

Choose a better
experience with your
health insurance



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 nearly **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

333,000+

members in our
medical plans

More than

1 million

members in our standalone
pharmacy segment





We know your
time is valuable.

Quick links

2023 Medical plans



2023 Dental 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 one employee enrolled on the first day of the plan year

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 888-374-8910*

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.



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)

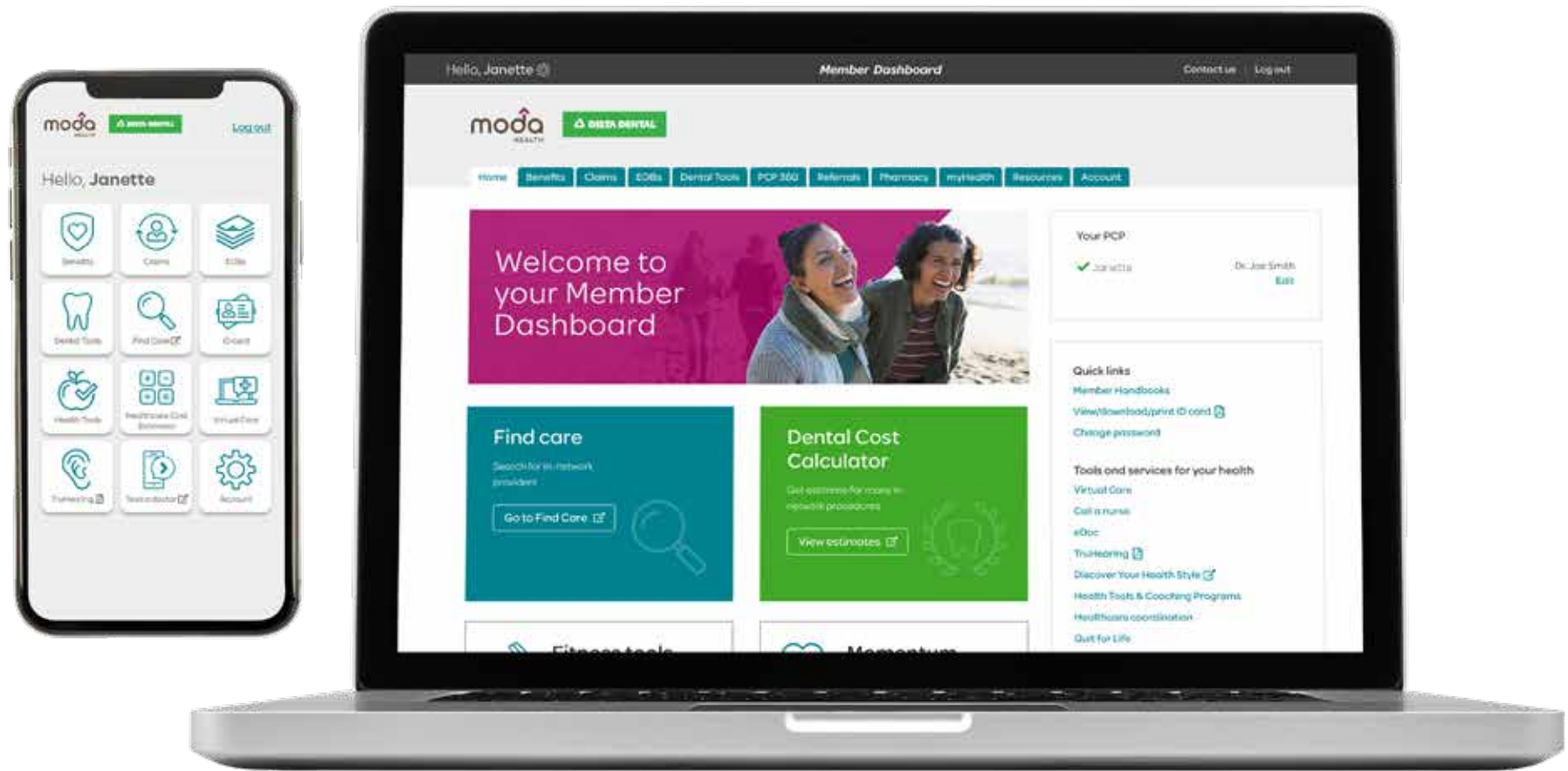
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

