

# 2023 Medical plan benefit summary



This summary is for quoting purposes only

**Connexus PPO\_\$1500\_\$6000\_\$35\_30%**

	In-network you pay	Out-of-network you pay <sup>1</sup>
<b>Calendar year costs</b>		
Deductible per member	\$1,500	\$3,000
Deductible per family	\$3,000	\$6,000
Out-of-pocket maximum including deductible per member	\$6,000	\$12,000
Out-of-pocket maximum including deductible per family	\$12,000	\$24,000
<b>Care and services</b>		
ACA preventive care visit	\$0*	Not Covered
PCP office visit	\$35*	50%
CirrusMD virtual visit	\$0*	N/A
Other virtual visit	\$35*	50%
Specialist visit	\$35*	50%
Urgent care visit	\$35*	50%
Outpatient mental health/ substance use disorder visit	\$35*	50%
Acupuncture care, spinal manipulations <sup>2</sup>	\$35*	50%
<b>Maternity care</b>		
Practitioner services	30%	50%
Hospital stay	30%	50%
<b>Hospital inpatient / outpatient services</b>		
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%
<b>Other covered services</b>		
Outpatient rehabilitation (30 sessions per year)	\$35*	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.

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

<sup>2</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.*

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