

# 2025 Medical plan benefit summary



## ● Moda Select Gold 3000

|                                                       | In network you pay                                                                                                                                                                                                           | Out-of-network you pay           |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Calendar year costs</b>                            |                                                                                                                                                                                                                              |                                  |
| Deductible per person                                 | \$3,000                                                                                                                                                                                                                      | \$9,000                          |
| Deductible per family                                 | \$6,000                                                                                                                                                                                                                      | \$18,000                         |
| Out-of-pocket max per person                          | \$5,000                                                                                                                                                                                                                      | \$10,000                         |
| Out-of-pocket max per family                          | \$10,000                                                                                                                                                                                                                     | \$20,000                         |
| <b>Care &amp; services</b>                            |                                                                                                                                                                                                                              |                                  |
| Preventive care visit                                 | \$0/visit                                                                                                                                                                                                                    | 50% after deductible             |
| Primary care provider (PCP) office visit <sup>1</sup> | \$20/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Specialist office visit                               | \$40/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Urgent care visit                                     | \$40/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Virtual care visit – CirrusMD                         | \$0/visit                                                                                                                                                                                                                    | N/A                              |
| Other providers <sup>1</sup>                          | \$10/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Outpatient diagnostic X-ray & lab                     | 20%                                                                                                                                                                                                                          | 50% after deductible             |
| Emergency room visit                                  | \$350, then 20% after deductible                                                                                                                                                                                             | \$350, then 20% after deductible |
| Ambulance                                             | 20% after deductible                                                                                                                                                                                                         | 20% after deductible             |
| Inpatient/outpatient care                             | 20% after deductible                                                                                                                                                                                                         | 50% after deductible             |
| Behavioral health office visit <sup>1</sup>           | \$20/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Physical, speech or occupational therapy visit        | \$40/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Acupuncture and spinal manipulation services          | \$20/visit                                                                                                                                                                                                                   | 50% after deductible             |
| Dental services for under age 19                      | Not Covered                                                                                                                                                                                                                  | Not Covered                      |
| Vision exam for under age 19                          | \$0/visit                                                                                                                                                                                                                    | 50%                              |
| Vision hardware for under age 19                      | 0%                                                                                                                                                                                                                           | 50%                              |
| <b>Prescription medications<sup>2</sup></b>           |                                                                                                                                                                                                                              |                                  |
| Value                                                 | \$0                                                                                                                                                                                                                          | \$0                              |
| Select                                                | \$10                                                                                                                                                                                                                         | \$10                             |
| Preferred                                             | \$35                                                                                                                                                                                                                         | \$35                             |
| Non-Preferred                                         | 50%                                                                                                                                                                                                                          | 50%                              |
| Preferred Specialty                                   | 30%                                                                                                                                                                                                                          | 30%                              |
| Non-Preferred Specialty                               | 50%                                                                                                                                                                                                                          | 50%                              |
| <b>Features</b>                                       |                                                                                                                                                                                                                              |                                  |
| Metallic level                                        | ● Gold                                                                                                                                                                                                                       |                                  |
| Medicare Part D creditable                            | Creditable                                                                                                                                                                                                                   |                                  |
| Provider network                                      | Moda Select                                                                                                                                                                                                                  |                                  |
| Service area                                          | Ada, Adams, Bannock, Bear, Benewah, Bingham, Boise, Bonneville, Canyon, Caribou, Cassia, Elmore, Franklin, Fremont, Gem, Jefferson, Kootenai, Lake, Madison, Minidoka, Oneida, Owyhee, Payette, Power, Teton, and Washington |                                  |
| Network for out-of-state care                         | Aetna® PPO Network                                                                                                                                                                                                           |                                  |

<sup>1</sup> First 3 visits (including in person or virtual primary care visits and behavioral health office visits) \$5/visit

<sup>2</sup> One copay for a 30-day supply

## Limitations

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications — If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits — when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 36 months
- Infusion therapy — some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply per prescription for most specialty pharmacy and up to a 90-day supply per prescription for retail and mail order pharmacies.
- Preventive care—Cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits include separate limits of 20 outpatient sessions per year
- Skilled nursing facility is limited to 30 days per year
- Spinal manipulation is limited to 20 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19

## Exclusions

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

This document is provided for informational purposes only and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.