



Large Group (51+)

Choose a better experience
with your ***health insurance***

 OR 2025

moda
HEALTH

 DELTA DENTAL®

Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance, and curated wellness services, tools and programs.



Proven

with **70 years** of offering insurance plans in the Pacific Northwest

Easy

with **no referrals** required for specialists

Convenient

with **modern ways** to stay healthy, like texting a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care and many immunizations.



Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



modahealth.com

Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

450,000+

members in our
medical plans

More than

775,000

members in our standalone
pharmacy segment





We know your
time is valuable.

Quick links

2025 Medical plans

2025 Dental plans



2025 Pharmacy plans

2025 Vision plans

Networks

Enrollment, made easy

Member perks

Contact us



Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

1 Confirm client's eligibility Your client's business must:

- Be in Oregon
- Have 51 or more full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least 75% of eligible employees enrolled on the first day of the plan year (less valid waivers)

2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

3 Choose an employee-eligibility waiting period

It cannot exceed 90 days for integrated dental/ medical or medical only plans.

4 Make changes to plans upon renewal

Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer-eligibility changes, and contribution or participation amounts.

Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

It's self-service, easy-to-use and available 24/7.

- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 800-578-1402*

Funding types



Fully insured plans

Rates are established and paid on a monthly basis. The client pays a fixed rate for the contract period and Moda Health and/or Delta Dental assumes the entire risk.



Equal Funding

(25+ enrolled, medical only)

Equal Funding is a good option for employers who are looking to take more control over their health care plans or those interested in limiting risk in a partially self-funded environment.

Benefits include:

- 12 predictable monthly payments
- Greater insight into plan performance throughout the year
- Make more informed decisions at renewal
- No surprise separate fees

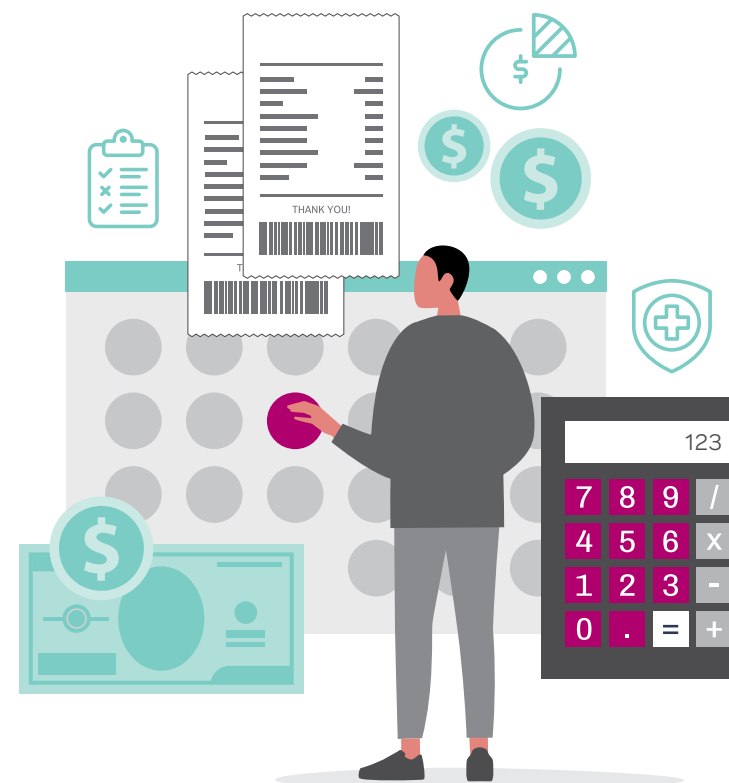


Administrative Services Only (ASO)

(Groups of 100+ enrolled)

