

2022 Medical plan benefit summary



This summary is for quoting purposes only

Pioneer HDHP_\$6000_\$7000_20%_EMB

	Tier 1	Tier 2	Tier 3 ¹
Calendar year costs			
Deductible per member (Embedded) ²	\$6,000	\$6,900	\$24,000
Deductible per family	\$12,000	\$13,800	\$48,000
Out-of-pocket max including deductible per member (Embedded) ³	\$7,000	\$7,000	\$60,000
Out-of-pocket max including deductible per family	\$14,000	\$14,000	\$120,000
Care and services			
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%
Maternity care			
Practitioner services	20%	40%	60%
Hospital stay	20%	40%	60%
Hospital inpatient / outpatient services			
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%	
Other covered services			
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%
Prescription Medication⁴		20%	

* Deductible waived

¹ Tier 3 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*

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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