




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.



Direct plans

For plan highlights  
and symbol key,  
please refer to the  
reverse side. ➔

 **Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.**

Gold 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 8000	Moda Health Affinity Bronze 9000	Moda Health Affinity Bronze HDHP 7500
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What you pay for the *in-network* care you receive each year

Deductible per person	\$1,800	\$250	\$1,000	\$1,500	\$6,100	\$3,000	\$3,400	\$4,500	\$6,000	\$2,900	\$3,500	\$3,650	\$4,400	\$9,200	\$8,000	\$9,000	\$7,500
Deductible per family	\$3,600	\$500	\$2,000	\$3,000	\$12,200	\$6,000	\$6,800	\$9,000	\$12,000	\$5,800	\$7,000	\$7,300	\$8,800	\$18,400	\$16,000	\$18,000	\$15,000
Out-of-pocket max per person	\$8,150	\$8,500	\$8,850	\$7,900	\$9,200	\$8,000	\$8,250	\$8,000	\$8,250	\$8,700	\$8,700	\$9,000	\$8,150	\$9,200	\$9,250	\$9,500	\$7,500
Out-of-pocket max per family	\$16,300	\$17,000	\$17,700	\$15,800	\$18,400	\$16,000	\$16,500	\$16,000	\$16,500	\$17,400	\$17,400	\$18,000	\$16,300	\$18,400	\$18,500	\$19,000	\$15,000
Out-of-network benefits available*	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕

Benefits that make up your plan and what you pay

Primary Care Provider (PCP) office visit <sup>1</sup>	\$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	\$100 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 <sup>1</sup>	\$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
Outpatient diagnostic X-ray and lab	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
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 <sup>1</sup>	\$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
Physical, speech or occupational therapy visit	\$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 benefits<sup>2</sup>

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 <sup>3</sup>	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 <sup>3</sup>	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



<sup>1</sup> For non-HDHP plans, first 3 visits (including in-person or virtual primary care visits and behavioral health office visits) \$5/visit   <sup>2</sup> One copay per 30-day supply. \$35 maximum per 30-day supply of insulin   <sup>3</sup> For Standard Gold plan, specialty medications up to \$500 cost share maximum for each 30-day prescription fill



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.



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2026  
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	\$1,175	\$150	\$3,000	\$1,500	\$100	\$3,000	\$1,500	\$100	\$3,000	\$1,500	\$100	\$3,000	\$1,500	\$200
Deductible per family	\$10,000	\$2,350	\$300	\$6,000	\$3,000	\$200	\$6,000	\$3,000	\$200	\$6,000	\$3,000	\$200	\$6,000	\$3,000	\$400
Out-of-pocket max per person	\$8,050	\$3,350	\$1,175	\$7,000	\$2,500	\$975	\$7,000	\$2,500	\$975	\$7,000	\$2,500	\$975	\$7,000	\$2,500	\$975
Out-of-pocket max per family	\$16,100	\$6,700	\$2,350	\$14,000	\$5,000	\$1,950	\$14,000	\$5,000	\$1,950	\$14,000	\$5,000	\$1,950	\$14,000	\$5,000	\$1,950
Out-of-network benefits available*	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕

Benefits that make up your plan and what you pay

Primary Care Provider (PCP) office visit <sup>1</sup>	\$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	\$90 per visit	\$40 per visit	\$25 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 <sup>1</sup>	\$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
Outpatient diagnostic X-ray & lab	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
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 <sup>1</sup>	\$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
Physical, speech or occupational therapy visit	\$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 benefits<sup>2</sup>

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 <sup>3</sup>	50%	50%	25%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Non-Preferred Specialty <sup>3</sup>	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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<sup>1</sup> For non-HDHP plans, first 3 visits (including in-person or virtual primary care visits and behavioral health office visits) \$5/visit   <sup>2</sup> One copay per 30-day supply. \$35 maximum per 30-day supply of insulin   <sup>3</sup> For Standard Gold plan, specialty medications up to \$500 cost share maximum for each 30-day prescription fill

Plan highlights



Choose a primary care group

To help you manage your health, you will be required to select an in-network primary care group.



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 on Oregon to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.



Direct plans

Direct plans are *only* available for purchase through Moda Health. They are not available at healthcare.gov. If you are not eligible for tax credits, you may save on premiums by purchasing these plans at [modahealth.com/shop](https://modahealth.com/shop).



Health savings account (HSA)

Our HSA-compatible, high-deductible health plan (Bronze HDHP 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 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



Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per calendar year