## Moda Select Individual & family

moda

Choose a better experience with your *health insurance* 

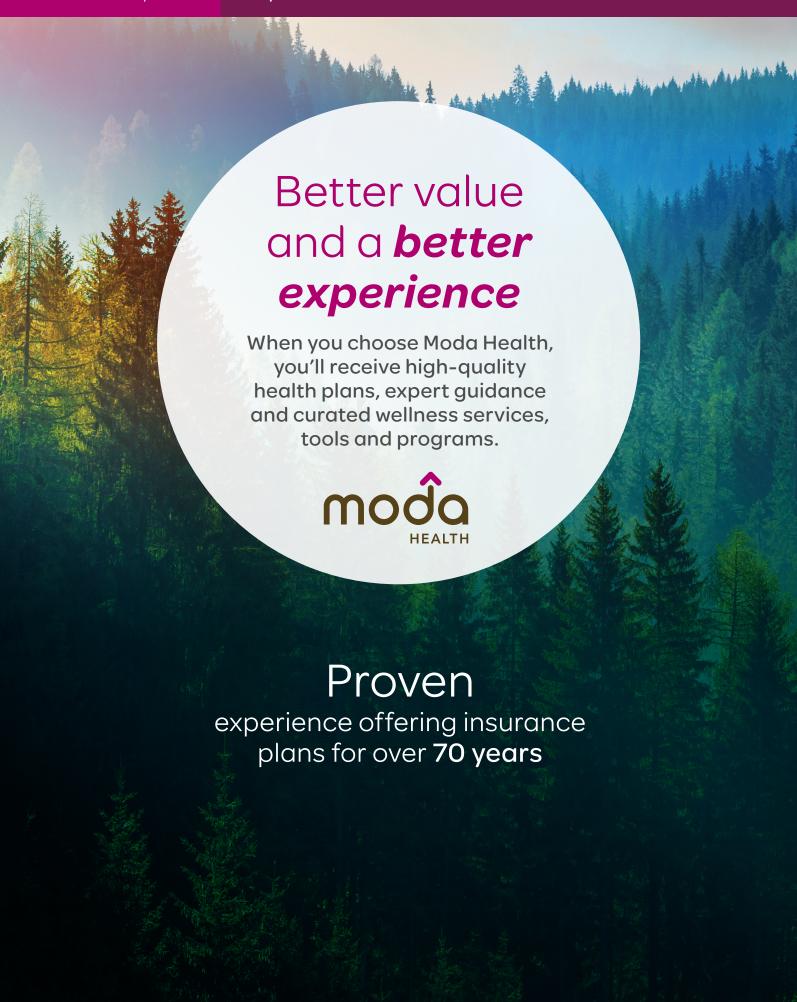
Moda Health Plan, Inc.



2026



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#### **\$0** Preventive care

Preventive exams, women's annual exams, well-baby care, and many immunizations and screenings, so you can stay healthy



#### **Prescription benefits**

Comprehensive prescription drug coverage and an online-approved drug list tool modahealth.com/pdl, so you can confirm what's covered



#### 24/7 doctor access

CirrusMD app, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost

Get to know us at modahealth.com/idaho



**Choose a better experience.**Enroll today at modahealth.com/shop

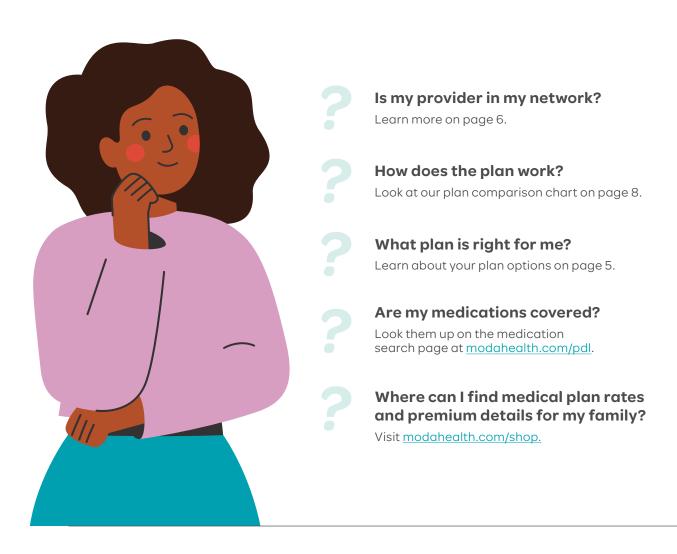
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# Make a better choice

*Insurance can be confusing.* We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:

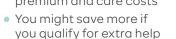


# Find a health plan that *fits your life*











you get care

#### Not sure which plan to pick?

Ask yourself these questions. If you answer "**yes**," the checked plan might be right for you.

