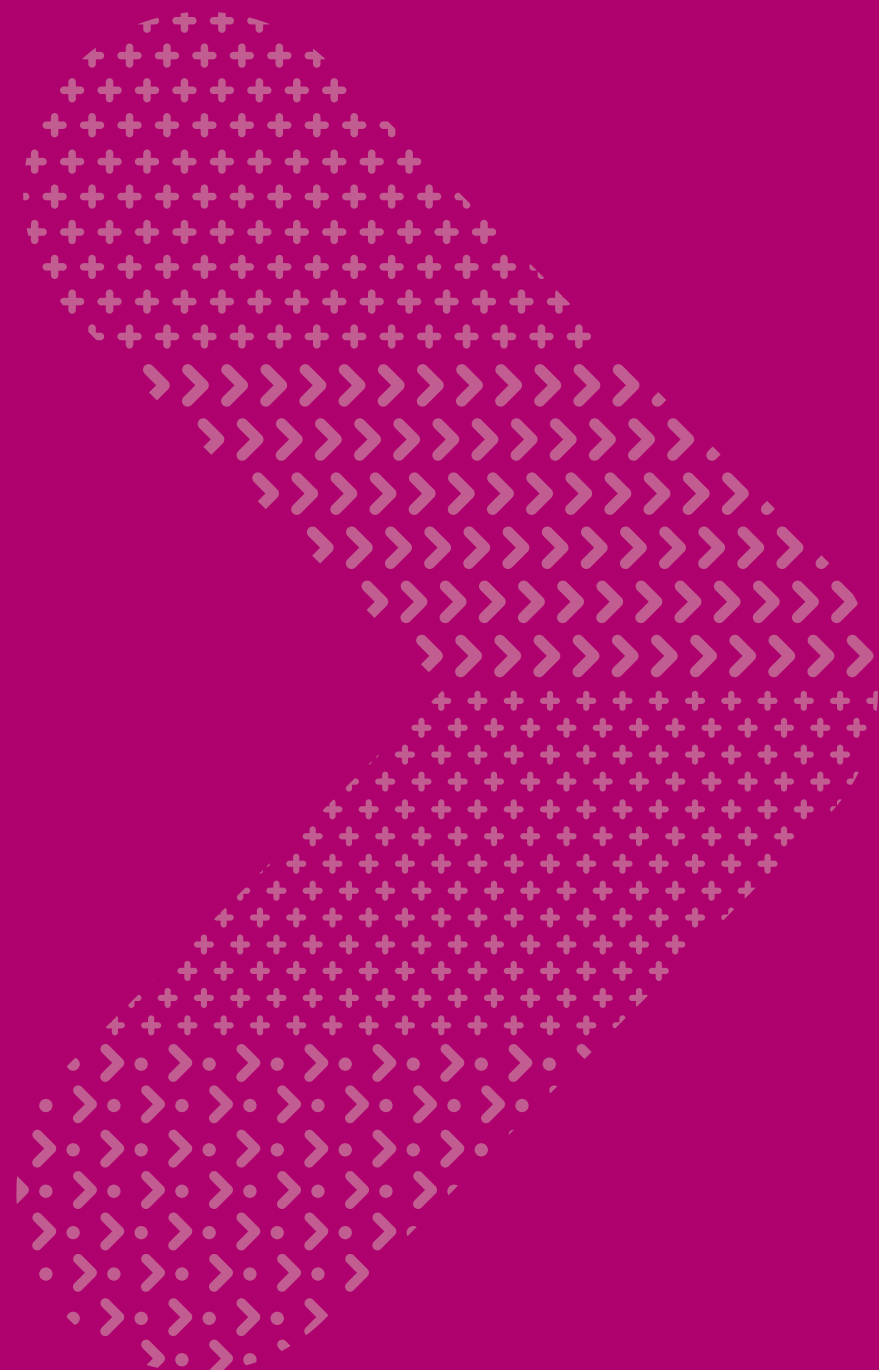
Each plan covers 100 percent of most preventive care – that includes women’s annual exams, well-baby care, routine physicals and immunizations. Plans vary by premiums, deductibles and copays. If you want to feel ready for life’s ups and downs, you’re in the right place.

Have questions?

Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY users, please call 711.

For free print copies of plan summaries, call Moda Health at 855-718-1767.





