



2024 Oregon individual and family plans — Moda Health Plan, Inc.



Ready to shop?
View our plans and enroll at modahealth.com.

	Gold plans				Silver plans								Bronze plans				
	Moda Health Oregon Standard Gold (Beacon)	Moda Health Beacon Gold 250	Moda Health Beacon Gold 1000	Moda Health Beacon Gold 1500	Moda Health Oregon Standard Silver (Beacon)	Moda Health Beacon Silver 3650 Direct	Moda Health Beacon Silver 2900 Direct	Moda Health Beacon Silver 3000	Moda Health Beacon Silver 3400 Direct	Moda Health Beacon Silver 3500	Moda Health Beacon Silver 4500	Moda Health Beacon Silver 4400 Direct	Moda Health Beacon Silver 6400	Moda Health Oregon Standard Bronze (Beacon)	Moda Health Beacon Bronze 7750	Moda Health Beacon Bronze 9000	Moda Health Beacon Bronze HSA 7500
What you pay for the <i>in-network</i> care you receive each year																	
Deductible per person	\$1,800	\$250	\$1,000	\$1,500	\$5,500	\$3,650	\$2,900	\$3,000	\$3,400	\$3,500	\$4,500	\$4,400	\$6,400	\$9,450	\$7,750	\$9,000	\$7,500
Deductible per family	\$3,600	\$500	\$2,000	\$3,000	\$11,000	\$7,300	\$5,800	\$6,000	\$6,800	\$7,000	\$9,000	\$8,800	\$12,800	\$18,900	\$15,500	\$18,000	\$15,000
Out-of-pocket max per person	\$7,550	\$8,700	\$8,700	\$7,000	\$9,450	\$9,000	\$8,700	\$8,700	\$8,700	\$8,600	\$8,050	\$8,150	\$8,000	\$9,450	\$9,450	\$9,000	\$7,500
Out-of-pocket max per family	\$15,100	\$17,400	\$17,400	\$14,000	\$18,900	\$18,000	\$17,400	\$17,400	\$17,400	\$17,200	\$16,100	\$16,300	\$16,000	\$18,900	\$18,900	\$18,000	\$15,000
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Benefits that make up your plan and what you pay																	
Primary care provider (PCP) office visit ¹	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible
Specialist office visit	\$40 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$80 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$150 per visit	\$140 per visit	\$135 per visit	0% after deductible
Urgent care visit	\$60 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$70 per visit	\$80 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$140 per visit	\$135 per visit	0% after deductible
Virtual care visit ¹	\$20 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$40 per visit	\$40 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$50 per visit	\$10 per visit	\$10 per visit	0% after deductible
Emergency room visit	20% after deductible	25% after deductible	15% after deductible	20% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	0% after deductible	45% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible
Mental health/substance use disorder office visit ¹	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible
Outpatient rehabilitation	\$20 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$40 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$140 per visit	\$135 per visit	0% after deductible
Inpatient/outpatient care	20% after deductible	25% after deductible	15% after deductible	20% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	0% after deductible	45% after deductible	0% after deductible	0% after deductible
Pharmacy benefits²																	
Value	\$10	\$2	\$2	\$2	\$15	\$15	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$25	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$15	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$25	40%	0% after deductible	0% after deductible
Preferred	\$30	40%	40%	40%	\$60	\$60	40%	40%	40%	40%	40%	40%	40%	0% after deductible	40% after deductible	0% after deductible	0% after deductible
Non-preferred	50%	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred specialty ³	50%	40%	40%	40%	50%	40%	40%	40%	40%	40%	40%	40%	40%	0% after deductible	40% after deductible	0% after deductible	0% after deductible
Non-preferred specialty ³	50%	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	0% after deductible
Things to consider when choosing your plan																	
Features and special benefits included in your plan	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! HSA PCP +

¹ For non-HDHP plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible. ² One copay per 30-day supply. \$85 maximum per 30-day supply of insulin. ³ For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This placemat provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



Save more

In addition to a tax credit, members may be eligible for a **cost-sharing reduction plan** that lowers the amount paid out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian and Alaska Native tribes may also qualify for additional cost-sharing benefits.



2024 Cost-sharing reduction (CSR) plans

	Moda Health Oregon Standard Silver			Moda Health Beacon Silver 3000			Moda Health Beacon Silver 3500			Moda Health Beacon Silver 4500			Moda Health Beacon Silver 6400		
	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR

What you pay for the *in-network* care you receive each year

Deductible per person	\$5,500	\$1,325	\$150	\$2,600	\$1,000	\$100	\$3,000	\$1,000	\$100	\$3,000	\$1,000	\$100	\$2,750	\$1,000	\$100
Deductible per family	\$11,000	\$2,650	\$300	\$5,200	\$2,000	\$200	\$6,000	\$2,000	\$200	\$6,000	\$2,000	\$200	\$5,500	\$2,000	\$200
Out-of-pocket max per person	\$7,550	\$3,150	\$1,075	\$6,500	\$2,100	\$750	\$6,400	\$2,100	\$750	\$6,400	\$2,100	\$750	\$7,050	\$2,200	\$800
Out-of-pocket max per family	\$15,100	\$6,300	\$2,150	\$13,000	\$4,200	\$1,500	\$12,800	\$4,200	\$1,500	\$12,800	\$4,200	\$1,500	\$14,100	\$4,400	\$1,600
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Benefits that make up your plan and what you pay

Primary care provider (PCP) office visit ¹	\$40/visit	\$15/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$15/visit	\$15/visit	\$10/visit
Specialist office visit	\$80/visit	\$30/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Urgent care visit	\$70/visit	\$40/visit	\$30/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Virtual care visit ¹	\$40/visit	\$15/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit	\$10/visit
Emergency room visit	30% after deductible	10% after deductible	10% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	20% after deductible	20% after deductible
Acupuncture and spinal manipulation services	\$40/visit	\$15/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$15/visit	\$15/visit	\$10/visit
Mental health/substance use disorder office visit ¹	\$40/visit	\$15/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$35/visit	\$20/visit	\$10/visit	\$15/visit	\$15/visit	\$10/visit
Outpatient rehabilitation	\$40/visit	\$15/visit	\$10/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit	\$70/visit	\$40/visit	\$20/visit
Inpatient/outpatient care	30% after deductible	10% after deductible	10% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	20% after deductible	20% after deductible

Pharmacy benefits²

Value	\$15	\$10	\$5	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$15	\$10	\$5	\$20	\$10	\$5	\$20	\$10	\$5	\$20	\$10	\$5	\$20	\$10	\$5
Preferred	\$60	\$25	\$10	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Non-preferred	50%	50%	25%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred specialty ³	50%	50%	25%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Non-preferred specialty ³	50%	50%	25%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

Things to consider when choosing your plan

Features and special benefits included in your plan	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +	! PCP +
---	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------

Plan highlights

- EPO plans**
Providers outside of the Moda Health Beacon Network are **not** covered, and you will be responsible for the full cost of out-of-network care, except for the following: medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.* Some exceptions do apply. Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.
- PCP** Choose a PCP
To help you manage your health, you will be required to select an in-network PCP
- HSA** Health savings account
Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HSA 7500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.
- +** Included with all plans
 - Unlimited mental health and substance disorder in person office visits
 - PT Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
 - Up to 12 acupuncture and 20 spinal manipulation visits in a calendar year



¹ For non-HDHP plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible ² One copay per 30-day supply. \$85 maximum per 30-day supply of insulin ³ For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This placemat provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.