

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

## Endeavor Select PPO\_\$6000\_\$8550\_\$45\_30%

	In-network you pay	Out-of-network you pay <sup>1</sup>
Calendar year costs		
Deductible per member	\$6,000	\$12,000
Deductible per family	\$12,000	\$24,000
Out-of-pocket maximum including deductible per member	\$8,550	\$45,000
Out-of-pocket maximum including deductible per family	\$17,100	\$90,000
Care and services		
ACA preventive care visit	\$0*	50%
PCP office visit	\$45*	50%
CirrusMD virtual visit	\$0*	N/A
Other virtual visit	\$45*	50%
Specialist visit	\$45*	50%
Urgent care visit	\$45*	50%
Outpatient mental health/substance use disorder visit	\$45*	50%
Acupuncture care, spinal manipulations (24 visits per year)	\$45*	50%
Maternity care		
Practitioner services	30%	50%
Hospital stay	30%	50%
Hospital inpatient / outpatient services		
Inpatient Care	30%	50%
Skilled nursing facility care (30 days per year)	30%	50%
Outpatient hospital / facility	30%	50%
Outpatient diagnostic x-ray and lab	30%*	50%
Advanced imaging (MRI, CT, CAT, PET scans)	30%	50%
Emergency room: facility <sup>2</sup>	\$100/30%	
Emergency room: physician, lab and other services	30%	
Other covered services		
Outpatient rehabilitation (30 sessions per year)	\$45*	50%
Therapeutic injections	30%	50%
Durable medical equipment (DME)/ prosthetics	30%	50%
Massage Therapy (24 visits per year)	\$45*	50%
Ambulance service (6 trips per year)	30%	
Home health, hospice, and respite care (limits may apply)	30%	50%

\* Deductible waived

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

<sup>2</sup> 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.*