2026 Medical plan benefit summary

Moda Health Affinity Silver 6000 - AI/AN Limited

	Indian Health Care Provider (IHCP) you pay	In-network you pay	Out-of-network you pay
Calendar year costs			
Deductible per person	$0	$6,000	Not covered
Deductible per family	$0	$12,000	Not covered
Out-of-pocket max per person	$0	$8,250	Not covered
Out-of-pocket max per family	$0	$16,500	Not covered
Care & services			
Preventive care visit	0%	$0/visit	Not covered
Primary care provider (PCP) office visit *For in-network tier – First 3 visits (including in person or virtual primary care visits and behavioral health office visits) $5/visit*	0%	$15/visit	Not covered
Specialist office visit	0%	$70/visit	Not covered
Urgent care visit	0%	$70/visit	Not covered
Virtual care visit - CirrusMD	N/A	$0/visit	Not covered
Other providers	0%	$10/visit	Not covered
Outpatient diagnostic X-ray & lab	0%	20% after deductible	Not covered
Emergency room visit	0%	20% after deductible	20% after deductible
Ambulance	0%	20% after deductible	20% after deductible
Inpatient/outpatient care	0%	20% after deductible	Not covered
Behavioral health office visit	0%	$15/visit	Not covered
Physical, speech or occupational therapy visit	0%	$70/visit	Not covered
Acupuncture and spinal manipulation services	0%	$15/visit	Not covered
Dental services for under age 19	Not covered	Not covered	Not covered
Vision exam for under age 19	0%	$0/visit	Not covered
Vision hardware for under age 19	0%	0%	Not covered
Adult vision exam	0%	$15/visit	Not covered
Prescription medications	One copy per 30-day supply. $35 maximum per 30-day supply for insulin.		
Value	0%	$2	$2
Select	0%	$20	$20
Preferred	0%	40%	40%
Non-Preferred	0%	50% after deductible	50% after deductible
Preferred Specialty	0%	40%	Not covered
Non-Preferred Specialty	0%	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 out-of-network)	Adult vision exam		

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.