



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact Moda Health at [www.modahealth.com](http://www.modahealth.com) or by calling 1-844-931-1775. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-844-931-1775 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	\$0 at Indian Health Care <a href="#">Provider</a> (IHCP) or with IHCP <a href="#">referral</a> at non-IHCP. For non-IHCP <a href="#">network providers</a> \$3,000 individual / \$6,000 family. For <a href="#">out-of-network providers</a> \$6,000 individual / \$12,000 family.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Services received at an IHCP or with an IHCP <a href="#">referral</a> are covered at no charge. In-network <a href="#">preventive care</a> , primary care, <a href="#">specialist</a> , <a href="#">urgent care</a> , virtual visits, outpatient behavioral health, outpatient rehabilitation and habilitation, as well as most in and out of <a href="#">network</a> children vision services and adult eye exams and some prescription medications are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">network providers</a> \$8,500 individual / \$17,000 family. For <a href="#">out-of-network providers</a> \$85,000 individual / \$170,000 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, expenses incurred due to brand substitution and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="https://www.modahealth.com/ProviderSearch?productCategory=medical&amp;selectedNetwork=Moda%20Select">https://www.modahealth.com/ProviderSearch?productCategory=medical&amp;selectedNetwork=Moda%20Select</a> or call 1-844-931-1775 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	\$25 <a href="#">copay</a> /office visit, \$15 <a href="#">copay</a> /virtual care visit, No charge/CirrusMD virtual visit; <a href="#">deductible</a> does not apply	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ).
	<a href="#">Specialist</a> visit	No charge	\$70 <a href="#">copay</a> /office visit, \$15 <a href="#">copay</a> /virtual care visit, No charge/CirrusMD virtual visit; \$10 <a href="#">copay</a> /adult eye exam, \$45 <a href="#">copay</a> /hearing exam, <a href="#">deductible</a> does not apply	60% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply for adult eye exam, 60% <a href="#">coinsurance</a> for all other visits	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). Hearing exams for dependent children under specific medical conditions. Spinal manipulation 18 visits every year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	No charge for most services. \$25 <a href="#">copay</a> /visit, <a href="#">deductible</a> does not apply or 35% <a href="#">coinsurance</a> for remaining services.	60% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). Includes other tests such as EKG, allergy testing and sleep study. <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Imaging (CT/PET scans, MRIs)	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="https://www.modahealth.com/pdl">prescription drug coverage</a> is available at <a href="https://www.modahealth.com/pdl">https://www.modahealth.com/pdl</a>	Value tier	No charge	\$2 <a href="#">copay</a> /retail prescription, \$6 <a href="#">copay</a> /90-day retail and mail order prescription; <a href="#">deductible</a> does not apply	\$2 <a href="#">copay</a> /retail prescription, \$6 <a href="#">copay</a> /mail order prescription; <a href="#">deductible</a> does not apply	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  Covers up to a 30-day supply (retail pharmacy) and 90-day supply (mail order and participating retail pharmacies). One <a href="#">copay</a> for each 30-day supply. <a href="#">Preauthorization</a> may be required. Mail order at a Moda Health designated mail order pharmacy or pharmacies that agree to follow our terms for mail order pharmacies.  Covers up to a 30-day supply for most specialty. <a href="#">Preauthorization</a> may be required. Prior authorization also required for non Moda designated pharmacies.  <a href="#">Cost sharing</a> for anticancer medication is 35% <a href="#">coinsurance</a> .
	Generic drugs (Select tier)	No charge	\$20 <a href="#">copay</a> /retail prescription, \$60 <a href="#">copay</a> /90-day retail and mail order prescription; <a href="#">deductible</a> does not apply	\$20 <a href="#">copay</a> /retail prescription, \$60 <a href="#">copay</a> /mail order prescription; <a href="#">deductible</a> does not apply	
	Preferred tier	No charge	40% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Non-preferred tier	No charge	50% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Specialty tier	No charge	40% <a href="#">coinsurance</a> for preferred, 50% <a href="#">coinsurance</a> for non-preferred	40% <a href="#">coinsurance</a> for preferred, 50% <a href="#">coinsurance</a> for non-preferred	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge	35% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ).
	<a href="#">Emergency medical transportation</a>	No charge	35% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ).
	<a href="#">Urgent care</a>	No charge	\$70 <a href="#">copay</a> /office visit, \$15 <a href="#">copay</a> /virtual care visit, No charge/CirrusMD virtual visit; <a href="#">deductible</a> does not apply	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ).
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). The plan allows up to \$2,000 per day for out-of-network non-emergency admission. <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	\$25 <a href="#">copay</a> /office visit and intensive outpatient visits, \$15 <a href="#">copay</a> /virtual care visit, No charge/CirrusMD virtual visit; <a href="#">deductible</a> does not apply. 35% <a href="#">coinsurance</a> for other outpatient services	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Inpatient services	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ).
	<a href="#">Rehabilitation services</a>	No charge	\$70 <a href="#">copay</a> /outpatient visit, <a href="#">deductible</a> does not apply. 35% <a href="#">coinsurance</a> for inpatient	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). 20 sessions per year. Limits apply separately to outpatient rehabilitation and habilitation. The plan allows up to \$2,000 per day for out-of-network non-emergency admission. <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	<a href="#">Habilitation services</a>	No charge	\$70 <a href="#">copay</a> /outpatient visit, <a href="#">deductible</a> does not apply. 35% <a href="#">coinsurance</a> for inpatient	60% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). 30 days per year
	<a href="#">Durable medical equipment</a>	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	Includes supplies and prosthetics. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.



Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Hospice services</a>	No charge	35% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). <a href="#">Preauthorization</a> may be required for some services to avoid a penalty of 50% up to a maximum deduction of \$2,500.
If your child needs dental or eye care	Children's eye exam	No charge	No charge	60% <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). Limited to one eye exam per calendar year for children under age 19. Additional in-network preventive eye <a href="#">screening</a> for children age 3-5 at no <a href="#">cost sharing</a> .
	Children's glasses	No charge	No charge	60% <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance billing</a> ). Coverage limited to one pair of glasses per calendar year for children under age 19.
	Children's dental check-up	Not covered	Not covered	Not covered	None

### Excluded Services & Other Covered Services:

**Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Acupuncture
- Bariatric surgery
- Cosmetic surgery (except as required for certain situations)
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Naturopathic substances
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Chiropractic care, limited to 35 sessions per year, combined with physical, occupational, and speech therapies
- Hearing aids, limited to one hearing aid per ear every three years
- Routine eye care (Adult), limited to one eye exam per year

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>, Idaho Department of Insurance, 1-800-721-3272 or <https://doi.idaho.gov>, or contact Moda Health at 1-844-931-1775. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about Your Health Idaho visit [www.yourhealthidaho.org](http://www.yourhealthidaho.org) or call 1-855-944-3246.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Moda Health at 1-844-931-1775 or Idaho Department of Insurance at <https://doi.idaho.gov>.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Not Applicable.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 888-786-7461.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 888-873-1395.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 888-873-1395.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 888-873-1395.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$3,000
■ <a href="#">Specialist copayment</a>	\$70
■ Hospital (facility) <a href="#">coinsurance</a>	35%
■ Other <a href="#">coinsurance</a>	35%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$50
<b>The total Peg would pay is</b>	<b>\$50</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$3,000
■ <a href="#">Specialist copayment</a>	\$70
■ Hospital (facility) <a href="#">coinsurance</a>	35%
■ Other <a href="#">coinsurance</a>	35%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$20</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$3,000
■ <a href="#">Specialist copayment</a>	\$70
■ Hospital (facility) <a href="#">coinsurance</a>	35%
■ Other <a href="#">coinsurance</a>	35%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$0</b>

Note: These numbers assume the patient received care from an IHCP [provider](#) or with IHCP [referral](#) at a non-IHCP. If you receive care from a non-IHCP [provider](#) without a [referral](#) from an IHCP your costs may be higher.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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## **If you need any of the above, call:**

844-931-1775 (TDD/TTY 711)

## **If you think we did not offer these services or discriminated, you can file a written complaint.**

### **Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## **If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

## **Scott White coordinates our nondiscrimination work:**

Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

[modahealth.com/idaho](https://modahealth.com/idaho)

UWAGA: Dla osób mówiących po polsku  
dostępna jest bezpłatna pomoc językowa.  
Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)