

# 2023 Medical plan benefit summary



*This summary is for quoting purposes only*

**Connexus VBC\_\$4500\_\$7150\_\$35/\$55\_30%**

|   | In-network you pay | Out-of-network you pay <sup>1</sup> |
|---|--------------------|-------------------------------------|
| Calendar year costs                                       |                    |                                     |
| Deductible per member                                     | \$4,500            | \$9,000                             |
| Deductible per family                                     | \$9,000            | \$18,000                            |
| Out-of-pocket maximum including deductible per member     | \$7,150            | \$14,300                            |
| Out-of-pocket maximum including deductible per family     | \$14,300           | \$28,600                            |
| Care and services   |                    |                                     |
| 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  | \$55*              | 50%                                 |
| Urgent care visit   | \$55*              | 50%                                 |
| Outpatient mental health/ substance use disorder visit    | \$35*              | 50%                                 |
| Acupuncture care, spinal manipulations <sup>2</sup>       | \$35*              | 50%                                 |
| Maternity care  |                    |                                     |
| Practitioner services                                     | 30%                | 50%                                 |
| 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%                                 |
| Advanced imaging (MRI, CT, CAT, PET scans)                | 30%                | 50%                                 |
| Emergency room: facility                                  | \$200/30%          |                                     |
| Emergency room: physician, lab and other services         | 30%                |                                     |
| Other covered services                                    |                    |                                     |
| Outpatient rehabilitation (30 sessions per year)          | \$55*              | 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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