

2023 Medical plan benefit summary



This summary is for quoting purposes only

Pioneer PPO \$3000_ \$8000_ \$30_ 20%

| | Tier 1 | Tier 2 | Tier 3 ¹ |
|--|----------|-----------|---------------------|
| Calendar year costs | | | |
| Deductible per member | \$3,000 | \$6,000 | \$12,000 |
| Deductible per family | \$6,000 | \$12,000 | \$24,000 |
| Out-of-pocket maximum including deductible per member | \$8,000 | \$8,550 | \$30,000 |
| Out-of-pocket maximum including deductible per family | \$16,000 | \$17,100 | \$60,000 |
| Care and services | | | |
| ACA preventive care visit | \$0* | \$0* | 60% |
| PCP office visit ² | \$0* | 20%* | 60% |
| CirrusMD virtual visit | \$0* | N/A | N/A |
| Other virtual visit ² | \$0* | 20%* | 60% |
| Specialist visit | \$60* | 20%* | 60% |
| Urgent care visit | \$60* | 20%* | 60% |
| Outpatient mental health/substance use disorder visit ³ | \$30* | 20%* | 60% |
| Acupuncture care, spinal manipulations (24 visits per year) | \$30* | 20%* | 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 ⁴ | | \$100/20% | |
| Emergency room: physician, lab and other services | | 20% | |
| Other covered services | | | |
| Outpatient rehabilitation (30 sessions per year) | \$60* | 20%* | 60% |
| Therapeutic injections | 20% | 40% | 60% |
| Durable medical equipment (DME)/ prosthetics | 20% | 40% | 60% |
| Massage Therapy (24 visits per year) | \$30* | 20%* | 60% |
| Ambulance service (6 trips per year) | | \$30* | |
| Home health, hospice, and respite care (limits may apply) | 20% | 40% | 60% |

* Deductible waived

¹ Tier 3 coverage coinsurance is based on the maximum plan allowance for these services.

² Tier 1 coverage: \$30* after the first 3 PCP or virtual care office visits per year age 19+

³ Tier 1 coverage: \$0*/visit for first 3 visits, then \$30*/visit

⁴ Copay is waived if covered hospitalization immediately follows emergency room.

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.

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.

www.modahealth.com

AK4.23