ID

2027

Group plans

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

moda HEALTH

Moda Health Plan, Inc.



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

520,000+

members in our
medical plans

More than

1,000,000

members in our standalone
pharmacy segment







We know your time is valuable.

2027 Quick links

Medical Network

- Small Group plans
- Large Group plans

Pharmacy

- Large Group

Vision

- Small Group plans
- Large Group plans

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 Idaho
- *For small group:*
  - Have two to 50 full-time employees on average during the preceding year
  - Have at least two employees enrolled on the first day of the plan year
- *For large group:*
  - Have an average of 51 or more full-time employees during the preceding calendar year, with the majority employed in Idaho
  - Have at least 75% of full-time 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 medical 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 you and your clients quickly access and manage the details of benefits administration.

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

- Producers can be given access to their clients account to manage enrollment
- 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 assumes the entire risk.

Your client pays a fixed rate for the contract period, and there's no after-the-fact settlement with the account.

Administrative Services Only (ASO)

(Groups of 100+ enrolled)

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

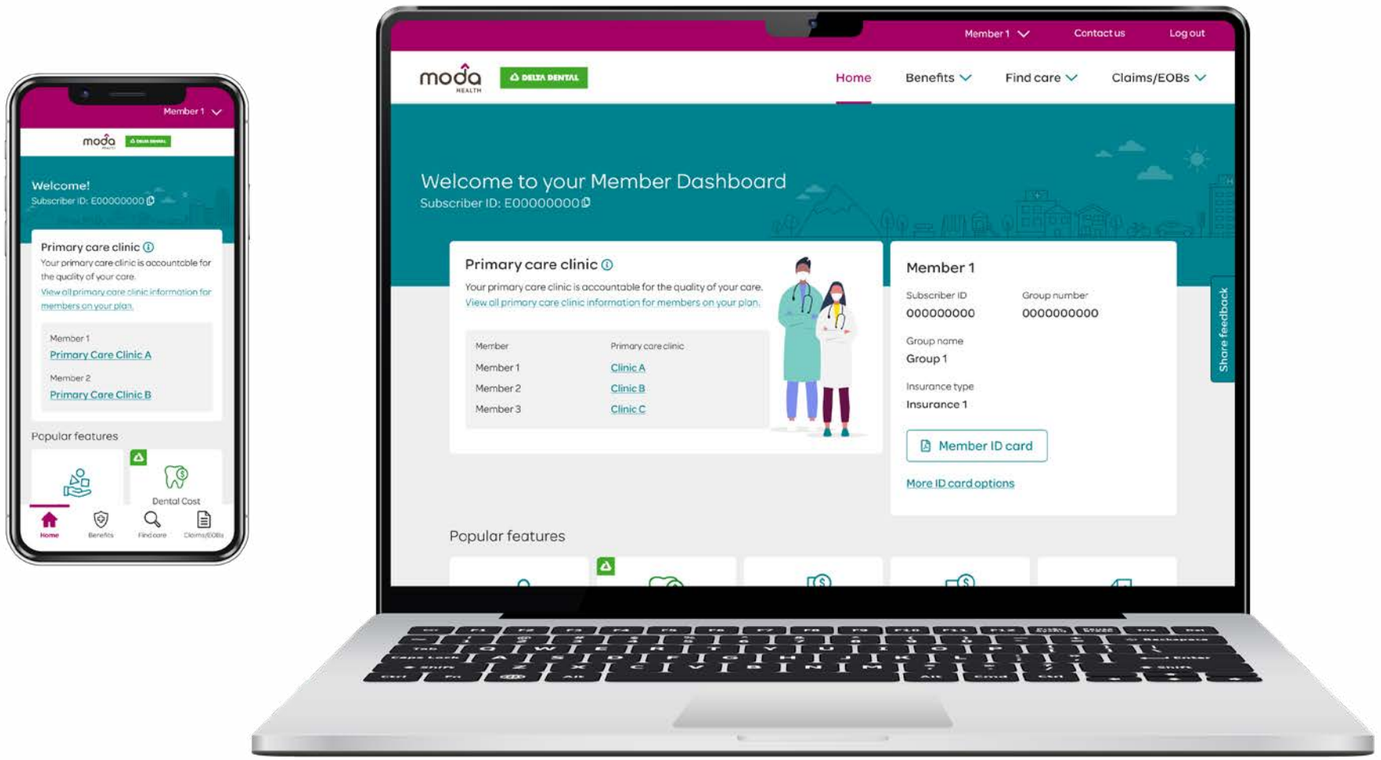
The employer is responsible for paying the cost of the healthcare services provided.





