2023 Medical plan benefit summary



This summary is for quoting purposes only

endar year costs eductible per member eductible per family ut-of-pocket maximum including deductible per member ut-of-pocket maximum including deductible per family e and services CA preventive care visit CP office visit erusMD virtual visit	\$4,000 \$8,000 \$8,550 \$17,100 \$0* \$30* \$0*	\$8,000 \$16,000 \$45,000 \$90,000
eductible per member eductible per family ut-of-pocket maximum including deductible per member ut-of-pocket maximum including deductible per family e and services CA preventive care visit CP office visit crusMD virtual visit cher virtual visit	\$8,000 \$8,550 \$17,100 \$0* \$30* \$0*	\$16,000 \$45,000 \$90,000
eductible per family ut-of-pocket maximum including deductible per member ut-of-pocket maximum including deductible per family e and services CA preventive care visit CP office visit crusMD virtual visit	\$8,000 \$8,550 \$17,100 \$0* \$30* \$0*	\$16,000 \$45,000 \$90,000
ut-of-pocket maximum including deductible per member ut-of-pocket maximum including deductible per family e and services CA preventive care visit CP office visit crusMD virtual visit cher virtual visit	\$8,550 \$17,100 \$0* \$30* \$0*	\$45,000 \$90,000
ut-of-pocket maximum including deductible per family e and services CA preventive care visit CP office visit rrusMD virtual visit ther virtual visit	\$17,100 \$0* \$30* \$0*	\$90,000
e and services CA preventive care visit CP office visit crusMD virtual visit ther virtual visit	\$0* \$30* \$0*	
CA preventive care visit CP office visit rrusMD virtual visit ther virtual visit	\$30* \$0*	50%
P office visit rrusMD virtual visit ther virtual visit	\$30* \$0*	50%
rrusMD virtual visit her virtual visit	\$0*	
her virtual visit	•	50%
		N/A
	\$30*	50%
ecialist visit	\$65*	50%
gent care visit	\$65*	50%
utpatient mental health/substance use disorder visit	\$30*	50%
supuncture care, spinal manipulations (24 visits per year)	\$30*	50%
ernity care		
actitioner services	20%	50%
ospital stay	20%	50%
pital inpatient / outpatient services		
patient Care	20%	50%
illed nursing facility care (30 days per year)	20%	50%
utpatient hospital / facility	20%	50%
utpatient diagnostic x-ray and lab	20%*	50%
Ivanced imaging (MRI, CT, CAT, PET scans)	20%	50%
nergency room: facility ²	\$100/20%	
nergency room: physician, lab and other services	20%	
er covered services		
utpatient rehabilitation (30 sessions per year)	\$65*	50%
erapeutic injections	20%	50%
rable medical equipment (DME)/ prosthetics	20%	50%
assage Therapy (24 visits per year)	\$30*	50%
nbulance service (6 trips per year)	730	
ome health, hospice, and respite care (limits may apply)	20%	

^{*} 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.

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.