

2026 Medical plan benefit summary

● Moda Select Idaho Silver 4000 + Vision Exam

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$4,000	\$8,000
Deductible per family	\$8,000	\$16,000
Out-of-pocket max per person	\$8,900	\$89,000
Out-of-pocket max per family	\$17,800	\$178,000
Care & services		
Preventive care visit	\$0 per visit	60% after deductible
Primary care provider (PCP) office visit	\$10 per visit	60% after deductible
Specialist office visit	\$50 per visit	60% after deductible
Urgent care visit	\$50 per visit	60% after deductible
Virtual care visit – CirrusMD	\$0 per visit	N/A
Other providers	\$5 per visit	60% after deductible
Outpatient diagnostic X-ray & lab	\$60 per day per provider	60% after deductible
Emergency room visit	\$400 after deductible	\$400 after deductible
Ambulance	40% after deductible	40% after deductible
Inpatient/outpatient Care	40% after deductible	60% after deductible
Behavioral health office visit	\$10 per visit	60% after deductible
Physical, speech or occupational therapy visit	\$50 per visit	60% after deductible
Spinal manipulation services	\$50 per visit	60% after deductible
Dental services for under age 19	Not covered	Not covered
Vision exam for under age 19	\$0 per visit	60%
Vision hardware for under age 19	0%	60%
Adult vision exam	\$10 per visit	60%
Prescription medications	One copay for a 30-day supply	
Value	\$2	\$2
Select	\$20	\$20
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	● Silver	
Exchange	On and Off	
Medicare Part D creditable	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.