

2021-2022 Medical Plan Descriptions

Benefits	Plan 3			Plan 4			Plan 6 ₁		
	Coordinated Care	Non-Coordinated Care	Out-of-Network	Coordinated Care	Non-Coordinated Care	Out-of-Network	Coordinated Care	Non-Coordinated Care	Out-of-Network
	In-Network	In-Network		In-Network	In-Network		In-Network	In-Network	
Plan Year Costs									
Deductible per person/family	\$1,200/\$3,900	\$1,300/\$3,900	\$2,400/\$7,200	\$1,600/\$5,100	\$1,700/\$5,100	\$3,200/\$9,600	\$1,600/\$3,400	\$1,700/\$3,400	\$3,200/\$6,400
Out-of-pocket max per person	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700	\$6,400	\$6,750	\$13,100
Out-of-pocket max per family	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400	\$13,500	\$13,500	\$26,200
Max cost share per person (includes OOP & ACT)	\$7,900	\$7,900	N/A	\$7,900	\$7,900	N/A	N/A	N/A	N/A
Max cost share per family (includes OOP & ACT)	\$15,800	\$15,800	N/A	\$15,800	\$15,800	N/A	N/A	N/A	N/A
Preventive Care Services									
Wellness visit	\$0*	\$0*	Not Covered	\$0*	\$0*	Not Covered	\$0*	\$0*	Not Covered
Routine adult, well-child, and women's exams; annual obesity screening & immunizations	\$0*	\$0*	50%	\$0*	\$0*	50%	\$0*	\$0*	50%
Professional Services									
Primary care office visit	\$25*	25%	50%	\$25*	25%	50%	15%	20%	50%
Primary care office visit with a provider other than your PCP360	\$50*	N/A	50%	\$50*	N/A	50%	15%	N/A	50%
Specialist office visit	\$50*	25%	50%	\$50*	25%	50%	15%	20%	50%
Mental health office visit	\$25*	\$25* copay	50%	\$25*	\$25*	50%	15%	20%	50%
Chemical dependency services	\$25*	\$25* copay	50%	\$25*	\$25*	50%	15%	20%	50%
Virtual visit	\$10*	\$10*	Not Covered	\$10*	\$10*	Not Covered	\$10	\$10	Not Covered
CirrusMD Telehealth visit	\$0	0	Not Covered	\$0	0	Not Covered	\$0*	\$0*	N/A
Alternative Care Services									
Acupuncture/Chiropractor/Naturopath	\$25*	25%	50%	\$25*	25%	50%	20%	25%	50%
Maternity Care									
Physician or midwife services & hospital stay	25%	25%	50%	25%	25%	50%	20%	25%	50%
Outpatient & Hospital Services									
Outpatient surgery/facility care	25%	25%	50%	25%	25%	50%	20%	25%	50%
Inpatient care/surgery	25%	25%	50%	25%	25%	50%	20%	25%	50%
Skilled nursing facility care (60 days per plan year)	25%	25%	50%	25%	25%	50%	20%	25%	50%
ACT 100: 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%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	20%	25%	50%
ACT 500: Spine surgery, knee & hip replacement, knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	20%	25%	50%
Bariatric surgery (Roux-en-Y & gastric sleeve)	\$500 + 25%	\$500 + 25%	\$500 + 50%	\$500 + 25%	\$500 + 25%	\$500 + 50%	\$500 + 20%	\$500 + 25%	Not Covered
Emergency Services									
Urgent care visit	\$50*	25%	25%	\$50*	25%	25%	15%	20%	
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%	20%	25%	
Ambulance	25%	25%	25%	25%	25%	25%	20%	25%	
Other Covered Services									
Hearing aids and bone anchored hearing aids - \$4,000 max every 48 months for adults	10%	10%	50%	10%	10%	50%	20%	25%	50%
Physical, occupational & speech therapy - 30 sessions per plan year/60 sessions per plan year for head or spinal injury	25%	25%	50%	25%	25%	50%	20%	25%	50%
Laboratory/x-ray/imaging	25%	25%	50%	25%	25%	50%	20%	25%	50%
Durable medical equipment	25%	25%	50%	25%	25%	50%	20%	25%	50%

*Deductible waived .Deductible must be met prior to coinsurance being activated.

2021 - 2022 Dental Plan Descriptions

Benefits	Delta Dental Plan 5	Delta Dental Plan 6
Benefit maximum	\$1,700	\$1,200
Deductible	\$50	\$50
Preventive & Diagnostic Services - Deductible waived for preventive & diagnostic services		
Oral exams, x-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each additional Plan year	100%
Restorative Services		
Routine fillings, inlays and stainless steel crowns	70% + 10% each additional Plan year	80%
Simple Extraction		
Simple tooth extractions	70% + 10% each additional Plan year	80%
Oral Surgery		
Surgical tooth extractions, including diagnosis & evaluation	70% + 10% each additional Plan year	80%
Periodontics		
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each additional Plan year	80%
Endodontics		
Root canal and related therapy including diagnosis and evaluation	70% + 10% each additional Plan year	80%
Major Restorative Services		
Gold or porcelain crowns and onlays	70%	50%
Implants	50%	50%
Other Covered Services		
Occlusal guards (night guards)	50% up to \$250 max once every 5 years	50% up to \$250 max once every 5 years
Athletic mouth guards	50%	50%
Nitrous Oxide	50%	50%
Fixed and Removable Prosthetic Services		
Full & partial dentures, relines, rebases	50%	50%
Bridge retainers & pontics	50%	50%
Orthodontics		
Orthodontic treatment	80% to \$1,800 lifetime max	N/A

2021 - 2022 Vision Plan Descriptions

Benefits	Moda Opal	Moda Quartz
Benefit maximum	\$600	\$250
Routine Eye Exam		
Benefit	Plan pays 100% (up to plan max)	Plan pays 100% (up to plan max)
Frequency	Once per plan year	Once per plan year
Lenses/Contacts (Contacts in lieu of lenses)		
Basic lens benefit	Plan pays 100% (up to plan max)	Plan pays 100% (up to plan max)
Lens enhancements	Plan pays 100% (up to plan max)	Plan pays 100% (up to plan max)
Frequency	Once per plan year	Once per plan year
Frames		
Benefit	Plan pays 100% (up to plan max)	Plan pays 100% (up to plan max)
Frequency	Ages 0 - 16: Once per plan year Ages 17+: Once every two plan years	Ages 0 - 16: Once per plan year Ages 17+: Once every two plan years