2026 Medical plan benefit summary

Moda Health Affinity Silver 3000 - 87% CSR

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$1,500	Not covered
Deductible per family	$3,000	Not covered
Out-of-pocket max per person	$2,500	Not covered
Out-of-pocket max per family	$5,000	Not covered
Care & services		
Preventive care visit	$0/visit	Not covered
Primary care provider (PCP) office visit *First 3 visits (including in person or virtual primary care visits and behavioral health office visits) $5/visit*	$20/visit	Not covered
Specialist office visit	$40/visit	Not covered
Urgent care visit	$40/visit	Not covered
Virtual care visit – CirrusMD	$0/visit	Not covered
Other providers	$10/visit	Not covered
Outpatient diagnostic X-ray & lab	35% after deductible	Not covered
Emergency room visit	35% after deductible	35% after deductible
Ambulance	35% after deductible	35% after deductible
Inpatient/outpatient care	35% after deductible	Not covered
Behavioral health office visit	$20/visit	Not covered
Physical, speech or occupational therapy visit	$40/visit	Not covered
Acupuncture and spinal manipulation services	$20/visit	Not covered
Dental services for under age 19	Covered	Not covered
Vision exam for under age 19	$0/visit	Not covered
Vision hardware for under age 19	0%	Not covered
Adult vision exam	Not covered	Not covered
Prescription medications	One copay per 30-day supply. $35 maximum per 30-day supply for insulin.	
Value	$2	$2
Select	$10	$10
Preferred	40%	40%
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	40%	Not covered
Non-Preferred Specialty	50% after deductible	Not covered
Features		
Metallic level	Silver	
Exchange	On	
Medicare Part D creditable	Creditable	
Provider network	Affinity	
Out-of-area network	Aetna® PPO	
Service area	Statewide	
Additional benefits (not covered for out-of-network)	Additional accident benefit up to $1,000 and dental services for under age 19	

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.