

2023 Medical plan benefit summary



This summary is for quoting purposes only

Connexus HDHP_\$2800_\$5000_30%_AGG

	In-network you pay	Out-of-network you pay ¹
Employee only <i>Applies if employee is enrolling with no other family members.</i>		
Calendar year costs		
Deductible per member	\$2,800	\$5,600
Out-of-pocket maximum including deductible per member	\$5,000	\$10,000
Employee and one or more dependent(s)		
Calendar year costs		
Deductible per family (Aggregate) ²	\$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	30%	50%
CirrusMD virtual visit	0%	N/A
Specialist visit	30%	50%
Urgent care visit	30%	50%
Outpatient mental health/ substance use disorder visit	30%	50%
Acupuncture care, spinal manipulations ³	30%	50%
Maternity care		
Practitioner services	30%	50%
Hospital stay	30%	50%
Hospital inpatient / outpatient services		
Inpatient Care	30%	50%
Skilled nursing facility care (60 days per year)	30%	50%
Outpatient hospital / facility	30%	50%
Outpatient diagnostic x-ray and lab	30%	50%
Advanced imaging (MRI, CT, CAT, PET scans)	30%	50%
Emergency room: facility		30%
Emergency room: physician, lab and other services		30%
Other covered services		
Outpatient rehabilitation (30 sessions per year)	30%	50%
Therapeutic injections	30%	50%
Durable medical equipment / prosthetics	30%	50%
Ambulance service		30%
Home health, hospice, and respite care (limits may apply)	30%	50%
Prescription Medication⁴		30%

* Deductible waived.

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

² If you have family members on the policy, the overall family deductible must be met before the plan begins to pay.

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

⁴ \$2 copay for Value Medications*, \$80 Maximum cost share per 30-day supply for insulin (deductible waived).

This is a summary of the medical benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not considered a Summary of Benefits and Coverage (SBC), and should not be distributed to employers or their employees as a replacement for the SBC.