## 2023 Medical plan benefit summary



This summary is for quoting purposes only

| Connexus VBC_\$2000_\$4500_\$25/\$45_20%                  | la matrica I       | 1                                   |
|---|--------------------|-------------------------------------|
|   | In-network you pay | Out-of-network you pay <sup>1</sup> |
| Calendar year costs                                       |                    |                                     |
| Deductible per member                                     | \$2,000            | \$4,000                             |
| Deductible per family                                     | \$4,000            | \$8,000                             |
| Out-of-pocket maximum including deductible per member     | \$4,500            | \$9,000                             |
| Out-of-pocket maximum including deductible per family     | \$9,000            | \$18,000                            |
| Care and services   |                    |                                     |
| ACA preventive care visit                                 | \$0*               | Not Covered                         |
| PCP office visit  | \$25*              | 40%                                 |
| CirrusMD virtual visit                                    | \$0*               | N/A                                 |
| Other virtual visit                                       | \$25*              | 40%                                 |
| Specialist visit  | \$45*              | 40%                                 |
| Urgent care visit   | \$45*              | 40%                                 |
| Outpatient mental health/ substance use disorder visit    | \$25*              | 40%                                 |
| Acupuncture care, spinal manipulations <sup>2</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%                                 |

<sup>\*</sup> 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.

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

<sup>2 12</sup> visit limit for acupuncture, 20 visit limit for spinal manipulations.