2026 Medical plan benefit summary

Moda Select Idaho Bronze 10,000 + Vision Exam - AI/AN Limited	Indian Health Care Provider (IHCP) you pay	Non-IHCP In-network you pay	Non-IHCP Out-of-network you pay
Calendar year costs			
Deductible per person	$0	$10,000	$20,000
Deductible per family	$0	$20,000	$40,000
Out-of-pocket max per person	$0	$10,000	$100,000
Out-of-pocket max per family	$0	$20,000	$200,000
Care & services			
Preventive care visit	0%	$0 per visit	60% after deductible
Primary care provider (PCP) office visit	0%	$50 per visit	60% after deductible
Specialist office visit	0%	$125 per visit	60% after deductible
Urgent care visit	0%	$125 per visit	60% after deductible
Virtual care visit – CirrusMD	N/A	$0 per visit	N/A
Other providers	0%	$40 per visit	60% after deductible
Outpatient diagnostic X-ray & lab	0%	$75 per day per provider	60% after deductible
Emergency room visit	0%	0% after deductible	0% after deductible
Ambulance	0%	0% after deductible	0% after deductible
Inpatient/outpatient care	0%	0% after deductible	60% after deductible
Behavioral health office visit	0%	$50 per visit	60% after deductible
Physical, speech or occupational therapy visit	0%	0% after deductible	60% after deductible
Spinal manipulation services	0%	$125 per visit	60% after deductible
Dental services for under age 19	Not covered	Not covered	Not covered
Vision exam for under age 19	0%	$0 per visit	60%
Vision hardware for under age 19	0%	0%	60%
Adult vision exam	0%	$10 per visit	60%
Prescription medications		One copy for a 30-day supply	
Value	0%	$2	$2
Select	0%	$20	$20
Preferred	0%	40%	40%
Non-Preferred	0%	50% after deductible	50% after deductible
Preferred Specialty	0%	40%	40%
Non-Preferred Specialty	0%	50% after deductible	50% after deductible
Features			
Metallic level		Expanded Bronze	
Exchange		On	
Medicare Part D creditable		Not Creditable	
Provider network		Moda Select	
Other network		Aetna® PPO Network	
Service area		Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clearwater, Elmore, Franklin, Fremont, Gem, Idaho, Jefferson, Kootenai, Latah, Lewis, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, and Washington	

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.