

2026 Medical plan benefit summary



● Connexus Bronze HDHP 5700

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$5,700	\$10,000
Deductible per family	\$11,400	\$20,000
Out-of-pocket max per person	\$7,500	\$15,000
Out-of-pocket max per family	\$15,000	\$30,000
Care & services		
Preventive care under the ACA (out-of-network for select services)	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible
First 3 in-person or virtual PCP, naturopath and behavioral health office visits	0% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible
Virtual care visit – CirrusMD	\$0 after deductible	N/A
Other providers	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible
Emergency room visit	50% after deductible	50% after deductible
Ambulance	50% after deductible	50% after deductible
Inpatient/outpatient Care	50% after deductible	50% after deductible
Behavioral health office visit	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible
Acupuncture and spinal manipulation services	50% after deductible	50% after deductible
Vision exam for under age 19	0%	0%
Vision hardware for under age 19	0%	0%
Prescription medications	(one copay for a 30-day supply. \$35 maximum per 30-day supply for insulin)	
Value	\$2	\$2
Select	50% after deductible	50% after deductible
Preferred	50% after deductible	50% after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	20% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered
Features		
Metallic level	Expanded Bronze	
Exchange	Off	
Medicare Part D creditable	Not Creditable	
Provider network	Connexus	
Service area	Statewide	

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.

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