

2023 Medical plan benefit summary



This summary is for quoting purposes only

Endeavor Select HDHP_ \$2000_ \$5000_ 20%_ AGG

	In-network you pay	Out-of-network you pay ¹
Employee only Applies if employee is enrolling with no other family members.		
Calendar year costs		
Deductible per member	\$2,000	\$4,000
Out-of-pocket max including deductible	\$5,000	\$45,000
Employee and one or more dependent(s)		
Calendar year costs		
Deductible per family (Aggregate) ²	\$4,000	\$8,000
Out-of-pocket max including deductible per member (Embedded) ³	\$5,000	\$45,000
Out-of-pocket max including deductible per family	\$10,000	\$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.

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