

2022 Medical plan benefit summary



This summary is for quoting purposes only

Pioneer HDHP_\$4000_\$6000_20%_EMB

	Tier 1	Tier 2	Tier 3 ¹
Calendar year costs			
Deductible per member (Embedded) ²	\$4,000	\$6,000	\$16,000
Deductible per family	\$8,000	\$12,000	\$32,000
Out-of-pocket max including deductible per member (Embedded) ³	\$6,000	\$7,000	\$40,000
Out-of-pocket max including deductible per family	\$12,000	\$14,000	\$80,000
Care and services			
ACA preventive care visit	\$0*	\$0*	60%
PCP office visit	20%	40%	60%
CirrusMD virtual visit	\$0	N/A	N/A
Other virtual visit	20%	40%	60%
Specialist visit	20%	40%	60%
Urgent care visit	20%	40%	60%
Outpatient mental health/ substance use disorder visit	20%	40%	60%
Acupuncture care, spinal manipulations (24 visits per year)	20%	40%	60%
Maternity care			
Practitioner services	20%	40%	60%
Hospital stay	20%	40%	60%
Hospital inpatient / outpatient services			
Inpatient care	20%	40%	60%
Skilled nursing facility care (30 days per year)	20%	40%	60%
Outpatient hospital / facility	20%	40%	60%
Outpatient diagnostic x-ray and lab	20%	40%	60%
Advanced imaging (MRI, CT, CAT, PET scans)	20%	40%	60%
Emergency room: facility		20%	
Emergency room: physician, lab and other services		20%	
Other covered services			
Outpatient rehabilitation (30 sessions per year)	20%	40%	60%
Therapeutic injections	20%	40%	60%
Durable medical equipment (DME)/ prosthetics	20%	40%	60%
Massage Therapy (24 visits per year)	20%	40%	60%
Ambulance service (6 trips per year)		20%	
Home health, hospice, and respite care (limits may apply)	20%	40%	60%
Prescription Medication⁴		20%	

* Deductible waived

1 Tier 3 coverage coinsurance is based on the maximum plan allowance for these services.

2 If you have family members on the policy, the individual deductible applies for each member only until the family deductible is met.

3 If you have family members on the policy, the individual out-of-pocket max applies for each member only until the family out-of-pocket max is met.

4 \$0 copay for Value Medications*

Tier 1 & 2 are cross accumulated for deductible, coinsurance and out of pocket maximum. Coverage outside of Alaska is only for urgent and emergent care, medical travel support and authorized services.

This Benefit Summary is preliminary and subject to change. Please request a Summary of Benefits and Coverage (SBC) for employers and their employees.

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