

2027 Medical plan benefit summary



● Moda Pathways Oregon Bronze 9000

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$9,000	Not covered
Deductible per family	\$18,000	Not covered
Out-of-pocket max per person	\$12,000	Not covered
Out-of-pocket max per family	\$24,000	Not covered
Care & services		
Preventive care visit under the ACA	0%	Not covered
Primary care provider (PCP) office visit	\$80/visit	Not covered
Specialist office visit	\$135/visit	Not covered
Urgent care visit	\$135/visit	Not covered
Virtual care visit – CirrusMD	0%	Not applicable
Other providers	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	20% after deductible	Not covered
Emergency room visit	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	Not covered
Behavioral health office visit	\$80/visit	Not covered
Physical, speech or occupational therapy visit	\$135/visit	Not covered
Acupuncture and spinal manipulation services	\$80/visit	Not covered
Dental services for under age 19	Not covered	Not covered
Vision exam for under age 19	0%	Not covered
Vision hardware for under age 19	0%	Not covered
Prescription medications		
	One copay per 30-day supply. \$35 maximum per 30-day supply for insulin.	
Value	\$15	\$15
Select	\$15	\$15
Preferred	40% after deductible	40% after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	45% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered
Features		
Metallic level	Expanded Bronze	
Exchange	On and Off	
Medicare Part D creditable	No	
Provider network	Moda Pathways Network	
Service area	Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Lane, Lincoln, Linn, Malheur, Morrow, Multnomah, Sherman, Tillamook, Wallowa, Wasco, Washington, Wheeler, Yamhill	
Additional benefit (not covered out-of-network)	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.