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
- Maternity program
- Menopause program

Mental health support

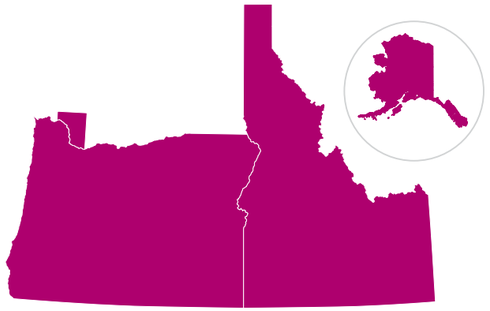
- 12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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

Small group networks

Great coverage starts with access to ***great care***

A strong provider network is an important part of any employee benefits package. Moda Health has carefully selected a community of primary care providers (PCPs), specialists and partner health systems so employees can have access to better value and better care.



The ***Connexus Network***

Small businesses can offer employees access to the **Connexus Network**, connecting them with primary care providers, specialists and regional health partners throughout Oregon, Alaska, Idaho and Southwest Washington. It's a broad network for a benefits package that helps employees find the care they need.

Health partners in your area

Treasure Valley	North Idaho	South Central Idaho	Southeast Idaho	Eastern Idaho
Saint Alphonsus Health Alliance	KootenaiHealth	Minidoka Memorial Hospital; Intermountain Cassia Regional Hospital	PQA Patient Quality Alliance	Bingham Memorial Hospital Experience Bingham!

moda HEALTH



The Moda Select Network is for employees living in the following counties:

- Ada
- Adams
- Bannock
- Bingham
- Boise
- Bonneville
- Canyon
- Caribou
- Elmore
- Fremont
- Gem
- Oneida
- Owyhee
- Payette
- Power
- Washington

The ***Moda Select Network*** for small group

A local network built around Idaho communities

For small businesses in Idaho, the **Moda Select Network** connects employees living in 16 eligible counties with participating providers and regional health partners. It's a focused network option that gives employees access to top care in their communities.

Health partners in your area

Treasure Valley	Southeast Idaho	Eastern Idaho
Saint Alphonsus Health Alliance	PQA Patient Quality Alliance	Bingham Memorial Hospital Experience Bingham!

Aetna® PPO Network through Aetna Signature Administrators®

Employees don't always live and work in the same place. For those outside of Idaho or the Connexus Network service area, the Aetna® PPO Network through Aetna Signature Administrators® provides nationwide access to full-service medical care with in-network benefits.

Employees can search for in-network care at modahealth.com/findcare.

Care when outside of Moda Select service area

Members traveling or living outside the Moda Select service area in Idaho have access to urgent and emergency care only.

Find participating providers at modahealth.com/findcare.

2027 ***Small group medical plan*** benefit table

No referrals needed. Employee Assistance Program available with all plans.

Health savings account (HSA): Our HSA-compatible high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have HSA administration with our preferred partner, BenefitHelp Solutions or another institution. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar year costs			Care and services							Prescription medication					
		Annual deductible per member/family	Coinsurance	Annual out-of-pocket maximum per member/family	Primary care provider (PCP) office visit[1]	Specialist office visit	Emergency room visit	Virtual care visit[1]	Behavioral health office visit[1]	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Value	Select	Preferred	Non-Preferred	Preferred Specialty	Non-Preferred Specialty
		In-network members pay			In-network members pay							In-network members pay					
Moda Select Network	Moda Select Gold 500	$500 / $1,000	30%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Moda Select Gold 1000	$1,000 / $2,000	25%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 25% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Moda Select Gold 1500	$1,500 / $3,000	30%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Moda Select Gold 2000	$2,000 / $4,000	30%	$8,000 / $16,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Moda Select Gold 3000	$3,000 / $6,000	30%	$8,000 / $16,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Moda Select Silver 3750	$3,750 / $7,500	35%	$10,000 / $20,000	$40 per visit	$75 per visit	$400 per visit then 35% after deductible	$10 per visit	$40 per visit	$75 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
	Moda Select Silver 5000	$5,000 / $10,000	50%	$10,000 / $20,000	$40 per visit	$60 per visit	$400 per visit then 50% after deductible	$10 per visit	$40 per visit	$60 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
	Moda Select Silver 6000	$6,000 / $12,000	50%	$10,000 / $20,000	$40 per visit	$60 per visit	$400 per visit then 50% after deductible	$10 per visit	$40 per visit	$60 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
	Moda Select Bronze 7500	$7,500 / $15,000	40%	$12,000 / $24,000	$80 per visit	$110 per visit	$500 per visit then 40% after deductible	$10 per visit	$80 per visit	$110 per visit	$80 per visit	$0	$30	$70	50%	45%	50%
	Moda Select Bronze 10350	$10,350 / $20,700	0%	$10,350 / $20,700	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
Moda Select Network HDHP	Moda Select Gold HDHP Embedded 3600	$3,600 / $7,200	0%	$3,600 / $7,200	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
	Moda Select Silver HDHP Aggregate 2800[2]	$2,800 / $5,600	30%	$8,700 / $17,400	30% after deductible	30% after deductible	$350 per visit then 30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	$0	$30 after deductible	$70 after deductible	50% after deductible	45% after deductible	50% after deductible
	Moda Select Silver HDHP Embedded 6000	$6,000 / $12,000	0%	$6,000 / $12,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
	Moda Select Bronze HDHP Embedded 8000	$8,000 / $16,000	0%	$8,000 / $16,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible