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

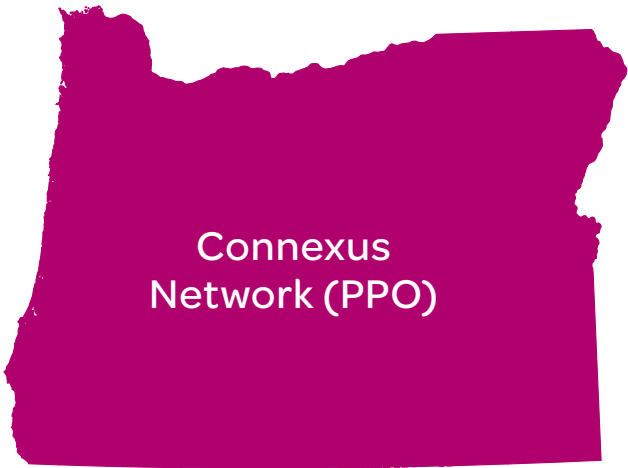


Mental health support

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

Life's *better* in the network

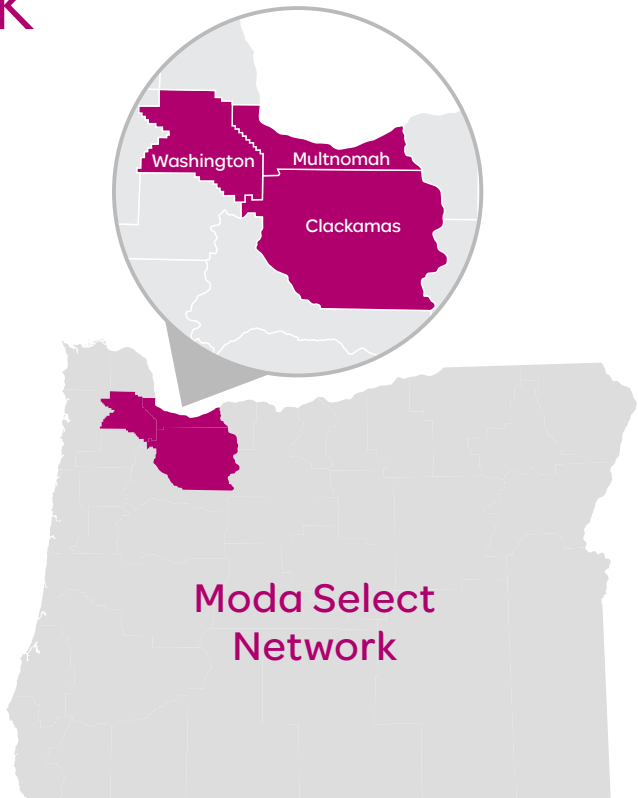
We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



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.



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 • 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