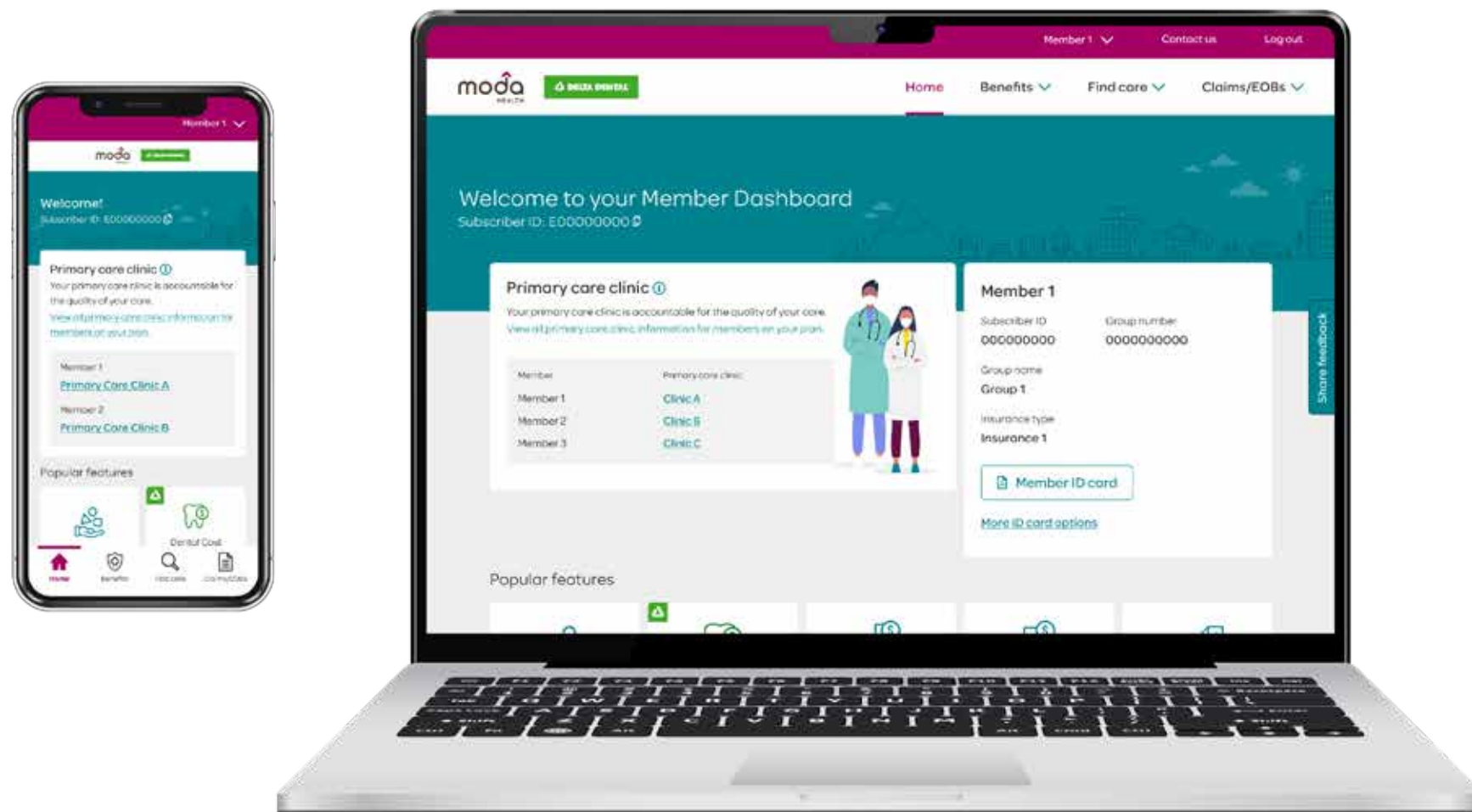
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

The employer is responsible for paying the cost of the healthcare services provided.





Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.






Discounts

- Gym memberships 
- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams 
- Popular health and fitness brands (*Vitamix® and Garmin®*)






Tools

- Health assessments 
- Prescription price check
- Text a doctor 24/7 
- Employee Assistance Program 
- Identity protection services




Coaching and care

- Health coaching 
- Care coordination 
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling 
- Kidney care

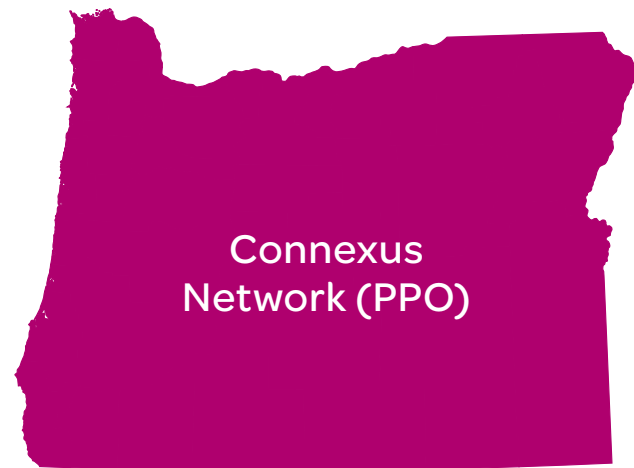


Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone 

Life's *better* in the 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.



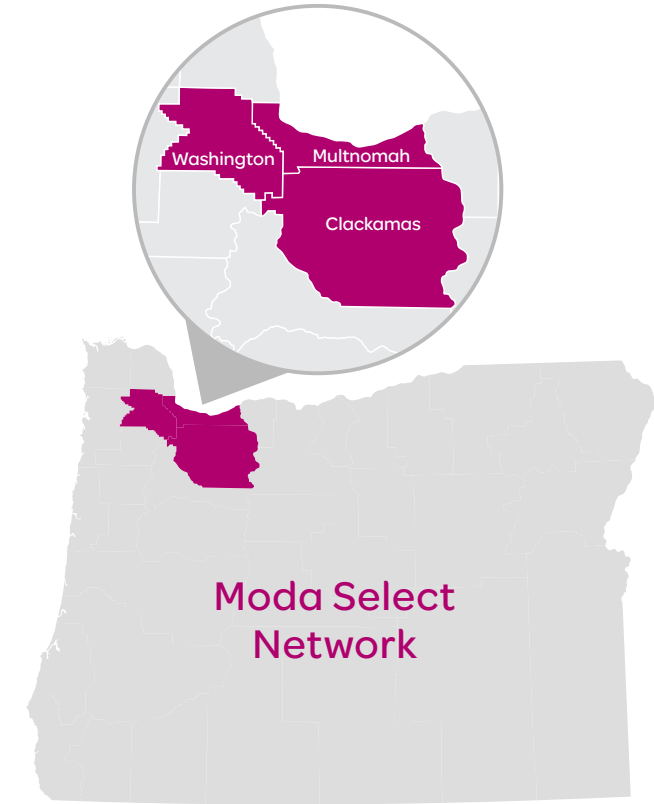
Connexus Network (PPO)

Connexus Network (PPO)

When clients want our broadest selection of providers across Oregon, **Connexus Network** has them covered. Clients located anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington and Idaho.



