

# 2023 Medical plan benefit summary



This summary is for quoting purposes only

## Pioneer HDHP\_ \$2500\_ \$5000\_ 20%\_ AGG

	Tier 1	Tier 2	Tier 3 <sup>1</sup>
<b>Employee only</b> <i>Applies if employee is enrolling with no other family members.</i>			
Calendar year costs			
Deductible per member	\$2,500	\$5,000	\$10,000
Out-of-pocket max including deductible	\$5,000	\$7,000	\$25,000
<b>Employee and one or more dependent(s)</b>			
Calendar year costs			
Deductible per family (Aggregate) <sup>2</sup>	\$5,000	\$10,000	\$20,000
Out-of-pocket max including deductible per member (Embedded) <sup>3</sup>	\$5,000	\$7,000	\$25,000
Out-of-pocket max including deductible per family	\$10,000	\$14,000	\$50,000
<b>Care and services</b>			
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%
<b>Maternity care</b>			
Practitioner services	20%	40%	60%
Hospital stay	20%	40%	60%
<b>Hospital inpatient / outpatient services</b>			
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%	
<b>Other covered services</b>			
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%
<b>Prescription Medication<sup>4</sup></b>		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.

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