

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](https://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](https://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

**430,000+**

members in our  
**medical plans**

More than

**750,000**

members in our standalone  
**pharmacy segment**





We know your  
time is valuable.

## Quick links

2024 Medical plans

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2024 Dental plans



Networks

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Enrollment, made easy

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Member perks

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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.



## 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

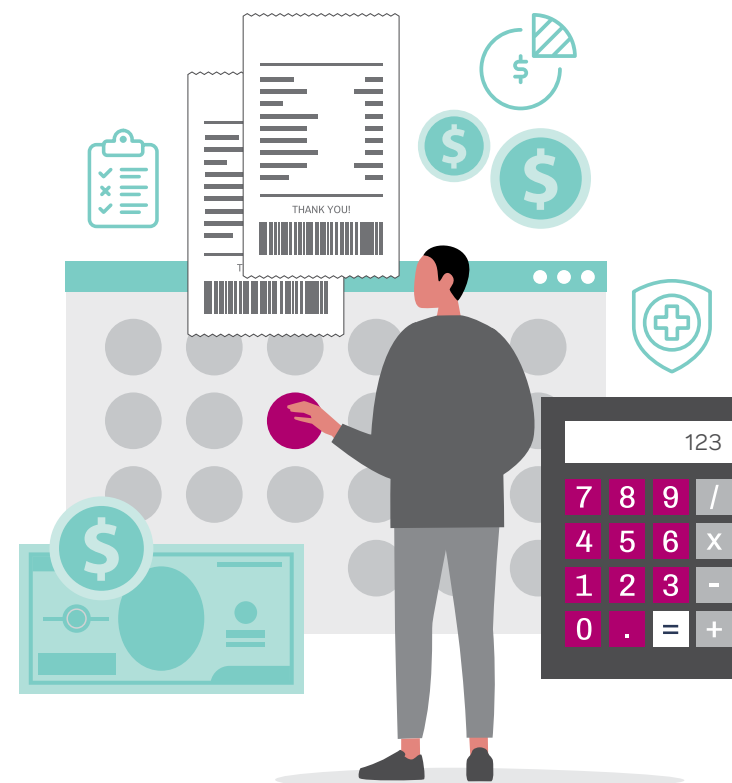


## Administrative Services Only (ASO)

(Groups of 100+ enrolled)

