

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

**Connexus VBC\_\$2000\_\$6000\_\$30/\$45\_20%**

|                                                           | In-network you pay | Out-of-network you pay <sup>1</sup> |
|-----------------------------------------------------------|--------------------|-------------------------------------|
| <b>Calendar year costs</b>                                |                    |                                     |
| Deductible per member                                     | \$2,000            | \$4,000                             |
| Deductible per family                                     | \$4,000            | \$8,000                             |
| 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                                          | \$30*              | 40%                                 |
| CirrusMD virtual visit                                    | \$0*               | N/A                                 |
| Other virtual visit                                       | \$20*              | 40%                                 |
| Specialist visit                                          | \$45*              | 40%                                 |
| Urgent care visit                                         | \$45*              | 40%                                 |
| Outpatient mental health/ substance use disorder visit    | \$30*              | 40%                                 |
| Acupuncture care, spinal manipulations <sup>2</sup>       | \$30*              | 40%                                 |
| <b>Maternity care</b>                                     |                    |                                     |
| Practitioner services                                     | 20%                | 40%                                 |
| Hospital stay                                             | 20%                | 40%                                 |
| <b>Hospital inpatient / outpatient services</b>           |                    |                                     |
| 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*                              |
| Emergency room: physician, lab and other services         |                    | 20%                                 |
| <b>Other covered services</b>                             |                    |                                     |
| 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%                                 |

\* 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.*

*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.*

[www.modahealth.com](http://www.modahealth.com)

V10.1.OR.23