

2027 Medical plan benefit summary

● Moda Select Bronze HDHP Embedded 8000

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$8,000	\$16,000
Deductible per family	\$16,000	\$32,000
Out-of-pocket max per person	\$8,000	\$45,000
Out-of-pocket max per family	\$16,000	\$90,000
Care & services		
Preventive care visit under the ACA	0%	50% after deductible
Primary care provider (PCP) office visit	0% after deductible	50% after deductible
Specialist office visit	0% after deductible	50% after deductible
Urgent care visit	0% after deductible	50% after deductible
Virtual care visit – CirrusMD	0% after deductible	Not applicable
Other providers	0% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	50% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	50% after deductible
Behavioral health office visit	0% after deductible	50% after deductible
Physical, speech or occupational therapy visit	0% after deductible	50% after deductible
Acupuncture and spinal manipulation services	0% after deductible	50% after deductible
Dental services for under age 19	Covered	Covered
Vision exam for under age 19	0%	50%
Vision hardware for under age 19	0%	50%
Prescription medications		
Value	\$0	\$0
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered
Features		
Metallic level	Expanded Bronze	
Exchange	Off	
Medicare Part D creditable	No	
Provider network	Moda Select	
Service area	Anchorage, Fairbanks North Star, Haines, Hoonah Angoon, Juneau, Kenai Peninsula, Ketchikan Gateway, Matanuska Susitna, Petersburg, Prince Of Wales Hyder, Sitka, Skagway, Wrangell	
Additional benefit	Includes hearing exam and hearing aid	

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.