Adventist Health Portland

zoomcare



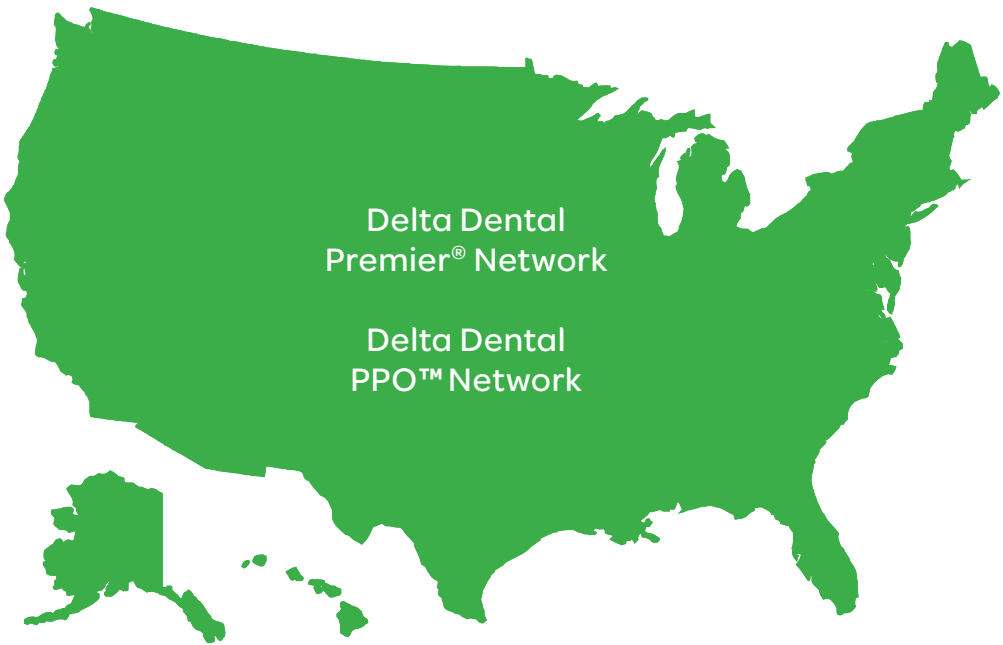
Aetna® PPO Network through Aetna Signature Administrators®

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



Delta Dental networks *go where you go*

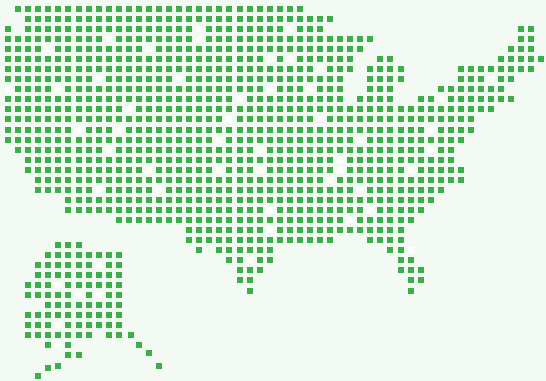
With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental **PPO™** Network

Potential savings in-network = \$\$\$

Choose from a large selection of dentists



Delta Dental **Premier®** Network

Potential savings in-network = \$\$

Get more choice with one of the largest dental networks in Oregon





Quality coverage for your smile

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

With Delta Dental of Oregon 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.



2023 *Medical plan* benefit table

	Plan name	Calendar year costs			Care & services						
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	POS_-\$2000_-\$4500_-\$25/\$45_20%	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$0 ²	\$45	\$200 then 20% after deductible	\$0 ²	\$0 first 3 visits, then \$25	\$45	\$25
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	POS_-\$2500_-\$5000_-\$25/\$45_20%	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	\$0 ²	\$45	\$200 then 20% after deductible	\$0 ²	\$0 first 3 visits, then \$25	\$45	\$25
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	POS_-\$2500_-\$7500_-\$25/\$45_20%	\$2,500 / \$5,000	20%	\$7,500 / \$15,000	\$0 ²	\$45	\$200 then 20% after deductible	\$0 ²	\$0 first 3 visits, then \$25	\$45	\$25

1 \$20 after first 3 PCP or Virtual office visits for age 19+

2 \$35 after first 3 PCP or Virtual office visits for age 19+

3 \$25 after first 3 PCP or Virtual office visits for age 19+

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2023 *Medical plan* benefit table

