

2023 Medical plan benefit summary



This summary is for quoting purposes only

Connexus HDHP_\$3000_\$7000_30%_EMB

	In-network you pay	Out-of-network you pay ¹
Calendar year costs		
Deductible per member	\$3,000	\$6,000
Deductible per family	\$6,000	\$12,000
Out-of-pocket maximum including deductible per member	\$7,000	\$14,000
Out-of-pocket maximum including deductible per family	\$14,000	\$28,000
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 ²	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 Medication ³		30%

* Deductible waived.

¹ Out-of-network member responsibility 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*, \$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.

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