

Moda Health Plan, Inc. offering individual plans under the policy number ModaTXIndvEPObk-1-1-2025-HIX.

	Gold plans			Silver plans				Bronze plans		
	Moda Select Texas Standard Gold	Moda Select Gold 1000 \$0 virtual urgent care through CirrusMD	Moda Select Gold 1800 \$0 virtual urgent care through CirrusMD	Moda Select Texas Standard Silver	Moda Select Silver 3500 \$0 virtual urgent care through CirrusMD	Moda Select Silver 4800 \$0 virtual urgent care through CirrusMD	Moda Select Silver 6400 \$0 virtual urgent care through CirrusMD	Moda Select Texas Standard Bronze	Moda Select Bronze 8700 \$0 virtual urgent care through CirrusMD	Moda Select Bronze HDHP 7500

What you pay for the <i>in-network</i> care you receive each year										
Deductible per person	\$1,500	\$1,000	\$1,800	\$5,000	\$3,500	\$4,800	\$6,400	\$7,500	\$8,700	\$7,500
Deductible per family	\$3,000	\$2,000	\$3,600	\$10,000	\$7,000	\$9,600	\$12,800	\$15,000	\$17,400	\$15,000
Out-of-pocket max per person	\$7,800	\$8,000	\$7,000	\$8,000	\$8,600	\$7,500	\$7,400	\$9,200	\$8,700	\$7,500
Out-of-pocket max per family	\$15,600	\$16,000	\$14,000	\$16,000	\$17,200	\$15,000	\$14,800	\$18,400	\$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	\$35 per visit	\$35 per visit	\$50 per visit	\$85 per visit	0% after deductible
Specialist office visit ¹	\$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	\$25 per visit	\$25 per visit	\$50 per visit	\$75 per visit	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	\$35 per visit	\$35 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	20% after deductible	10% after deductible	40% after deductible	35% after deductible	35% after deductible	35% after deductible	50% after deductible	0% after deductible	0% after deductible

Prescription medication ²										
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										

Plan highlights

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 the Summary of Benefits (SOB) link to view detailed information on each plan.



PCP Choose a PCP

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

HSA Health savings account

Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HDHP 7500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. 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

¹ In-network hearing exam is subject to \$45/visit.

² One copay per 30-day supply. Insulin \$25 maximum cost share for a 30-day supply.

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.



Moda Health Plan, Inc. offering individual plans under the policy number ModaTXIndvEPObk-1-1-2025-HIX.

	Moda Select Texas Standard Silver			Moda Select Silver 3500 <i>\$0 virtual urgent care through CirrusMD</i>			Moda Select Silver 4800 <i>\$0 virtual urgent care through CirrusMD</i>			Moda Select Silver 6400 <i>\$0 virtual urgent care through CirrusMD</i>		
	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR

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

Deductible per person	\$3,000	\$500	\$0	\$2,500	\$750	\$100	\$2,500	\$750	\$100	\$2,500	\$750	\$100
Deductible per family	\$6,000	\$1,000	\$0	\$5,000	\$1,500	\$200	\$5,000	\$1,500	\$200	\$5,000	\$1,500	\$200
Out-of-pocket max per person	\$6,400	\$3,000	\$2,000	\$6,550	\$2,000	\$750	\$6,200	\$2,000	\$750	\$6,200	\$2,000	\$750
Out-of-pocket max per family	\$12,800	\$6,000	\$4,000	\$13,100	\$4,000	\$1,500	\$12,400	\$4,000	\$1,500	\$12,400	\$4,000	\$1,500
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Benefits that make up your plan and what you pay

Primary care provider (PCP) office visit	\$40/visit	\$20/visit	\$0/visit	\$25/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit
Specialist office visit ¹	\$80/visit	\$40/visit	\$10/visit	\$50/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Urgent care visit	\$60/visit	\$30/visit	\$40/visit	\$50/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Virtual care visit	\$40/visit	\$20/visit	\$0/visit	\$15/visit	\$10/visit	\$5/visit	\$25/visit	\$10/visit	\$5/visit	\$25/visit	\$10/visit	\$5/visit
Emergency room visit	40% after deductible	30% after deductible	25%	50% after deductible								
Spinal manipulation services	\$40/visit	\$20/visit	\$0/visit	\$50/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Mental health and substance use disorder office visit	\$40/visit	\$20/visit	\$0/visit	\$25/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit
Outpatient rehabilitation	\$40/visit	\$20/visit	\$0/visit	\$50/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Inpatient/outpatient care	40% after deductible	30% after deductible	25%	35% after deductible								

Prescription medication²

Value	\$20	\$10	\$0	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$10	\$0	\$20	\$20	\$10	\$20	\$20	\$10	\$20	\$20	\$10
Preferred	\$40	\$20	\$15	40%	40%	40%	40%	40%	40%	40%	40%	40%
Non-preferred	\$80 after deductible	\$60 after deductible	\$50	50% after deductible								
Preferred specialty	\$350 after deductible	\$250 after deductible	\$150	40%	40%	40%	40%	40%	40%	40%	40%	40%
Non-preferred specialty	\$350 after deductible	\$250 after deductible	\$150	50% after deductible								

Things to consider when choosing your plan

Features and special benefits included in your plan												
---	--	--	--	--	--	--	--	--	--	--	--	--

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

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.