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	POS_-\$7000_-\$8900_-\$35/\$55_30%	\$7,000 / \$14,000	30%	\$8,900 / \$17,800	\$0 ³	\$55	\$200 then 30% after deductible	\$0 ³	\$0 first 3 visits, then \$35	\$55	\$35
	POS_-\$8000_-\$8900_-\$25/\$45_20%	\$8,000 / \$16,000	20%	\$8,900 / \$17,800	\$0 ²	\$45	\$200 then 20% after deductible	\$0 ²	\$0 first 3 visits, then \$25	\$45	\$25
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	VBC_\$250_\$3000_\$25/\$45_10%	\$250 / \$500	10%	\$3,000 / \$6,000	\$25	\$45	\$200 then 10% after deductible	\$25	\$25	\$45	\$25
	VBC_\$500_\$3000_\$25/\$45_10%	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$25	\$45	\$200 then 10% after deductible	\$25	\$25	\$45	\$25
	VBC_\$500_\$3000_\$20/\$40_20%	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$20	\$40	\$200	\$20	\$20	\$40	\$20
	VBC_\$500_\$3000_\$25/\$40_20%	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$500_\$3500_\$20/\$40_20%	\$500 / \$1,000	20%	\$3,500 / \$7,000	\$20	\$40	\$200	\$20	\$20	\$40	\$20
	VBC_\$500_\$4000_\$25/\$45_20%	\$500 / \$1,000	20%	\$4,000 / \$8,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$500_\$5000_\$25/\$45_20%	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$500_\$5000_\$35/\$55_30%	\$500 / \$1,000	30%	\$5,000 / \$10,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$500_\$7150_\$25/\$45_20%	\$500 / \$1,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$500_\$7150_\$35/\$55_30%	\$500 / \$1,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$500_\$5000_\$30/\$45_20%	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$1000_\$3000_\$25/\$40_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$1000_\$3500_\$25/\$45_20%	\$1,000 / \$2,000	20%	\$3,500 / \$7,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$1000_\$4500_\$25/\$45_20%	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$1000_\$5500_\$25/\$45_20%	\$1,000 / \$2,000	20%	\$5,500 / \$11,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$1000_\$5500_\$35/\$55_30%	\$1,000 / \$2,000	30%	\$5,500 / \$11,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$1000_\$7150_\$25/\$45_20%	\$1,000 / \$2,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$1000_\$7150_\$35/\$55_30%	\$1,000 / \$2,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$1000_\$5000_\$25/\$40_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$1000_\$3000_\$30/\$45_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$1000_\$5000_\$30/\$45_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$1000_\$3000_\$35/\$50_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$1000_\$5000_\$35/\$50_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$1500_\$3000_\$25/\$40_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$1500_\$4000_\$25/\$45_20%	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	\$25	\$45	\$200	\$15	\$25	\$45	\$25
	VBC_\$1500_5000_\$25/\$45_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25	\$45	\$200	\$15	\$25	\$45	\$25
	VBC_\$1500_\$6000_\$25/\$45_20%	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$25	\$45	\$200	\$45	\$25	\$45	\$25
	VBC_\$1500_\$6000_\$35/\$55_30%	\$1,500 / \$3,000	30%	\$6,000 / \$12,000	\$35	\$55	\$200	\$55	\$35	\$55	\$35
	VBC_\$1500_\$7150_\$25/\$45_20%	\$1,500 / \$3,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$45	\$25	\$45	\$25
	VBC_\$1500_\$7150_\$35/\$55_30%	\$1,500 / \$3,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$55	\$35	\$55	\$35
	VBC_\$1500_\$5000_\$25/\$40_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$1500_\$3000_\$30/\$45_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$1500_\$5000_\$30/\$45_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$1500_\$3000_\$35/\$50_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$1500_\$5000_\$35/\$50_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35

