

2023 Medical plan benefit summary



This summary is for quoting purposes only

Endeavor Select Value PPO _\$3000_ \$8550 _\$30/\$60_ 20%

| | In-network you pay | Out-of-network you pay ¹ |
|---|--------------------|-------------------------------------|
| Calendar year costs | | |
| Deductible per member | \$3,000 | \$6,000 |
| Deductible per family | \$6,000 | \$12,000 |
| 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 | \$30* | 50% |
| CirrusMD virtual visit | \$0* | N/A |
| Other virtual visit | \$30* | 50% |
| Specialist visit | \$60* | 50% |
| Urgent care visit | \$60* | 50% |
| Outpatient mental health/substance use disorder visit | \$30* | 50% |
| Acupuncture care, spinal manipulations (24 visits per year) | \$30* | 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) | \$60* | 50% |
| Therapeutic injections | 20% | 50% |
| Durable medical equipment (DME)/ prosthetics | 20% | 50% |
| Massage Therapy (24 visits per year) | \$30* | 50% |
| Ambulance service (6 trips per year) | | 20% |
| Home health, hospice, and respite care (limits may apply) | 20% | 50% |

* Deductible waived

¹ Out-of-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.

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