



Direct plans

Gold plans				Silver plans					Silver plans				Bronze plans			
Moda Health Oregon Standard Gold Affinity	Moda Health Affinity Gold 250	Moda Health Affinity Gold 1000	Moda Health Affinity Gold 1500	Moda Health Oregon Standard Silver Affinity	Moda Health Affinity Silver 3000	Moda Health Affinity Silver 3400	Moda Health Affinity Silver 4500	Moda Health Affinity Silver 6000	Moda Health Affinity Silver 2900 Direct	Moda Health Affinity Silver 3500 Direct	Moda Health Affinity Silver 3650 Direct	Moda Health Affinity Silver 4400 Direct	Moda Health Oregon Standard Bronze Affinity	Moda Health Affinity Bronze 7750	Moda Health Affinity Bronze 9000	Moda Health Affinity Bronze HDHP 7500

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

Deductible per person	\$1,500	\$250	\$1,000	\$1,500	\$5,500	\$3,000	\$3,400	\$4,500	\$6,000	\$2,900	\$3,500	\$3,650	\$4,400	\$9,200	\$7,750	\$9,000	\$7,500
Deductible per family	\$3,000	\$500	\$2,000	\$3,000	\$11,000	\$6,000	\$6,800	\$9,000	\$12,000	\$5,800	\$7,000	\$7,300	\$8,800	\$18,400	\$15,500	\$18,000	\$15,000
Out-of-pocket max per person	\$7,000	\$8,500	\$8,850	\$7,900	\$9,200	\$8,400	\$8,250	\$7,600	\$7,800	\$8,700	\$8,700	\$9,000	\$8,150	\$9,200	\$8,500	\$9,200	\$7,500
Out-of-pocket max per family	\$14,000	\$17,000	\$17,700	\$15,800	\$18,400	\$16,800	\$16,500	\$15,200	\$15,600	\$17,400	\$17,400	\$18,000	\$16,300	\$18,400	\$17,000	\$18,400	\$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	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 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	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$80 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	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$80 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	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$40 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	20% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	0% after deductible	45% after deductible	20% 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	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 per visit	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible
Behavioral health office visit ¹	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 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	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$40 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	20% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	0% after deductible	45% after deductible	20% after deductible	0% after deductible

Pharmacy benefits²

Value	\$10	\$2	\$2	\$2	\$15	\$2	\$2	\$2	\$2	\$2	\$2	\$15	\$2	\$25	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$15	\$20	\$25	40%	40%	0% after deductible
Preferred	\$30	40%	40%	40%	\$60	40%	40%	40%	40%	40%	40%	\$60	40%	0% after deductible	40% after deductible	40% after deductible	0% after deductible
Non-preferred	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible	0% after deductible	50% after deductible	50% 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	40% after deductible	0% after deductible
Non-preferred specialty ³	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible	0% after deductible	50% after deductible	50% 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 +
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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 Plan policies are subject to change in order to be compliant with state and federal guidelines. This document 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.



2025 Cost-sharing reduction (CSR) plans

	Moda Health Oregon Standard Silver Affinity			Moda Health Affinity Silver 3000			Moda Health Affinity Silver 3400			Moda Health Affinity Silver 4500			Moda Health Affinity Silver 6000		
	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR

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

Deductible per person	\$5,000	\$1,150	\$150	\$2,600	\$1,200	\$100	\$2,600	\$1,200	\$100	\$3,000	\$1,100	\$100	\$2,750	\$1,000	\$200
Deductible per family	\$10,000	\$2,300	\$300	\$5,200	\$2,400	\$200	\$5,200	\$2,400	\$200	\$6,000	\$2,200	\$200	\$5,500	\$2,000	\$400
Out-of-pocket max per person	\$7,350	\$3,050	\$1,100	\$6,500	\$2,100	\$975	\$6,500	\$2,100	\$975	\$6,300	\$2,200	\$975	\$6,950	\$2,200	\$975
Out-of-pocket max per family	\$14,700	\$6,100	\$2,200	\$13,000	\$4,200	\$1,950	\$13,000	\$4,200	\$1,950	\$12,600	\$4,400	\$1,950	\$13,900	\$4,400	\$1,950
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Benefits that make up your plan and what you pay

Primary care provider (PCP) office visit ¹	\$40 per visit	\$15 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$30 per visit	\$20 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Specialist office visit	\$80 per visit	\$30 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$65 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit
Urgent care visit	\$70 per visit	\$40 per visit	\$30 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$65 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit
Virtual care visit ¹	\$40 per visit	\$15 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per 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 per visit	\$15 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$30 per visit	\$20 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Behavioral health office visit ¹	\$40 per visit	\$15 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$30 per visit	\$20 per visit	\$10 per visit	\$35 per visit	\$20 per visit	\$10 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Outpatient rehabilitation	\$40 per visit	\$15 per visit	\$10 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$65 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per visit	\$70 per visit	\$40 per visit	\$20 per 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 +
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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 Plan policies are subject to change in order to be compliant with state and federal guidelines. This document 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.

Plan highlights



EPO plans

Providers outside of the Moda Health Affinity 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.



Direct plans

Direct plans are only available for purchase through Moda Health. They are not available at healthcare.gov.



Choose a PCP

To help you manage your health, you will be required to select an in-network PCP



Included with all plans



Unlimited behavioral health in person office visits



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