Looking for a plan directly through Moda Health?

Check out pages 13 - 21 for all the
plans we offer on choosemoda.com.



From everyday life to once-in-a-lifetime adventures, care is never far from where you are.

Gold

On-marketplace

Off-marketplace

Be Serene

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$650	\$1,300
Deductible per family	\$1,300	\$2,600
Out-of-pocket max per person	\$4,000	\$8,000
Out-of-pocket max per family	\$8,000	\$16,000
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$15/visit ¹	50%
Specialist office visit	\$15/visit ¹	50%
Urgent care visit	\$15/visit ¹	50%
Inpatient/outpatient care	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/chemical dependency	\$15/visit ¹	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy ³	\$15/visit ¹	50%
Alternative care ⁴	\$15/visit ¹	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Gold	
Plan enrollment options	Direct through Moda Health	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19. Deductible waived for preventive services.	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

Be Agile

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,250	\$2,500
Deductible per family	\$2,500	\$5,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$25/visit ¹	50%
Specialist office visit	\$25/visit ¹	50%
Urgent care visit	\$25/visit ¹	50%
Inpatient/outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/chemical dependency	\$25/visit ¹	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy ³	\$25/visit ¹	50%
Alternative care ⁴	\$25/visit ¹	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Silver	
Plan enrollment options	Direct through Moda Health	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19. Deductible waived for preventive services.	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

Be Reliable

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$2,750	\$5,500
Deductible per family	\$5,500	\$11,000
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%
Specialist office visit	25%	50%
Urgent care visit	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%
Inpatient/outpatient care	25%	50%
Outpatient diagnostic X-ray & lab	25%	50%
Outpatient mental health/chemical dependency	25%	50%
Emergency room	25%	25%
Ambulance	25%	25%
Physical, speech or occupational therapy ³	25%	50%
Alternative care ⁴	25%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Silver	
Plan enrollment options	Direct through Moda Health	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19. Deductible waived for preventive services.	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.
6 Plan pays for first four visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

Be Certain

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$5,250	\$10,500
Deductible per family	\$10,500	\$21,000
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%
Inpatient/outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy ³	35%	50%
Alternative care ⁴	35%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50%	50%
Brand	50%	50%
Specialty ⁵	50%	Not covered
Features		
Plan tier	Bronze	
Plan enrollment options	Direct through Moda Health	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19. Deductible waived for preventive services.	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.
6 Plan pays for first four visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

Be Active (HSA)*

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible (one enrollee)	\$4,750	\$9,500
Deductible (two or more enrollees)	\$9,500	\$19,000
Out-of-pocket max (one enrollee)	\$6,450	\$12,900
Out-of-pocket max (two or more enrollees)	\$12,900	\$25,800
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	20%	50%
Specialist office visit	20%	50%
Urgent care visit	20%	50%
Inpatient/outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%	50%
Outpatient mental health/chemical dependency	20%	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy ³	20%	50%
Alternative care ⁴	20%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	40%	40%
Brand	40%	40%
Specialty ⁵	40%	Not covered
Features		
Plan tier	Bronze	
Plan enrollment options	Direct through Moda Health	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19.	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

* This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any bank for their HSA plan.