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		Annual deductible per person / family	Coinsurance	Annual OOP maximum per person / family	PCP visits	Specialist visits	Emergency room visits	Virtual office visits	Mental health & substance use disorder office visits	Outpatient rehabilitation	Acupuncture & spinal manipulations
		In-network member pays			In-network member pays						
Connexus Network	VBC_\$2000_\$4000_\$25/\$40_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$2000_\$6000_\$25/\$40_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$2000_\$4000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$2000_\$6000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$2000_\$4000_\$35/\$50_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$2000_\$6000_\$35/\$50_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$2000_\$4500_\$25/\$45_20%	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$2000_\$5500_\$25/\$45_20%	\$2,000 / \$4,000	20%	\$5,500 / \$11,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$2000_\$5500_\$35/\$55_30%	\$2,000 / \$4,000	30%	\$5,500 / \$11,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$2000_\$7150_\$25/\$45_20%	\$2,000 / \$4,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$2000_\$7150_\$35/\$55_30%	\$2,000 / \$4,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$2500_\$5000_\$25/\$45_20%	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$2500_\$5000_\$35/\$55_30%	\$2,500 / \$5,000	30%	\$5,000 / \$10,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$2500_\$7500_\$25/\$45_20%	\$2,500 / \$5,000	20%	\$7,500 / \$15,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$2500_\$7500_\$35/\$55_30%	\$2,500 / \$5,000	30%	\$7,500 / \$15,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$3000_\$5000_\$25/\$40_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25	\$40	\$200	\$15	\$25	\$40	\$25
	VBC_\$3000_\$7000_\$25/\$40_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25	\$40	\$200	\$25	\$25	\$40	\$25
	VBC_\$3000_\$5000_\$30/\$45_20%	\$3,000 / \$6,000	20%	\$5,000 / \$11,000	\$30	\$45	\$200	\$20	\$30	\$45	\$30
	VBC_\$3000_\$5500_\$25/\$45_20%	\$3,000 / \$6,000	20%	\$5,500 / \$11,000	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$3000_\$5500_\$35/\$55_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$3000_\$7000_\$30/\$45_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30	\$45	\$200	\$25	\$30	\$45	\$30
	VBC_\$3000_\$5000_\$35/\$50_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$3000_\$7000_\$35/\$50_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35	\$50	\$200	\$20	\$35	\$50	\$35
	VBC_\$3000_\$5000_\$30/\$45_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30	\$45	\$200	\$25	\$30	\$45	\$30
	VBC_\$3000_\$5000_\$35/\$50_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35	\$50	\$200	\$20	\$35	\$50	\$35
	VBC_\$3000_\$7000_\$35/\$50_30%	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$3000_\$7150_\$25/\$45_20%	\$3,000 / \$6,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$3000_\$7150_\$35/\$55_30%	\$3,000 / \$6,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$3000_\$8900_\$25/\$45_20%	\$3,000 / \$6,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$3000_\$8900_\$35/\$55_30%	\$3,000 / \$6,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$3500_\$7150_\$25/\$45_20%	\$3,500 / \$7,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$3500_\$7150_\$35/\$55_30%	\$3,500 / \$7,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$3500_\$8900_\$25/\$45_20%	\$3,500 / \$7,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$3500_\$8900_\$35/\$55_30%	\$3,500 / \$7,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$4000_\$7150_\$25/\$45_20%	\$4,000 / \$8,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$4000_\$7150_\$35/\$55_30%	\$4,000 / \$8,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$55	\$35	\$55	\$35

