Moda Select Individual & family

Choose a better experience with your *health insurance*

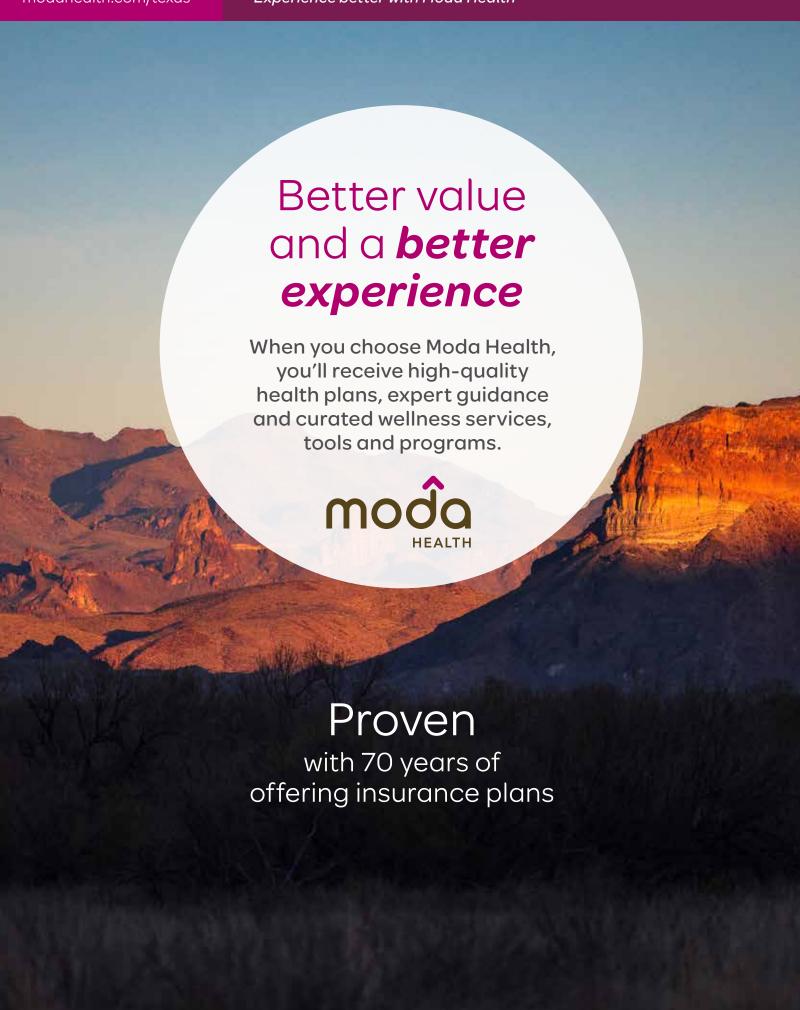


Moda Health Plan, Inc.





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Preventive care

Preventive exams, women's annual exams, well-baby care, and many immunizations and screenings, so you can stay healthy



Prescription benefits

Comprehensive prescription drug coverage and an online-approved drug list tool modahealth.com/pdl, so you can confirm what's covered



24/7 doctor access

CirrusMD app, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost except for High-Deductible Health Plans (HDHP)



Choose a better experience.Shop our plans at modahealth.com/texas

modahealth.com/texas

Make a **better choice**

Insurance can be confusing. We want to make the experience better by helping you understand your choices.

When selecting your plan, you want to know:





Is my provider in my network?

Learn more on page 6.



How does the plan work?

Look at our plan comparison chart on pages 8-9.



Are my medications covered?

Look them up on the medication search page at modahealth.com/pdl.



Moda Select prioritizes both your well-being and your budget.

