2027 Oregon Individual & Family plans — *Moda Select*

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

Direct plans

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

	Gold plans		Silver plans				Bronze plans	
	Moda Select Oregon Standard Gold [1,2]	Moda Select Oregon Gold 1500	Moda Select Oregon Standard Silver [1]	Moda Select Oregon Silver 5000	Moda Select Oregon Silver 3500 Direct	Moda Select Oregon Silver 4400 Direct	Moda SelectOregon Standard Bronze [1]	Moda Select Oregon Bronze 9000
What *you pay* for the *in-network* care you receive each year								
Deductible per person	$2,000	$1,500	$6,100	$5,000	$3,500	$4,400	$10,200	$9,000
Deductible per family	$4,000	$3,000	$12,200	$10,000	$7,000	$8,800	$20,400	$18,000
Out-of-pocket max per person	$8,350	$8,500	$10,700	$10,000	$10,750	$10,750	$10,200	$12,000
Out-of-pocket max per family	$16,700	$17,000	$21,400	$20,000	$21,500	$21,500	$20,400	$24,000
Out-of-network benefits available*	✕	✕	✕	✕	✕	✕	✕	✕
Benefits that make up your plan and what *you pay*								
Primary Care Provider (PCP) office visit	$20 per visit	$15 per visit	$40 per visit	$15 per visit	$35 per visit	$35 per visit	$50 per visit	$80 per visit
Specialist office visit	$40 per visit	$30 per visit	$100 per visit	$70 per visit	$70 per visit	$70 per visit	$150 per visit	$135 per visit
Urgent care visit	$60 per visit	$30 per visit	$70 per visit	$70 per visit	$70 per visit	$70 per visit	$100 per visit	$135 per visit
Virtual care visit	$20 per visit	$10 per visit	$40 per visit	$10 per visit	$10 per visit	$10 per visit	$50 per visit	$10 per visit
Outpatient diagnostic X-ray & lab	20% after deductible	20% after deductible	30% after deductible	20% after deductible	35% after deductible	35% after deductible	0% after deductible	20% after deductible
Emergency room visit	20% after deductible	20% after deductible	30% after deductible	20% after deductible	35% after deductible	35% after deductible	0% after deductible	20% after deductible
Acupuncture and spinal manipulation services	$20 per visit	$15 per visit	$40 per visit	$15 per visit	$35 per visit	$35 per visit	$50 per visit	$80 per visit
Behavioral health office visit	$20 per visit	$15 per visit	$40 per visit	$15 per visit	$35 per visit	$35 per visit	$50 per visit	$80 per visit
Physical, speech or occupational therapy visit	$20 per visit	$30 per visit	$40 per visit	$70 per visit	$70 per visit	$70 per visit	$50 per visit	$135 per visit
Inpatient/outpatient care	20% after deductible	20% after deductible	30% after deductible	20% after deductible	35% after deductible	35% after deductible	0% after deductible	20% after deductible
Prescription medications[3]								
Value	$10	$15	$15	$15	$15	$15	$25	$15
Select	$10	$15	$15	$20	$20	$20	$25	$15
Preferred	$30	40%	$60	40%	40%	40%	0% after deductible	40% after deductible
Non-Preferred	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Preferred Specialty	50%	45%	50%	45% after deductible	45% after deductible	45% after deductible	0% after deductible	45% after deductible
Non-Preferred Specialty	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	0% 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 +	HSA ! PCP +	HSA ! PCP +

1 First 3 visits (including in-person or virtual primary care visits and behavioral health office visits) $5/visit. **2** Specialty medications up to $500 cost share maximum for each 30-day prescription fill **3** One copay per 30-day supply. $35 maxumum per 30-day supply of insulin

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. Limitations and exclusions apply. See member handbook for details.

Health plans provided by Moda Health Plan, Inc.

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.

2027 Cost-sharing reduction (CSR) plans

moda HEALTH

	Moda Select Oregon Standard Silver[1]			Moda Select Oregon Silver 5000		
	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	$6,100	$1,450	$400	$2,500	$500	$300
Deductible per family	$12,200	$2,900	$800	$5,000	$1,000	$600
Out-of-pocket max per person	$9,000	$3,350	$1,780	$9,000	$3,400	$1,800
Out-of-pocket max per family	$18,000	$6,700	$3,560	$18,000	$6,800	$3,600
Out-of-network benefits available*	✕	✕	✕	✕	✕	✕
Benefits that make up your plan and what *you pay*						
Primary Care Provider (PCP) office visit	$40 per visit	$15 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
Urgent care visit	$70 per visit	$40 per visit	$30 per visit	$70 per visit	$40 per visit	$20 per visit
Virtual care visit	$40 per visit	$15 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	20% after deductible	20% after deductible	20% after deductible
Emergency room visit	30% after deductible	10% after deductible	10% 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	$15 per visit	$15 per visit	$10 per visit
Behavioral health office visit	$40 per visit	$15 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
Inpatient/outpatient care	30% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription medications[2]						
Value	$15	$10	$5	$15	$10	$5
Select	$15	$10	$5	$20	$10	$5
Preferred	$60	$25	$10	40%	40%	40%
Non-Preferred	50%	50%	25%	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	50%	50%	25%	45% after deductible	45% after deductible	45% after deductible
Non-Preferred Specialty	50%	50%	25%	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 +

Plan highlights

PCP 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 Select 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.

HSA Health savings account (HSA)

Our HSA-compatible bronze plans give you flexibility and choice. Once you have set up an HSA with the financial institution of your choice or our partner, BenefitHelp Solutions, 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
- 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
- Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per calendar year

1 First 3 visits (including in-person or virtual primary care visits and behavioral health office visits) $5/visit. **2** One copay per 30-day supply. $35 maxumum per 30-day supply of insulin

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