	Bronze	Silver	Gold
Will I see a doctor or specialist often?			
Will I have higher medical bills this year?			<b>②</b>
Do I take ongoing medications?		<b>②</b>	<b>②</b>
Am I covering a spouse or family?		<b>Ø</b>	
Do I mostly need checkups?	<b>Ø</b>		
Do I like knowing what I'll pay (like copays)?		<b>Ø</b>	<b>Ø</b>
Do I qualify for extra help paying for care?		<b>②</b>	<b>②</b>



**Still unsure?** Just call us at **855-718-1767**. We're here to help you find the right fit.

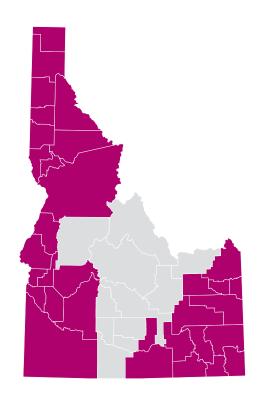
Ready to choose?

Make your selection at modahealth.com/shop

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## The **Moda Select** Network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



#### The Moda Select Network is for members living in these counties:

Ada	Bonner	Elmore	Latah	Payette
Adams	Bonneville	Franklin	Lewis	Power
Bannock	Boundary	Fremont	Madison	Shoshone
Bear Lake	Canyon	Gem	Minidoka	Teton
Benewah	Caribou	Idaho	Nez Perce	Washington
Bingham	Cassia	Jefferson	Oneida	
Boise	Clearwater	Kootenai	Owyhee	



See if your doctor is in-network at modahealth.com/modaselect



#### Care when outside of Idaho

When you're traveling outside of Idaho, you'll get full-service medical care with in-network benefits through:

- Moda Select service areas in Alaska and Texas
- Affinity Network service areas in Oregon
- Aetna® PPO Network through Aetna Signature Administrators® nationwide. This includes service areas outside the Moda Select Network in Alaska, Texas and outside the Affinity Network in Oregon.

To get started, go to modahealth.com/findcare and select your network.

#### Health partners in your area

**Treasure Valley** 



North Idaho



#### Eastern Idaho



#### **South Central Idaho**



#### Southeast Idaho



Not all providers at these locations are in-network.

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### 2026 **Moda Select** medical plans



						Direct plan			
	Gold plans		Silver plans		Silver plan	Bronze plans			
	Moda Select Idaho Gold 1100 + Vision Exam	Moda Select Idaho Gold 2200 + Vision Exam	Moda Select Idaho Silver 3000 + Vision Exam	Moda Select Idaho Silver 4000 + Vision Exam	Moda Select Idaho Silver 6400 + Vision Exam	Moda Select Idaho Silver 2900 Direct	Moda Select Idaho Bronze 9200 + Vision Exam	Moda Select Idaho Bronze 10,000 + Vision Exam	Moda Select Idaho Bronze HDHP 750
What you pay for the in-ne	<i>twork</i> care you	receive each ye	ar						
Deductible per person	\$1,100	\$2,200	\$3,000	\$4,000	\$6,400	\$2,900	\$9,200	\$10,000	\$7,500
Deductible per family	\$2,200	\$4,400	\$6,000	\$8,000	\$12,800	\$5,800	\$18,400	\$20,000	\$15,000
Out-of-pocket max per person	\$8,000	\$7,600	\$8,500	\$8,900	\$7,400	\$8,700	\$9,500	\$10,000	\$7,500
Out-of-pocket max per family	\$16,000	\$15,200	\$17,000	\$17,800	\$14,800	\$17,400	\$19,000	\$20,000	\$15,000
Out-of-network benefits available	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>	<b>Ø</b>	<b>Ø</b>	<b>Ø</b>	<b>⊘</b>	<b>Ø</b>	<b>Ø</b>
Benefits that make up your	plan and what	you pay	'	'	'	'		'	
Primary Care Provider (PCP) office visit	\$15 per visit	\$10 per visit	\$25 per visit	\$10 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$50 per visit	0% after deductible
Specialist office visit	\$30 per visit	\$30 per visit	\$70 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$125 per visit	0% after deductible
Urgent care visit	\$30 per visit	\$30 per visit	\$70 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$125 per visit	0% after deductible
Virtual care visit	\$5 per visit	\$0 per visit	\$15 per visit	\$5 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$40 per visit	0% after deductible
Outpatient diagnostic X-ray and lab	15% after deductible	10% after deductible	35% after deductible	\$60 per day per provider	35% after deductible	35% after deductible	25% after deductible	\$75 per day per provider	0% after deductible
Emergency room visit	15% after deductible	10% after deductible	35% after deductible	\$400 after deductible	35% after deductible	35% after deductible	25% after deductible	0% after deductible	0% after deductible
Spinal manipulation services	\$30 per visit	\$30 per visit	\$70 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$125 per visit	0% after deductible
Behavioral health office visit	\$15 per visit	\$10 per visit	\$25 per visit	\$10 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$50 per visit	0% after deductible
Physical, speech or occupational therapy visit	\$30 per visit	\$30 per visit	\$70 per visit	\$50 per visit	\$70 per visit	\$70 per visit	25% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	15% after deductible	10% after deductible	35% after deductible	40% after deductible	35% after deductible	35% after deductible	25% after deductible	0% after deductible	0% after deductible
Prescription medication <sup>1</sup>									
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	0%
Select	\$10	\$5	\$20	\$20	\$20	\$20	\$25	\$20	0% after deductible
Preferred	30% after deductible	30%	40% after deductible	40%	40%	40%	40%	40%	0% after deductible
Non-Preferred	50% after deductible	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Preferred Specialty	30% after deductible	30%	40% after deductible	40%	40%	40%	40%	40%	0% after deductible
Non-Preferred Specialty	50% after deductible	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Things to consider when ch		ın	1		1				
Features and special benefits included in your plan	PCP	PCP 🕂	PCP 🕂	PCP 🕂	PCP 🕂	PCP 8	PCP	PCP 🕂	PCP HSA

