

⚠️ Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.

Plan name	Calendar year costs			Care & services							Prescription medication					
	Annual deductible per member/family	Coinsurance	Annual OOP maximum per member/family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
	In-network members pay			In-network members pay							In-network members pay					
● Moda Select Gold 500 ^{1,2}	\$500 / \$1,000	30%	\$8,150 / \$16,300	\$20 per visit	\$40 per visit	\$350, then 30% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%
● Moda Select Gold 1000 ^{1,2}	\$1,000 / \$2,000	25%	\$8,150 / \$16,300	\$15 per visit	\$35 per visit	\$350, then 25% after deductible	\$10 per visit	\$15 per visit	\$35 per visit	\$15 per visit	\$0	\$10	\$35	50%	30%	50%
● Moda Select Gold 1500 ^{1,2}	\$1,500 / \$3,000	20%	\$7,000 / \$14,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%
● Moda Select Gold 2000 ^{1,2}	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%
● Moda Select Gold 3000 ^{1,2}	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%
● Moda Select Silver 3500 ^{1,2}	\$3,500 / \$6,000	40%	\$8,550 / \$17,100	\$50 per visit	\$70 per visit	\$400, then 40% after deductible	\$10 per visit	\$50 per visit	\$70 per visit	\$50 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Silver 4500 ^{1,2}	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Silver 5000 ^{1,2}	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Silver 6000 ^{1,2}	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Silver 6500 ^{1,2}	\$6,500 / \$13,000	30%	\$8,750 / \$17,500	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Bronze 7500 ^{1,2}	\$7,500 / \$15,000	40%	\$9,200 / \$18,400	\$80 per visit	\$110 per visit	\$500, then 40% after deductible	\$10 per visit	\$80 per visit	\$110 per visit	\$80 per visit	\$0	\$30	\$70	50%	30%	50%
● Moda Select Bronze 8550 ^{1,2}	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible
● Moda Select Gold HDHP 3300	\$3,300 / \$6,600	0%	\$3,300 / \$6,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible
● Moda Select Silver HDHP 2800 ^{2,3}	\$2,800 / \$5,600	30%	\$5,750 / \$11,150	30% after deductible	30% after deductible	\$350, then 30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$0	\$30 after deductible	\$70 after deductible	50% after deductible	30% after deductible	50% after deductible
● Moda Select Silver HDHP 5200	\$5,200 / \$10,400	0%	\$5,200 / \$10,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible
● Moda Select Bronze HDHP 7100	\$7,100 / \$14,200	0%	\$7,100 / \$14,200	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible

¹ First 3 visits (including in person or virtual primary care visits and mental health/substance use disorder office visits) \$5/visit. ² One copay for a 30-day supply of medication. ³ For coverage with 2 or more members, the entire family deductible must be met before benefits are payable for anyone. This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines.

+ **Included with all plans**

Our flexible benefit designs support the long-term health of your clients' employees, including robust features like these:

U **Unlimited** mental health and substance abuse in person office visits
12 weeks of mobile therapy from a private therapist through your smartphone

PT **Unlimited** inpatient physical therapy visits and **20** outpatient rehabilitation and **20** habilitation visits

X **No referrals** for specialists

+ You can get up to **20** chiropractic and acupuncture visits

Moda Select Plans offer access to **trusted** health partners in your area:

Treasure Valley 		Northern Idaho 	
Eastern Idaho 		South Central Idaho 	
		Southeast Idaho 	

Not all providers at these locations are in-network. For a full list of provider groups visit modahealth.com/modaselect to see the providers at these major medical groups that are in network.

2025 *Limitations & Exclusions*

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 non-preferred 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
- If a group's size is less than 20 employees any expense that is actually paid under Medicare will have benefits reduced by the amount Medicare paid or would have paid
- 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