

# 2023 Medical plan benefit summary



This summary is for quoting purposes only

## Endeavor Select HDHP\_ \$6000\_ \$7000\_ 20%\_ EMB

	In-network you pay	Out-of-network you pay <sup>1</sup>
<b>Calendar year costs</b>		
Deductible per member (Embedded) <sup>2</sup>	\$6,000	\$12,000
Deductible per family	\$12,000	\$24,000
Out-of-pocket max including deductible per member (Embedded) <sup>3</sup>	\$7,000	\$45,000
Out-of-pocket max including deductible per family	\$14,000	\$90,000
<b>Care and services</b>		
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%
<b>Maternity care</b>		
Practitioner services	20%	50%
Hospital stay	20%	50%
<b>Hospital inpatient / outpatient services</b>		
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%
<b>Other covered services</b>		
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%
<b>Prescription Medication<sup>4</sup></b>		20%

\* Deductible waived

<sup>1</sup> Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

<sup>2</sup> If you have family members on the policy, the individual deductible applies for each member only until the family deductible is met.

<sup>3</sup> 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.

<sup>4</sup> \$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.*