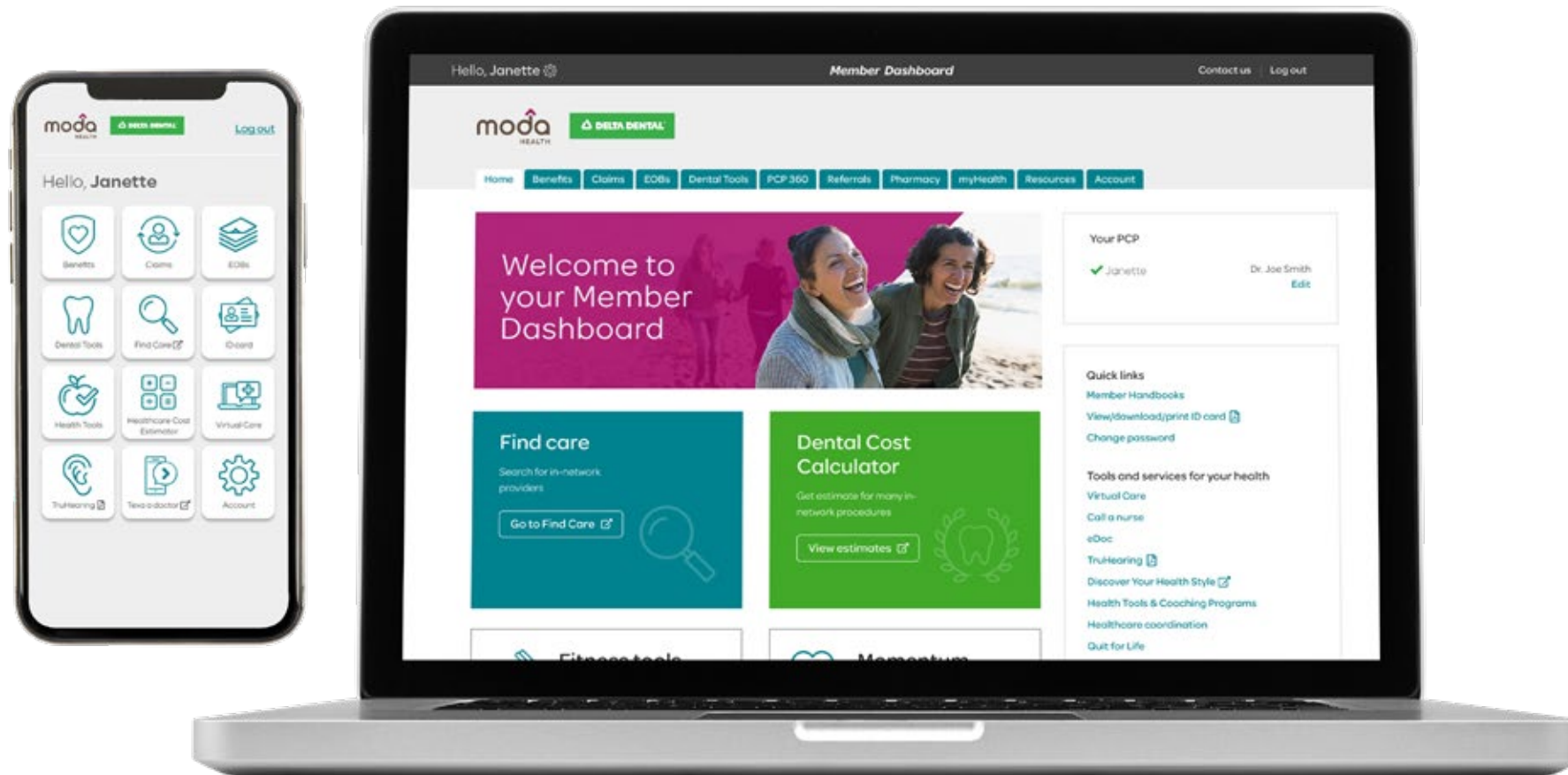
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

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

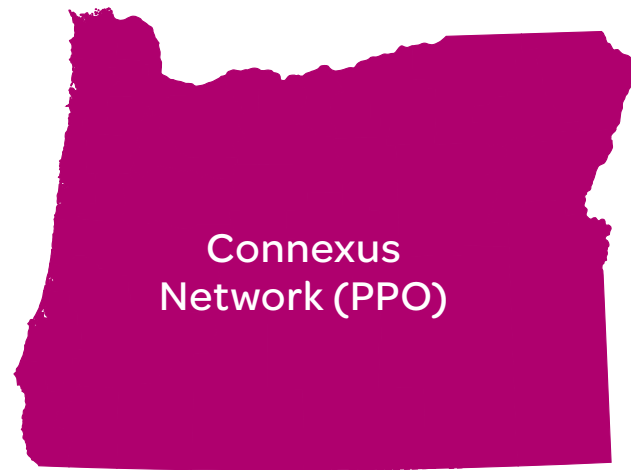


## Mental health support

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.

