## 2023 Medical plan benefit summary



This summary is for quoting purposes only

## Moda Select POS \$8000 \$8900 \$35/\$55 30% Out-of-network you pay<sup>1</sup> In-network you pay **Calendar year costs** \$8,000 Deductible per member \$16,000 Deductible per family \$16,000 \$32,000 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<sup>2</sup> \$0\* 50% CirrusMD and OHSU urgent virtual visit \$0\* N/A \$0\* 50% Other virtual visit<sup>2</sup> Specialist visit \$55\* 50% \$55\* Urgent care visit 50% Outpatient mental health/ substance use disorder visit<sup>3</sup> \$0\* 50% Acupuncture care, spinal manipulations<sup>4</sup> \$35\* 50% Maternity care Practitioner services 50% 30% 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% 30% 50% Advanced imaging (MRI, CT, CAT, PET scans) Emergency room: facility \$200/30% Emergency room: physician, lab and other services 30% Other covered services \$55\* Outpatient rehabilitation (30 sessions per year) 50% Therapeutic injections 50% 30% 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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