

**OREGON EDUCATORS BENEFIT BOARD 2015-16 PLAN YEAR
SUMMARY OF MEDICAL AND PHARMACY BENEFITS**

Medical Plans no lifetime maximum on any medical plans	Med Plan 1 Kaiser (HMO)		Med Plan 2 Kaiser (HMO)		Med Plan 3 Kaiser (HMO)		Med Plan A Moda Health (PPO)		Med Plan B Moda Health (PPO)		Med Plan C Moda Health (PPO)		Med Plan D Moda Health (PPO)		Med Plan E Moda Health (PPO)		Med Plan F Moda Health (PPO)		Med Plan G Moda Health (PPO) Not HSA-Compliant		Med Plan H Moda Health (PPO) HSA Required		
	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	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	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 effective October 1, 2014.																							
Deductible per person	None	See Plan Handbook	\$200	See Plan Handbook	\$1,500 ²	See Plan Handbook	\$200		\$350		\$500		\$750		\$1,000		\$1,250		\$1,500		\$1,500 ²		
Maximum deductible per family	None	See Plan Handbook	\$600	See Plan Handbook	\$3,000 ²	See Plan Handbook	\$600		\$1,050		\$1,500		\$2,250		\$3,000		\$3,750		\$4,500		\$3,000 ²		
Out-of-pocket (OOP) maximum per person	\$1,500	See Plan Handbook	\$3,400	See Plan Handbook	\$5,000 ²	See Plan Handbook	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700	\$5,000 ²		
Out-of-pocket (OOP) maximum per family	\$3,000	See Plan Handbook	\$6,800	See Plan Handbook	\$10,000 ²	See Plan Handbook	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400	\$10,000 ²		
Maximum cost share per person (Includes OOP, ACT, and Pharmacy)	NA	NA	NA	NA	NA	NA	NA	NA	\$6,600	n/a	\$6,600	n/a	n/a										
Maximum cost share per family (Includes OOP, ACT, and Pharmacy)	NA	NA	NA	NA	NA	NA	\$13,200	n/a	\$13,200	n/a	n/a												
Preventive Care Services																							
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0	NA	\$0	NA	\$0	NA	\$0	Not covered	\$0	Not covered	\$0	Not covered											
Includes routine adult, well-child and women's exams; annual obesity screening and immunizations. See Plan Handbook for additional Preventive Care Services.	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)																							
Moda Medical Home incentive care	NA	NA	NA	NA	NA	NA	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%	20%	50%							
Incentive office visits and home visits	NA	NA	NA	NA	NA	NA	20% ¹	50%	20% ¹	50%	20%	50%											
Professional Services																							
Moda Medical Home primary care services	NA	NA	NA	NA	NA	NA	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	20%	50%							
Primary care office visits	\$20	Not Covered	\$25 ¹	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Specialist office visits	\$30	Not Covered	\$35 ¹	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Mental health office visits	\$20	Not Covered	\$25 ¹	Not Covered	20%	Not Covered	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	20%	50%							
Mental health inpatient and residential services	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Chemical dependency services (inpatient, outpatient or residential)	\$0	Not Covered	\$0	Not Covered	20%	Not Covered	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%	20%	50%	
Alternative Care Services (\$2,000 combined maximum)																							
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	\$20 per service	Not Covered	\$25 ¹ per service	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Maternity Care																							
Outpatient Maternity Care	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	\$100 per day, up to \$500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Outpatient and Hospital Services																							
Inpatient care/surgery	\$100 per day, up to \$500 per admission maximum	See Plan Handbook	20%	See Plan Handbook	20%	See Plan Handbook	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Outpatient surgery/facility care	\$75	Not Covered	20%	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
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%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Viscosupplementation	\$30 ⁵	Not Covered	\$35 ^{1,5}	Not Covered	20%	Not Covered	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
Upper Endoscopies	\$75	Not Covered	20%	Not Covered	20%	Not Covered	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
Sleep Studies	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
MRI, CT, PET imaging	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
Lumbar Discographies	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
Moda Plans Only: \$100 Additional Cost Tier (ACT): spinal injections, tonsillectomies	NA	NA	NA	NA	NA	NA	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	20%	50%	
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ³ , knee & shoulder arthroscopy, hernia repair	NA	NA	NA	NA	NA	NA	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	20%	50%	
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year Moda Plans: 30 days per plan year / 60 for spinal or head injury	\$30 per visit	Not Covered	\$35 ¹ per visit	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Outpatient diagnostic lab and X-ray	\$20 per visit	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	
Emergency and Urgent Care																							
Urgent care visit	\$35	See Plan Handbook	\$40 ¹	See Plan Handbook	20%	See Plan Handbook	\$50 ¹		\$50 ¹		20%												
Emergency room (copay waived if admitted)	\$100 per visit (waived if admitted)		20%		20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		20%		
Ambulance	\$75		\$100 ¹		20%		20%		20%		20%		20%		20%		20%		20%		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	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	
Durable Medical Equipment	20%	Not Covered	20% ¹	Not Covered	20%	Not Covered	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	

