

2022 Medical plan benefit summary



This summary is for quoting purposes only

Connexus HDHP_\$2800_\$5000_20%_EMB

	In-network you pay	Out-of-network you pay ¹
Calendar year costs		
Deductible per member	\$2,800	\$5,600
Deductible per family	\$5,600	\$11,200
Out-of-pocket maximum including deductible per member	\$5,000	\$10,000
Out-of-pocket maximum including deductible per family	\$10,000	\$20,000
Care and services		
ACA preventive care visit	\$0*	Not covered
PCP office and virtual visit	20%	40%
CirrusMD virtual visit	\$0	N/A
Specialist visit	20%	40%
Urgent care visit	20%	40%
Outpatient mental health/ substance use disorder visit	20%	40%
Acupuncture care, spinal manipulations ²	20%	40%
Maternity care		
Practitioner services	20%	40%
Hospital stay	20%	40%
Hospital inpatient / outpatient services		
Inpatient Care	20%	40%
Skilled nursing facility care (60 days per year)	20%	40%
Outpatient hospital / facility	20%	40%
Outpatient diagnostic x-ray and lab	20%	40%
Advanced imaging (MRI, CT, CAT, PET scans)	20%	40%
Emergency room: facility		20%
Emergency room: physician, lab and other services		20%
Other covered services		
Outpatient rehabilitation (30 sessions per year)	20%	40%
Therapeutic injections	20%	40%
Durable medical equipment / prosthetics	20%	40%
Ambulance service		20%
Home health, hospice, and respite care (limits may apply)	20%	40%
Prescription Medication ³		20%

* Deductible waived.

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

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

³ \$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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