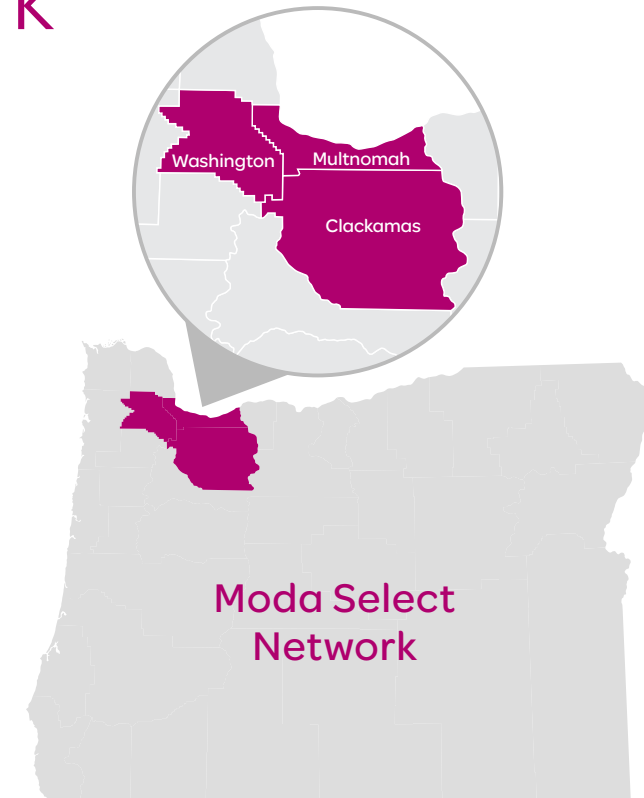


## Connexus Network (PPO)

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



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



## Moda Select Network

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



### Aetna® PPO Network through Aetna Signature Administrators®

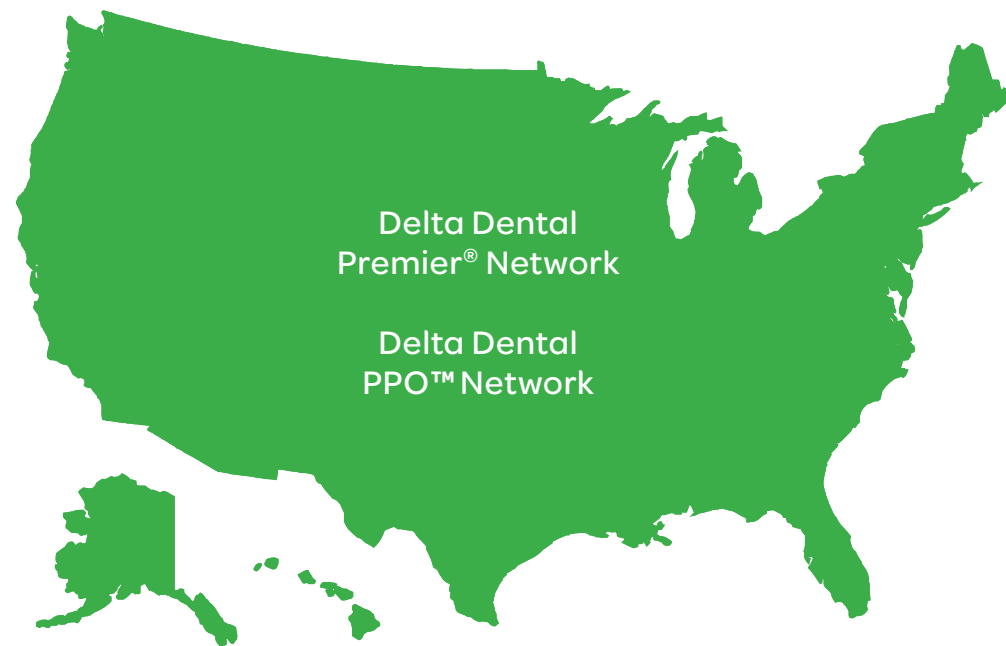
For care outside of Oregon, members can see providers in the Aetna® PPO Network.





