## 2026 Medical plan benefit summary



## Moda Select Idaho Bronze 9200 + Vision Exam In network you pay Out-of-network you pay Calendar year costs Deductible per person \$9,200 \$18,400 Deductible per family \$18,400 \$36,800 Out-of-pocket max per person \$9,500 \$95,000 Out-of-pocket max per family \$19,000 \$190,000 Care & services Preventive care visit \$0 per visit 60% after deductible Primary care provider (PCP) office visit \$50 per visit 60% after deductible Specialist office visit \$100 per visit 60% after deductible 60% after deductible Urgent care visit \$100 per visit Virtual care visit - CirrusMD \$0 per visit N/A Other providers \$40 per visit 60% after deductible 25% after deductible 60% after deductible Outpatient diagnostic X-ray & lab Emergency room visit 25% after deductible 25% after deductible Ambulance 25% after deductible 25% after deductible 25% after deductible Inpatient/outpatient Care 60% after deductible Behavioral health office visit \$50 per visit 60% after deductible Physical, speech or 25% after deductible 60% after deductible occupational therapy visit Spinal manipulation services \$100 per visit 60% after deductible Dental services for under age 19 Not covered Not covered 60% Vision exam for under age 19 \$0 per visit Vision hardware for under age 19 60% 60% Adult vision exam \$10 per visit Prescription medications One copay for a 30-day supply \$2 \$2 Value Select \$25 \$25 Preferred 40% 40% Non-Preferred 50% after deductible 50% after deductible **Preferred Specialty** 40% 40% Non-Preferred Specialty 50% after deductible 50% after deductible **Features** Metallic level Expanded Bronze On and Off Exchange Not Creditable Medicare Part D creditable Provider network Moda Select Other network Aetna® PPO Network Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Service area 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.