

2027 Medical plan benefit summary



● Moda Pathways Oregon Silver 5000 - AI/AN Limited

	Indian Health Care Provider (IHCP) you pay	In-network you pay	Out-of-network you pay
Calendar year costs			
Deductible per person	\$0	\$5,000	Not covered
Deductible per family	\$0	\$10,000	Not covered
Out-of-pocket max per person	\$0	\$10,000	Not covered
Out-of-pocket max per family	\$0	\$20,000	Not covered
Care & services			
Preventive care visit under the ACA	0%	0%	Not covered
Primary care provider (PCP) office visit	0%	\$15/visit	Not covered
Specialist office visit	0%	\$70/visit	Not covered
Urgent care visit	0%	\$70/visit	Not covered
Virtual care visit - CirrusMD	Not applicable	0%	Not applicable
Other providers	0%	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	0%	20% after deductible	Not covered
Emergency room visit	0%	20% after deductible	20% after deductible
Ambulance	0%	20% after deductible	20% after deductible
Inpatient/outpatient care	0%	20% after deductible	Not covered
Behavioral health office visit	0%	\$15/visit	Not covered
Physical, speech or occupational therapy visit	0%	\$70/visit	Not covered
Acupuncture and spinal manipulation services	0%	\$15/visit	Not covered
Dental services for under age 19	Not covered	Not covered	Not covered
Vision exam for under age 19	0%	0%	Not covered
Vision hardware for under age 19	0%	0%	Not covered
Prescription medications			
	One copay per 30-day supply. \$35 maximum per 30-day supply for insulin.		
Value	\$0	\$15	\$15
Select	\$0	\$20	\$20
Preferred	\$0	40%	40%
Non-Preferred	\$0	50% after deductible	50% after deductible
Preferred Specialty	\$0	45% after deductible	Not covered
Non-Preferred Specialty	\$0	50% after deductible	Not covered
Features			
Metallic level	Silver		
Exchange	On		
Medicare Part D creditable	Yes		
Provider network	Moda Pathways Network		
Service area	Clackamas, Multnomah, Washington		
Additional benefit (not covered out-of-network)	Includes adult vision exam and hearing exam/hearing aid		

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.