

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

## Moda Select HDHP\_\$2800\_\$5000\_20%\_AGG

	In-network you pay	Out-of-network you pay <sup>1</sup>
<b>Employee only</b> <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
<b>Employee and one or more dependent(s)</b>		
Calendar year costs		
Deductible per family (Aggregate) <sup>2</sup>	\$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
<b>Care and services</b>		
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 <sup>3</sup>	20%	40%
<b>Maternity care</b>		
Practitioner services	20%	40%
Hospital stay	20%	40%
<b>Hospital inpatient / outpatient services</b>		
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%
<b>Other covered services</b>		
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%
<b>Prescription Medication<sup>4</sup></b>		20%

\* Deductible waived.

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

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

<sup>3</sup> 12 visit limit for acupuncture, 20 visit limit for spinal manipulations.

<sup>4</sup> \$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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