# 2024 Medical plan benefit summary

| Moda Select Texas Standard Silver | | |
|---|---|---|
| | In network you pay | Out-of-network you pay |
| Calendar year costs | | |
| Deductible per person | $5,900 | Not Covered |
| Deductible per family | $11,800 | Not Covered |
| Out-of-pocket max per person | $9,100 | Not Covered |
| Out-of-pocket max per family | $18,200 | Not Covered |
| Care & services | | |
| Preventive care visit | $0/visit | Not Covered |
| Primary care provider (PCP) office visit | $40/visit | Not Covered |
| Specialist office visit[1] | $80/visit | Not Covered |
| Urgent care visit | $60/visit | Not Covered |
| Virtual care visit - CirrusMD | $40/visit | N/A |
| Other providers | $40/visit | Not Covered |
| Outpatient diagnostic X-ray & lab | 0.4 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/visit | Not Covered |
| Other outpatient mental health/substance use disorder services | 40% after deductible | Not Covered |
| Physical, speech or occupational therapy and spinal manipulation visit | $40/visit | Not Covered |
| Embedded pediatric dental | Not Covered | Not Covered |
| Pediatric vision exam | 0% | Not Covered |
| Pediatric vision hardware | 0% | Not Covered |
| Prescription medications[2] | | |
| 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 | |
| Provider network | Moda Select | |
| Travel network | First Health | |
| Service area | Hays, Travis, WIlliamson | |

1 *Hearing exam is subject to $45/visit.*
2 *Copay amounts are per 30-day supply. Insulin $25 maximum cost share for a 30-day supply.*

**Limitations**

- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence
- Coordination of benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services. An expense paid under Medicare will have benefits reduced by the amount Medicare paid
- Hearing aids covered once every 3 years. Hearing tests covered once per year.
- Infusion therapy – Some medications require use of preferred medication suppliers to be eligible for coverage
- Prescriptions – If using a brand medication when a generic equivalent is available, the member will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication. Prescriptions are limited to a 30-day supply for standard retail and most specialty pharmacy and 90 days for mail order and participating retail. Some medications require enrollment in programs with an exclusive pharmacy provider.
- Preventive care – Cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits (physical, occupational, and speech therapy and spinal manipulation) covered up to 35 sessions per year. Limits apply separately to rehabilitation and habilitation services.
- Skilled nursing facility covered up to 25 days per year
- Transplants must be performed at the authorized transplant facilities to be eligible for coverage
- Vision exam and glasses or contacts covered once per year for members under age 19
- Vision exam covered once per year for members aged 19 and older

**Exclusions**

- Abortion, except in the case of a medical emergency of a pregnant woman
- Acupuncture
- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered services
- Custodial care
- Dental examinations and treatment except for accidental injury
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law and a member has no obligation to pay, except Medicaid
- Services provided by the patient
- Services provided by a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ), any non-surgical or non-diagnostic services or supplies provided for the treatment of the temporomandibular joint and all adjacent or related muscles and nerves
- Vision surgery to alter the refractive character of the eye

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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