Plans at-a-glance

Available directly through Moda Health

	Be Serene		Be Agile		Be Reliable		Be Certain		Be Active (HSA)*	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs										
Deductible per person	\$650	\$1,300	\$1,250	\$2,500	\$2,750	\$5,500	\$5,250	\$10,500	\$4,750	\$9,500
Deductible per family	\$1,300	\$2,600	\$2,500	\$5,000	\$5,500	\$11,000	\$10,500	\$21,000	\$9,500	\$19,000
Out-of-pocket max per person	\$4,000	\$8,000	\$6,350	\$12,700	\$6,600	\$13,200	\$6,600	\$13,200	\$6,450	\$12,900
Out-of-pocket max per family	\$8,000	\$16,000	\$12,700	\$25,400	\$13,200	\$26,400	\$13,200	\$26,400	\$12,900	\$25,800
Care & services										
Preventive care ²	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$15/visit ¹	50%	\$25/visit ¹	50%	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%	20%	50%
Specialist office visit	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Urgent care visit	\$15/visit ¹	50%	\$25/visit ¹	50%	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%	20%	50%
Inpatient/outpatient care	15%	50%	30%	50%	25%	50%	35%	50%	20%	50%
Outpatient diagnostic X-ray & lab	15%	50%	30%	50%	25%	50%	35%	50%	20%	50%
Outpatient mental health/chemical dependency	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Emergency room	15%	15%	30%	30%	25%	25%	35%	35%	20%	20%
Ambulance	15%	15%	30%	30%	25%	25%	35%	35%	20%	20%
Physical, speech or occupational therapy ³	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Alternative care ⁴	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Pediatric vision exam	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹
Prescription medications										
Value	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50%	50%	40%	40%
Brand	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50%	50%	40%	40%
Specialty ⁵	50% ¹	Not covered	50% ¹	Not covered	50% ¹	Not covered	50%	Not covered	40%	Not covered
Features										
Plan tier	Gold		Silver		Silver		Bronze		Bronze	
Plan enrollment options	Direct through Moda Health		Direct through Moda Health		Direct through Moda Health		Direct through Moda Health		Direct through Moda Health	
Provider network	First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	
Embedded pediatric dental	Included for members under age 19. Deductible waived for preventive services.		Included for members under age 19. Deductible waived for preventive services.		Included for members under age 19. Deductible waived for preventive services.		Included for members under age 19. Deductible waived for preventive services.		Included for members under age 19.	

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* This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any bank with their HSA plan.

What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that’s right for you, you’re in good hands.

Monthly rates for individual plans starting 2015

Thanks in part to the Affordable Care Act, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly premiums, simply add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

All children under age 21 have the same rate based on the plan. However, you only need to include up to three children under age 21 in your total.* Child dependents ages 21 through 25 have a rate based on their actual age.

How to calculate your premium

- 1

Jot down the rate for each person age 21+
- 2

Jot down the rate for each person (up to three*) under age 21
- 3

Add all of these rates together to get your family’s total rate

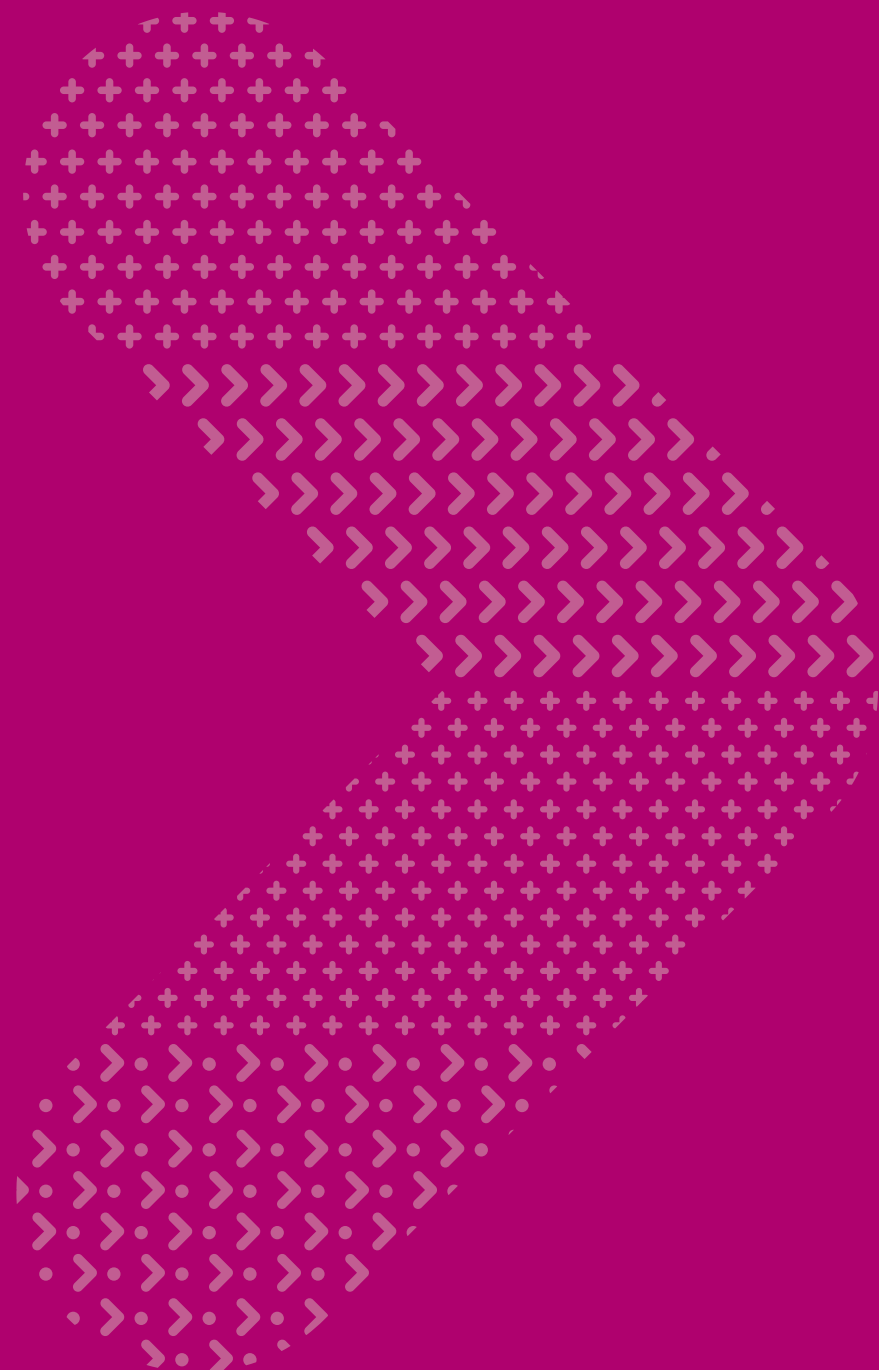
*If you have more than three dependent children under age 21, only three need to be calculated into your rate – this helps keep your healthcare affordable.

