

# 2022 Medical plan benefit summary



*This summary is for quoting purposes only*

## Moda Select EHDHP\_ \$5000\_ EMB

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

\* Deductible waived.

<sup>1</sup> 12 visit limit for acupuncture, 20 visit limit for spinal manipulations.

<sup>2</sup> \$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](http://www.modahealth.com)

EPOH5.OR.22