

2022 Medical plan benefit summary



This summary is for quoting purposes only

Endeavor Select HDHP_ \$7000_ EMB

	In-network you pay	Out-of-network you pay ¹
Calendar year costs		
Deductible per member (Embedded) ²	\$7,000	\$14,000
Deductible per family	\$14,000	\$28,000
Out-of-pocket max including deductible per member (Embedded) ³	\$7,000	\$45,000
Out-of-pocket max including deductible per family	\$14,000	\$90,000
Care and services		
ACA preventive care visit	\$0*	50%
PCP office visit	0%	50%
CirrusMD virtual visit	\$0	N/A
Other virtual visit	0%	50%
Specialist visit	0%	50%
Urgent care visit	0%	50%
Outpatient mental health/ substance use disorder visit	0%	50%
Acupuncture care, spinal manipulations (24 visits per year)	0%	50%
Maternity care		
Practitioner services	0%	50%
Hospital stay	0%	50%
Hospital inpatient / outpatient services		
Inpatient Care	0%	50%
Skilled nursing facility care (30 days per year)	0%	50%
Outpatient hospital / facility	0%	50%
Outpatient diagnostic x-ray and lab	0%	50%
Advanced imaging (MRI, CT, CAT, PET scans)	0%	50%
Emergency room: facility		0%
Emergency room: physician, lab and other services		0%
Other covered services		
Outpatient rehabilitation (30 sessions per year)	0%	50%
Therapeutic injections	0%	50%
Durable medical equipment (DME)/ prosthetics	0%	50%
Massage Therapy (24 visits per year)	0%	50%
Ambulance service (6 trips per year)		0%
Home health, hospice, and respite care (limits may apply)	0%	50%
Prescription Medication⁴		0%

* Deductible waived

¹ Out-of-network 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*

Every licensed professional provider (non-facility) in Alaska is covered at the in-network level. Services outside of Alaska are subject to the PPO network, in and out of network benefits for providers and facilities applies.

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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