NA = not applicable
¹ If enrolled in a Summit or Synergy plan, you must select a medical home for each individual on the plan and each individual must access services and coordinate care through their medical home in order to receive the "In-Network" benefit; all preventive, primary and incentive care office visits not accessed through the individual's medical home will be paid at the "Out-of-Network" benefit. If enrolled in a traditional Statewide (i.e., not Summit or Synergy) plan, all providers within the Connexus Network are considered "In-Network".
² **Deductible Waived**
³ **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 Deductible must be met before benefits will be paid (except where ¹ indicates Deductible Waived).**
⁴ Benefit is subject to a reference price limitation. This is not applicable to Summit or Synergy Plans.
⁵ To remain HSA-compliant, medications for certain conditions are not included in the Plan H value tier. See Plan Handbook for details.
⁶ On Kaiser Plans 1 & 2, viscosupplementation and other "Clinically Administered Medications" are subject to the office visit copayment plus 20% coinsurance

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.

**OREGON EDUCATORS BENEFIT BOARD 2015-16 PLAN YEAR
SUMMARY OF MEDICAL AND PHARMACY BENEFITS**

Medical Plans no lifetime maximum on any medical plans	Med Plan 1 Kaiser (HMO)		Med Plan 2 Kaiser (HMO)		Med Plan 3 Kaiser (HMO)		Med Plan A Moda Health (PPO)		Med Plan B Moda Health (PPO)		Med Plan C Moda Health (PPO)		Med Plan D Moda Health (PPO)		Med Plan E Moda Health (PPO)		Med Plan F Moda Health (PPO)		Med Plan G Moda Health (PPO) Not HSA-Compliant		Med Plan H Moda Health (PPO) HSA Required			
Weight Management (subscriber and covered dependents unless noted otherwise)																								
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
12 Health Coaching Sessions per Plan Year & Online Educational Resources	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Bariatric Surgery (a.k.a., Gastric bypass, Roux-en-Y) ² <i>Subscribers only, not covered for dependents. Approved providers only - See Plan Handbook for specific criteria.</i>	\$500 + Inpatient Care costs		\$500 + 20%		\$500 + 20%		\$500 copay + 20%	Not covered	\$500 + 20%	Not covered														
Tobacco Cessation Program (available to age 10 and over)																								
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.		Unlimited calls to (max 5 calls from) Alere Wellbeing per Plan Year. Patches, gum & prescribed medications subject to Rx copays. See Plan Handbook for details.	
Pharmacy Services																								
Out of pocket 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		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward Max Cost Share		Rx applies toward plan OOP max	
Retail																								
Value (Moda Plans Only)	NA	NA	NA	NA	NA	NA	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 (up to 90-day supply)	\$0 ⁴	
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	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	\$8 per 31-day supply \$24 per 90-day supply	20%	
Preferred Brand	\$25 per 30-day supply	See Plan Handbook	\$25 per 30-day supply	See Plan Handbook	20%	See Plan Handbook	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	25% up to \$50 per 31-day supply	20%	
Non-preferred brand	\$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	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	50% up to \$150 per 31-day supply	20%	
Mail																								
Value (Moda Plans Only)	NA	NA	NA	NA	NA	NA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 ⁴	
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	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20%	
Preferred Brand	\$50 per 90-day supply	See Plan Handbook	\$50 per 90-day supply	See Plan Handbook	20%	See Plan Handbook	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$100 per 90-day supply	20%	
Non-preferred brand	\$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	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	50% up to \$300 per 90-day supply	20%	
Specialty																								
Select generic	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	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20%	
Preferred	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	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	25% up to \$100 per 31-day supply	20%	
Non-preferred brand	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	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	50% up to \$300 per 31-day supply	20%	

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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.