

2022 Medical plan benefit summary



This summary is for quoting purposes only

Moda Select EHDHP_\$2800_\$5000_30%_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	30%	Not covered
CirrusMD virtual visit	\$0	Not covered
Specialist visit	30%	Not covered
Urgent care visit	30%	Not covered
Outpatient mental health/ substance use disorder visit	30%	Not covered
Acupuncture care, spinal manipulations ¹	30%	Not covered
Maternity care		
Practitioner services	30%	Not covered
Hospital stay	30%	Not covered
Hospital inpatient / outpatient services		
Inpatient Care	30%	Not covered
Skilled nursing facility care (60 days per year)	30%	Not covered
Outpatient hospital / facility	30%	Not covered
Outpatient diagnostic x-ray and lab	30%	Not covered
Advanced imaging (MRI, CT, CAT, PET scans)	30%	Not covered
Emergency room: facility		30%
Emergency room: physician, lab and other services		30%
Other covered services		
Outpatient rehabilitation (30 sessions per year)	30%	Not covered
Therapeutic injections	30%	Not covered
Durable medical equipment / prosthetics	30%	Not covered
Ambulance service		30%
Home health, hospice, and respite care (limits may apply)	30%	Not covered
Prescription Medication²		30%

* 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.

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EPOH3.OR.22