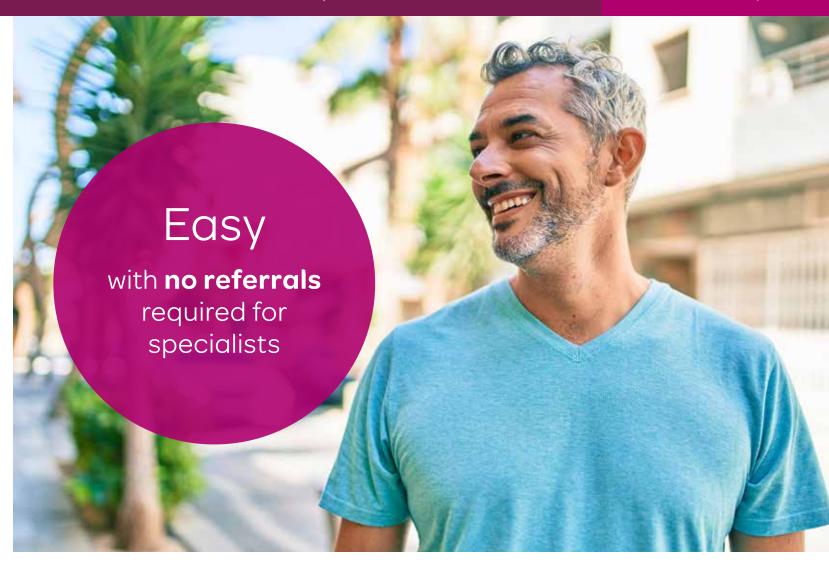
If your current doctor isn't in-network, our selection process makes it easy to switch to one who is.



In-network means the doctors and facilities meet certain requirements and agree to accept discounted rates for services under your plan.



Out-of-network means the doctor or facility is not contracted with your health plan and can charge you full price for services. Care from out-of-network providers are not covered on Moda Select plans.



Which is right for you?

Learn more on pages 8-9.

	Gold	Silver	Bronze		
Monthly premium	\$\$\$	\$\$	\$		
Out-of-pocket costs	\$	\$\$	\$\$\$		
Great if you	use a lot of healthcare		use a little healthcare		



Ready to choose?

Make your selection at modahealth.com/shop



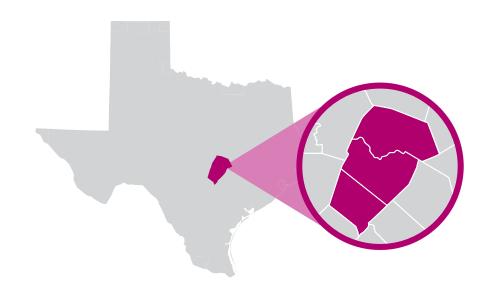
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4

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A network that connects you to care

The *Moda Select* EPO plans cover care when you see providers in the Moda Select Network. We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



Moda Select Network is for residents living in the following counties:

Hays • Travis • Williamson



While traveling outside of the service area, members can receive emergency or urgent care through the First Health Network.





Are some services available out-of-network?

Yes! Out-of-network care is covered for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.

I'm traveling outside the service area. Can I still get care?

Yes! While traveling outside of the service area, members can receive emergency or urgent care through the First Health Network.

Here are some of our larger in-network partners:







Capital Area Primary Care Capital Area Specialty Providers
Capital Area Cardiology Capital Area Multispecialty Providers

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2025 *Medical plan* benefit table