- Adventist Health Portland • Asante • Bay Area Hospital • Blue Mountain Hospital District
- CHI St. Anthony Hospital • Columbia Memorial Hospital • Good Shepherd Healthcare System
- Grande Ronde Hospital • Harney District Hospital • Hillsboro Medical Center
- Kadlec Regional Medical Center • Lake Health District Hospital • Legacy Silverton Hospital
- Pioneer Memorial Hospital - Heppner • Samaritan Health Services • Santiam Hospital
- Sky Lakes Medical Center • St. Luke's Hospital • Tillamook Regional Medical Center • Trios Health
- Wallowa County Healthcare District • Willamette Valley Medical Center



Moda Select Network

Moda Select Network

Helps employees residing in these counties manage their health in close partnership with their primary care provider (PCP) and the rest of their care team. In addition to OHSU, **Moda Select** gives members access to a community of quality providers, including Hillsboro Medical Center and Adventist Health Portland.



Adventist Health Portland • Hillsboro Medical Center



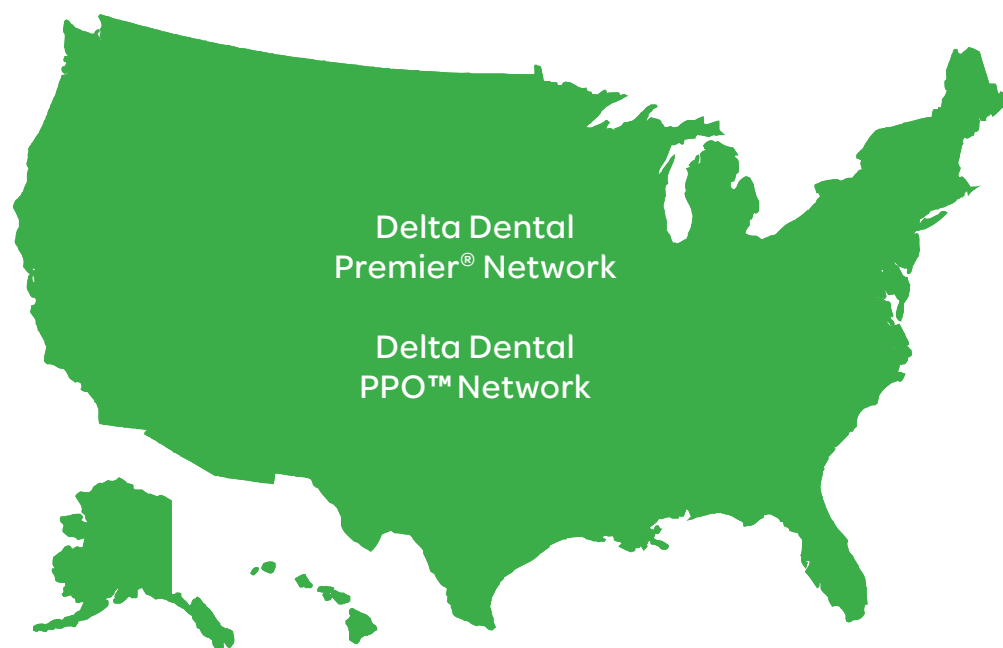
Aetna® PPO Network through Aetna Signature Administrators®

For care outside of Oregon, members can see providers in the Aetna® PPO Network.



Delta Dental networks *go where you go*

With thousands of dentists across the state and country, in-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental **PPO**™ Network

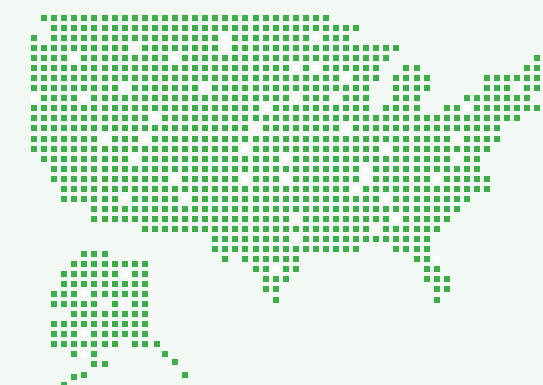
bigger savings



Lowest cost!



Large network of dentists



OR

Delta Dental **Premier**® Network

more choice



Slightly higher cost



Choose Premier network dentists





Quality coverage *for your smile*

When all you need is dental insurance, we've got you covered.

