

# 2025 – 26 Moda Health plan updates and clarifications



Effective Oct. 1, 2025

## Medical

Medical Plans 1-7 will continue to be offered.

- The individual deductible increased by \$300 on all plans.
- The individual out-of-pocket maximum (OOPM) increased by \$900 on all plans.
- The family deductibles and family OOPMs are now 2x the individual deductibles and OOP maximums instead of 3x.
  - This change does not apply to plans 5 and 6 as the family deductible and OOP max are already 2x the individual amounts.
- All copays on medical plans 1-5 increased by \$5 dollars except for the ER copay and the additional cost tier copays.

**PCP 360:** Members still have the option to participate in coordinated care and receive the benefits by selecting a PCP 360 for primary care services.

The better benefits include:

- A lower individual deductible
- A lower individual out-of-pocket maximum
- Lower cost for certain services like primary care office visits, specialist office visits, and alternative care.

## Pharmacy

No changes.

## Vision

No changes.



**NEW! Garner:** A new benefit that helps you find high-quality doctors and get reimbursed for eligible out-of-pocket medical costs. Garner will reimburse members for using high-quality providers for office visits, imaging, lab work, procedures, and prescriptions up to \$700 for an individual plan and \$1,400 for a family plan<sup>1</sup>.

- Create your Garner account during open enrollment and start searching for providers – these searches will count towards covered services you incur after 10/1/2025.
- OEBB will be making an **PCP 360 exception.**

— This means if you have an established PCP 360, you will need to search for your PCP 360 through Garner app and/or contact their concierge team to see if your PCP 360 is approved to be reimbursed for covered services.



1. If you are on High-Deductible Health Plan (Medical Plans 6 and 7), you must meet the IRS minimum annual deductible of \$1,650 for a self only plan and \$3,300 for a family plan before you can use the Garner incentive.



**NEW!** Currently, mammograms are covered in full on all plans, and additional diagnostic and supplemental breast exams are covered in full on plans 1-5.

- Effective 10/1/25, additional diagnostic and supplemental breast exams will also be covered in full on plans 6 and 7.



**NEW!** OEBB is adding eviCore Site of Care (SOC) program for musculoskeletal (MSK) and advanced imaging. The SOC program will ensure members and providers are selecting economically appropriate places to deliver care.



**NEW!** Starting 10/1/25, the Connexus network now covers the entire state of Idaho.

- This change means OEBB members in Idaho will no longer have access to First Health providers.
- You will also now have access to Moda's national network, Aetna PPO® when outside of the service area.

## Dental

- No changes to dental copays and coinsurance.
- The Exclusive PPO plans require members to use a Delta Dental PPO provider. There are no out-of-network benefits.

## Delta Dental plan options

OEBB dental members have the Preventive First benefit. This means all preventive services do not accrue towards the annual benefit maximum and you will have additional dollars to use for basic and major services (ie. fillings, crowns, and implants).

	Plan 1 <sup>1</sup>	Plan 5 <sup>2</sup>	Plan 6	Exclusive PPO <sup>3</sup>	Exclusive PPO incentive plan <sup>3</sup>
Network	Delta Dental Premier			Delta Dental PPO	
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$1,500	\$2,300
In-network members pay					
Preventative/ diagnostic <sup>1</sup>	30%-0%	30%-0%	0%	0%	0%
Restorative	30%-0%	30%-0%	20%	10%	30%-0%
Major restorative	30%-0%	30%	50%	20%	30%-0%
Prosthodontic	30%-0%	50%	50%	20%	30%-0%
Periodontics	50%	50%	75%	50%	50%
Orthodontic (Lifetime maximum - \$1,800)	20%	20%	Not covered	20%	20%

1 Deductible waived.

2 Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

3 This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency.

## Medical plans 1-7 (Connexus network)

	Deductible		Out-of-pocket		Primary care		Specialist visits		Alternative care		Urgent care	
	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM
Medical plan 1	\$700	\$800	\$3,750	\$4,150	\$25 <sup>1</sup>	20%	\$45 <sup>1</sup>	20%	\$25 <sup>1</sup>	20%	\$45 <sup>1</sup>	20%
Medical plan 2	\$1,100	\$1,200	\$4,750	\$5,150	\$25 <sup>1</sup>	20%	\$45 <sup>1</sup>	20%	\$25 <sup>1</sup>	20%	\$45 <sup>1</sup>	20%
Medical plan 3	\$1,500	\$1,600	\$5,750	\$6,150	\$30 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%	\$30 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%
Medical plan 4	\$1,900	\$2,000	\$7,600	\$8,000	\$30 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%	\$30 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%
Medical plan 5	\$2,300	\$2,400	\$7,700	\$8,100	\$35 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%	\$35 <sup>1</sup>	25%	\$55 <sup>1</sup>	25%
<b>HDHP</b> Medical plan 6	\$1,900	\$2,000	\$7,300	\$7,650	15%	20%	15%	20%	20%	25%	15%	20%
<b>HDHP</b> Medical plan 7	\$2,300	\$2,400	\$7,400	\$6,750	20%	25%	20%	25%	20%	25%	20%	25%

1 Deductible waived. All amounts reflect member responsibility.

2 Subscriber-only amounts shown. Family deductible and out-of-pocket maximums vary by plan. See plan options brochure for details.

3 Cost shares reflect individual amounts.

Medical/Vision 866-932-0409

Dental 866-923-0410

Pharmacy 866-923-0411

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