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	Plan name	Calendar year costs			Care & services						
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		In-network member pays			In-network member pays						
Connexus Network	VBC_\$4000_\$8900_\$25/\$45_20%	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$4000_\$8900_\$35/\$55_30%	\$4,000 / \$8,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$4500_\$7150_\$25/\$45_20%	\$4,500 / \$9,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$4500_\$7150_\$35/\$55_30%	\$4,500 / \$9,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$4500_\$8900_\$25/\$45_20%	\$4,500 / \$9,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$4500_\$8900_\$35/\$55_30%	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$5000_\$7150_\$25/\$45_20%	\$5,000 / \$10,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$5000_\$7150_\$35/\$55_30%	\$5,000 / \$10,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$5000_\$8150_\$30/\$45_20%	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30	\$45	\$200	\$25	\$30	\$45	\$30
	VBC_\$5000_\$8550_\$35/\$50_20%	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35	\$50	\$200	\$20	\$35	\$50	\$35
	VBC_\$5000_\$8550_\$30/\$45_30%	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30	\$45	\$200	\$25	\$30	\$45	\$30
	VBC_\$5000_\$8550_\$35/\$50_30%	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35	\$50	\$200	\$25	\$35	\$50	\$35
	VBC_\$5000_\$8900_\$25/\$45_20%	\$5,000 / \$10,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$5000_\$8900_\$35/\$55_30%	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$6000_\$7150_\$25/\$45_20%	\$6,000 / \$12,000	20%	\$7,150 / \$14,300	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$6000_\$7150_\$35/\$55_30%	\$6,000 / \$12,000	30%	\$7,150 / \$14,300	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$6000_\$8900_\$25/\$45_20%	\$6,000 / \$12,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$6000_\$8900_\$35/\$45_30%	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$35	\$45	\$200	\$35	\$35	\$45	\$35
	VBC_\$6000_\$8900_\$35/\$45_30%	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$35	\$45	\$200	\$35	\$35	\$45	\$35
	VBC_\$6000_\$8900_\$35/\$45_30%	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$35	\$45	\$200	\$35	\$35	\$45	\$35
	VBC_\$7000_\$8900_\$25/\$45_20%	\$7,000 / \$14,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$7000_\$8900_\$35/\$55_30%	\$7,000 / \$14,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35
	VBC_\$8000_\$8900_\$25/\$45_20%	\$8,000 / \$16,000	20%	\$8,900 / \$17,800	\$25	\$45	\$200	\$25	\$25	\$45	\$25
	VBC_\$8000_\$8900_\$35/\$55_30%	\$8,000 / \$16,000	30%	\$8,900 / \$17,800	\$35	\$55	\$200	\$35	\$35	\$55	\$35

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		In-network member pays			In-network member pays						
Connexus Network	PPO_\$500_\$3000_\$25_20%	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$500_\$5000_\$30_20%	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1000_\$3000_\$25_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$1000_\$5000_\$25_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$1000_\$3000_\$30_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1000_\$5000_\$30_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1500_\$3000_\$25_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$1500_\$5000_\$25_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$1500_\$3000_\$30_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1500_\$5000_\$30_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$2000_\$4000_\$25_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$2000_\$6000_\$25_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$2000_\$4000_\$30_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$2000_\$6000_\$30_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1500_\$3000_\$30_30%	\$1,500 / \$3,000	30%	\$3,000 / \$6,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$1500_\$5000_\$30_30%	\$1,500 / \$3,000	30%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$2000_\$4000_\$30_30%	\$2,000 / \$4,000	30%	\$4,000 / \$8,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$2000_\$6000_\$30_30%	\$2,000 / \$4,000	30%	\$6,000 / \$12,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$3000_\$5000_\$30_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$3000_\$7000_\$30_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$3000_\$5000_\$25_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$3000_\$7000_\$25_30%	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$25	\$25	\$15	\$20	\$25	\$25	\$25
	PPO_\$3000_\$5000_\$30_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$3000_\$7000_\$30_30%	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$30	\$30	\$20	\$20	\$30	\$30	\$30
	PPO_\$5000_\$8550_\$25_30%	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$25	\$25	\$15	\$20	\$25	\$25	\$25
Connexus & Moda Select Networks	HDHP_\$3000_\$3000_0%	\$3,000 / \$6,000	0%	\$3,000 / \$6,000	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%	\$2,800 / \$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
	HDHP_\$2800_\$5000_30%	\$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
	HDHP_\$3000_\$5000_20%	\$3,000 / \$6,000	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
	HDHP_\$5000_\$5000_0%	\$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
	HDHP_\$3000_\$7000_30%	\$3,000 / \$6,000	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

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.