1 For non-HDHP plans, first three visits $5 per visit (including in-person and virtual primary care visits and behavioral health office visits)
2 For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone.

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the 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.

2027 ***Small group medical plan*** benefit table

No referrals needed. Employee Assistance Program available with all plans.

Health savings account (HSA): Our HSA-compatible high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have HSA administration with our preferred partner, BenefitHelp Solutions or another institution. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar year costs			Care and services							Prescription medication					
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		In-network members pay			In-network members pay							In-network members pay					
Connexus Network	Connexus Gold 500	$500 / $1,000	30%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Connexus Gold 1000	$1,000 / $2,000	25%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 25% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Connexus Gold 1500	$1,500 / $3,000	30%	$7,500 / $15,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Connexus Gold 2000	$2,000 / $4,000	30%	$8,000 / $16,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Connexus Gold 3000	$3,000 / $6,000	30%	$8,000 / $16,000	$30 per visit	$50 per visit	$350 per visit then 30% after deductible	$10 per visit	$30 per visit	$50 per visit	$30 per visit	$0	$10	$35	50%	45%	50%
	Connexus Silver 3750	$3,750 / $7,500	35%	$10,000 / $20,000	$40 per visit	$75 per visit	$400 per visit then 35% after deductible	$10 per visit	$40 per visit	$75 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
	Connexus Silver 5000	$5,000 / $10,000	50%	$10,000 / $20,000	$40 per visit	$60 per visit	$400 per visit then 50% after deductible	$10 per visit	$40 per visit	$60 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
	Connexus Silver 6000	$6,000 / $12,000	50%	$10,000 / $20,000	$40 per visit	$60 per visit	$400 per visit then 50% after deductible	$10 per visit	$40 per visit	$60 per visit	$40 per visit	$0	$30	$70	50%	45%	50%
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	Connexus Bronze 10350	$10,350 / $20,700	0%	$10,350 / $20,700	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
Connexus Network HDHP	Connexus Gold HDHP Embedded 3600	$3,600 / $7,200	0%	$3,600 / $7,200	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
	Connexus Silver HDHP Aggregate 2800[2]	$2,800 / $5,600	30%	$8,700 / $17,400	30% after deductible	30% after deductible	$350 per visit then 30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	$0	$30 after deductible	$70 after deductible	50% after deductible	45% after deductible	50% after deductible
	Connexus Silver HDHP Embedded 6000	$6,000 / $12,000	0%	$6,000 / $12,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible
	Connexus Bronze HDHP Embedded 8000	$8,000 / $16,000	0%	$8,000 / $16,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	45% after deductible	50% after deductible

