# 2024 Medical plan benefit summary

**Endeavor Select Silver HDHP 3500**

| | In network you pay | Out-of-network you pay |
|---|---|---|
| Calendar year costs | | |
| Deductible per person | $3,500 | $7,000 |
| Deductible per family | $7,000 | $14,000 |
| Out-of-pocket max per person | $6,500 | $45,000 |
| Out-of-pocket max per family | $13,000 | $90,000 |
| Care & services | | |
| Preventive care visit[1] | 0% | 50% after deductible |
| Primary care provider (PCP) office visit | 25% after deductible | 50% after deductible |
| Specialist office visit | 25% after deductible | 50% after deductible |
| Urgent care visit | 25% after deductible | 50% after deductible |
| Virtual care visit – CirrusMD | 0% after deductible | N/A |
| Other providers | 25% after deductible | 50% after deductible |
| Outpatient diagnostic X-ray & lab | 25% after deductible | 50% after deductible |
| Emergency room visit | 25% after deductible | 25% after deductible |
| Ambulance | 25% after deductible | 25% after deductible |
| Inpatient/outpatient Care | 25% after deductible | 50% after deductible |
| Outpatient mental health/ substance use disorder visit | 25% after deductible | 50% after deductible |
| Physical, speech or occupational therapy visit | 25% after deductible | 50% after deductible |
| Acupuncture, massage therapy and spinal manipulation services | 0.25 after deductible | 0.25 after deductible |
| Dental services for under age 19 | Yes | Yes |
| Pediatric vision exam | 0% after deductible | 50% |
| Pediatric vision hardware | 0% after deductible | 50% |
| Prescription medications[2] | | |
| Value | $0 | $0 |
| Select | 25% after deductible | 25% after deductible |
| Preferred | 25% after deductible | 25% after deductible |
| Non-Preferred | 50% after deductible | 50% after deductible |
| Preferred Specialty | 25% after deductible | Not Covered |
| Non-Preferred Specialty | 50% after deductible | Not Covered |
| Features | | |
| Metallic level | Silver | |
| Exchange | Out | |
| Medicare Part D creditable | No | |
| Provider network | Endeavor Select | |
| Travel network | Aetna PPO | |
| Service area | Statewide | |
| Additional benefits[3] (not covered out-of-network) | Includes mandated hearing | |

*1 In-network: Cost sharing may apply to services not required under the Affordable Care Act*
*2 One copay for a 30-day supply.*
*3 This plan includes mandated hearing. For more details contact your sales and service representative.*

**Limitations**

- Acupuncture, massage therapy and spinal manipulations limited to 24 visits each per calendar year
- Authorization by Moda Health required for all medical and surgical admissions and some outpatient services and Medications
- Biofeedback: Only for tension or migraine headaches. 10 visits per lifetime
- Brand tier medications: If a brand medication is used when a generic equivalent is available, members will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication.
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Dental: For members under age 19. Frequency limits apply. Orthodontia limited to members under age 19 only when medically necessary
- Hearing exams are covered once every three calendar years. Hearing aids are covered once every three calendar years up to $3,000
- Home healthcare limited to 130 visits per calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- If a group's size is less than 20 employees, any expense that is actually paid under Medicare will be reduced by the amount Medicare paid or would have paid.
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members with autism spectrum disorders). Limits apply separately to rehabilitative and habilitation services.
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy for most medications
- Skilled nursing facility limited to 60 days per calendar year
- Specialty medications must be obtained from a Moda-designated specialty pharmacy
- Transplants must be performed at an Exclusive Center of Excellence facility to be eligible for coverage. Round-trip transportation and lodging up to $7,500 per transplant
- Vision exam and glasses or contacts covered once per calendar year for members under age 19

**Exclusions**

- Care outside the United States, other than emergency or urgent care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury you get from practicing for or participating in professional athletic activities
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Treatment for sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and additional details of the coverage,

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including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan 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.