

2023 Medical plan benefit summary



This summary is for quoting purposes only

Moda Select POS_ \$6000_ \$8900_ \$35/\$55_ 30%

| | In-network you pay | Out-of-network you pay ¹ |
|---|--------------------|-------------------------------------|
| Calendar year costs | | |
| Deductible per member | \$6,000 | \$12,000 |
| Deductible per family | \$12,000 | \$24,000 |
| Out-of-pocket maximum including deductible per member | \$8,900 | \$17,800 |
| Out-of-pocket maximum including deductible per family | \$17,800 | \$35,600 |
| Care and services | | |
| ACA preventive care visit | \$0* | Not Covered |
| PCP office visit ² | \$0* | 50% |
| CirrusMD and OHSU urgent virtual visit | \$0* | N/A |
| Other virtual visit ² | \$0* | 50% |
| Specialist visit | \$55* | 50% |
| Urgent care visit | \$55* | 50% |
| Outpatient mental health/ substance use disorder visit ³ | \$0* | 50% |
| Acupuncture care, spinal manipulations ⁴ | \$35* | 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 | | \$200/30% |
| Emergency room: physician, lab and other services | | 30% |
| Other covered services | | |
| Outpatient rehabilitation (30 sessions per year) | \$55* | 50% |
| Therapeutic injections | 30% | 50% |
| Durable medical equipment (DME)/ prosthetics | 30% | 50% |
| Ambulance service | | 30% |
| Home health, hospice, and respite care (limits may apply) | 30% | 50% |

* Deductible waived.

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

² \$35 after the first 3 visits per year age 19+. Virtual care visit and in-office visit limits are combined.

³ \$35 after the first 3 visits per year.

⁴ 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.

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