With Delta Dental plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every six months

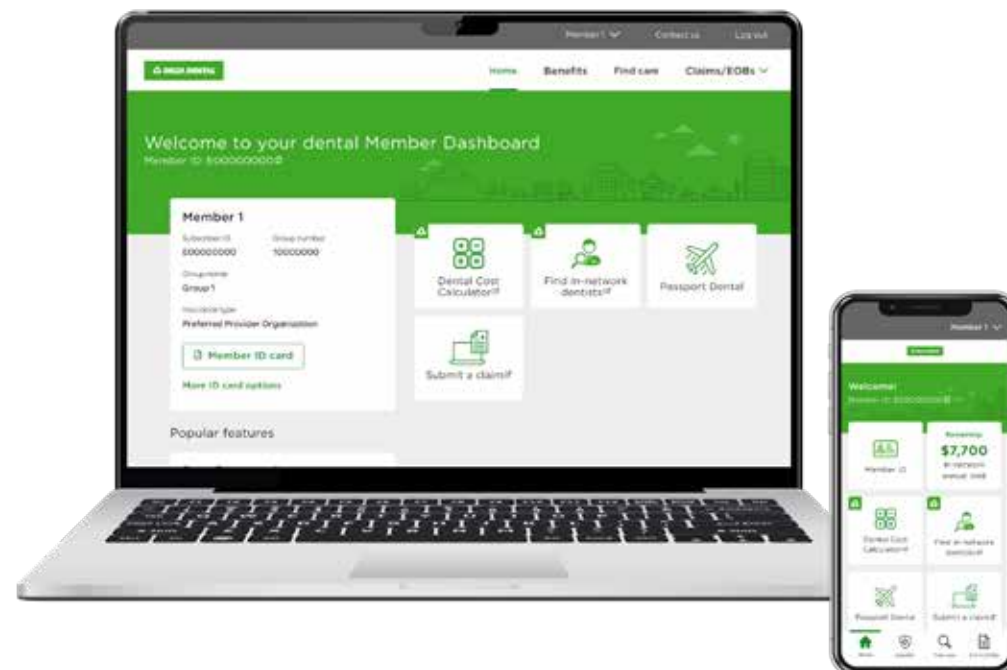


Superior customer service



Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



2025 *Medical plan* benefit table

Plan name	Calendar-year costs			Care & services								
	Deductible per person / family	Coinsurance	Out-of-pocket max per person / family	PCP office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care	
	In-network member pays			In-network member pays								
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¹ First three visits are \$5 (includes PCP and behavioral health visits, in-office and virtual)

Medical disclaimer: This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure 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.

2025 *Medical plan* benefit table

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POS_-\$7000_-\$8900_-\$25/\$45_20% ¹	\$7,000 / \$14,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
POS_-\$7000_-\$8900_-\$35/\$55_30% ¹	\$7,000 / \$14,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
POS_-\$8000_-\$8900_-\$25/\$45_20% ¹	\$8,000 / \$16,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
POS_-\$8000_-\$8900_-\$35/\$55_30% ¹	\$8,000 / \$16,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	

¹ First three visits are \$5 (includes PCP and behavioral health visits, in-office and virtual)

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2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services							
		Deductible per person / family	Coinsurance	Out-of-pocket max per person / family	PCP office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
		In-network member pays			In-network member pays							
Moda Select Network HDHP	HDHP_-\$3300_-\$3300_0% ¹	\$3,300 / \$6,600	0%	\$3,300 / \$6,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_-\$2800_-\$5000_20% ^{1,2}	\$2,800 / \$5,600	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$2800_-\$5000_30% ^{1,2}	\$2,800 / \$5,600	30%	\$5,000 / \$10,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_-\$3300_-\$5000_20% ¹	\$3,300 / \$6,600	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$5000_-\$5000_0% ¹	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_-\$3300_-\$7000_30% ¹	\$3,300 / \$6,600	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible

¹First three visits are \$0 after deductible (includes PCP and behavioral health visits, in-office and virtual)

²For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

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	In-network member pays			In-network member pays								
VBC_\$250_\$2500_\$20/\$40_10% ¹	\$250 / \$500	10%	\$2,500 / \$5,000	\$20 per visit	\$40 per visit	\$200 then 10% after deductible	\$20 per visit	\$20 per visit	\$40 per visit	\$20 per visit	10% after deductible	
VBC_\$250_\$3000_\$25/\$45_10% ¹	\$250 / \$500	10%	\$3,000 / \$6,000	\$25 per visit	\$45 per visit	\$200 then 10% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	10% after deductible	
VBC_\$500_\$3000_\$25/\$45_10% ¹	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$25 per visit	\$45 per visit	\$200 then 10% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	10% after deductible	
VBC_\$500_\$3000_\$25/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$500_\$3000_\$20/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$20 per visit	\$40 per visit	\$200 then 20% after deductible	\$20 per visit	\$20 per visit	\$40 per visit	\$20 per visit	20% after deductible	
VBC_\$500_\$3500_\$20/\$40_20% ¹	\$500 / \$1,000	20%	\$3,500 / \$7,000	\$20 per visit	\$40 per visit	\$200 then 20% after deductible	\$20 per visit	\$20 per visit	\$40 per visit	\$20 per visit	20% after deductible	
VBC_\$500_\$4000_\$25/\$45_20% ¹	\$500 / \$1,000	20%	\$4,000 / \$8,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$500_\$5000_\$25/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$500_\$5000_\$35/\$55_30% ¹	\$500 / \$1,000	30%	\$5,000 / \$10,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$500_\$7150_\$25/\$45_20% ¹	\$500 / \$1,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$500_\$7150_\$35/\$55_30% ¹	\$500 / \$1,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$1000_\$3000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$5000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$3000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$1000_\$3000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$1000_\$5000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$1000_\$3500_\$25/\$45_20% ¹	\$1,000 / \$2,000	20%	\$3,500 / \$7,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$4500_\$25/\$45_20% ¹	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$5500_\$25/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,500 / \$11,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$5500_\$35/\$55_30% ¹	\$1,000 / \$2,000	30%	\$5,500 / \$11,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$1000_\$7150_\$25/\$45_20% ¹	\$1,000 / \$2,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1000_\$7150_\$35/\$55_30% ¹	\$1,000 / \$2,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$5000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$3000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$1500_\$5000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$1500_\$3000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	