Monthly rates*

Plans available direct through Moda Health

Age	Be Serene	Be Agile	Be Reliable	Be Certain	Be Active (HSA)
0 – 20	190.02	160.03	143.29	121.15	121.12
21	299.24	252.01	225.65	190.79	190.74
22	299.24	252.01	225.65	190.79	190.74
23	299.24	252.01	225.65	190.79	190.74
24	299.24	252.01	225.65	190.79	190.74
25	300.44	253.02	226.55	191.55	191.50
26	306.42	258.06	231.06	195.37	195.32
27	313.60	264.11	236.48	199.95	199.90
28	325.27	273.94	245.28	207.39	207.34
29	334.85	282.00	252.50	213.49	213.44
30	339.64	286.03	256.11	216.54	216.49
31	346.82	292.08	261.53	221.12	221.07
32	354.00	298.13	266.94	225.70	225.65
33	358.49	301.91	270.33	228.56	228.51
34	363.28	305.94	273.94	231.62	231.56
35	365.67	307.96	275.74	233.14	233.09
36	368.06	309.97	277.55	234.67	234.61
37	370.46	311.99	279.35	236.20	236.14
38	372.85	314.01	281.16	237.72	237.66
39	377.64	318.04	284.77	240.77	240.71
40	382.43	322.07	288.38	243.83	243.77
41	389.61	328.12	293.79	248.41	248.34
42	396.49	333.92	298.98	252.79	252.73
43	406.07	341.98	306.21	258.90	258.84
44	418.04	352.06	315.23	266.53	266.46
45	432.10	363.90	325.84	275.50	275.43
46	448.86	378.02	338.47	286.18	286.11
47	467.71	393.89	352.69	298.20	298.13
48	489.25	412.04	368.94	311.94	311.86
49	510.50	429.93	384.96	325.48	325.40
50	534.44	450.09	403.01	340.75	340.66
51	558.08	470.00	420.83	355.82	355.73
52	584.11	491.93	440.47	372.42	372.33
53	610.45	514.10	460.32	389.21	389.11
54	638.87	538.04	481.76	407.33	407.23
55	667.30	561.99	503.20	425.46	425.35
56	698.12	587.94	526.44	445.11	445.00
57	729.24	614.15	549.91	464.95	464.84
58	762.46	642.13	574.95	486.13	486.01
59	778.92	655.99	587.36	496.62	496.50
60	812.13	683.96	612.41	517.80	517.67
61	840.86	708.15	634.07	536.11	535.98
62	859.71	724.03	648.29	548.13	548.00
63	883.35	743.94	666.11	563.21	563.07
64+	897.71	756.03	676.95	572.36	572.22

* Rates effective January 1, 2015 through December 31, 2015



Looking for a plan on Washington Healthplanfinder?

