

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

## Moda Select POS\_\$3500\_\$7150\_\$25/\$45\_20%

|   | In-network you pay | Out-of-network you pay <sup>1</sup> |
|---|--------------------|-------------------------------------|
| Calendar year costs   |                    |                                     |
| Deductible per member   | \$3,500            | \$7,000                             |
| Deductible per family   | \$7,000            | \$14,000                            |
| 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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