2026 Medical plan benefit summary

Moda Select Texas Standard Silver

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	$6,000	Not covered
Deductible per family	$12,000	Not covered
Out-of-pocket max per person	$8,900	Not covered
Out-of-pocket max per family	$17,800	Not covered
Care & services		
Preventive care visit	$0 per visit	Not covered
Primary care provider (PCP) office visit	$40 per visit	Not covered
Specialist office visit *Hearing exam is subject to $45/visit.*	$80 per visit	Not covered
Urgent care visit	$60 per visit	Not covered
Virtual care visit - CirrusMD	$40 per visit	Not covered
Other providers	$40 per visit	Not covered
Outpatient diagnostic X-ray & lab	40% after deductible	Not covered
Emergency room visit	40% after deductible	40% after deductible
Ambulance	40% after deductible	40% after deductible
Inpatient/outpatient Care	40% after deductible	Not covered
Mental health/ substance use disorder office visit	$40 per visit	Not covered
Physical, speech or occupational therapy and spinal manipulation visit	$40 per visit	Not covered
Dental services for under age 19	Not covered	Not covered
Vision exam for under age 19	$0 per visit	Not covered
Vision hardware for under age 19	0%	Not covered
Adult vision exam	$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	$20	$20
Select	$20	$20
Preferred	$40	$40
Non-Preferred	$80 after deductible	$80 after deductible
Preferred Specialty	$350 after deductible	Not covered
Non-Preferred Specialty	$350 after deductible	Not covered
Features		
Metallic level	Silver	
Exchange	On and Off	
Medicare Part D creditable	Creditable	
Provider 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.