Moda Select Individual & family

Choose a better experience with your *health insurance*



Moda Health Plan, Inc.





modahealth.com/texas Experience better with Moda Health Experience better with Moda Health





\$0 Preventive care

Preventive exams, women's annual exams, well-baby care, and many immunizations and screenings, so you can stay healthy



Prescription benefits

Comprehensive prescription drug coverage and an online-approved drug list tool modahealth.com/pdl, so you can confirm what's covered



24/7 doctor access

<u>CirrusMD app</u>, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost

Get to know us at modahealth.com/texas



Choose a better experience.Shop our plans at modahealth.com/shop

modahealth.com/texas

Make a **better choice**

Insurance can be confusing. We want to make the experience better by helping you understand your choices.

When selecting your plan, you want to know:





Is my provider in my network?

Learn more on page 6.

How does the plan work?

Look at our plan comparison chart on page 8-9.

What plan is right for me?

Learn about your plan options on page 5.

Are my medications covered?

Look them up on the medication search page at modahealth.com/pdl.

Where can I find medical plan rates and premium details for my family?

Visit modahealth.com/shop.



Moda Select prioritizes both your well-being and your budget.

If your current doctor isn't in-network, our selection process makes it easy to switch to one who is.



In-network means the doctors and facilities meet certain requirements and agree to accept discounted rates for services under your plan.



Out-of-network means the doctor or facility is not contracted with your health plan and can charge you full price for services. Care from out-of-network providers are not covered on Moda Select plans.



Which is right for you?

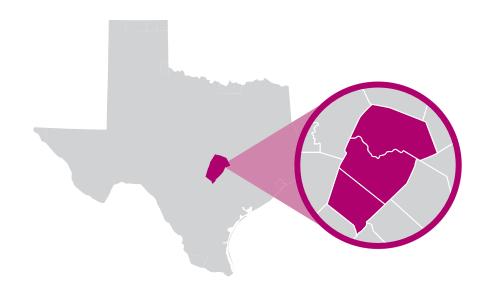
Learn more on pages 8-9.

	Gold	Silver	Bronze
Monthly premium	\$\$\$	\$\$	\$
Out-of-pocket costs	\$	\$\$	\$\$\$
Great if you	use a lot of healthcare		use a little healthcare



A network that connects you to care

The *Moda Select* EPO plans cover care when you see providers in the Moda Select Network. We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



Moda Select Network is for residents living in the following counties:

Hays • Travis • Williamson



While traveling outside of the service area, members can receive emergency or urgent care through the First Health Network.





Are some services available out-of-network?

Yes! Out-of-network care is covered for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.

I'm traveling outside the service area. Can I still get medical care?

Yes! Access the same in-network benefits you enjoy in Texas when you travel to Moda Select service areas in Alaska and Idaho.

Outside of the Moda Select service areas, members are covered for medical emergency services and urgent care through the First Health Network.

Here are some of our larger in-network partners:









Capital Area Primary Care
Capital Area Specialty Providers

Capital Area Cardiology • Capital Area Multispecialty Providers

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2026 Medical plan

benefit table





enefit table													
	Direct plans			Direct plans									
Gold plans				Silver plans				Bronze plans					
	Moda Select Texas Standard Gold	Moda Select Texas Gold 1000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Gold 2000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Standard Silver	Moda Select Texas Silver 3000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Silver 5000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Silver 7000 Direct (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Standard Bronze	Moda Select Texas Bronze 8700 (\$0 Virtual Urgent Care through CirrusMD)	Moda Select Texas Bronze HDHP 7500			
What you pay for the in-network care you receive each year													
Deductible per person	\$2,000	\$1,000	\$2,000	\$6,000	\$3,000	\$5,000	\$7,000	\$7,500	\$8,700	\$7,500			
Deductible per family	\$4,000	\$2,000	\$4,000	\$12,000	\$6,000	\$10,000	\$14,000	\$15,000	\$17,400	\$15,000			
Out-of-pocket max per person	\$8,200	\$8,000	\$7,900	\$8,900	\$8,500	\$7,750	\$8,000	\$10,000	\$8,700	\$7,500			
Out-of-pocket max per family	\$16,400	\$16,000	\$15,800	\$17,800	\$17,000	\$15,500	\$16,000	\$20,000	\$17,400	\$15,000			
Out-of-network benefits available	×	×	×	×	×	×	×	×	×	×			
Benefits that make up your plan and what <i>you pay</i>													
Primary Care Provider (PCP) office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$40 per visit	\$40 per visit	\$50 per visit	\$85 per visit	0% after deductible			
Specialist office visit ¹	\$60 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$100 per visit	\$120 per visit	0% after deductible			
Urgent care visit	\$45 per visit	\$30 per visit	\$30 per visit	\$60 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$75 per visit	\$120 per visit	0% after deductible			
Virtual care visit	\$30 per visit	\$5 pervisit	\$5 pervisit	\$40 per visit	\$15 per visit	\$30 per visit	\$30 per visit	\$50 per visit	\$75 per visit	0% after deductible			
Outpatient diagnostic X-ray and lab	25% after deductible	15% after deductible	15% after deductible	40% after deductible	35% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible			
Emergency room visit	25% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible			
Spinal manipulation services	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible			
Mental health and substance use disorder office visit	\$30 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$40 per visit	\$40 per visit	\$50 per visit	\$85 per visit	0% after deductible			
Outpatient rehabilitation	\$30 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$50 per visit	\$120 per visit	0% after deductible			
Inpatient/outpatient care	25% after deductible	15% after deductible	15% after deductible	40% after deductible	35% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible			
Prescription medication ²													
Value	\$15	\$2	\$2	\$20	\$2	\$2	\$2	\$25	\$2	0%			
Select	\$15	\$10	\$10	\$20	\$20	\$20	\$20	\$25	\$25	0% after deductible			
Preferred	\$30	40%	40%	\$40	40%	40%	40%	\$50 after deductible	40% after deductible	0% after deductible			
Non-Preferred	\$60	50%	50%	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible	0% after deductible			
Preferred Specialty	\$250	40%	40%	\$350 after deductible	40%	40%	40%	\$500 after deductible	40% after deductible	0% after deductible			
Non-Preferred Specialty	\$250	50%	50%	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	50% after deductible	0% after deductible			

Things to consider when choosing your plan

Features and special benefits included in your plan









Plan highlights



Choose a PCP

To help you manage your health, we highly encourage selecting an in-network PCP.



EPO plans

Providers outside of the Moda Select Network are <u>not</u> covered, and you will be responsible for the full cost of out-of-network care, except for the following: medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider. * Some exceptions do apply.

Scan the QR code, then click on Texas to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.





Direct plans

Direct plans are only available for purchase through Moda Health. They are not available at healthcare.gov. If you are not eligible for tax credits, you may save on premiums by purchasing these plans at modahealth.com/shop



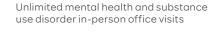
Health savings account (HSA)

Our HSA-compatible, high-deductible health plan (Bronze HDHP 7500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.



Included with all plans:







Rehabilitation and habilitation benefits (physical, occupational, speech therapy and spinal manipulation) limited to separate 35 sessions per year

Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per calendar year

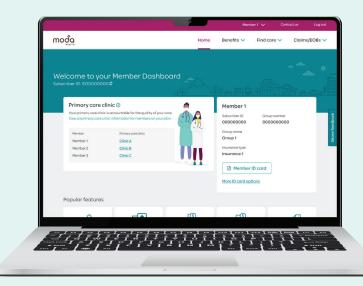
These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Moda Health has received network adequacy waivers for our plans. For more information on network adequacy waivers

