

2027 Medical plan benefit summary



● Moda Select Idaho Bronze 12,000 + Vision Exam

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$12,000	\$24,000
Deductible per family	\$24,000	\$48,000
Out-of-pocket max per person	\$12,000	\$120,000
Out-of-pocket max per family	\$24,000	\$240,000
Care & services		
Preventive care visit under the ACA	0%	60% after deductible
Primary care provider (PCP) office visit	\$50/visit	60% after deductible
Specialist office visit	\$125/visit	60% after deductible
Urgent care visit	\$125/visit	60% after deductible
Virtual care visit – CirrusMD	0%	Not applicable
Other providers	\$40/visit	60% after deductible
Outpatient diagnostic X-ray & lab	\$75/day/provider	60% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	60% after deductible
Behavioral health office visit	\$50/visit	60% after deductible
Physical, speech or occupational therapy visit	0% after deductible	60% after deductible
Spinal manipulation services	\$125/visit	60% after deductible
Dental services for under age 19	Not covered	Not covered
Vision exam for under age 19	0%	60%
Vision hardware for under age 19	0%	60%
Prescription medications One copay per 30-day supply.		
Value	\$15	\$15
Select	\$20	\$20
Preferred	40%	40%
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	45% after deductible	45% after deductible
Non-Preferred Specialty	50% after deductible	50% after deductible
Features		
Metallic level	Expanded Bronze	
Exchange	On and Off	
Medicare Part D creditable	No	
Provider network	Moda Select	
Service area	Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clearwater, Elmore, Franklin, Fremont, Gem, Idaho, Jefferson, Kootenai, Latah, Lewis, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Washington	
Additional benefit	Adult vision exam	

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.