

These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Moda Health has received network adequacy waivers for our plans. For more information on network adequacy waivers visit: [modahealth.com/texas/member/network-adequacy-waivers](https://modahealth.com/texas/member/network-adequacy-waivers).

	Direct plans			Direct plans				Bronze plans		
	Gold plans			Silver plans				Bronze plans		
	Moda Select Texas Standard Gold	Moda Select Texas Gold 1000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Gold 2000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Standard Silver	Moda Select Texas Silver 3000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Silver 5000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Silver 7000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Standard Bronze	Moda Select Texas Bronze 8700 (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Bronze HDHP 7500

### What you pay for the *in-network* care you receive each year

Deductible per person	\$2,000	\$1,000	\$2,000	\$6,000	\$3,000	\$5,000	\$7,000	\$7,500	\$8,700	\$7,500
Deductible per family	\$4,000	\$2,000	\$4,000	\$12,000	\$6,000	\$10,000	\$14,000	\$15,000	\$17,400	\$15,000
Out-of-pocket max per person	\$8,200	\$8,000	\$7,900	\$8,900	\$8,500	\$7,750	\$8,000	\$10,000	\$8,700	\$7,500
Out-of-pocket max per family	\$16,400	\$16,000	\$15,800	\$17,800	\$17,000	\$15,500	\$16,000	\$20,000	\$17,400	\$15,000
Out-of-network benefits available	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

### Benefits that make up your plan and what you pay

Primary Care Provider (PCP) office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$40 per visit	\$40 per visit	\$50 per visit	\$85 per visit	0% after deductible
Specialist office visit <sup>1</sup>	\$60 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$120 per visit	0% after deductible
Urgent care visit	\$45 per visit	\$30 per visit	\$30 per visit	\$60 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$75 per visit	\$120 per visit	0% after deductible
Virtual care visit	\$30 per visit	\$5 per visit	\$5 per visit	\$40 per visit	\$15 per visit	\$30 per visit	\$30 per visit	\$50 per visit	\$75 per visit	0% after deductible
Outpatient diagnostic X-ray and lab	25% after deductible	15% after deductible	15% after deductible	40% after deductible	35% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency room visit	25% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Spinal manipulation services	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible
Mental health and substance use disorder office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$40 per visit	\$40 per visit	\$50 per visit	\$85 per visit	0% after deductible
Outpatient rehabilitation	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible
Inpatient/outpatient care	25% after deductible	15% after deductible	15% after deductible	40% after deductible	35% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible

### Prescription medication<sup>2</sup>

Value	\$15	\$2	\$2	\$20	\$2	\$2	\$2	\$25	\$2	0%
Select	\$15	\$10	\$10	\$20	\$20	\$20	\$20	\$25	\$25	0% after deductible
Preferred	\$30	40%	40%	\$40	40%	40%	40%	\$50 after deductible	40% after deductible	0% after deductible
Non-Preferred	\$60	50%	50%	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible	0% after deductible
Preferred Specialty	\$250	40%	40%	\$350 after deductible	40%	40%	40%	\$500 after deductible	40% after deductible	0% after deductible
Non-Preferred Specialty	\$250	50%	50%	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	50% after deductible	0% after deductible

### Things to consider when choosing your plan

Features and special benefits included in your plan	PCP ! +	PCP ! +	PCP ! +	PCP ! +	PCP ! +	PCP ! +	PCP ! +	PCP ! HSA +	PCP ! HSA +	PCP ! HSA +
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### Plan highlights



#### Choose a PCP

To help you manage your health, we highly encourage selecting an in-network PCP.



#### EPO plans

Providers outside of the Moda Select Network are **not** covered, and you will be responsible for the full cost of out-of-network care, except for the following: medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.

\* Some exceptions do apply.

Scan the QR code, then click on Texas to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.



#### Direct plans

Direct plans are *only* available for purchase through Moda Health. They are not available at healthcare.gov. If you are not eligible for tax credits, you may save on premiums by purchasing these plans at [modahealth.com/shop](https://modahealth.com/shop).



#### Health savings account (HSA)

Our HSA-compatible, high-deductible health plans give you flexibility and choice. Once you have set up an HSA with the financial institution of your choice or our partner, BenefitHelp Solutions, you can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.



#### Included with *all* plans:



Unlimited mental health and substance use disorder in-person office visits



Rehabilitation and habilitation benefits (physical, occupational, speech therapy and spinal manipulation) limited to separate 35 sessions per year



Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per calendar year

<sup>1</sup> In-network hearing exam is subject to \$45/visit.  
<sup>2</sup> One copay per 30-day supply. Insulin \$25 maximum cost share for a 30-day supply.

Moda Select Texas Standard Silver		
73% CSR	87% CSR	94% CSR

### What you pay for the *in-network* care you receive each year

Deductible per person	\$3,000	\$700	\$0
Deductible per family	\$6,000	\$1,400	\$0
Out-of-pocket max per person	\$7,400	\$3,300	\$2,200
Out-of-pocket max per family	\$14,800	\$6,600	\$4,400
Out-of-network benefits available*	✗	✗	✗

### Benefits that make up your plan and what you pay

Primary Care Provider (PCP) office visit	\$40 per visit	\$20 per visit	\$0 per visit
Specialist office visit <sup>1</sup>	\$80 per visit	\$40 per visit	\$10 per visit
Urgent care visit	\$60 per visit	\$30 per visit	\$5 per visit
Virtual care visit	\$40 per visit	\$20 per visit	\$0 per visit
Outpatient diagnostic X-ray and lab	40% after deductible	30% after deductible	25%
Emergency room visit	40% after deductible	30% after deductible	25%
Spinal manipulation services	\$40 per visit	\$20 per visit	\$0 per visit
Mental health and substance use disorder office visit	\$40 per visit	\$20 per visit	\$0 per visit
Outpatient rehabilitation	\$40 per visit	\$20 per visit	\$0 per visit
Inpatient/outpatient care	40% after deductible	30% after deductible	25%

### Prescription medication<sup>2</sup>

Value	\$20	\$10	\$0
Select	\$20	\$10	\$0
Preferred	\$40	\$20	\$15
Non-Preferred	\$80 after deductible	\$60 after deductible	\$50
Preferred Specialty	\$350 after deductible	\$250 after deductible	\$150
Non-Preferred Specialty	\$350 after deductible	\$250 after deductible	\$150

### Things to consider when choosing your plan

Features and special benefits included in your plan	! PCP +	! PCP +	! PCP +
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### Plan highlights



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