Check out pages 25 – 33 for all the
plans we offer on wahealthplanfinder.org.



A healthy body can do wonders for your peace of mind.

Gold

On-marketplace

Off-marketplace

Moda Health
Be Tranquil

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$650	\$1,300
Deductible per family	\$1,300	\$2,600
Out-of-pocket max per person	\$4,000	\$8,000
Out-of-pocket max per family	\$8,000	\$16,000
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$15/visit ¹	50%
Specialist office visit	\$15/visit ¹	50%
Urgent care visit	\$15/visit ¹	50%
Inpatient/outpatient care	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/chemical dependency	\$15/visit ¹	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy ³	\$15/visit ¹	50%
Alternative care ⁴	\$15/visit ¹	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Gold	
Plan enrollment options	Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.



Moda Health
Be Confident

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,250	\$2,500
Deductible per family	\$2,500	\$5,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$25/visit ¹	50%
Specialist office visit	\$25/visit ¹	50%
Urgent care visit	\$25/visit ¹	50%
Inpatient/outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/chemical dependency	\$25/visit ¹	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy ³	\$25/visit ¹	50%
Alternative care ⁴	\$25/visit ¹	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Silver	
Plan enrollment options	Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.



Moda Health
Be Sensible

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$2,750	\$5,500
Deductible per family	\$5,500	\$11,000
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%
Specialist office visit	25%	50%
Urgent care visit	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%
Inpatient/outpatient care	25%	50%
Outpatient diagnostic X-ray & lab	25%	50%
Outpatient mental health/chemical dependency	25%	50%
Emergency room	25%	25%
Ambulance	25%	25%
Physical, speech or occupational therapy ³	25%	50%
Alternative care ⁴	25%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹
Brand	50% ¹	50% ¹
Specialty ⁵	50% ¹	Not covered
Features		
Plan tier	Silver	
Plan enrollment options	Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.
6 Plan pays for first four visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.



Moda Health
Be Ready

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$5,250	\$10,500
Deductible per family	\$10,500	\$21,000
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%
Inpatient/outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy ³	35%	50%
Alternative care ⁴	35%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	50%	50%
Brand	50%	50%
Specialty ⁵	50%	Not covered
Features		
Plan tier	Bronze	
Plan enrollment options	Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.
6 Plan pays for first four visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.



Moda Health
Be Open (HSA)*

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible (one enrollee)	\$4,750	\$9,500
Deductible (two or more enrollees)	\$9,500	\$19,000
Out-of-pocket max (one enrollee)	\$6,450	\$12,900
Out-of-pocket max (two or more enrollees)	\$12,900	\$25,800
Care & services		
Preventive care ²	\$0/visit ¹	50%
Primary care physician (PCP) office visit	20%	50%
Specialist office visit	20%	50%
Urgent care visit	20%	50%
Inpatient/outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%	50%
Outpatient mental health/chemical dependency	20%	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy ³	20%	50%
Alternative care ⁴	20%	50%
Pediatric vision exam	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹
Prescription medications		
Value	\$2 ¹	\$2 ¹
Generic	40%	40%
Brand	40%	40%
Specialty ⁵	40%	Not covered
Features		
Plan tier	Bronze	
Plan enrollment options	Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network	
Travel network	PHCS Healthy Directions	
Embedded pediatric dental	Not included	

1 Deductible waived
2 For services as required under the Affordable Care Act
3 Covers medically necessary massage therapy
4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)
5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

* This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any bank for their HSA plan.



