2026 Medical plan benefit summary

Moda Select Bronze 7500		
	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$7,500	$17,100
Deductible per family	$15,000	$34,200
Out-of-pocket max per person	$9,600	$20,000
Out-of-pocket max per family	$19,200	$40,000
Care & services		
Preventive care under the ACA	$0/visit	50% after deductible
Primary care provider (PCP) office visit	$80/visit	50% after deductible
First 3 in person or virtual PCP and behavioral health office visits	$5/visit	50% after deductible
Specialist office visit	$110/visit	50% after deductible
Urgent care visit	$110/visit	50% after deductible
Virtual care visit – CirrusMD	$0/visit	N/A
Other providers	$10/visit	50% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible
Emergency room visit	$500, then 40% after deductible	$500, then 40% after deductible
Ambulance	40% after deductible	40% after deductible
Inpatient/outpatient care	40% after deductible	50% after deductible
Behavioral health office visit	$80/visit	50% after deductible
Physical, speech or occupational therapy visit	$110/visit	50% after deductible
Acupuncture and spinal manipulation services	$80/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%
Prescription medications (one copay for a 30-day supply)		
Value	$0	$0
Select	$30	$30
Preferred	$70	$70
Non-Preferred	50%	50%
Preferred Specialty	30%	30%
Non-Preferred Specialty	50%	50%
Features		
Metallic level	Expanded Bronze	
Medicare Part D creditable	Not Creditable	
Provider network	Moda Select	
Service area	Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, 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.