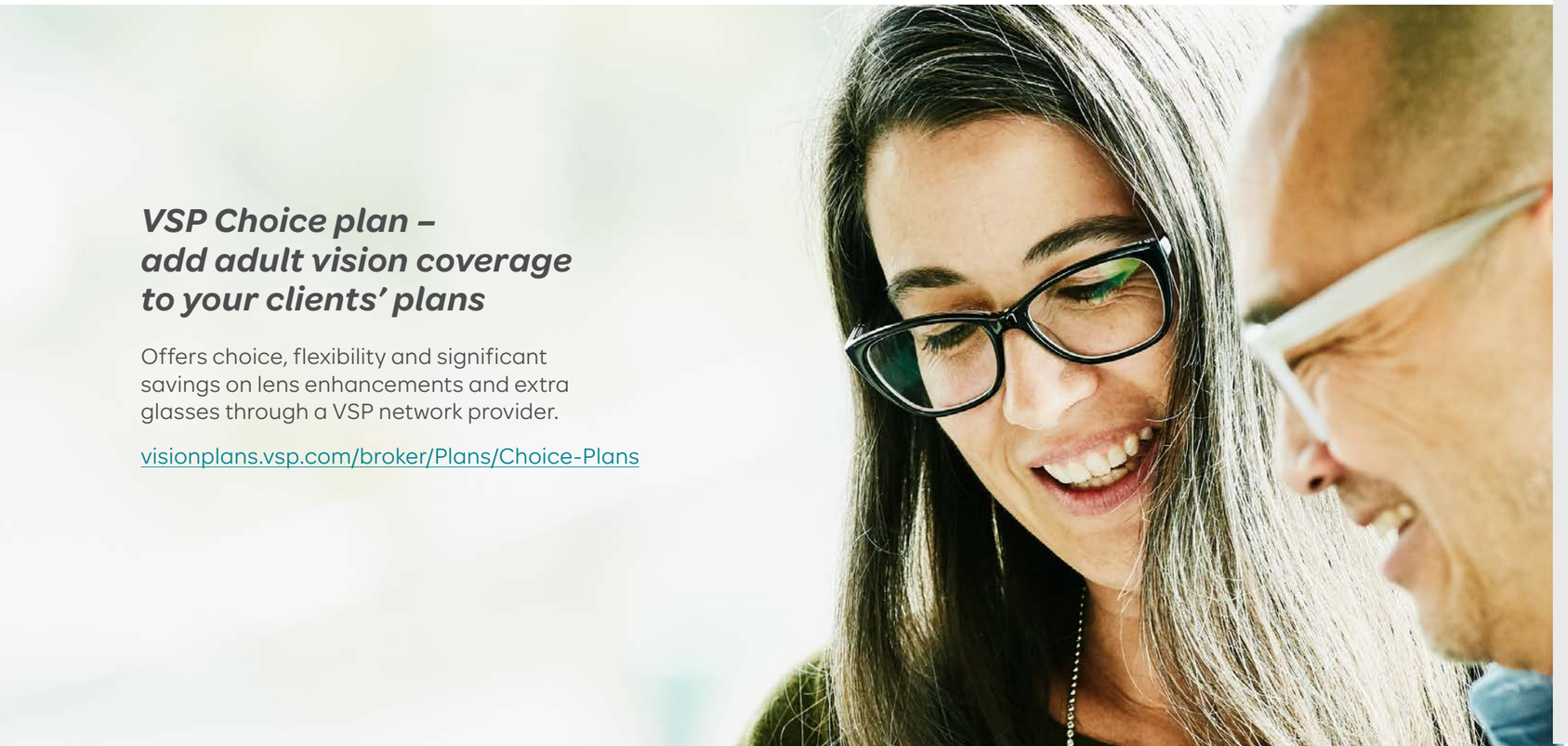
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This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the 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.

2027 ***Small group vision plan*** benefit table

	VSP Choice Value	VSP Choice Select	VSP Choice Premium
	Employer-paid or voluntary	Employer-paid or voluntary	Employer-paid or voluntary
Copay	$10 exam / $10 materials (Lenses and/or frames)	$10 exam / $25 materials (Lenses and/or frames)	$10 exam / $10 materials (Lenses and/or frames)
Frames	$150	$200	$250
Elective contact lenses*	$150	$200	$250
LightCare	$150	$200	$250

* Contact lenses in lieu of prescription glasses



VSP Choice plan – add adult vision coverage to your clients' plans

Offers choice, flexibility and significant savings on lens enhancements and extra glasses through a VSP network provider.

visionplans.vsp.com/broker/Plans/Choice-Plans

All VSP Choice plans include:

- An exam and lenses once every 12 months
- Frames once every 24 months (every 12 months for Premium plan)

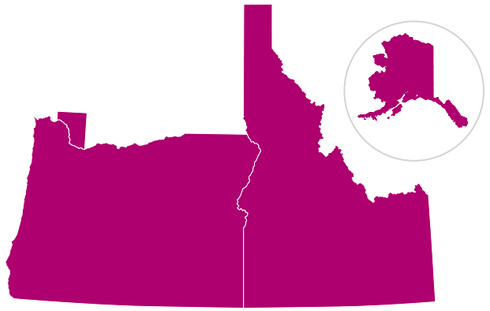
	VSP provider
Examination	Covered in full after exam copay
Contact lens exam (fitting & evaluation)	(15% savings on the contact lens exam) Covered in full after copay up to $60
Essential medical eye care	$20
Lenses:	
Single vision	Covered in full after materials copay
Lined bifocal	Covered in full after materials copay
Lined trifocal	Covered in full after materials copay
Lens enhancements:	
Anti-reflective coating	$41 - $85
Polycarbonate lenses	$35
Standard progressive lenses	N/A
Premium progressive lenses	$95 - $105
Custom progressive lenses	$150 - $175
Photochromic lenses	$75
Scratch-resistant coating	$17 - $33
Frames	$150 - $250
Necessary contact lenses*	Covered in full after materials copay
	Open-access schedule
Examination	$45
Lenses:	
Single vision	$30
Bifocal	$50
Trifocal	$65
Lenticular	$100
Progressive	$50
Frames	$70
Elective contact lenses*	$105
Necessary contact lenses	$210