Plans at-a-glance

Available through Washington Healthplanfinder

	Moda Health Be Tranquil		Moda Health Be Confident		Moda Health Be Sensible		Moda Health Be Ready		Moda Health Be Open (HSA)*	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs										
Deductible per person	\$650	\$1,300	\$1,250	\$2,500	\$2,750	\$5,500	\$5,250	\$10,500	\$4,750	\$9,500
Deductible per family	\$1,300	\$2,600	\$2,500	\$5,000	\$5,500	\$11,000	\$10,500	\$21,000	\$9,500	\$19,000
Out-of-pocket max per person	\$4,000	\$8,000	\$6,350	\$12,700	\$6,600	\$13,200	\$6,600	\$13,200	\$6,450	\$12,900
Out-of-pocket max per family	\$8,000	\$16,000	\$12,700	\$25,400	\$13,200	\$26,400	\$13,200	\$26,400	\$12,900	\$25,800
Care & services										
Preventive care ²	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%	\$0/visit ¹	50%
Primary care physician (PCP) office visit	\$15/visit ¹	50%	\$25/visit ¹	50%	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%	20%	50%
Specialist office visit	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Urgent care visit	\$15/visit ¹	50%	\$25/visit ¹	50%	\$25/visit ¹ for first 4 visits, 25% subsequent visits ⁶	50%	\$30/visit ¹ for first 4 visits, 35% subsequent visits ⁶	50%	20%	50%
Inpatient/outpatient care	15%	50%	30%	50%	25%	50%	35%	50%	20%	50%
Outpatient diagnostic X-ray & lab	15%	50%	30%	50%	25%	50%	35%	50%	20%	50%
Outpatient mental health/chemical dependency	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Emergency room	15%	15%	30%	30%	25%	25%	35%	35%	20%	20%
Ambulance	15%	15%	30%	30%	25%	25%	35%	35%	20%	20%
Physical, speech or occupational therapy ³	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Alternative care ⁴	\$15/visit ¹	50%	\$25/visit ¹	50%	25%	50%	35%	50%	20%	50%
Pediatric vision exam	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹
Pediatric vision hardware	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹	0% ¹
Prescription medications										
Value	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹
Generic	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50%	50%	40%	40%
Brand	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50%	50%	40%	40%
Specialty ⁵	50% ¹	Not covered	50% ¹	Not covered	50% ¹	Not covered	50%	Not covered	40%	Not covered
Features										
Plan tier	Gold		Silver		Silver		Bronze		Bronze	
Plan enrollment options	Washington Healthplanfinder only		Washington Healthplanfinder only		Washington Healthplanfinder only		Washington Healthplanfinder only		Washington Healthplanfinder only	
Provider network	First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network		First Choice Health PPO Network	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	
Embedded pediatric dental	Not included		Not included		Not included		Not included		Not included	

1 Deductible waived

2 For services as required under the Affordable Care Act

3 Covers medically necessary massage therapy

4 Covers medically necessary spinal manipulations (10 visits) and acupuncture care (12 visits)

5 Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

6 Plan pays for first four visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

* This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any bank with their HSA plan.

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What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that's right for you, you're in good hands.

Monthly rates for individual plans starting 2015

Thanks in part to the Affordable Care Act, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly premiums, simply add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

All children under age 21 have the same rate based on the plan. However, you only need to include up to three children under age 21 in your total.* Child dependents ages 21 through 25 have a rate based on their actual age.

How to calculate your premium

- 1 Jot down the rate for each person age 21+
- 2 Jot down the rate for each person (up to three*) under age 21
- 3 Add all of these rates together to get your family's total rate

* If you have more than three dependent children under age 21, only three need to be calculated into your rate — this helps keep your healthcare affordable.

