



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 an open 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.



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

430,000+

members in our medical plans

More than

750,000

members in our standalone **pharmacy segment**





Not once has it felt that the Oregon Fire Chiefs Association was just another number with Moda. The team we have the pleasure to work with goes the extra mile to ensure the plan meets the group's needs, which include a variety of collective bargaining agreements that are not all uniform.

- Redmond Fire & Rescue



We know your time is valuable.

Quick links

2024 Medical plans

Networks

About Equal Funding

How to enroll

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 25 or more full-time (or full-time-equivalent) employees on average during the preceding calendar year
 - Have at least 25 employees 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 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 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*

Flexible, cost-savings plans with equal monthly payments

For some employers, the benefits of self-funding their health insurance come with concerns about managing wildly fluctuating monthly costs. Moda Health's Equal Funding provides the flexibility and cost savings your clients want, with the stability of equal monthly payments they need. It's peace of mind and a great first step to becoming fully self-funded.

A three-part plan

Self-funded medical plan

Covers medical services and pharmacy expenses for your clients' employees and their dependents

Administration agreement

Covers claims processing, billing, customer service and more

Stop-loss policy

Protects your clients if claims exceed expected annual limit



Predictability, flexibility and control

Equal Funding limits your clients' risk while providing granularity on where their collective healthcare dollars are being spent. Your client pays the same every month. If claims are higher than expected, the stop loss insurance policy will cover them. And if claims are lower than expected, your clients will receive a credit towards the next plan year's administrative fees.

Stability



Equal monthly payments

for easier cost management



Insight into plan performance

throughout the year, for more informed decision making at renewal time

Protection



Safety from the unexpected

whether from large catastrophic claims by covered individual(s) or combined medical and pharmacy claims from the entire employee population that exceed the expected annual limit



Clients may see lower costs

with any surplus at the end of the policy period appearing as an administrative fee credit for the following policy year



A partner in better outcomes and cost management

Moda Health works closely with your clients to maximize their healthcare investment. Our Equal Funding medical plans are designed to help your clients' employees be their healthy best. Plus, we take the time to understand their clients' business — top to bottom, so you'll have the insights needed to make informed recommendations about each of our client's health plan.

Supporting a healthy population



Inspiration and support

for your clients' employees to improve their health, managing chronic conditions, and navigating their plan and care options



Improved morale and productivity

from happier and healthier employees

Transparency and reporting



Identifying cost-savings opportunities

short-term trends and long-term needs with robust reporting



Personalized service and support

with industry-leading case management team

How Equal Funding works

Moda Health's Equal Funding plan allows your clients to pay for their maximum exposure **over 12 predictable monthly payments**.

Once the policy period ends, if there is a surplus between the premium amount paid and the total cost of claims for your client, an administrative fee credit will be applied to the following policy year.



Date	Sample monthly billing cycle for May
April 7	eBill generated (viewable online within 48 hours)
May 1	May payment dueMay remittance pulled via Electronic Fund Transfer (EFT)
May 10	 Moda Health confirms May payment has posted If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied



If actual claims are less than expected

the plan has a surplus. Part of the surplus will go to your clients as a credit on the next plan year's administrative agreement fees.



If actual claims are higher than expected

the stop-loss policy will cover these costs. Your clients will not be required to pay more.

Let's look at the components of a premium



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

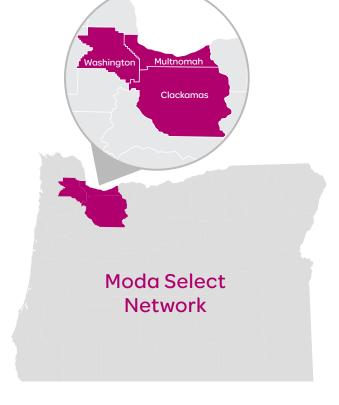
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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.







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.









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



Aetna® PPO Network through **Aetna Signature Administrators®**

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

Plan name	Cale	endar year co	sts				Care & se	rvices			
	Deductible per person / family	Coinsurance	OOP max per person / family	PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	In-ne	etwork member p	ays				In-network me	mber pays			
POS_\$250_\$2500_\$20/\$40_10%	\$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
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Moda Select Network	POS_\$5000_\$8900_\$25/\$45_20%	\$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
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	POS_\$8000_\$8900_\$35/\$55_30%	\$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
	HDHP_\$3200_\$3200_0%	\$3,200 / \$6,400	0%	\$3,200 / \$6,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
E t	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	20% after deductible
Moda Select Network HDHP	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	30% after deductible
oda.	HDHP_\$3200_\$5000_20%	\$3,200 / \$6,400	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
Net	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	0% after deductible
	HDHP_\$3200_\$7000_30%	\$3,200 / \$6,400	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 POS plans: First 3 visits are \$5 (includes PCP and behavioral health visits, in-office and virtual) HDHP plans: First 3 visits are \$0 after deductible (includes PCP and behavioral health visits, in-office and virtual)

Plan name	Cal						Care & se	ervices			
	Deductible per person / family	Coinsurance		PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	ln-no	etwork member p	ays				In-network me	ember pays			
VBC_\$250_\$2500_\$20/\$40_10%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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% VBC_\$500_\$7150_\$35/\$55_30%	\$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%	\$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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