	Gold plans			Silver plans				Bronze plans		
	Moda Select Texas Standard Gold	Moda Select Gold 1000 \$0 virtual urgent care through CirrusMD	Moda Select Gold 1800 \$0 virtual urgent care through CirrusMD	Moda Select Texas Standard Silver	Moda Select Silver 3500 \$0 virtual urgent care through CirrusMD	Moda Select Silver 4800 \$0 virtual urgent care through CirrusMD	Moda Select Silver 6400 \$0 virtual urgent care through CirrusMD	Moda Select Texas Standard Bronze	Moda Select Bronze 8700 \$0 virtual urgent care through CirrusMD	Moda Select Bronze HDHP 7500
What <i>you pay</i> for the <i>in-net</i>	work care yo	u receive eac	h year							
Deductible per person	\$1,500	\$1,000	\$1,800	\$5,000	\$3,500	\$4,800	\$6,400	\$7,500	\$8,700	\$7,500
Deductible per family	\$3,000	\$2,000	\$3,600	\$10,000	\$7,000	\$9,600	\$12,800	\$15,000	\$17,400	\$15,000
Out-of-pocket max per person	\$7,800	\$8,000	\$7,000	\$8,000	\$8,600	\$7,500	\$7,400	\$9,200	\$8,700	\$7,500
Out-of-pocket max per family	\$15,600	\$16,000	\$14,000	\$16,000	\$17,200	\$15,000	\$14,800	\$18,400	\$17,400	\$15,000
Out-of-network benefits available*	×	×	×	×	×	×	×	×	×	×
Benefits that make up your	plan and who	it you pay			'	1			,	
Primary care provider (PCP) office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$35 per visit	\$35 per visit	\$50 per visit	\$85 per visit	0% after deductible
Specialist office visit ¹	\$60 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$120 per visit	0% after deductible
Urgent care visit	\$45 per visit	\$30 per visit	\$30 per visit	\$60 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$75 per visit	\$120 per visit	0% after deductible
Virtual care visit	\$30 per visit	\$5 per visit	\$5 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$25 per visit	\$50 per visit	\$75 per visit	0% after deductible
Emergency room visit	25% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Spinal manipulation services	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible
Mental health and substance use disorder office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$35 per visit	\$35 per visit	\$50 per visit	\$85 per visit	0% after deductible
Outpatient rehabilitation	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible
Inpatient/outpatient care	25% after deductible	20% after deductible	10% after deductible	40% after deductible	35% after deductible	35% after deductible	35% after deductible	50% after deductible	0% after deductible	0% after deductible
Prescription medication ²	'									
Value	\$15	\$2	\$2	\$20	\$2	\$2	\$2	\$25	\$2	0%
Select	\$15	\$10	\$10	\$20	\$20	\$20	\$20	\$25	\$25	0% after deductible
Preferred	\$30	40%	40%	\$40	40%	40%	40%	\$50 after deductible	40% after deductible	0% after deductible
Non-preferred	\$60	50%	50%	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible	0% after deductible
Preferred specialty	\$250	40%	40%	\$350 after deductible	40%	40%	40%	\$500 after deductible	40% after deductible	0% after deductible
Non-preferred specialty	\$250	50%	50%	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	50% after deductible	0% after deductible

Things to consider when choosing your plan

Features and special benefits included in your plan























Plan highlights



EPO plans

Providers outside of the Moda Select Network are <u>not</u> covered, and you will be responsible for the full cost of out-of-network care, except for the following: medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider. * Some exceptions do apply.

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information





Choose a PCP

on each plan.

To help you manage your health, we highly encourage selecting an in-network PCP.



Health savings account

Our health savings account (HSA)compatible, high-deductible health plan (Bronze HDHP 7500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.



Included with all plans



Unlimited mental health and substance use disorder in-person office visits



Rehabilitation and habilitation benefits (physical, occupational, speech therapy and spinal manipulation) limited to separate 35 sessions per year

¹In-network hearing exam is subject to \$45/visit.

²One copay per 30-day supply. Insulin \$25 maximum cost share for a 30-day supply.

These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document 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

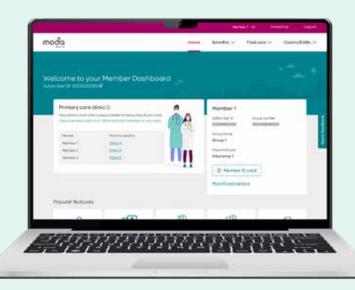
See status of the Moda Select network adequacy waiver at

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Member perks to reach your health goals

Save money as you work toward better health with exclusive discounts, programs and tools for members.







Tools

Health assessments

Prescription price check

Text a doctor 24/7



Discounts

Gym memberships

Alternative care (acupuncture, chiropractic and therapeutic massage)

Popular health and fitness brands (Vitamix® and Garmin®)



Coaching and care

Health coaching

Care coordination

Individual
Assistance Program
(including work issues, family
relationships, depression,
anxiety and grief)