* Contact lenses in lieu of prescription glasses

Large group networks

Broad networks. ***More ways to access care.***

When your clients have employees across different communities and states, access to care matters. Moda Health offers a range of provider networks designed to connect employees with top doctors, specialists and health systems where they live and work.

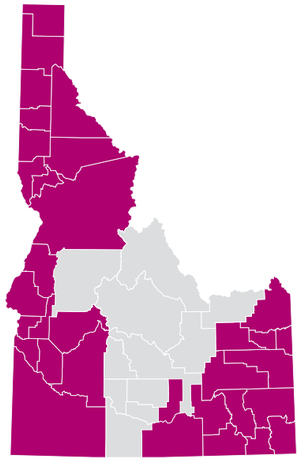


The *Connexus Network*

The **Connexus Network** gives large employers access to a broad network of primary care providers, specialists and trusted health systems across Oregon, Alaska, Idaho and Southwest Washington. With regional health partners and access across multiple states, employees have more ways to find care that works.

Health partners in your area

Treasure Valley	North Idaho	South Central Idaho	Southeast Idaho	Eastern Idaho
Saint Alphonsus Health Alliance	KootenaiHealth	Minidoka Memorial Hospital; Intermountain Cassia Regional Hospital	PQA Patient Quality Alliance	Bingham Memorial Hospital Experience Bingham!



The *Moda Select Network* for large group

Focused access for Idaho employees

The **Moda Select Network** for large group connects employees living in 33 Idaho counties with participating providers and health systems in their communities. It offers employers a regional network option designed around access to care in Idaho.

The Moda Select Network is for employees living in these 33 counties:

Ada	Bingham	Caribou	Gem	Madison	Power
Adams	Boise	Cassia	Idaho	Minidoka	Shoshone
Bannock	Bonner	Clearwater	Jefferson	Nez Perce	Teton
Bear Lake	Bonneville	Elmore	Kootenai	Oneida	Washington
Benewah	Boundary	Franklin	Latah	Owyhee	
	Canyon	Fremont	Lewis	Payette	

Aetna® PPO Network through Aetna Signature Administrators®

For employees living or working outside Idaho or the Connexus service area, the Aetna® PPO Network offers access to full-service medical care with in-network benefits. Through Aetna Signature Administrators®, employees can connect with providers and facilities nationwide, helping employers support teams wherever work and life take them.

Employees can find participating providers or facilities at modahealth.com/findcare.

Care when outside of Moda Select service area

Members traveling or living outside the Moda Select service area in Idaho have access to urgent and emergency care only.

Find participating providers at modahealth.com/findcare.

2027 ***Large group medical plan*** benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar year costs			Care and services							
		Deductible per member / family	Coinsurance	Out-of-pocket max per member / family	Primary care provider (PCP) office visit[1]	Specialist office visit	Virtual care office visit[1]	Emergency room visit	Behavioral health office visit[1]	Physical therapy, speech therapy, occupational therapy	Acupuncture and spinal manipulation services	Inpatient/ outpatient care
		In-network member pays			In-network member pays							
Moda Select Network	VBC_$500_$3000_$25/$40_20%	$500 / $1,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$500_$5000_$30/$45_20%	$500 / $1,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$1000_$3000_$25/$40_20%	$1,000 / $2,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$1000_$5000_$30/$45_20%	$1,000 / $2,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$1500_$3000_$25/$40_20%	$1,500 / $3,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$1500_$5000_$35/$50_20%	$1,500 / $3,000	20%	$5,000 / $10,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VBC_$2000_$4000_$25/$40_20%	$2,000 / $4,000	20%	$4,000 / $8,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$2000_$6000_$35/$50_20%	$2,000 / $4,000	20%	$6,000 / $12,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VBC_$3000_$5000_$25/$40_20%	$3,000 / $6,000	20%	$5,000 / $10,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
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	VBC_$3000_$7000_$35/$50_20%	$3,000 / $6,000	20%	$7,000 / $14,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VBC_$3000_$7000_$35/$50_30%	$3,000 / $6,000	30%	$7,000 / $14,000	$35 per visit	$50 per visit	$25 per visit	$100 then 30% after deductible	$35 per visit	$50 per visit	$35 per visit	30% after deductible
	VBC_$5000_$8150_$30/$45_20%	$5,000 / $10,000	20%	$8,150 / $16,300	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$5000_$8550_$35/$50_30%	$5,000 / $10,000	30%	$8,550 / $17,100	$35 per visit	$50 per visit	$25 per visit	$100 then 30% after deductible	$35 per visit	$50 per visit	$35 per visit	30% after deductible
Moda Select Network HDHP	HDHP_$3500	$3,500 / $7,000	0%	$3,500 / $7,000	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_$3500_$7000_20%	$3,500 / $7,000	20%	$7,000 / $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_$3500_$7000_30%	$3,500 / $7,000	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
	HDHP_$5000	$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