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	In-network member pays			In-network member pays								
VBC_\$1500_\$4000_\$25/\$45_20% ¹	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$5000_\$25/\$45_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$6000_\$25/\$45_20% ¹	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$6000_\$35/\$55_30% ¹	\$1,500 / \$3,000	30%	\$6,000 / \$12,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$1500_\$7150_\$25/\$45_20% ¹	\$1,500 / \$3,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$1500_\$7150_\$35/\$55_30% ¹	\$1,500 / \$3,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$2000_\$4000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$2000_\$6000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$2000_\$4000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$2000_\$6000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$2000_\$4000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$2000_\$6000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$2000_\$4500_\$25/\$45_20% ¹	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$2000_\$5500_\$25/\$45_20% ¹	\$2,000 / \$4,000	20%	\$5,500 / \$11,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$2000_\$5500_\$35/\$55_30% ¹	\$2,000 / \$4,000	30%	\$5,500 / \$11,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$2000_\$7150_\$25/\$45_20% ¹	\$2,000 / \$4,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$2000_\$7150_\$35/\$55_30% ¹	\$2,000 / \$4,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$2500_\$5000_\$25/\$45_20% ¹	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$2500_\$5000_\$35/\$55_30% ¹	\$2,500 / \$5,000	30%	\$5,000 / \$10,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$2500_\$7500_\$25/\$45_20% ¹	\$2,500 / \$5,000	20%	\$7,500 / \$15,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible	
VBC_\$2500_\$7500_\$35/\$55_30% ¹	\$2,500 / \$5,000	30%	\$7,500 / \$15,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible	
VBC_\$3000_\$5000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$3000_\$7000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible	
VBC_\$3000_\$5000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$3000_\$7000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible	
VBC_\$3000_\$5000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$3000_\$7000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible	
VBC_\$3000_\$5000_\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	30% after deductible	
VBC_\$3000_\$5000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible	
VBC_\$3000_\$7000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible	

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	In-network member pays			In-network member pays							
VBC_\$3000_\$5500_\$25/\$45_20% ¹	\$3,000 / \$6,000	20%	\$5,500 / \$11,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$3000_\$5500_\$35/\$55_30% ¹	\$3,000 / \$6,000	30%	\$5,500 / \$11,000	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$3000_\$7150_\$25/\$45_20% ¹	\$3,000 / \$6,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$3000_\$7150_\$35/\$55_30% ¹	\$3,000 / \$6,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$3000_\$8900_\$25/\$45_20% ¹	\$3,000 / \$6,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$3000_\$8900_\$35/\$55_30% ¹	\$3,000 / \$6,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$3500_\$7150_\$25/\$45_20% ¹	\$3,500 / \$7,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$3500_\$7150_\$35/\$55_30% ¹	\$3,500 / \$7,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$3500_\$8900_\$25/\$45_20% ¹	\$3,500 / \$7,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$3500_\$8900_\$35/\$55_30% ¹	\$3,500 / \$7,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$4000_\$7150_\$25/\$45_20% ¹	\$4,000 / \$8,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$4000_\$7150_\$35/\$55_30% ¹	\$4,000 / \$8,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$4000_\$8900_\$25/\$45_20% ¹	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$4000_\$8900_\$35/\$55_30% ¹	\$4,000 / \$8,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$4500_\$7150_\$25/\$45_20% ¹	\$4,500 / \$9,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$4500_\$7150_\$35/\$55_30% ¹	\$4,500 / \$9,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$4500_\$8900_\$25/\$45_20% ¹	\$4,500 / \$9,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$4500_\$8900_\$35/\$55_30% ¹	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$5000_\$8150_\$30/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
VBC_\$5000_\$8550_\$35/\$50_20% ¹	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
VBC_\$5000_\$8550_\$30/\$45_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	30% after deductible
VBC_\$5000_\$8550_\$35/\$50_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible
VBC_\$5000_\$7150_\$25/\$45_20% ¹	\$5,000 / \$10,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$5000_\$7150_\$35/\$55_30% ¹	\$5,000 / \$10,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$5000_\$8900_\$25/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$5000_\$8900_\$35/\$55_30% ¹	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$6000_\$7150_\$25/\$45_20% ¹	\$6,000 / \$12,000	20%	\$7,150 / \$14,300	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$6000_\$7150_\$35/\$55_30% ¹	\$6,000 / \$12,000	30%	\$7,150 / \$14,300	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$6000_\$8900_\$25/\$45_20% ¹	\$6,000 / \$12,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$6000_\$8900_\$35/\$55_30% ¹	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$7000_\$8900_\$25/\$45_20% ¹	\$7,000 / \$14,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$7000_\$8900_\$35/\$55_30% ¹	\$7,000 / \$14,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible
VBC_\$8000_\$8900_\$25/\$45_20% ¹	\$8,000 / \$16,000	20%	\$8,900 / \$17,800	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
VBC_\$8000_\$8900_\$35/\$55_30% ¹	\$8,000 / \$16,000	30%	\$8,900 / \$17,800	\$35 per visit	\$55 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$55 per visit	\$35 per visit	30% after deductible

