2026 Medical plan benefit summary

Moda Select Texas Standard Bronze - 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	$7,500	Not covered
Deductible per family	$0	$15,000	Not covered
Out-of-pocket max per person	$0	$10,000	Not covered
Out-of-pocket max per family	$0	$20,000	Not covered
Care & services			
Preventive care visit	0%	$0 per visit	Not covered
Primary care provider (PCP) office visit	0%	$50 per visit	Not covered
Specialist office visit *In-network tier: Hearing exam is subject to $45/visit*	0%	$100 per visit	Not covered
Urgent care visit	0%	$75 per visit	Not covered
Virtual care visit - CirrusMD	N/A	$50 per visit	Not covered
Other providers	0%	$50 per visit	Not covered
Outpatient diagnostic X-ray & lab	0%	50% after deductible	Not covered
Emergency room visit	0%	50% after deductible	50% after deductible
Ambulance	0%	50% after deductible	50% after deductible
Inpatient/outpatient care	0%	50% after deductible	Not covered
Mental health/substance use disorder office visit	0%	$50 per visit	Not covered
Physical, speech or occupational therapy and spinal manipulation visit	0%	$50 per visit	Not covered
Dental services for under age 19	Not covered	Not covered	Not covered
Vision exam for under age 19	0%	$0 per visit	Not covered
Vision hardware for under age 19	0%	0%	Not covered
Adult vision exam	0%	$10 per visit	Not covered
Prescription medications	Copay amounts are per 30-day supply. Insulin $25 maximum cost share for a 30-day supply.		
Value	0%	$25	$25
Select	0%	$25	$25
Preferred	0%	$50 after deductible	$50 after deductible
Non-Preferred	0%	$100 after deductible	$100 after deductible
Preferred Specialty	0%	$500 after deductible	Not covered
Non-Preferred Specialty	0%	$500 after deductible	Not covered
Features			
Metallic level	Expanded Bronze		
Exchange	On		
Medicare Part D creditable	Not Creditable		
Network	Moda Select		
Travel Network	First Health		
Service area	Hays, Travis, Williamson		

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.