1 For non-HDHP plans, first three visits $5 per visit (including in-person and virtual primary care visits and behavioral health office visits)

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2027 ***Large group medical plan*** benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar year costs			Care and services							
		Deductible per member / family	Coinsurance	Out-of-pocket max per member / family	Primary care provider (PCP) office visit[1]	Specialist office visit	Virtual care office visit[1]	Emergency room visit	Behavioral health office visit[1]	Physical therapy, speech therapy, occupational therapy	Acupuncture and spinal manipulation services	Inpatient/ outpatient care
		In-network member pays			In-network member pays							
Connexus Network	VCBC_$500_$3000_$25/$40_20%	$500 / $1,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VCBC_$500_$5000_$30/$45_20%	$500 / $1,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VCBC_$1000_$3000_$25/$40_20%	$1,000 / $2,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VCBC_$1000_$5000_$30/$45_20%	$1,000 / $2,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VCBC_$1500_$3000_$25/$40_20%	$1,500 / $3,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VCBC_$1500_$5000_$35/$50_20%	$1,500 / $3,000	20%	$5,000 / $10,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VCBC_$2000_$4000_$25/$40_20%	$2,000 / $4,000	20%	$4,000 / $8,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VCBC_$2000_$6000_$35/$50_20%	$2,000 / $4,000	20%	$6,000 / $12,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VCBC_$3000_$5000_$25/$40_20%	$3,000 / $6,000	20%	$5,000 / $10,000	$25 per visit	$40 per visit	$15 per visit	$100 then 20% after deductible	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VCBC_$3000_$5000_$30/$45_30%	$3,000 / $6,000	30%	$5,000 / $10,000	$30 per visit	$45 per visit	$20 per visit	$100 then 30% after deductible	$30 per visit	$45 per visit	$30 per visit	30% after deductible
	VCBC_$3000_$7000_$35/$50_20%	$3,000 / $6,000	20%	$7,000 / $14,000	$35 per visit	$50 per visit	$25 per visit	$100 then 20% after deductible	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VCBC_$3000_$7000_$35/$50_30%	$3,000 / $6,000	30%	$7,000 / $14,000	$35 per visit	$50 per visit	$25 per visit	$100 then 30% after deductible	$35 per visit	$50 per visit	$35 per visit	30% after deductible
	VCBC_$5000_$8150_$30/$45_20%	$5,000 / $10,000	20%	$8,150 / $16,300	$30 per visit	$45 per visit	$20 per visit	$100 then 20% after deductible	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VCBC_$5000_$8550_$35/$50_30%	$5,000 / $10,000	30%	$8,550 / $17,100	$35 per visit	$50 per visit	$25 per visit	$100 then 30% after deductible	$35 per visit	$50 per visit	$35 per visit	30% after deductible
Connexus Network HDHP	CHDHP_$3500	$3,500 / $7,000	0%	$3,500 / $7,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	CHDHP_$3500_$7000_20%	$3,500 / $7,000	20%	$7,000 / $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
	CHDHP_$3500_$7000_30%	$3,500 / $7,000	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
	CHDHP_$5000	$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

1 For non-HDHP plans, first three visits $5 per visit (including in-person and virtual primary care visits and behavioral health office visits)

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2027 ***Pharmacy*** benefit table

		Value	Select	Preferred	Non-Preferred	Select Specialty	Preferred Specialty	Non-preferred Specialty
7 tier plans	R1.ID.27	$5	$10	$30	$50	$10	20%	50%
	R2.ID.27	$7	$15	$45	$75	$15	30%	50%
	R3.ID.27	$10	$20	$60	50%	$20	40%	50%

		Generic	Preferred Brand	Non-Preferred Brand
3 tier plans	R4.ID.27	$5	$25	$50
	R5.ID.27	$10	25%	50%
	R6.ID.27	$15	$45	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.

