2023 Medical plan benefit summary



This summary is for quoting purposes only

Connexus PPO_\$2000_\$5500_\$35_30%	In-network you pay	Out of notional or
Colon de marco de colon	m-network you pay	Out-of-network you pay ¹
Calendar year costs	¢2.000	¢4.000
Deductible per member	\$2,000	\$4,000
Deductible per family Out-of-pocket maximum including deductible per member	\$4,000	\$8,000
Out-of-pocket maximum including deductible per member	\$5,500	\$11,000
Care and services	\$11,000	\$22,000
	¢o*	Not Covered
ACA preventive care visit	\$0* \$25*	Not Covered
PCP office visit	\$35*	50%
CirrusMD virtual visit	\$0* \$25*	N/A
Other virtual visit	\$35*	50%
Specialist visit	\$35* \$35*	50%
Urgent care visit	\$35* \$35*	50%
Outpatient mental health/ substance use disorder visit	\$35* \$35*	50% 50%
Acupuncture care, spinal manipulations ²	\$35 ·	50%
Maternity care Practitioner services	200/	50%
	30%	50%
Hospital stay	30%	50%
Hospital inpatient / outpatient services	30%	50%
Inpatient care	30%	50%
Skilled nursing facility care (60 days per year)		
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% 30%	
Emergency room: physician, lab and other services Other covered services		30%
	\$35*	Γ00/
Outpatient rehabilitation (30 sessions per year)	·	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.

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.

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

^{2 12} visit limit for acupuncture, 20 visit limit for spinal manipulations.