2023 *Pharmacy* benefit table

	Value	Select	Preferred	Non-preferred	Specialty	Non-preferred specialty
R1.OR.23 \$2 / \$10 / \$30 / \$50 / \$150 / 30%	\$2	\$10	\$30	\$50	\$150	30%
R2.OR.23 \$2 / \$15 / \$45 / \$75 / \$225 / 30%	\$2	\$15	\$45	\$75	\$225	30%
R3.OR.23 \$2 / \$20 / \$60 / 50% / \$180 / 50%	\$2	\$20	\$60	50%	\$180	50%
R4.OR.23 \$2 / \$15 / 50%	\$2	\$15	\$20	NA	NA	NA

** For POS, Value and PPO Plans: Deductible does not apply on standalone pharmacy options for all tiers. For HDHPs, deductible applies to all pharmacy except Value tier.*

**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



2023 *Dental plan* benefit table

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

Dental disclaimer: This is a summary of the 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 Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 *Dental plan* benefit table

	Plan name	Calendar year costs		Class I		Class II			Class III		
		Annual deductible	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		member pays		member pays			member pays		
Delta Dental PPO™ Network	PPO Option B Family Deductible - Preventive First 25/75,1500	\$25 / \$75	\$1500	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 1000	\$50 / \$150	\$1000	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 1500	\$50 / \$150	\$1500	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 2000	\$50 / \$150	\$2000	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 25/75, 2000	\$25 / \$75	\$2000	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 25/75, 1500	\$25 / \$75	\$1500	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 2000	\$50 / \$150	\$2000	0%		10% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 50/150, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 2100	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
	PPO Option B Family Deductible - Preventive First 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		
	PPO Option B - Preventive First 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	PPO Option B - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
Delta Dental Voluntary PPO™	Voluntary PPO Option B 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150	\$50 / \$150	\$1,000	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150	\$50 / \$150	\$1,000	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPA 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB 50/150, 1000	\$50 / \$150	\$1,000	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB 50/150, 2500	\$50 / \$150	\$2,500	20%		20% after deductible			50% after deductible		
	Voluntary PPO Option B - Preventive First 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option C - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	20%		50% after deductible			50% after deductible		
	Voluntary PPO Option BPB - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB - Preventive First 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary PPO Option BPB - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		

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2023 *Dental plan* benefit table

	Plan name	Calendar year costs		Class I		Class II			Class III		
		Annual deductible	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		member pays		member pays			member pays		
Delta Dental <i>Premier</i> ® Network	Premier Option A 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% after deductible		
	Premier Option A - Preventive First 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% 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, 1000	\$25 / \$75	\$1000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible 25/75, 2000	\$25 / \$75	\$2000	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, 1000	\$50 / \$150	\$1000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible 50/150, 2000	\$50 / \$150	\$2000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible 50/150, 2500	\$50 / \$150	\$2500	0%		20% after deductible			50% after deductible		
	Premier Option C Family Deductible 50/150, 1500	\$50 / \$150	\$1500	0%		20% after deductible			50% after deductible		
	Premier Option C Family Deductible 50/150, 1000	\$50 / \$150	\$1000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible - Preventive First 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible - Preventive First 50/150, 1500	\$50 / \$150	\$1000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible - Preventive First 50/150, 2000	\$50 / \$150	\$2000	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible - Preventive First 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B Family Deductible - Preventive First 50/150, 1500	\$50 / \$150	\$1,000	0%		10%			50% after deductible		
	Premier Option L - Preventive First 50/150, 2500	\$50 / \$150	\$2,500	20%		20% after deductible			50% after deductible		
	Premier Option L - Preventive First 50/150, 2000	\$50 / \$150	\$2,000	20%		40% after deductible			50% after deductible		
	Premier Option L - Preventive First 50/150, 3000	\$50 / \$150	\$3,000	20%		40% after deductible			50% after deductible		
	Premier Option L - Preventive First 50/150, 3000	\$50 / \$150	\$3,000	20%		20% after deductible			50% after deductible		

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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 of Oregon. Delta Dental is a trademark of Delta Dental Plans Association