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.

#### Plan highlights



#### Choose a PCP

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



#### Out-of-network available

For out-ofnetwork benefits, scan the QR code, then click on Idaho to view Summaries of Benefits and Coverage (SBCs)



Coverage (SBCs) with detailed information on each plan.



#### Direct plan

Our Direct plan is only available for purchase through Moda Health. It is not available at YourHealthldaho.org. If you are not eligible for tax credits you may save on premiums by purchasing this plan at modahealth.com/shop.



### Health savings account (HSA)

Our 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 and speech therapy) limited to separate 20 sessions per year



Spinal manipulation limited to 18 visits per year



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

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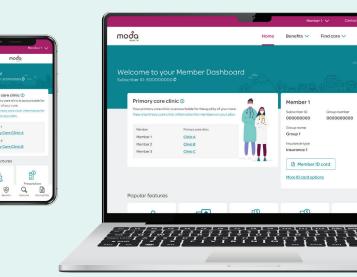
<sup>1</sup> One copay per 30-day supply

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# Member perks to reach your health goals

Save money as you work toward better health with exclusive discounts, programs and tools for members.

These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.







#### Tools

Health assessments

Prescription price check Text a doctor 24/7



#### **Discounts**

Gym memberships

Acupuncture, chiropractic, therapeutic massage (once plan benefit limit has been reached)

Popular health and fitness brands (like Vitamix<sup>®</sup> and Garmin<sup>®</sup>)



#### Coaching and care

Health coaching Care coordination

Individual Assistance Program (see page 11 for details)

Emergency medical assistance when traveling



#### Mental health support

12 weeks of mobile therapy from a private therapist through your smartphone

#### We all need a little help sometimes.

Your plan includes free, confidential help through the Individual Assistance Program (IAP). You and your eligible family members can use this support for a variety of personal concerns, including:

- Marital/relationship issues
- Feeling stressed or anxious
- Dealing with grief or loss
- Finding childcare or eldercare
- Legal advice
- And more

You'll talk with professional counselors who can help you identify problems, set goals and make a plan that works for you.

#### You also get free mental health care when you need it, including:

- 4 free virtual therapy visits from in-network providers
- You can keep seeing the same provider after the 4 free visits
- 24/7 support and help finding care



Choose a better experience.

Enroll today at modahealth.com/shop



Choose a better experience.

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What happens after you enroll?

#### 1. After you enroll...

You'll get your welcome materials and member ID card in the mail. It tells you what's in your plan and how to use it to get the most out of your benefits. Be sure to keep your ID card handy when you visit your doctor or pick up medicine.

#### 2. Create your Member **Dashboard account**

Go to modahealth.com and select "Create an account." Your personal dashboard helps you see your claims, search for doctors and manage your plan. It's quick and easy to set up.

#### 3. Pay your first bill

After you sign up, we'll send you an invoice. Your first payment starts your plan, so make sure to pay it on time to start your coverage.

Questions? We're here to help! | Ind&MedSuppSales@modahealth.com | 855-718-1767

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711) )번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (ТТҮ: 711) или обратитесь к своему поставщику услуг.

注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (ТТҮ: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጹት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እንዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意:如果您说[中文],我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务,以无障碍格式提供信息。致电(文本电话:1-877-605-3229 (TTY:711))或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບ ແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึง ได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کر نے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - کے لیے مناسب معاون امداد اور (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ "

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക. PANANGIKASO: No agsasaoka iti Ilocano, magunodmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (TTY: 711) 877-605-878 أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlowo ede ofe wa fun o. Awon iranlowo iranlowo ti o ye ati awon iṣẹ lati pese alaye ni awon ona kika wiwole tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi soro si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.



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