

2022 Medical plan benefit summary



This summary is for quoting purposes only

Moda Select EHDHP_ \$3000_ \$5000_ 20%_ EMB

	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per member	\$3,000	N/A
Deductible per family	\$6,000	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.

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