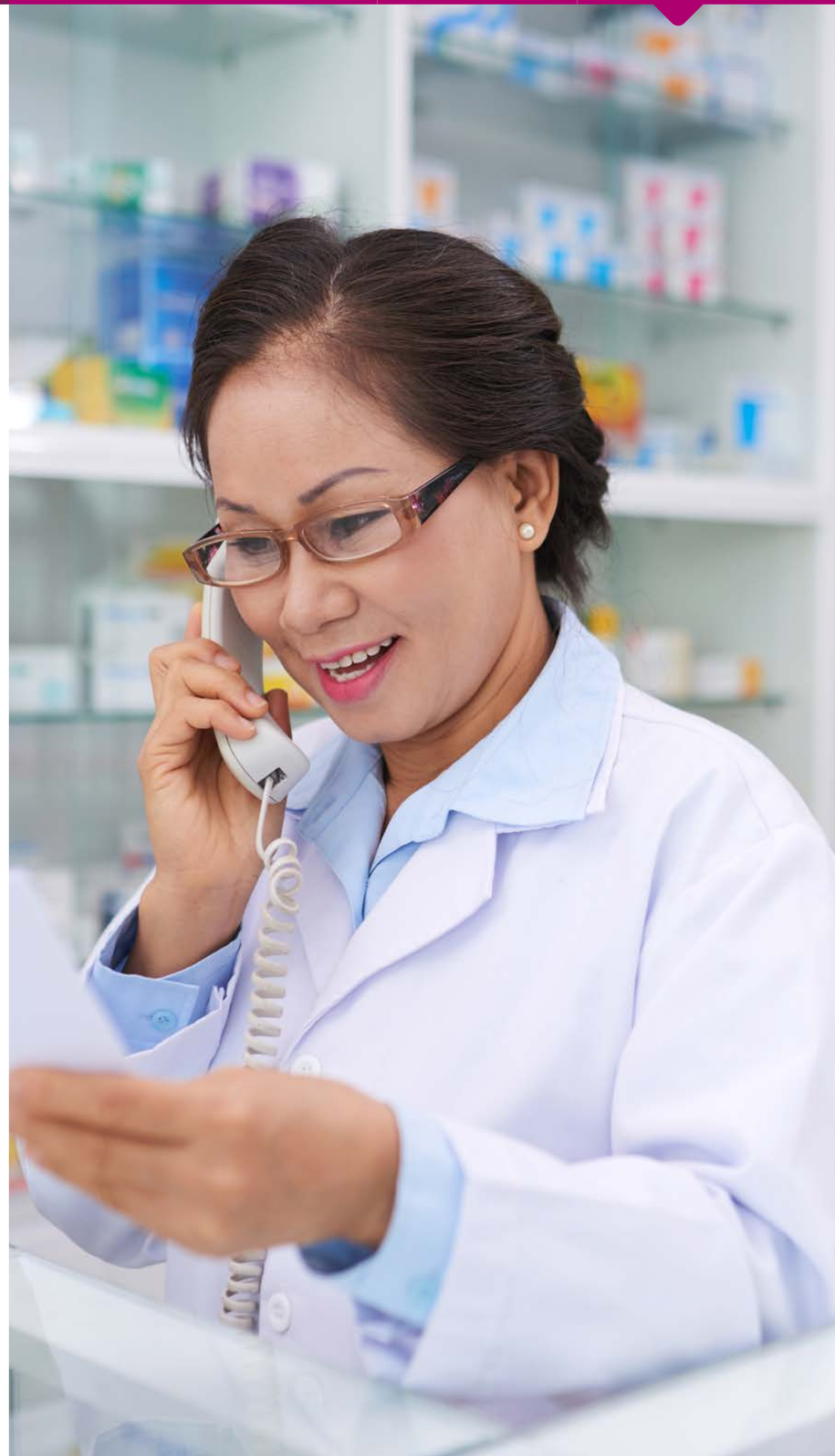
The Navitus network includes most independent pharmacies and all major chains, providing convenient access for members nationally and across the state.

