



	Gold plans		Silver plans		Bronze plans	
	Moda Select Gold 1000 Separate Rx + Vision Exam	Moda Select Gold 2200 + Vision Exam	Moda Select Silver 3000 Separate Rx + Vision Exam	Moda Select Silver 6400 + Vision Exam	Moda Select Bronze 8900 + Vision Exam	Moda Select Bronze HSA 6900
	In-network members pay		In-network members pay		In-network members pay	
Calendar year costs						
Deductible per person	\$1,000	\$2,200	\$3,000	\$6,400	\$8,900	\$6,900
Deductible per family	\$2,000	\$4,400	\$6,000	\$12,800	\$17,800	\$13,800
Pharmacy deductible per person	\$500	No separate drug deductible	\$1,500	No separate drug deductible	No separate drug deductible	No separate drug deductible
Pharmacy deductible per family	\$1,000	No separate drug deductible	\$3,000	No separate drug deductible	No separate drug deductible	No separate drug deductible
Out-of-pocket max per person	\$8,000	\$7,600	\$8,250	\$7,350	\$8,900	\$6,900
Out-of-pocket max per family	\$16,000	\$15,200	\$16,500	\$14,700	\$17,800	\$13,800
Care & services						
Primary care provider (PCP) office visit	\$15 / visit	\$20 / visit	\$25 / visit	\$25 / visit	\$45 / visit	0% after deductible
Specialist office visit	\$30 / visit	\$40 / visit	\$70 / visit	\$70 / visit	\$90 / visit	0% after deductible
Urgent care visit	\$30 / visit	\$40 / visit	\$70 / visit	\$70 / visit	\$90 / visit	0% after deductible
Virtual care visit	\$5 / visit	\$10 / visit	\$15 / visit	\$15 / visit	\$35 / visit	0% after deductible
Emergency room visit	15% after deductible	20% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Spinal manipulation	\$30 / visit	\$40 / visit	\$70 / visit	\$70 / visit	\$90 / visit	0% after deductible
Mental health and substance use disorder office visit	\$15 / visit	\$20 / visit	\$25 / visit	\$25 / visit	\$45 / visit	0% after deductible
Outpatient rehabilitation	\$30 / visit	\$40 / visit	\$70 / visit	\$70 / visit	0% after deductible	0% after deductible
Inpatient/outpatient care	15% after deductible	20% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Prescription medications¹						
Value	\$2	\$2	\$2	\$2	\$2	0%
Select	\$10	\$5	\$20	\$20	\$20	0% after deductible
Preferred	30% after deductible	30%	40% after deductible	40%	0% after deductible	0% after deductible
Non-preferred	50% after deductible	50%	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred specialty	30% after deductible	30%	40% after deductible	40%	0% after deductible	0% after deductible
Non-preferred specialty	50% after deductible	50%	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Features						
Plan highlights						

Plan highlights

Our flexible benefit designs support long-term health, including robust features like these:

- Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HSA 6900) provides flexibility and choice. Choose any financial institution for the HSA. Use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by the health plan.
- This plan has a separate Pharmacy deductible
- No referrals for specialists
- Get up to 18 spinal manipulation visits per year
- Unlimited inpatient physical therapy visits and 20 outpatient rehabilitation and 20 habilitation visits per year
- Unlimited mental health and substance abuse in person office visits
12 weeks of mobile therapy from a private therapist through your smartphone

Moda Select Plans offer access to trusted health partners in your area

Treasure Valley



Southeast Idaho



South Central Idaho



Not all providers at these locations are in-network. For a full list of provider groups visit modahealth.com/modaselect to see the providers at these major medical groups that are in network.

¹ Copay amounts are per 30-day supply.

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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.



2023 | Cost-sharing reduction (CSR) plans

	Silver 3000			Silver 6400		
	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR	CSV1 73% CSR	CSV2 87% CSR	CSV3 94% CSR
	In-network members pay			In-network members pay		
Calendar year costs						
Deductible per person	\$2,500	\$750	\$100	\$2,500	\$750	\$100
Deductible per family	\$5,000	\$1,500	\$200	\$5,000	\$1,500	\$200
Pharmacy deductible per person	\$1,250	\$375	\$50	No separate drug deductible	No separate drug deductible	No separate drug deductible
Pharmacy deductible per family	\$2,500	\$750	\$100	No separate drug deductible	No separate drug deductible	No separate drug deductible
Out-of-pocket max per person	\$6,400	\$2,000	\$750	\$6,350	\$2,000	\$750
Out-of-pocket max per family	\$12,800	\$4,000	\$1,500	\$12,700	\$4,000	\$1,500
Care & services						
Primary care provider (PCP) office visit	\$25 / visit	\$20 / visit	\$10 / visit	\$25 / visit	\$20 / visit	\$10 / visit
Specialist office visit	\$70 / visit	\$40 / visit	\$20 / visit	\$70 / visit	\$40 / visit	\$20 / visit
Urgent care visit	\$70 / visit	\$40 / visit	\$20 / visit	\$70 / visit	\$40 / visit	\$20 / visit
Virtual care visit	\$15 / visit	\$10 / visit	\$5 / visit	\$15 / visit	\$10 / visit	\$5 / visit
Emergency room visit	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Spinal manipulation	\$70 / visit	\$40 / visit	\$20 / visit	\$70 / visit	\$40 / visit	\$20 / visit
Mental health and substance use disorder office visit	\$25 / visit	\$20 / visit	\$10 / visit	\$25 / visit	\$20 / visit	\$10 / visit
Outpatient rehabilitation	\$70 / visit	\$40 / visit	\$20 / visit	\$70 / visit	\$40 / visit	\$20 / visit
Inpatient/outpatient care	35%	35%	35%	35%	35%	35%
Prescription medications¹						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$10
Preferred	40% after deductible	40% after deductible	40% after deductible	40%	40%	40%
Non-preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred specialty	40% after deductible	40% after deductible	40% after deductible	40%	40%	40%
Non-preferred specialty	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Features						
Plan highlights						

Limitations

- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications – if members use a brand medication when a generic equivalent is available, they will have to pay the non-preferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 36 months for children with certain medical conditions
- Hospital stay and inpatient rehabilitation benefits are limited to \$2,000 per day for out-of-network non-emergency admission
- Infusion therapy – some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Medicare – any expense that is actually paid under Medicare, or would have been paid under Medicare Part B if you had enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid
- Prescriptions are limited to a maximum 30-day supply per prescription for most specialty pharmacy and up to a 90-day supply per prescription for retail and mail order pharmacies
- Preventive care – cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits include separate limits of 20 outpatient sessions per year
- Skilled nursing facility is limited to 30 days per year
- Spinal manipulation is limited to 18 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19
- Adult vision exam once per year

Exclusions

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- Acupuncture
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Faith healing
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

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