

2023 Medical plan benefit summary



This summary is for quoting purposes only

Pioneer PPO_ \$6000_ \$8550_ \$45_ 30%

	Tier 1	Tier 2	Tier 3 ¹
Calendar year costs			
Deductible per member	\$6,000	\$8,150	\$24,000
Deductible per family	\$12,000	\$16,300	\$48,000
Out-of-pocket maximum including deductible per member	\$8,550	\$8,550	\$60,000
Out-of-pocket maximum including deductible per family	\$17,100	\$17,100	\$120,000
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	35*	20%*	60%
Specialist visit	\$45*	20%*	60%
Urgent care visit	\$45*	20%*	60%
Outpatient mental health/substance use disorder visit ³	\$45*	20%*	60%
Acupuncture care, spinal manipulations (24 visits per year)	\$45*	20%*	60%
Maternity care			
Practitioner services	30%	40%	60%
Hospital stay	30%	40%	60%
Hospital inpatient / outpatient services			
Inpatient care	30%	40%	60%
Skilled nursing facility care (30 days per year)	30%	40%	60%
Outpatient hospital / facility	30%	40%	60%
Outpatient diagnostic x-ray and lab	30%*	40%	60%
Advanced imaging (MRI, CT, CAT, PET scans)	30%	40%	60%
Emergency room: facility ⁴		\$45*	
Emergency room: physician, lab and other services		30%	
Other covered services			
Outpatient rehabilitation (30 sessions per year)	\$45*	20%*	60%
Therapeutic injections	30%	40%	60%
Durable medical equipment (DME)/ prosthetics	30%	40%	60%
Massage Therapy (24 visits per year)	\$45*	20%*	60%
Ambulance service (6 trips per year)		30%	
Home health, hospice, and respite care (limits may apply)	30%	40%	60%

* Deductible waived

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

² Tier 1 coverage: 35%** 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 \$45*/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.

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