Plan name	Cal	Calendar year costs Deductible per person / family Coinsurance OOP max per person / family					Care & s	ervices			
	Deductible per person / family	Coinsurance		PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	In-n	etwork member p	ays				In-network m	ember pays			
VBC_\$1500_\$3000_\$25/\$40_20%	\$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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
VBC_\$1500_\$4000_\$25/\$45_20%	\$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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% VBC_\$1500_\$7150_\$35/\$55_30%	\$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%	\$1,500 / \$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_209	6 \$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_209	6 \$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_209	6 \$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_209	6 \$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_209	6 \$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_209	\$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%	\$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%	\$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%	\$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%	\$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%	\$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_\$1000_\$7150_\$35/\$55_30%	\$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

2024 *Medical plan* benefit table

	Plan name	Calendar year costs Deductible per person / family Coinsurance OOP max per person / family						Care & se	ervices			
			Coinsurance		PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
		In-ne	etwork member p	ays				In-network me	ember pays			
	VBC_\$2500_\$5000_\$25/\$45_20%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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
vork	VBC_\$3000_\$5000_\$30/\$45_30%	\$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
Network	VBC_\$3000_\$5000_\$35/\$50_30%	\$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%	\$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
	VBC_\$3000_\$5500_\$25/\$45_20%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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_\$1000_\$7150_\$35/\$55_30%	\$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

1 First 3 visits are \$5 (includes PCP and behavioral health visits, in-office and virtual)

Plan name		Cal						Care & s	ervices			
		Deductible per person / family	Coinsurance		PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
		In-ne	etwork member p	pays				In-network m	ember pays			
VBC_\$4000_\$7150_\$25	5/\$45_20%	\$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	5/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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	5/\$45_20%	\$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	5/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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	0/\$45_20%	\$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_\$3	35/\$50_20%	\$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_\$3	80/\$45_30%	\$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_\$30	35/\$50_30%	\$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	5/\$45_20%	\$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	5/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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	5/\$45_20%	\$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	5/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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_\$2	25/\$45_20%	\$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_\$3	35/\$55_30%	\$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

Plan name	Cale	endar year co	sts				Care & se	rvices			
	Deductible per person / family	Coinsurance	OOP max per person / family	PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	In-n∈	etwork member p	ays		'		In-network mer	mber pays			
PPO_\$250_\$2500_\$20_10%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,000 / \$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%	\$1,500 / \$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%	\$1,500 / \$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

Plan name	Cal	endar year co	sts				Care & ser	vices			
	Deductible per person / family	Coinsurance	OOP max per person / family	PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	In-ne	etwork member p	ays				In-network men	nber pays			
PPO_\$1500_\$3000_\$30_20%	\$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$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%	\$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
PPO_\$2000_\$4000_\$30_20%	\$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%	\$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%	\$1,500 / \$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%	\$1,500 / \$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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

Plan name	Cale	endar year co	sts				Care & se	rvices			
	Deductible per person / family	Coinsurance	OOP max per person / family	PCP office visit ¹	Specialist office visit	Emergency room visits	Virtual care office visits ¹	Mental health office visit ¹	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
	In-ne	etwork member p	ays				In-network mei	mber pays			
PPO_\$2500_\$7500_\$35_30%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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%	\$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
PPO_\$4000_\$8900_\$35_30%	\$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%	\$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%	\$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%	\$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

	Plan name	Cal	Calendar year costs Deductible per person / family Coinsurance OOP max per person / family					Care & se	ervices			
			Coinsurance		PCP office visit	Specialist office visit	Emergency room visits	Virtual care office visits	Mental health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
		In-ne	etwork member p	ays				In-network me	ember pays			
	PPO_\$4500_\$8900_\$35_30%	\$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%	\$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	30% after deductible
	PPO_\$5000_\$7150_\$25_20%	\$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	20% after deductible
	PPO_\$5000_\$7150_\$35_30%	\$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	30% after deductible
	PPO_\$5000_\$8900_\$25_20%	\$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	20% after deductible
S .	PPO_\$5000_\$8900_\$35_30%	\$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	30% after deductible
Connexus Network	PPO_\$6000_\$7150_\$25_20%	\$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	20% after deductible
<i>Sonn</i> Netv	PPO_\$6000_\$7150_\$35_30%	\$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	30% after deductible
O	PPO_\$6000_\$8900_\$25_20%	\$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	20% after deductible
	PPO_\$6000_\$8900_\$35_30%	\$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	30% after deductible
	PPO_\$7000_\$8900_\$25_20%	\$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	20% after deductible
	PPO_\$7000_\$8900_\$35_30%	\$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	30% after deductible
	PPO_\$8000_\$8900_\$25_20%	\$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	20% after deductible
	PPO_\$8000_\$8900_\$35_30%	\$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	30% after deductible
	HDHP_\$3200_\$3200_0%	\$3,200 / \$6,400	0%	\$3,200 / \$6,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
ς Δ	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	20% after deductible
exu; K HD	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	30% after deductible
Conn	HDHP_\$3200_\$5000_20%	\$3,200 / \$6,400	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
Net	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	0% after deductible
	HDHP_\$3200_\$7000_30%	\$3,200 / \$6,400	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 Non HDHP - First 3 visits (including in person or virtual primary care visits and mental health and substance use disorder visits) \$5/visit

HDHP - First 3 visits (including in person or virtual primary care visits and mental health and substance use disorder office visits) 0% coinsurance after deductible

2024 **Pharmacy** benefit table

	Value	Select	Preferred	Non Preferred	Select Specialty	Specialty	Non-preferred specialty
R1.OR.24	\$2	\$10	\$30	\$50	\$10	\$150	30%
R2.OR.24	\$2	\$15	\$45	\$75	\$15	\$225	30%
R3.OR.24	\$2	\$20	\$60	50%	\$20	\$180	50%
R4.OR.24	\$2	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

CVS

Costco

Walgreens

Fred Meyer

Walmart

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

Rite Aid







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.

