

2026 Medical plan benefit summary

● Moda Select Silver HDHP 2800

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$2,800	\$8,400
Deductible per family	\$5,600	\$16,800
Out-of-pocket max per person	\$5,900	\$10,000
Out-of-pocket max per family	\$11,800	\$20,000
Care & services		
Preventive care under the ACA	0%	50% after deductible
Primary care provider (PCP) office visit	30% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible
Virtual care visit – CirrusMD	0% after deductible	N/A
Other providers	30% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible
Emergency room visit	\$350, then 30% after deductible	\$350, then 30% after deductible
Ambulance	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible
Behavioral health office visit	30% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible
Acupuncture and spinal manipulation services	30% after deductible	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 after deductible	\$30 after deductible
Preferred	\$70 after deductible	\$70 after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	30% after deductible	30% after deductible
Non-Preferred Specialty	50% after deductible	50% after deductible
Features		
Metallic level	● Silver	
Medicare Part D creditable	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	

Please note: For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone. 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.