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

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

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

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



2027 ***Large group vision plan*** benefit table

	Copays	Frames / contact lenses	Contact exam and 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

VSP Choice plan – add adult vision coverage to your clients' plans

Offers choice, flexibility and significant savings on lens enhancements and extra glasses through a VSP network provider.

visionplans.vsp.com/broker/Plans/Choice-Plans

All VSP Choice plans include:

- An exam and lenses once every 12 months
- Frames once every 24 months (every 12 months for Premium plan)

	VSP provider
Examination	Covered in full after exam copay
Contact lens exam (fitting & evaluation)	(15% savings on the contact lens exam) Covered in full after copay up to $60
Essential medical eye care	$20
Lenses:	
Single vision	Covered in full after materials copay
Lined bifocal	Covered in full after materials copay
Lined trifocal	Covered in full after materials copay
Lens enhancements:	
Anti-reflective coating	$41 - $85
Polycarbonate lenses	$35
Standard progressive lenses	N/A
Premium progressive lenses	$95 - $105
Custom progressive lenses	$150 - $175
Photochromic lenses	$75
Scratch-resistant coating	$17 - $33
Frames	$150 - $250
Necessary contact lenses*	Covered in full after materials copay
	Open-access schedule
Examination	$45
Lenses:	
Single vision	$30
Bifocal	$50
Trifocal	$65
Lenticular	$100
Progressive	$50
Frames	$70
Elective contact lenses*	$105
Necessary contact lenses	$210

* Contact lenses in lieu of prescription glasses

BenefitHelp SOLUTIONS

Third-party *connected benefits*

Making managing benefits easier for your clients

Moda's third-party administrative subsidiary is BenefitHelp Solutions (BHS). BHS's comprehensive TPA services provide your clients with the latest technological resources and support to easily navigate the complex world of healthcare benefits and find new ways to save!

BHS helps your clients with:

Reimbursement accounts:

- **Health Flexible Spending Accounts (FSA)**
  FSAs allow employees to set aside pre-taxed money to pay for eligible healthcare expenses.
- **Health Reimbursement Arrangements (HRA)**
  With an HRA, employer makes contributions to member accounts for eligible healthcare expenses. The funds may roll over at the end of the year.
- **Commuter Expense Reimbursement Accounts (CERA)**
  Employees use pre-tax dollars to pay for parking and commuter costs. Or mass transit and carpooling.
- **Dependent Care Accounts (DCA)**
  Employees pay for daycare with pre-tax dollars.
- **Health Savings Accounts (HSA)**
  HSAs are coupled with a qualified High Deductible Health Plan (HDHP) to help plan for medical expenses now and through retirement.

COBRA administration

Premium only plans

Retiree administration

Premium administration

- And much more

No charge* COBRA and H.S.A. Administration through BHS for large group fully insured medical sales.

*No PEPM fee. $100 flat annual fee per non Moda/Delta Dental carrier/line of business to administer.

To learn more, visit benefithelpsolutions.com or call at **888-387-5440**.



2027 Limitations & Exclusions

Limitations

Large Group

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications — If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost-sharing plus the difference in cost between the generic and brand medication
- 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
- Hearing aids are covered one aid per impaired ear every 3 years
- Infusion therapy — Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications
- Prescriptions are limited to a maximum 30-day supply per prescription for retail and most specialty pharmacies and up to a 90-day supply per prescription for participating retail and mail-order pharmacies
- Preventive care — cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation benefits are limited to 20 inpatient days, 36 sessions for outpatient cardiac and 30 sessions for other outpatient rehabilitation
- Skilled nursing facility is limited to 60 days per year
- Spinal manipulation is limited to 20 visits per year
- Home health services are limited to 130 visits per year

Small Group

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand-tier medications — If members use a brand medication when a generic equivalent is available, they will have to pay the non-preferred cost sharing plus the difference in cost between the generic and brand medication
- 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
- Hearing aids are covered one aid per impaired ear every 3 years
- If a group's size is less than 20 employees, any expense that is actually paid under Medicare will have benefits reduced by the amount Medicare paid or would have paid
- Infusion therapy — some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply per prescription for most specialty pharmacy and up to a 90-day supply per prescription for retail and mail-order pharmacies
- Preventive care — cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits include separate limits of 20 outpatient sessions per year
- Skilled nursing facility is limited to 30 days per year
- Spinal manipulation is limited to 20 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19

Exclusions

Large Group

- Abortion, except if the mother's life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or 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 sex offender treatment
- 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
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Vision surgery to alter the refractive character of the eye

Small Group

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or 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 sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
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- 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, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye



Ready to choose better health ***for your clients?***

Questions?

Contact your Moda Health Sales representative

quotes@modahealth.com

800-578-1402 | TTY users, please call 711

ModaHealth.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 policies are subject to change in order to be compliant with state and federal guidelines. Health plans provided by Moda Health Plan, Inc.

moda HEALTH