

Plan names	Calendar year costs			Care & services							Prescription medications <sup>7</sup>					
	Annual deductible per member/family	Coinsurance	Annual OOP maximum per member/family	PCP visits <sup>1</sup>	Specialist visits <sup>2</sup>	Emergency room visits	Virtual office visits <sup>3</sup>	Mental health office visits <sup>4</sup>	Outpatient rehabilitation <sup>5</sup>	Alternative care <sup>6</sup>	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
<b>Moda Select Gold 500</b>	\$500 / \$1,000	30%	\$8,150 / \$16,300	\$20 / visit	\$40 / visit	\$350, then ded, then 30%	\$20 / visit	\$20 / visit	\$40 / visit	\$20 / visit	\$0	\$10	\$35	50%	30%	50%
<b>Moda Select Gold 1000</b>	\$1,000 / \$2,000	25%	\$8,150 / \$16,300	\$15 / visit	\$35 / visit	\$350, then ded, then 25%	\$15 / visit	\$15 / visit	\$35 / visit	\$15 / visit	\$0	\$10	\$35	50%	30%	50%
<b>Moda Select Gold 1500</b>	\$1,500 / \$3,000	20%	\$7,000 / \$14,000	\$20 / visit	\$40 / visit	\$350, then ded, then 20%	\$20 / visit	\$20 / visit	\$40 / visit	\$20 / visit	\$0	\$10	\$35	50%	30%	50%
<b>Moda Select Gold 2000</b>	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$20 / visit	\$40 / visit	\$350, then ded, then 20%	\$20 / visit	\$20 / visit	\$40 / visit	\$20 / visit	\$0	\$10	\$35	50%	30%	50%
<b>Moda Select Gold 3000</b>	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$20 / visit	\$40 / visit	\$350, then ded, then 20%	\$20 / visit	\$20 / visit	\$40 / visit	\$20 / visit	\$0	\$10	\$35	50%	30%	50%
<b>Moda Select Silver 3500</b>	\$3,500 / \$6,000	40%	\$8,550 / \$17,100	\$50 / visit	\$70 / visit	\$400, then ded, then 40%	\$50 / visit	\$50 / visit	\$70 / visit	\$50 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Silver 4500</b>	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$40 / visit	\$60 / visit	\$400, then ded, then 30%	\$40 / visit	\$40 / visit	\$60 / visit	\$40 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Silver 5000</b>	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$40 / visit	\$60 / visit	\$400, then ded, then 30%	\$40 / visit	\$40 / visit	\$60 / visit	\$40 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Silver 6000</b>	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$40 / visit	\$60 / visit	\$400, then ded, then 30%	\$40 / visit	\$40 / visit	\$60 / visit	\$40 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Silver 6500</b>	\$6,500 / \$13,000	30%	\$8,750 / \$17,500	\$40 / visit	\$60 / visit	\$400, then ded, then 30%	\$40 / visit	\$40 / visit	\$60 / visit	\$40 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Bronze 7500<sup>8</sup></b>	\$7,500 / \$15,000	40%	\$8,550 / \$17,100	\$60 / visit	\$90 / visit	\$400, then ded, then 40%	\$60 / visit	\$60 / visit	\$90 / visit	\$90 / visit	\$0	\$30	\$70	50%	30%	50%
<b>Moda Select Bronze 8550</b>	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	\$0 after deductible	\$0 after deductible	0% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	0% after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Moda Select Gold HDHP 3000</b>	\$3,000 / \$6,000	0%	\$3,000 / \$6,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Moda Select Silver HDHP 2800<sup>9</sup></b>	\$2,800 / \$5,600	30%	\$5,750 / \$11,150	30% after deductible	30% after deductible	\$350, then ded, then 30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$0	\$30 after deductible	\$70 after deductible	50% after deductible	30% after deductible	50% after deductible
<b>Moda Select Silver HDHP 4800</b>	\$4,800 / \$9,600	0%	\$4,800 / \$9,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Moda Select Bronze HDHP 6900</b>	\$6,900 / \$13,800	0%	\$6,900 / \$13,800	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible

\* Footnotes 1 & 3 for non-HDHP plans except Moda Select Bronze 7500. 1 No cost sharing for members under age 19. Members 19+ get first 3 office visits at no cost sharing, combined with virtual visits. Subsequent visits by the selected PCP at the PCP visit copay level and by other providers at the specialist visit copay level. 2 Hearing exam is \$45/visit for all non-HDHP plans and \$45 after deductible for all HDHP plans. 3 No cost sharing for visits through CirrusMD. Visits to other providers are no cost sharing for members under age 19. For members 19+, first 3 visits with other providers are at no cost sharing, combined with substance use disorder office visits. 4 First 3 in-person or virtual care office visits at no cost sharing, combined with substance use disorder office visits. 5 Outpatient Rehabilitation includes physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, and pulmonary rehabilitation. 6 Alternative care includes spinal manipulation and acupuncture. 7 One prescription drug copay per 30 day supply. 8 PCP visits by the selected PCP at the PCP visit copay level and by other providers at the specialist visit copay level. No cost sharing for virtual care visits through CirrusMD. 9 Individual deductible does not apply to family coverage. Coverage for 2 or more members must meet the family deductible. Hearing exam is \$45/visit after deductible.

### Plan highlights

Our flexible benefit designs support the long-term health of your clients' employees, including robust features like these:



You can get up to 18 chiropractic visits



Unlimited inpatient physical therapy visits and 20 outpatient rehabilitation and 20 habilitation visits



No referrals for specialists



Unlimited mental health and substance abuse in person office visits  
12 weeks of mobile therapy from a private therapist through your smartphone

Medical disclaimer: This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This placement 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.

### 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](https://modahealth.com/modaselect) to see the providers at these major medical groups that are in network.

## 2023 Limitations & Exclusions

### Limitations

- Acupuncture is limited to 20 visits per year
- 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 nonpreferred 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
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare Part B had the member enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid
- Infusion therapy – some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- 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.
- 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 20 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19

### Exclusions

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- 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
- 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, naturopathic or 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