Emergency medical assistance when traveling



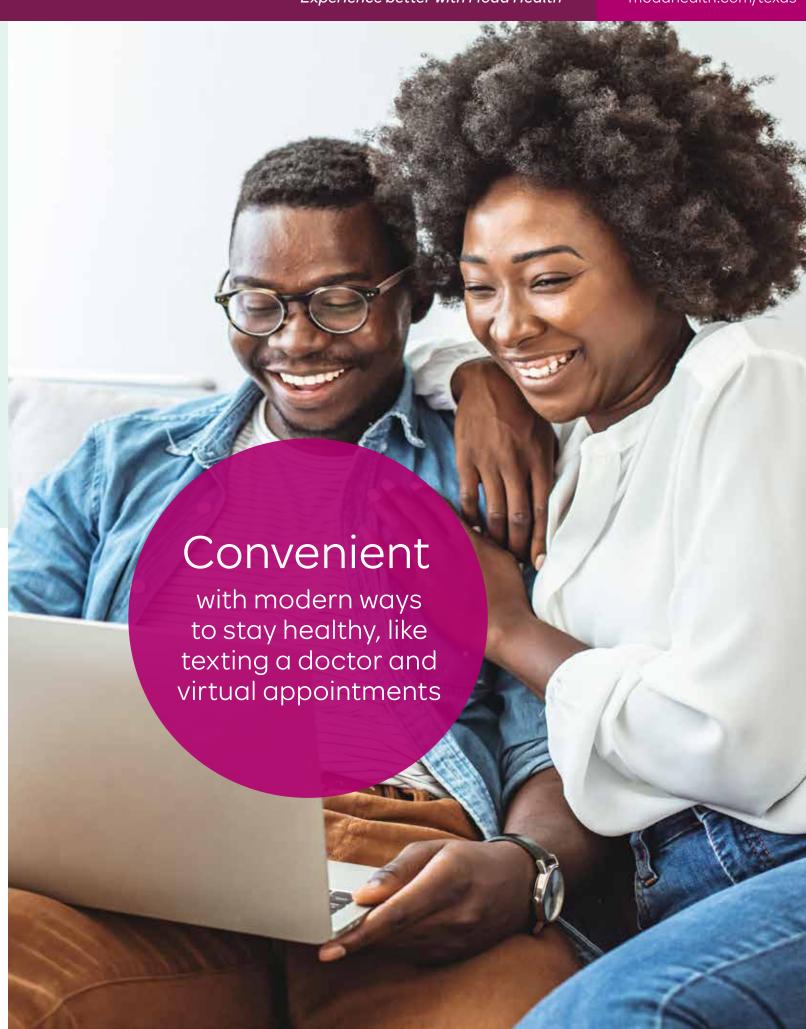
Mental health support

12 weeks of mobile therapy from a private therapist through your smartphone



Choose a better experience.

Shop our plans at modahealth.com/texas



modahealth.com/texas Experience better with Moda Health modahealth.com/texas



Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.
Please mail or fax it to:

Moda Partners, Inc. Attention: Appeal Unit 601 SW Second Ave. Portland, OR 97204 Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services 200 Independence Ave. SW, Room 509F HHH Building, Washington, DC 20201 800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Scott White coordinates our nondiscrimination work:

Scott White, Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

modahealth.com/texas



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Goi 1-877-605-3229 (TTY:711)

注意:如果您說中文,可得到免費語言幫助服務。 請致電1-877-605-3229(聾啞人專用:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 222-605-711 (الهاتف النصى: 711)

بولتے ہیں تو لیانی (URDU) توجب دیں: اگر آپ اردو اعسانت آپ کے لیے بلا مصاوضہ دستیاب ہے۔ پر کال کریں (TTY: 711) 877-605-3229

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 222-605-717) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語 サービスを無料で提供しております。 1-877-605-3229 (TYY、テレタイプライター をご利用の方は711)までお電話ください。 અગત્યનું: જો તમે (ભાષાં તર કરેલ ભાષા અહીં દશાર્વો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (ТТҮ: 711)

ATENŢIE: Dacă vorbiţi limba română, vă punem la dispoziţie serviciul de asistenţă lingvistică în mod gratuit. Sunaţi la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រ័វការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្ដល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดหราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

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Health plans provided by Moda Health Plan, Inc.

2688-NDS-MH-Texas (06/23)

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Large group

Questions? We're here to help.

Contact a Moda Health appointed agent or call us at 855-718-1767. TTY users, please call 711.

Portland office (corporate headquarters) 601 SW Second Ave. Portland, OR 97204-3156

Ind&MedSuppSales@modahealth.com modahealth.com/texas

