2026 Medical plan benefit summary



ut-of-network you pay	
\$15,000	
\$30,000	
\$75,000	
\$150,000	
60% after deductible	
N/A	
60% after deductible	
60% after deductible	
0% after deductible	
0% after deductible	
60% after deductible	
60% after deductible	
60% after deductible	
60% after deductible	
Not covered	
60%	
60%	
60%	
One copay for a 30-day supply	
0%	
0% after deductible	
Expanded Bronze	
On and Off	
Not Creditable	
Moda Select	
Aetna® PPO Network	
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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.