2023 Medical plan benefit summary



This summary is for quoting purposes only

Calendar year costs Deductible per member \$2,000 \$4,000 Deductible per family \$4,000 \$8,000 Out-of-pocket maximum including deductible per member \$4,500 \$9,000 Out-of-pocket maximum including deductible per family \$9,000 \$90,000 Care and services XCA preventive care visit \$0* \$0% ACA preventive care visit \$0* \$0% \$0% PCP office visit \$25* 50% CirrusMD virtual visit \$0* \$1/A Other virtual visit \$25* 50% Specialist visit \$25* 50% Urgent care visit \$25* 50% Outpatient mental health/substance use disorder visit \$25* 50% Acupuncture care, spinal manipulations (24 visits per year) \$25* 50% Maternity care \$20* 50% Hospital stay 20% 50% Hospital inpatient / outpatient services 20% 50% Inpatient Care 20% 50% Skilled nursing facility care (30 days per year) 20% <th>Endeavor Select PPO \$2000_\$4500_\$25_20%</th> <th></th> <th></th>	Endeavor Select PPO \$2000_\$4500_\$25_20%		
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Out-of-pocket maximum including deductible per family \$9,000 \$90,000 Care and services ACA preventive care visit \$0* 50% PCP office visit \$25* 50% CirrusMD virtual visit \$0* N/A Other virtual visit \$25* 50% Specialist visit \$25* 50% Urgent care visit \$25* 50% Urgent care visit \$25* 50% Outpatient mental health/substance use disorder visit \$25* 50% Acupuncture care, spinal manipulations (24 visits per year) \$25* 50% Maternity care Practitioner services \$20% 50% Hospital stay \$20% 50% Hospital inpatient / outpatient services Inpatient Care \$20% 50% Outpatient hospital / facility Outpatient hospital / facility 20% 50% Outpatient diagnostic x-ray and lab \$20%* 50% Advanced imaging (MRI, CT, CAT, PET scans) \$20% 50% Emergency room: facility² \$100/20% Emergency room: facility² \$100/20% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections \$20% 50% Durable medical equipment (DME)/ prosthetics 20% 50% Durable medical equipment (DME)/ prosthetics 20% 50%	Deductible per family	\$4,000	\$8,000
Care and services ACA preventive care visit \$0* \$0* PCP office visit \$25* \$0% CirrusMD virtual visit \$0* \$0* N/A Other virtual visit \$25* \$50% Urgent care visit \$25* \$50% Urgent care visit \$25* \$50% Outpatient mental health/substance use disorder visit \$25* \$50% Acupuncture care, spinal manipulations (24 visits per year) Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (25 * 50% ### Acupuncture care, spinal manipulations (24 visits per year) ### Acupuncture care, spinal manipulations (25 * 50% ###	Out-of-pocket maximum including deductible per member	\$4,500	\$45,000
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Other virtual visit \$25* 50% Specialist visit \$25* 50% Urgent care visit \$25* 50% Outpatient mental health/substance use disorder visit \$25* 50% Acupuncture care, spinal manipulations (24 visits per year) \$25* 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 bospital / facility 20% 50% Outpatient diagnostic x-ray and lab 20%* 50% Advanced imaging (MRI, CT, CAT, PET scans) 20% 50% Emergency room: facility² \$100/20% Emergency room: physician, lab and other services 20% Other covered services 20% Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 2	PCP office visit	\$25*	50%
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Urgent care visit \$25* 50% Outpatient mental health/substance use disorder visit \$25* 50% Acupuncture care, spinal manipulations (24 visits per year) \$25* 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: facility² \$100/20% Emergency room: physician, lab and other services 20% Other covered services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 20% 50%	Other virtual visit	\$25*	50%
Outpatient mental health/substance use disorder visit \$25* 50% Acupuncture care, spinal manipulations (24 visits per year) \$25* 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 2 \$100/20% Emergency room: physician, lab and other services 20% Other covered services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 20%	Specialist visit	\$25*	50%
