

2022 Medical plan benefit summary



This summary is for quoting purposes only

Moda Select EHDHP_ \$2800_ \$5000_ 20%_ EMB

| | In-network you pay | Out-of-network you pay |
|---|--------------------|------------------------|
| Calendar year costs | | |
| Deductible per member | \$2,800 | N/A |
| Deductible per family | \$5,600 | N/A |
| Out-of-pocket maximum including deductible per member | \$5,000 | N/A |
| Out-of-pocket maximum including deductible per family | \$10,000 | N/A |
| Care and services | | |
| ACA preventive care visit | \$0* | Not covered |
| PCP office and virtual visit | 20% | Not covered |
| CirrusMD virtual visit | \$0 | Not covered |
| Specialist visit | 20% | Not covered |
| Urgent care visit | 20% | Not covered |
| Outpatient mental health/ substance use disorder visit | 20% | Not covered |
| Acupuncture care, spinal manipulations ¹ | 20% | Not covered |
| Maternity care | | |
| Practitioner services | 20% | Not covered |
| Hospital stay | 20% | Not covered |
| Hospital inpatient / outpatient services | | |
| Inpatient Care | 20% | Not covered |
| Skilled nursing facility care (60 days per year) | 20% | Not covered |
| Outpatient hospital / facility | 20% | Not covered |
| Outpatient diagnostic x-ray and lab | 20% | Not covered |
| Advanced imaging (MRI, CT, CAT, PET scans) | 20% | Not covered |
| Emergency room: facility | | 20% |
| Emergency room: physician, lab and other services | | 20% |
| Other covered services | | |
| Outpatient rehabilitation (30 sessions per year) | 20% | Not covered |
| Therapeutic injections | 20% | Not covered |
| Durable medical equipment / prosthetics | 20% | Not covered |
| Ambulance service | | 20% |
| Home health, hospice, and respite care (limits may apply) | 20% | Not covered |
| Prescription Medication² | | 20% |

* Deductible waived.

¹ 12 visit limit for acupuncture, 20 visit limit for spinal manipulations.

² \$2 copay for Value Medications*, \$75 Maximum cost share per 30-day supply for insulin (deductible waived).

This Benefit Summary is preliminary and subject to change. Please request a Summary of Benefits and Coverage (SBC) for employers and their employees.

www.modahealth.com

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