# Delta Dental networks *go where you go*

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

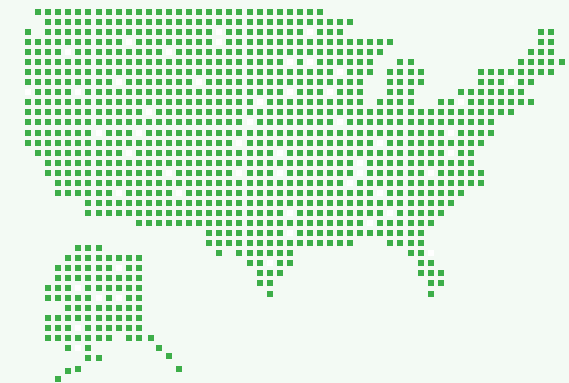


## Delta Dental **PPO**™ Network

bigger savings

 Lowest cost!

 Large network of dentists



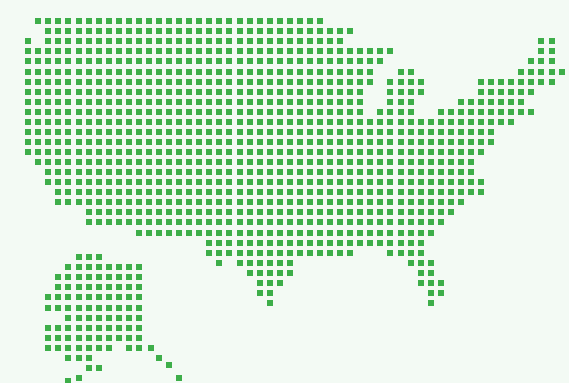
OR

## Delta Dental **Premier**® Network

more choice

 Slightly higher cost

 Choose Premier network dentists





# Quality coverage for your smile

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

With Delta Dental 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

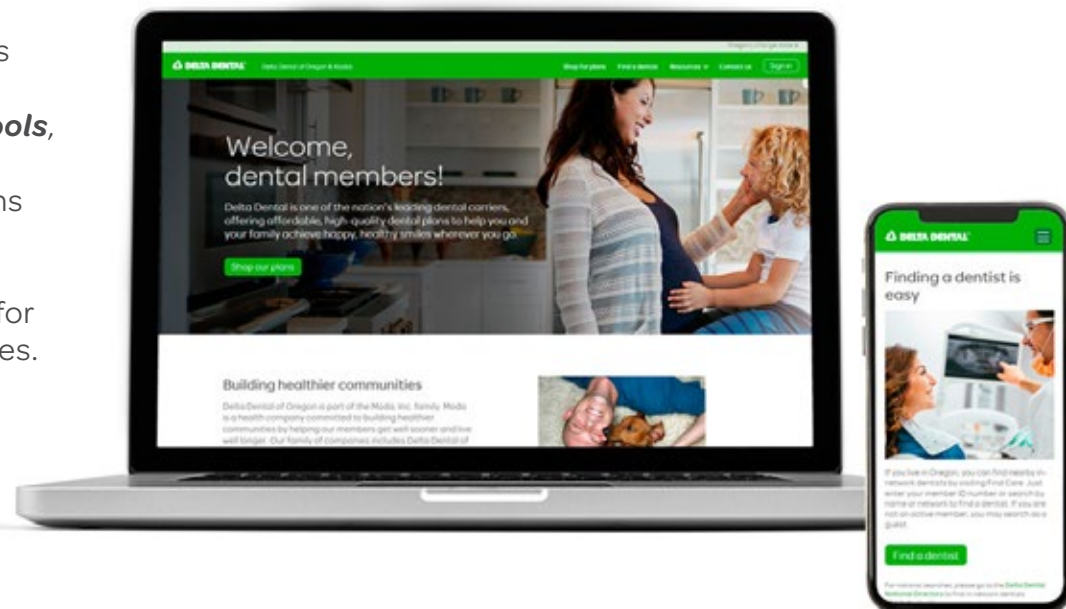


Superior customer service



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.