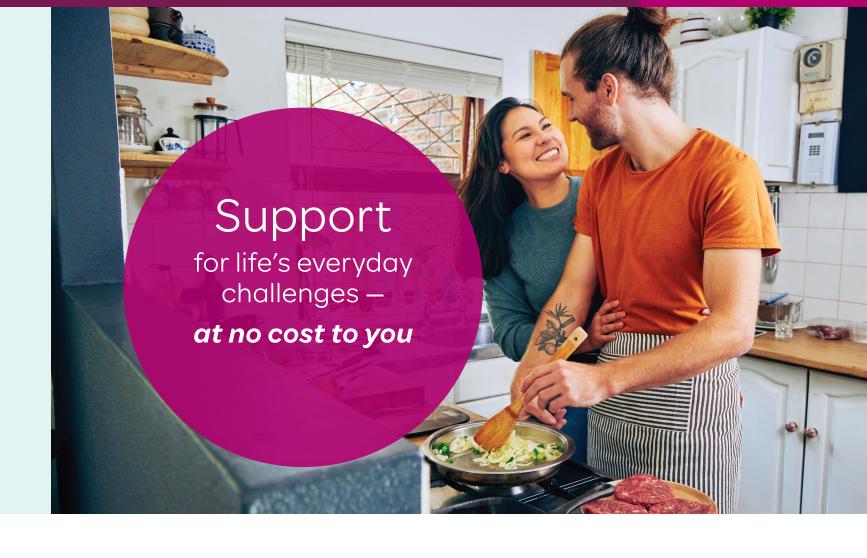
- 1 In-network hearing exam is subject to \$45/visit.

Member perks to reach your health goals

Save money as you work toward better health with exclusive discounts, programs and tools for members.

These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.







Tools

Health assessments
Prescription
price check
Text a doctor 24/7



Discounts

Gym memberships
Alternative care
(acupuncture,
chiropractic and
therapeutic massage)

Popular health and fitness brands (Vitamix® and Garmin®)



Coaching and care

Health coaching
Care coordination
Individual
Assistance Program
(see page 11 for details)

Emergency medical assistance when traveling



Mental health support

12 weeks of mobile therapy from a private therapist through your smartphone

We all need a little help sometimes.

Your plan includes free, confidential help through the Individual Assistance Program (IAP). You and your eligible family members can use this support for a variety of personal concerns, including:

- Marital/relationship issues
- Feeling stressed or anxious
- Dealing with grief or loss
- Finding childcare or eldercare
- Legal advice
- And more

You'll talk with professional counselors who can help you identify problems, set goals and make a plan that works for you.

You also get free mental health care when you need it, including:

- 4 free virtual therapy visits from in-network providers
- You can keep seeing the same provider after the 4 free visits
- 24/7 support and help finding care



Choose a better experience.

Shop our plans at modahealth.com/shop.



Choose a better experience.

Enroll today at modahealth.com/shop



What happens after you enroll?

1. After you enroll...

You'll get your welcome materials and member ID card in the mail. It tells you what's in your plan and how to use it to get the most out of your benefits. Be sure to keep your ID card handy when you visit your doctor or pick up medicine

2. Create your Member Dashboard account

Go to modahealth.com and select "Create an account." Your personal dashboard helps you see your claims, search for doctors and manage your plan. It's quick and easy to set up.

3. Pay your first bill

After you sign up, we'll send you an invoice. Your first payment starts your plan, so make sure to pay it on time to start your coverage.

Questions? We're here to help! | Ind&MedSuppSales@modahealth.com | 855-718-1767

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711))번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (ТТҮ: 711) или обратитесь к своему поставщику услуг.

注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (ТТҮ: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጹት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እንዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意:如果您说[中文],我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务,以无障碍格式提供信息。致电(文本电话:1-877-605-3229 (TTY:711))或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບ ແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึง ได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کر نے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - کے لیے مناسب معاون امداد اور (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ "

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക. PANANGIKASO: No agsasaoka iti Ilocano, magunodmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రావైడర్తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (TTY: 711) 877-605-878 أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlowo ede ofe wa fun o. Awon iranlowo iranlowo ti o ye ati awon iṣẹ lati pese alaye ni awon ona kika wiwole tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi soro si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.



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