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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: facility² \$100/20% Emergency room: physician, lab and other services 20% Other covered services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 20% 50%	Acupuncture care, spinal manipulations (24 visits per year)	\$25*	50%
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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 \$100/20% Emergency room: physician, lab and other services 20% Other covered services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 20%	Hospital stay	20%	50%
Skilled nursing facility care (30 days per year) Outpatient hospital / facility Outpatient diagnostic x-ray and lab Advanced imaging (MRI, CT, CAT, PET scans) Emergency room: facility ² Emergency room: physician, lab and other services Other covered services Outpatient rehabilitation (30 sessions per year) Therapeutic injections Durable medical equipment (DME)/ prosthetics 20% 50% 50% 50% 50% 50% 50% 50%	Hospital inpatient / outpatient services		
Outpatient hospital / facility20%50%Outpatient diagnostic x-ray and lab20%*50%Advanced imaging (MRI, CT, CAT, PET scans)20%50%Emergency room: facility²\$100/20%Emergency room: physician, lab and other services20%Other covered services20%Outpatient rehabilitation (30 sessions per year)\$25*50%Therapeutic injections20%50%Durable medical equipment (DME)/ prosthetics20%50%	Inpatient Care	20%	50%
Outpatient diagnostic x-ray and lab20%*50%Advanced imaging (MRI, CT, CAT, PET scans)20%50%Emergency room: facility²\$100/20%Emergency room: physician, lab and other services20%Other covered services20%Outpatient rehabilitation (30 sessions per year)\$25*50%Therapeutic injections20%50%Durable medical equipment (DME)/ prosthetics20%50%	Skilled nursing facility care (30 days per year)	20%	50%
Advanced imaging (MRI, CT, CAT, PET scans) Emergency room: facility ² Emergency room: physician, lab and other services Other covered services Outpatient rehabilitation (30 sessions per year) Therapeutic injections Durable medical equipment (DME)/ prosthetics 20% 50% 50%	Outpatient hospital / facility	20%	50%
Emergency room: facility ² \$100/20% Emergency room: physician, lab and other services 20% Other covered services Outpatient rehabilitation (30 sessions per year) \$25* 50% Therapeutic injections 20% 50% Durable medical equipment (DME)/ prosthetics 20% 50%	Outpatient diagnostic x-ray and lab	20%*	50%
Emergency room: physician, lab and other services Other covered services Outpatient rehabilitation (30 sessions per year) Therapeutic injections Durable medical equipment (DME)/ prosthetics 20% 50% 50%	Advanced imaging (MRI, CT, CAT, PET scans)	20%	50%
Other covered servicesOutpatient rehabilitation (30 sessions per year)\$25*50%Therapeutic injections20%50%Durable medical equipment (DME)/ prosthetics20%50%	Emergency room: facility ²	\$100/20%	
Outpatient rehabilitation (30 sessions per year)\$25*50%Therapeutic injections20%50%Durable medical equipment (DME)/ prosthetics20%50%	Emergency room: physician, lab and other services	20%	
Therapeutic injections20%50%Durable medical equipment (DME)/ prosthetics20%50%	Other covered services		
Durable medical equipment (DME)/ prosthetics 20% 50%	Outpatient rehabilitation (30 sessions per year)	\$25*	50%
	Therapeutic injections	20%	50%
Massage Therany (24 visits per year) \$25* 50%	Durable medical equipment (DME)/ prosthetics	20%	50%
1910330gc 111c1upy (27 91310 pc1 year) 923 30/0	Massage Therapy (24 visits per year)	\$25*	50%
Ambulance service (6 trips per year) 20%		20%	
Home health, hospice, and respite care (limits may apply) 20% 50%	Home health, hospice, and respite care (limits may apply)	20%	50%

^{*} Deductible waived

- ${\bf 1} \ \ {\rm Out\text{-}of\text{-}network} \ member \ responsibility \ is \ based \ on \ the \ maximum \ plan \ allowance \ for \ these \ services.$
- 2 Copay is waived if covered hospitalization immediately follows emergency room.

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.