

# 2026 Medical plan benefit summary



## ● Connexus Silver HDHP 3200

	In network you pay	Out-of-network you pay
<b>Calendar year costs</b>		
Deductible per person	\$3,200	\$5,000
Deductible per family	\$6,400	\$10,000
Out-of-pocket max per person	\$6,400	\$10,000
Out-of-pocket max per family	\$12,800	\$20,000
<b>Care &amp; services</b>		
Preventive care under the ACA (out-of-network for select services)	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	30% 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	30% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible
Virtual care visit – CirrusMD	\$0 after deductible	N/A
Other providers	30% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible
Emergency room visit	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	50% after deductible
Behavioral health office visit	30% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible
Acupuncture and spinal manipulation services	30% 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	30% after deductible	30% after deductible
Preferred	30% after deductible	30% after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	40% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered
<b>Features</b>		
Metallic level	Silver	
Exchange	Off	
Medicare Part D creditable	Creditable	
Provider network	Connexus	
Service area	Statewide	

Please note: For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone. 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.

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Health plans in Oregon provided by Moda Health Plan, Inc.  
2196 (08/25)

2026 Oregon Small Group