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2025 *Medical plan* benefit table

Plan name	Calendar-year costs			Care & services								
	Deductible per person / family	Coinsurance	Out-of-pocket max per person / family	PCP office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care	
	In-network member pays			In-network member pays								
PPO_250_2500_20_10% ¹	\$250 / \$500	10%	\$2,500 / \$5,000	\$20 per visit	\$20 per visit	\$200 then 10% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	10% after deductible	
PPO_250_3000_25_10% ¹	\$250 / \$500	10%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200 then 10% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	10% after deductible	
PPO_500_3000_25_10% ¹	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200 then 10% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	10% after deductible	
PPO_500_3000_25_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_500_5000_30_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	
PPO_500_3000_20_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$20 per visit	\$20 per visit	\$200 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	20% after deductible	
PPO_500_3500_20_20% ¹	\$500 / \$1,000	20%	\$3,500 / \$7,000	\$20 per visit	\$20 per visit	\$200 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	20% after deductible	
PPO_500_4000_25_20% ¹	\$500 / \$1,000	20%	\$4,000 / \$8,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_500_5000_25_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_500_5000_35_30% ¹	\$500 / \$1,000	30%	\$5,000 / \$10,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_500_7150_25_20% ¹	\$500 / \$1,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_500_7150_35_30% ¹	\$500 / \$1,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_1000_3000_25_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_5000_25_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_3000_30_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30 per visit	\$30 per visit	\$200 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	
PPO_1000_5000_30_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	
PPO_1000_3500_25_20% ¹	\$1,000 / \$2,000	20%	\$3,500 / \$7,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_4500_25_20% ¹	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_5500_25_20% ¹	\$1,000 / \$2,000	20%	\$5,500 / \$11,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_5500_35_30% ¹	\$1,000 / \$2,000	30%	\$5,500 / \$11,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_1000_7150_25_20% ¹	\$1,000 / \$2,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1000_7150_35_30% ¹	\$1,000 / \$2,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_1500_3000_25_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_5000_25_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_3000_30_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	
PPO_1500_5000_30_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	
PPO_1500_4000_25_20% ¹	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_5000_25_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_6000_25_20% ¹	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_6000_35_30% ¹	\$1,500 / \$3,000	30%	\$6,000 / \$12,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_1500_7150_25_20% ¹	\$1,500 / \$3,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_1500_7150_35_30% ¹	\$1,500 / \$3,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
PPO_2000_4000_25_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_2000_6000_25_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	

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	In-network member pays			In-network member pays							
PPO_\$2000_\$4000_\$30_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$30 per visit	\$200 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$2000_\$6000_\$30_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$200 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$1500_\$3000_\$30_30% ¹	\$1,500 / \$3,000	30%	\$3,000 / \$6,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$1500_\$5000_\$30_30% ¹	\$1,500 / \$3,000	30%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$4000_\$30_30% ¹	\$2,000 / \$4,000	30%	\$4,000 / \$8,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$6000_\$30_30% ¹	\$2,000 / \$4,000	30%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$4500_\$25_20% ¹	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$2000_\$5500_\$25_20% ¹	\$2,000 / \$4,000	20%	\$5,500 / \$11,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$2000_\$5500_\$35_30% ¹	\$2,000 / \$4,000	30%	\$5,500 / \$11,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$2000_\$7150_\$25_20% ¹	\$2,000 / \$4,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$2000_\$7150_\$35_30% ¹	\$2,000 / \$4,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$2500_\$5000_\$25_20% ¹	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$2500_\$5000_\$35_30% ¹	\$2,500 / \$5,000	30%	\$5,000 / \$10,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$2500_\$7500_\$25_20% ¹	\$2,500 / \$5,000	20%	\$7,500 / \$15,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$2500_\$7500_\$35_30% ¹	\$2,500 / \$5,000	30%	\$7,500 / \$15,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$3000_\$5000_\$30_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$3000_\$7000_\$30_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$3000_\$5000_\$25_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible
PPO_\$3000_\$7000_\$25_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$25 per visit	\$25 per visit	\$200	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible
PPO_\$3000_\$5000_\$30_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$3000_\$7000_\$30_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$30 per visit	\$30 per visit	\$200	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$3000_\$5500_\$25_20% ¹	\$3,000 / \$6,000	20%	\$5,500 / \$11,000	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$3000_\$5500_\$35_30% ¹	\$3,000 / \$6,000	30%	\$5,500 / \$11,000	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$3000_\$7150_\$25_20% ¹	\$3,000 / \$6,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$3000_\$7150_\$35_30% ¹	\$3,000 / \$6,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$3000_\$8900_\$25_20% ¹	\$3,000 / \$6,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$3000_\$8900_\$35_30% ¹	\$3,000 / \$6,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$3500_\$7150_\$25_20% ¹	\$3,500 / \$7,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$3500_\$7150_\$35_30% ¹	\$3,500 / \$7,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$3500_\$8900_\$25_20% ¹	\$3,500 / \$7,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$3500_\$8900_\$35_30% ¹	\$3,500 / \$7,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$4000_\$7150_\$25_20% ¹	\$4,000 / \$8,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$4000_\$7150_\$35_30% ¹	\$4,000 / \$8,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_\$4000_\$8900_\$25_20% ¹	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible

