



Moda Health Plan, Inc. offering individual plans under the policy number ModaTXIndvEPObk-1-1-2024-HIX.

	Gold plans			Silver plans				Bronze plans		
	Moda Select Gold 1000 (\$0 Virtual Care)	Moda Select Gold 1800 (\$0 Virtual Care)	Moda Select Texas Standard Gold	Moda Select Silver 3500 (\$0 Virtual Care)	Moda Select Silver 4800 (\$0 Virtual Care)	Moda Select Silver 6400 (\$0 Virtual Care)	Moda Select Texas Standard Silver	Moda Select Bronze 8700 (\$0 Virtual Care)	Moda Select Texas Standard Bronze	Moda Select Bronze HSA 7500

What you pay for the *in-network* care you receive each year

Deductible per person	\$1,000	\$1,800	\$1,500	\$3,500	\$4,800	\$6,400	\$5,900	\$8,700	\$7,500	\$7,500
Deductible per family	\$2,000	\$3,600	\$3,000	\$7,000	\$9,600	\$12,800	\$11,800	\$17,400	\$15,000	\$15,000
Out-of-pocket max per person	\$8,000	\$7,000	\$8,700	\$8,700	\$7,800	\$7,400	\$9,100	\$8,700	\$9,400	\$7,500
Out-of-pocket max per family	\$16,000	\$14,000	\$17,400	\$17,400	\$15,600	\$14,800	\$18,200	\$17,400	\$18,800	\$15,000
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Benefits that make up your plan and what you pay

Primary care provider (PCP) office visit	\$15 per visit	\$15 per visit	\$30 per visit	\$25 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$85 per visit	\$50 per visit	0% after deductible
Specialist office visit	\$30 per visit	\$30 per visit	\$60 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$80 per visit	\$120 per visit	\$100 per visit	0% after deductible
Urgent care visit	\$30 per visit	\$30 per visit	\$45 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$60 per visit	\$120 per visit	\$75 per visit	0% after deductible
Virtual care visit	\$5 per visit	\$5 per visit	\$30 per visit	\$15 per visit	\$25 per visit	\$25 per visit	\$40 per visit	\$75 per visit	\$50 per visit	0% after deductible
Emergency room visit	50% after deductible	20% after deductible	25% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible
Spinal manipulation	\$30 per visit	\$30 per visit	\$30 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$40 per visit	\$120 per visit	\$50 per visit	0% after deductible
Mental health/substance use disorder office visit	\$15 per visit	\$15 per visit	\$30 per visit	\$25 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$85 per visit	\$50 per visit	0% after deductible
Physical therapy visit	\$30 per visit	\$30 per visit	\$30 per visit	\$50 per visit	\$70 per visit	\$70 per visit	\$40 per visit	\$120 per visit	\$50 per visit	0% after deductible
Inpatient/outpatient care	20% after deductible	10% after deductible	25% after deductible	35% after deductible	35% after deductible	35% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible

Pharmacy benefits¹

Value	\$2	\$2	\$15	\$2	\$2	\$2	\$20	\$2	\$25	0%
Select	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$25	\$25	0% after deductible
Preferred	40%	40%	\$30	40%	40%	40%	\$40	40% after deductible	\$50 after deductible	0% after deductible
Non-preferred	50%	50%	\$60	50% after deductible	50% after deductible	50% after deductible	\$80 after deductible	50% after deductible	\$100 after deductible	0% after deductible
Preferred specialty	40%	40%	\$250	40%	40%	40%	\$350 after deductible	40% after deductible	\$500 after deductible	0% after deductible
Non-preferred specialty	50%	50%	\$250	50% after deductible	50% after deductible	50% after deductible	\$350 after deductible	50% after deductible	\$500 after deductible	0% after deductible

Things to consider when choosing your plan

Features and special benefits included in your plan										
---	--	--	--	--	--	--	--	--	--	--

¹ Copay amounts are each 30-day supply. Insulin: \$25 maximum cost share for a 30-day supply.

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.

Plan highlights



EPO plans

Providers outside of the Moda Select Network are not 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 to learn more.*



Choose a PCP

To help you manage your health, you will be required to select an in-network PCP



Health savings account

Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HSA 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



Unlimited mental health and substance disorder in person office visits



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



Here are some of our larger in-network partners:



Capital Area Primary Care
Capital Area Specialty Providers
Capital Area Cardiology
Capital Area Multispecialty Providers