

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

## Moda Select POS\_\$1000\_\$7150\_\$25/\$45\_20%

	In-network you pay	Out-of-network you pay <sup>1</sup>
Calendar year costs		
Deductible per member	\$1,000	\$2,000
Deductible per family	\$2,000	\$4,000
Out-of-pocket maximum including deductible per member	\$7,150	\$14,300
Out-of-pocket maximum including deductible per family	\$14,300	\$28,600
Care and services		
ACA preventive care visit	\$0*	Not Covered
PCP office visit <sup>2</sup>	\$0*	40%
CirrusMD and OHSU urgent virtual visit	\$0*	N/A
Other virtual visit <sup>2</sup>	\$0*	40%
Specialist visit	\$45*	40%
Urgent care visit	\$45*	40%
Outpatient mental health/ substance use disorder visit <sup>3</sup>	\$0*	40%
Acupuncture care, spinal manipulations <sup>4</sup>	\$25*	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	\$200/20%	
Emergency room: physician, lab and other services	20%	
Other covered services		
Outpatient rehabilitation (30 sessions per year)	\$45*	40%
Therapeutic injections	20%	40%
Durable medical equipment (DME)/ prosthetics	20%	40%
Ambulance service	20%	
Home health, hospice, and respite care (limits may apply)	20%	40%

\* Deductible waived.

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

<sup>2</sup> \$25 after the first 3 visits per year age 19+. Virtual care visit and in-office visit limits are combined.

<sup>3</sup> \$25 after the first 3 visits per year.

<sup>4</sup> 12 visit limit for acupuncture, 20 visit limit for spinal manipulations.

*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.*

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