2023 Medical plan benefit summary



This summary is for quoting purposes only

Tier 1 Tier 2 Tier 3 ¹ Employee only Applies if employee is enrolling with no other family members. Tier 3 ¹ Deductible per member \$1,500 \$3,000 \$6,000 Out-of-pocket max including deductible \$3,000 \$5,000 \$15,000 Deductible per member \$3,000 \$5,000 \$12,000 Deductible per family (Aggregate) ² \$3,000 \$5,000 \$12,000 Out-of-pocket max including deductible per member (Embedded) ³ \$3,000 \$5,000 \$12,000 Out-of-pocket max including deductible per family \$6,000 \$14,000 \$30,000 Car and services U 40% 60% CirrusMD virtual visit 0% N/A N/A PCP office visit 20% 40% 60% Outpatient mental health/substance use disorder visit 20% 40% 60% Outpatient mental health/substance use disorder visit 20% 40% 60% Outpatient mental health/substance use disorder visit 20% 40% 60% Outpatient mental health/substance use disorder visit 20% <td< th=""><th>Pioneer HDHP_\$1500_\$3000_20%_AGG</th><th></th><th></th><th></th></td<>	Pioneer HDHP_\$1500_\$3000_20%_AGG			
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			20%	
	Home health, hospice, and respite care (limits may apply)	20%	40%	60%
Prescription Medication ⁴ 20%	Prescription Medication ⁴		20%	

* Deductible waived

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

2 If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.

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 is a summary of the medical benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not considered a Summary of Benefits and Coverage (SBC), and should not be distributed to employers or their employees as a replacement for the SBC.

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