¹ First three visits are \$5 (includes PCP and behavioral health visits, in-office and virtual)

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2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services								
		Deductible per person / family	Coinsurance	Out-of-pocket max per person / family	PCP office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care	
		In-network member pays			In-network member pays								
Connexus Network	PPO_4000_8900_35_30% ¹	\$4,000 / \$8,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
	PPO_4500_7150_25_20% ¹	\$4,500 / \$9,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
	PPO_4500_7150_35_30% ¹	\$4,500 / \$9,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
	PPO_4500_8900_25_20% ¹	\$4,500 / \$9,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
	PPO_4500_8900_35_30% ¹	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
	PPO_5000_8550_25_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$25 per visit	\$25 per visit	\$200	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible
	PPO_5000_7150_25_20% ¹	\$5,000 / \$10,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
	PPO_5000_7150_35_30% ¹	\$5,000 / \$10,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
	PPO_5000_8900_25_20% ¹	\$5,000 / \$10,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
	PPO_5000_8900_35_30% ¹	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
	PPO_6000_7150_25_20% ¹	\$6,000 / \$12,000	20%	\$7,150 / \$14,300	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
	PPO_6000_7150_35_30% ¹	\$6,000 / \$12,000	30%	\$7,150 / \$14,300	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
	PPO_6000_8900_25_20% ¹	\$6,000 / \$12,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
	PPO_6000_8900_35_30% ¹	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
	PPO_7000_8900_25_20% ¹	\$7,000 / \$14,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
	PPO_7000_8900_35_30% ¹	\$7,000 / \$14,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible
PPO_8000_8900_25_20% ¹	\$8,000 / \$16,000	20%	\$8,900 / \$17,800	\$25 per visit	\$25 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible	
PPO_8000_8900_35_30% ¹	\$8,000 / \$16,000	30%	\$8,900 / \$17,800	\$35 per visit	\$35 per visit	\$200 then 30% after deductible	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	30% after deductible	
Connexus Network HDHP	HDHP_3300_3300_0% ²	\$3,300 / \$6,600	0%	\$3,300 / \$6,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
	HDHP_2800_5000_20% ^{2,3}	\$2,800 / \$5,600	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
	HDHP_2800_5000_30% ^{2,3}	\$2,800 / \$5,600	30%	\$5,000 / \$10,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	
	HDHP_3300_5000_20% ²	\$3,300 / \$6,600	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
	HDHP_5000_5000_0% ²	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
	HDHP_3300_7000_30% ²	\$3,300 / \$6,600	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	

¹ First three visits are \$5 (includes PCP and behavioral health visits, in-office and virtual)

² First three visits are \$0 after deductible (includes PCP and behavioral health visits, in-office and virtual)

³ For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

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2025 *Pharmacy* benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.OR.25	\$2	\$10	\$30	\$50	\$10	\$150	30%
R2.OR.25	\$2	\$15	\$45	\$75	\$15	\$225	30%
R3.OR.25	\$2	\$20	\$60	50%	\$20	\$180	50%
R4.OR.25	\$2	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We're here to support the pharmacy needs of your clients' employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus network includes over 90% of pharmacies in Oregon, plus more than 58,000 pharmacies nationwide.

This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Safeway and Albertsons
- Costco
- Walgreens
- CVS
- Fred Meyer
- Walmart
- Rite Aid

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.