Monthly rates*

Plans available on Washington Healthplanfinder

Age	Moda Health Be Tranquil	Moda Health Be Confident	Moda Health Be Sensible	Moda Health Be Ready	Moda Health Be Open (HSA)
0 – 20	185.43	157.87	141.32	119.56	119.54
21	292.01	248.61	222.54	188.28	188.25
22	292.01	248.61	222.54	188.28	188.25
23	292.01	248.61	222.54	188.28	188.25
24	292.01	248.61	222.54	188.28	188.25
25	293.18	249.61	223.43	189.04	189.00
26	299.02	254.58	227.88	192.80	192.77
27	306.03	260.55	233.23	197.32	197.29
28	317.42	270.24	241.90	204.66	204.63
29	326.76	278.20	249.03	210.69	210.65
30	331.43	282.18	252.59	213.70	213.66
31	338.44	288.14	257.93	218.22	218.18
32	345.45	294.11	263.27	222.74	222.70
33	349.83	297.84	266.61	225.56	225.52
34	354.50	301.82	270.17	228.58	228.54
35	356.84	303.81	271.95	230.08	230.04
36	359.17	305.80	273.73	231.59	231.55
37	361.51	307.78	275.51	233.09	233.05
38	363.84	309.77	277.29	234.60	234.56
39	368.52	313.75	280.85	237.61	237.57
40	373.19	317.73	284.41	240.63	240.58
41	380.20	323.70	289.75	245.14	245.10
42	386.91	329.41	294.87	249.48	249.43
43	396.26	337.37	301.99	255.50	255.45
44	407.94	347.31	310.89	263.03	262.98
45	421.66	359.00	321.35	271.88	271.83
46	438.02	372.92	333.82	282.42	282.37
47	456.41	388.58	347.84	294.29	294.23
48	477.44	406.48	363.86	307.84	307.79
49	498.17	424.14	379.66	321.21	321.15
50	521.53	444.02	397.46	336.27	336.21
51	544.60	463.66	415.04	351.15	351.09
52	570.00	485.29	434.40	367.53	367.46
53	595.70	507.17	453.99	384.10	384.03
54	623.44	530.79	475.13	401.98	401.91
55	651.18	554.41	496.27	419.87	419.80
56	681.26	580.02	519.19	439.26	439.19
57	711.63	605.87	542.34	458.85	458.76
58	744.04	633.47	567.04	479.75	479.66
59	760.10	647.14	579.28	490.10	490.01
60	792.52	674.74	603.98	511.00	510.91
61	820.55	698.60	625.35	529.08	528.98
62	838.95	714.27	639.37	540.94	540.84
63	862.01	733.91	656.95	555.81	555.71
64+	876.03	745.83	667.62	564.84	564.75

* Rates effective January 1, 2015 through December 31, 2015

Answers to your questions

How do I sign up for 2015 benefits?

To enroll in a 2015 individual medical plan visit choosemoda.com during open enrollment, Nov. 15, 2014, through Feb. 15, 2015. If you miss open enrollment and experience a qualifying event, such as losing health coverage or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

If you're not an online type of person, no worries. Just call us toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY users, please call 711.

Am I eligible to apply?

If you are buying a plan directly from Moda Health and not using the state marketplace, you and any dependents applying for coverage must live in Washington, be a Washington resident prior to submitting an application and live in Washington for at least six months out of the calendar year.

Which network includes my provider?

Moda Health networks include a ton of great doctors, clinics, pharmacies and hospitals. To find one, visit modahealth.com and use Find Care. Search as a guest, choose a network and then enter a provider name. You can also visit the First Choice Health website at fchn.com to find a provider. Just choose "First Choice Health PPO Network" in your search.

What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account.

Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Individuals who are eligible for Medicare are not eligible for a Moda Health individual medical plan, regardless of age.

Which individual medical plans can I purchase through the health plan marketplace, Washington Healthplanfinder?

You can enroll in five of our individual plans through Washington Healthplanfinder. Those plans include: Moda Health Be Tranquil, Moda Health Be Confident, Moda Health Be Sensible, Moda Health Be Ready and Moda Health Be Open (HSA).

Our other five plans are only available by enrolling directly through Moda Health: Be Serene, Be Agile, Be Reliable, Be Certain and Be Active (HSA).

Visit choosemoda.com during open enrollment, starting Nov. 2014, to learn more about 2015 plan purchase options.

Which bank can I use for my HSA plan?

It's your choice. You have the freedom to pick the financial institution you wish.

Can my employer sponsor my individual coverage?

Moda Health individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health using a personal check. However, Moda Health will accept business checks that are not part of pre-tax deductions.

When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning Jan. 1, 2015. If the rates change with renewal, the new rates will be provided before the first day of the annual open enrollment.

Can I switch to a different plan at any time?

No, you will only be able to change plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Healthcare lingo explained

We realize that the words used in health plan brochures can be confusing, so we’ve made you a cheat sheet of sorts.

To find even more definitions, including a printable uniform glossary, visit the Learning center at [choosemoda.com](#). For free print copies of the uniform glossary or Summary of Benefits and Coverage (SBC), contact Moda Health toll-free at 866-939-0368.

Alternative care

This includes spinal manipulation and acupuncture care.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill you the difference between the maximum plan allowance and their billed charges. In-network providers can't do this.

Coinsurance

The percentage of allowable charges for which the patient is responsible.

Copay

The fixed amount you pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it.

Deductible

The amount you pay for covered healthcare services in a calendar year before the health plan starts paying for treatment. Fixed dollar copayments, prescription medications, out-of pocket costs and disallowed charges may not apply toward the deductible.

