

# 2026 Medical plan benefit summary

## ● Moda Health Affinity Bronze 7500 - AI/AN Zero

|                                                | Indian Health Care Provider (IHCP) you pay | In-network you pay | Out-of-network you pay |
|------------------------------------------------|--------------------------------------------|--------------------|------------------------|
| Calendar year costs                            |                                            |                    |                        |
| Deductible per person                          | \$0                                        | \$0                | Not covered            |
| Deductible per family                          | \$0                                        | \$0                | Not covered            |
| Out-of-pocket max per person                   | \$0                                        | \$0                | Not covered            |
| Out-of-pocket max per family                   | \$0                                        | \$0                | Not covered            |
| Care & services                                |                                            |                    |                        |
| Preventive care visit                          | 0%                                         | 0%                 | Not covered            |
| Primary care provider (PCP) office visit       | 0%                                         | 0%                 | Not covered            |
| Specialist office visit                        | 0%                                         | 0%                 | Not covered            |
| Urgent care visit                              | 0%                                         | 0%                 | Not covered            |
| Virtual care visit - CirrusMD                  | N/A                                        | 0%                 | Not covered            |
| Other providers                                | 0%                                         | 0%                 | Not covered            |
| Outpatient diagnostic X-ray & lab              | 0%                                         | 0%                 | Not covered            |
| Emergency room visit                           | 0%                                         | 0%                 | 0%                     |
| Ambulance                                      | 0%                                         | 0%                 | 0%                     |
| Inpatient/outpatient care                      | 0%                                         | 0%                 | Not covered            |
| Behavioral health office visit                 | 0%                                         | 0%                 | Not covered            |
| Physical, speech or occupational therapy visit | 0%                                         | 0%                 | Not covered            |
| Acupuncture and spinal manipulation services   | 0%                                         | 0%                 | Not covered            |
| Dental services for under age 19               | Not covered                                | Not covered        | Not covered            |
| Vision exam for under age 19                   | 0%                                         | 0%                 | Not covered            |
| Vision hardware for under age 19               | 0%                                         | 0%                 | Not covered            |
| Adult vision exam                              | Not covered                                | Not covered        | Not covered            |
| Prescription medications                       |                                            |                    |                        |
| Value                                          | 0%                                         | 0%                 | 0%                     |
| Select                                         | 0%                                         | 0%                 | 0%                     |
| Preferred                                      | 0%                                         | 0%                 | 0%                     |
| Non-Preferred                                  | 0%                                         | 0%                 | 0%                     |
| Preferred Specialty                            | 0%                                         | 0%                 | Not covered            |
| Non-Preferred Specialty                        | 0%                                         | 0%                 | Not covered            |
| Features                                       |                                            |                    |                        |
| Metallic level                                 | ● Expanded Bronze                          |                    |                        |
| Exchange                                       | On                                         |                    |                        |
| Medicare Part D creditable                     | Creditable                                 |                    |                        |
| Provider network                               | Affinity                                   |                    |                        |
| Out-of-area network                            | Aetna® PPO                                 |                    |                        |
| Service area                                   | Statewide                                  |                    |                        |
| Additional benefits                            | None                                       |                    |                        |

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.