Members can visit modahealth.com/pdl and choose "Large group" to search medications and find out their medication tiers and costs



2025 *Vision* benefit table

	VEO	V100	V1003	V1004	V1005
Benefit Maximum	100% Vision exam only	\$200	\$300	\$400	\$500
What member pays					
Eye Exams (including refraction)	0%	0%	0%	0%	0%
Lenses	Not covered	0%	0%	0%	0%
Frames	Not covered	0%	0%	0%	0%

Vision rider

	Description
VEO_12A1.OR.25	100% Vision Exam Only; Annual Benefit, all ages
V100_12A1.OR.25	100% Vision, \$200 Max; Annual Benefit, all ages
V1003_12A1.OR.25	100% Vision, \$300 Max; Annual Benefit, all ages
V1004_12A1.OR.25	100% Vision, \$400 Max; Annual Benefit, all ages
V1005_12A1.OR.25	100% Vision, \$500 Max; Annual Benefit, all ages



2025 *Dental plan* benefit table

Plan name	Calendar-year costs		Class I		Class II			Class III		
	Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete denture; bridges	Implants
		In-network member pays	In-network member pays		In-network member pays			In-network member pays		
Premier Option A – Incentive plan 0/0, 1500	\$0 / \$0	\$1,500	1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ²		1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ²			50%		
Premier Option A – Incentive plan – Preventive First 0/0, 1500 ¹	\$0 / \$0	\$1,500	1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ²		1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ²			50%		
Premier Option B – Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
Premier Option C – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	20% after deductible		20% after deductible			50% after deductible		
Premier Option C – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20% after deductible		20% after deductible			50% after deductible		
Premier Option L – Family Deductible 50/150, 3000 ³	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
Premier Option W – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible – Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
Premier Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
Premier Option L – Family Deductible – Preventive First 50/150, 3000 ^{1,3}	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
Voluntary Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
Voluntary Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
Voluntary Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
Voluntary Premier Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
Voluntary Premier Option C – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	20% after deductible		20% after deductible			50% after deductible		

¹ Class 1 services do not apply to the annual plan maximum. ² Under this plan, if the member visits the dentist at least once during the year, member responsibility will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, member responsibility will increase by 10% the following year, but never rise above 30%. ³ Nitrous oxide is covered after a 12-month exclusion period.

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2025 *Dental plan* benefit table

Plan name	Calendar-year costs		Class I		Class II			Class III		
	Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete denture; bridges	Implants
			In-network member pays		In-network member pays		In-network member pays			
PPO Option B – Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
PPO Option BPA – Family Deductible – Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible – Preventive First 25/75, 2000 ¹	\$25 / \$75	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option BPA – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option BPB – Family Deductible – Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
PPO Option BPB – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
PPO MAC Option B – Family Deductible 50/150, 1500 ²	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
PPO MAC Option BPA – Family Deductible 50/150, 1000 ²	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		

¹ Class 1 services do not apply to the annual plan maximum. ² Premier dentists can balance bill the difference between the filed fee and the PPO fee schedule amount.

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2025 *Dental plan* benefit table

Plan name	Calendar-year costs		Class I		Class II			Class III		
	Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete denture; bridges	Implants
			In-network member pays		In-network member pays		In-network member pays			In-network member pays
Delta Dental PPO™ Network	Voluntary PPO Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option BPA – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible		50% after deductible		
	Voluntary PPO Option BPB – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option BPB – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option BPB – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible		50% after deductible		
	Voluntary PPO Option BPA – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible		50% after deductible		
	Voluntary PPO Option BPB – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible		50% after deductible		
	PPO Plus 1100 Plan – Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible		50% after deductible		
	PPO Plus 1600 Plan – Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible		50% after deductible		
	PPO Plus 2100 Plan – Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible		50% after deductible		
	PPO Plus 2600 Plan – Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible		50% after deductible		
	PPO Plus 3100 Plan – Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible		50% after deductible		
	PPO Plus 1100 Plan – Family Deductible – Preventive First 25/75, 1100 ¹	\$25 / \$75	\$1,100	0%		20% after deductible		50% after deductible		
	PPO Plus 1600 Plan – Family Deductible – Preventive First 25/75, 1600 ¹	\$25 / \$75	\$1,600	0%		20% after deductible		50% after deductible		
	PPO Plus 2100 Plan – Family Deductible – Preventive First 25/75, 2100 ¹	\$25 / \$75	\$2,100	0%		20% after deductible		50% after deductible		
	PPO Plus 2600 Plan – Family Deductible – Preventive First 25/75, 2600 ¹	\$25 / \$75	\$2,600	0%		20% after deductible		50% after deductible		
	PPO Plus 3100 Plan – Family Deductible – Preventive First 25/75, 3100 ¹	\$25 / \$75	\$3,100	0%		20% after deductible		50% after deductible		
Voluntary PPO Option BPA – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible		50% after deductible			

¹ Class 1 services do not apply to the annual plan maximum

Dental disclaimer: This brochure is a summary of the dental plans and dental plan benefits and is not a contract; limitations and exclusions apply. See the dental plan benefit summaries, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Delta Dental policies are subject to change in order to be compliant with state and federal guidelines.

2025 **DeltaVision**[®] benefit table

DeltaVision[®] vision plans offered by Delta Dental

	Copays	Frames / contact lenses	Contact exam & fitting	Exam / lenses	Frames
In-network, members pay					
VSP Choice Value	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months
VSP Choice Value Voluntary	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select Voluntary	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium Voluntary	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months

* Available when electing one of our dental plans. Enrollment in dental and vision plans must match. This is not a standalone offer.

DeltaVision plans

Delta Dental has partnered with VSP[®], a national leader in vision benefits, to offer your clients an exciting new addition to our dental benefits program. DeltaVision[®], which combines dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

800-578-1402
TTY users, please call 711

ModaHealth.com | DeltaDentalOR.com

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association

