2026 Medical plan benefit summary



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Moda Select Idaho Silver 6400 + Vision	n Exam - AI/AN Limited		
	Indian Health Care Provider (IHCP) you pay	Non-IHCP In-network you pay	Non-IHCP Out-of-network you pay
Calendar year costs			
Deductible per person	\$0	\$6,400	\$12,800
eductible per family	\$0	\$12,800	\$25,600
Out-of-pocket max per person	\$0	\$7,400	\$74,000
Out-of-pocket max per family	\$0	\$14,800	\$148,000
are & services			
reventive care visit	0%	\$0 per visit	60% after deductible
rimary care provider (PCP) office visit	0%	\$25 per visit	60% after deductible
pecialist office visit	0%	\$70 per visit	60% after deductible
Irgent care visit	0%	\$70 per visit	60% after deductible
'irtual care visit – CirrusMD	N/A	\$0 per visit	N/A
Other providers	0%	\$15 per visit	60% after deductible
Outpatient diagnostic X-ray & lab	0%	35% after deductible	60% after deductible
mergency room visit	0%	35% after deductible	35% after deductible
mbulance	0%	35% after deductible	35% after deductible
npatient/outpatient care	0%	35% after deductible	60% after deductible
ehavioral health office visit	0%	\$25 per visit	60% after deductible
Physical, speech or occupational therapy visit	0%	\$70 per visit	60% after deductible
pinal manipulation services	0%	\$70 per visit	60% after deductible
ental services for under age 19	Not covered	Not covered	Not covered
ision exam for under age 19	0%	\$0 per visit	60%
ision hardware for under age 19	0%	0%	60%
dult vision exam	0%	\$10 per visit	60%
rescription medications	One copay for a 30-day supply		
'alue	0%	\$2	\$2
elect	0%	\$20	\$20
referred	0%	40%	40%
Ion-Preferred	0%	50% after deductible	50% after deductible
referred Specialty	0%	40%	40%
Ion-Preferred Specialty	0%	50% after deductible	50% after deductible
eatures			
1etallic level	Silver		
xchange	On		
1edicare Part D creditable	Creditable		
rovider network	Moda Select		
ther network	Aetna® PPO Network		
iervice area	Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyor Caribou, Cassia, Clearwater, Elmore, Franklin, Fremont, Gem, Idaho, Jefferson, Kootenai, Latah, Lewis, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, and Washington		

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.