Brand medication

Patented medications produced and marketed by a specific manufacturer. A brand medication is sold under a trademark and protected name.

Embedded pediatric dental

Plans with embedded pediatric dental cover routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and medically necessary orthodontia care. Services are covered only for members under age 19 and are subject to the medical deductible and coinsurance of the plan. Deductible is waived on preventive services. Basic and major services are subject to medical deductible.

Embedded pediatric vision

All medical plans include one vision exam, standard lens and frame every 12 months for those under age 19. Deductible and coinsurance do not apply to all services and hardware.

Marketplace

Also called an “exchange,” a health plan marketplace is an online hub where folks can buy affordable health coverage. The individual plan marketplace in Washington is called Washington Healthplanfinder. If you qualify for a federal tax credit based on your income, you must buy a plan through the marketplace to receive the tax credit.

Out-of-pocket maximum

The most an individual pays in a calendar year for covered healthcare services before benefits are paid in full. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, co-insurance and co-payments. It does not include disallowed charges or balance billing amounts for out-of-network providers.

Preferred provider

A provider contracted within a network. By choosing a preferred provider, members’ out-of-pocket expenses will be less than if they choose a provider outside the network.

Preferred Provider Organization (PPO)

A PPO can also refer to a panel of medical providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

Primary care provider (PCP)

A PCP can be an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician’s assistant. These providers practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology and women’s health.

Special enrollment

Certain life events might qualify you for special enrollment. This means you can enroll for a health plan outside of the open enrollment period. For example, having a baby or moving to a new state could make you or those you cover eligible.

Tax credit

Federal tax credits help people pay for health coverage. You might qualify for credits based on your income. To use a tax credit, you must buy coverage through your state’s health plan marketplace.

Value medications

These include select, commonly prescribed products used to treat chronic medical conditions and preserve health.

Limitations and exclusions for medical plans

Limitations

- > All medical and surgical admissions, and some outpatient services and medications, must be authorized by Moda Health.
- > Coordination of Benefits. When a member has more than one health plan, combined benefits for both plans will be provided up to, but not exceeding, the maximum plan allowance for all covered services.
- > Skilled nursing facility benefits are limited to 60 days per calendar year.
- > Inpatient rehabilitation benefits are limited to 30 days per calendar year. Annual limit does not apply if medically necessary for treating cancer or certain chronic conditions and diseases.
- > Outpatient rehabilitation, including physical, speech, occupational or massage therapy, and habilitation benefits are limited separately to 25 sessions per calendar year.
- > Neurodevelopmental therapy benefits are limited to 25 visits per calendar year.
- > Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- > Hospice respite care is limited to 14 inpatient or outpatient days per lifetime.
- > Acupuncture care is limited to 12 visits per calendar year.
- > Spinal manipulations are limited to 10 visits per calendar year.
- > Home healthcare is limited to 130 visits per year.
- > Pediatric dental care and vision care, when covered in the individual plan, are limited to members under age 19.
- > Retail and specialty prescriptions are for a 30-day supply; mail-order prescriptions are for a 90-day supply.
- > Instruction programs are limited to diabetic self-management training and education.

Exclusions

- > Services provided by the patient or a member of the patient’s immediate family.
- > Services or supplies that are not medically necessary.
- > Services and supplies for reversal of sterilization or to treat infertility.
- > Services and supplies for obesity, except for those required under the Affordable Care Act.
- > Surgery to alter the refractive character of the eye.
- > Hearing aids.
- > Routine eye care for members age 19 and older.
- > Court ordered services, including a sex offender treatment program and a screening interview or treatment program related to driving under the influence of intoxicants – this exclusion does not apply to services that are medically necessary or provided pursuant to civil commitment proceedings for mental illness.
- > Custodial care.
- > Experimental or investigational treatment.
- > Services or supplies available in whole, or in part under any city, county, state or federal law, except Medicaid.
- > Charges above the maximum plan allowance.
- > Enrichment programs including self-help programs, educational programs, assertiveness training, marathon group therapy and sensitivity training.



We take clinical quality seriously. That commitment has earned our PPO plans NCQA commendable accreditation.

For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your agent or Moda Health.



Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 866-939-0368. TTY users, please call 711.

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