# 2024 *Medical plan* benefit table

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

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## 2024 *Medical plan* benefit table

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	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
	POS_ \$5000_ \$8900_ \$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
	POS_ \$6000_ \$7150_ \$25/\$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
	POS_ \$6000_ \$7150_ \$35/\$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
	POS_ \$6000_ \$8900_ \$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
	POS_ \$6000_ \$8900_ \$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
	POS_ \$7000_ \$8900_ \$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
	POS_ \$7000_ \$8900_ \$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
	POS_ \$8000_ \$8900_ \$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
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	
Moda Select Network HDHP	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
	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
	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
	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
	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

<sup>1</sup> 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)

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	In-network member pays			In-network member 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%	\$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

Connexus Network

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

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	In-network member pays			In-network member 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%	\$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_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
VBC_\$2000_\$6000_\$25/\$40_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$40 per visit	\$200	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
VBC_\$2000_\$4000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
VBC_\$2000_\$6000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$45 per visit	\$200	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
VBC_\$2000_\$4000_\$35/\$50_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35 per visit	\$50 per visit	\$200	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
VBC_\$2000_\$6000_\$35/\$50_20%	\$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

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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
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
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

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	In-network member pays			In-network member pays							
VBC_\$4000_\$7150_\$25/\$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/\$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_\$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_\$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/\$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/\$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_\$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_\$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/\$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_\$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_\$30/\$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_\$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/\$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/\$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_\$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_\$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/\$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/\$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_\$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_\$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_\$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_\$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_\$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_\$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

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	In-network member pays			In-network member 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

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	In-network member pays			In-network member pays							
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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

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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

Connexus Network

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

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## 2024 *Medical plan* benefit table

	Plan name	Calendar year costs			Care & services							
		Deductible per person / family	Coinsurance	OOP max per person / family	PCP office visit <sup>1</sup>	Specialist office visit	Emergency room visits	Virtual care office visits <sup>1</sup>	Mental health office visit <sup>1</sup>	Physical therapy	Acupuncture & spinal manipulations	Inpatient / outpatient care
		In-network member pays			In-network member pays							
Connexus Network	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
	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
	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
	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
	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
Connexus Network HDHP	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
	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
	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
	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
	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

<sup>1</sup> 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

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## 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%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%

### **Expect quality pharmacy benefits**

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

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

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

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

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



Members can visit [modahealth.com/pdl](https://modahealth.com/pdl) and choose "Large group" to search medications and find out their medication tiers and costs



## 2024 *Dental plan* benefit table

	Plan name	Calendar year costs		Class I		Class II			Class III		
		Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		In-network member pays		In-network member pays			In-network member pays		
Delta Dental Premier® Network	Premier Option A – Incentive Plan 0/0, 1500	\$0 / \$0	\$1,500	30% after deductible		30% after deductible			50% after deductible		
	Premier Option A – Incentive Plan – Preventive First 0/0, 1500 <sup>1</sup>	\$0 / \$0	\$1,500	30% after deductible		30% after deductible			50% after deductible		
	Premier Option B – Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 25/75, 1500 <sup>1</sup>	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 1000 <sup>1</sup>	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 1500 <sup>1</sup>	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 2000 <sup>1</sup>	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option C – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	20% after deductible		20% after deductible			50% after deductible		
	Premier Option C – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20% after deductible		20% after deductible			50% after deductible		
	Premier Option L – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Premier Option L – Family Deductible – Preventive First 50/150, 3000 <sup>1</sup>	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Premier Option W – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible		
Premier Option BPA – Family Deductible – Preventive First 50/150, 1000 <sup>1</sup>	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible			

<sup>1</sup> Class I services do not apply to the Annual plan maximum

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## 2024 *Dental plan* benefit table

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

Delta Dental PPO™ Network

<sup>1</sup> Class I services do not apply to the Annual plan maximum

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## 2024 *Dental plan* benefit table

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

<sup>1</sup> Class I services do not apply to the Annual plan maximum

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



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

