

2023 Medical plan benefit summary



This summary is for quoting purposes only

Endeavor Select HDHP_ \$1500_ \$3000_ 20%_ AGG

	In-network you pay	Out-of-network you pay ¹
Employee only <i>Applies if employee is enrolling with no other family members.</i>		
Calendar year costs		
Deductible per member	\$1,500	\$3,000
Out-of-pocket max including deductible	\$3,000	\$45,000
Employee and one or more dependent(s)		
Calendar year costs		
Deductible per family (Aggregate) ²	\$3,000	\$6,000
Out-of-pocket max including deductible per member (Embedded) ³	\$3,000	\$45,000
Out-of-pocket max including deductible per family	\$6,000	\$90,000
Care and services		
ACA preventive care visit	\$0*	50%
PCP office visit	20%	50%
CirrusMD virtual visit	0%	N/A
Other virtual visit	20%	50%
Specialist visit	20%	50%
Urgent care visit	20%	50%
Outpatient mental health/substance use disorder visit	20%	50%
Acupuncture care, spinal manipulations (24 visits per year)	20%	50%
Maternity care		
Practitioner services	20%	50%
Hospital stay	20%	50%
Hospital inpatient / outpatient services		
Inpatient Care	20%	50%
Skilled nursing facility care (30 days per year)	20%	50%
Outpatient hospital / facility	20%	50%
Outpatient diagnostic x-ray and lab	20%	50%
Advanced imaging (MRI, CT, CAT, PET scans)	20%	50%
Emergency room: facility		20%
Emergency room: physician, lab and other services		20%
Other covered services		
Outpatient rehabilitation (30 sessions per year)	20%	50%
Therapeutic injections	20%	50%
Durable medical equipment (DME)/ prosthetics	20%	50%
Massage Therapy (24 visits per year)	20%	50%
Ambulance service (6 trips per year)		20%
Home health, hospice, and respite care (limits may apply)	20%	50%
Prescription Medication⁴		20%

* Deductible waived

¹ Out-of-network 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*

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 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.