

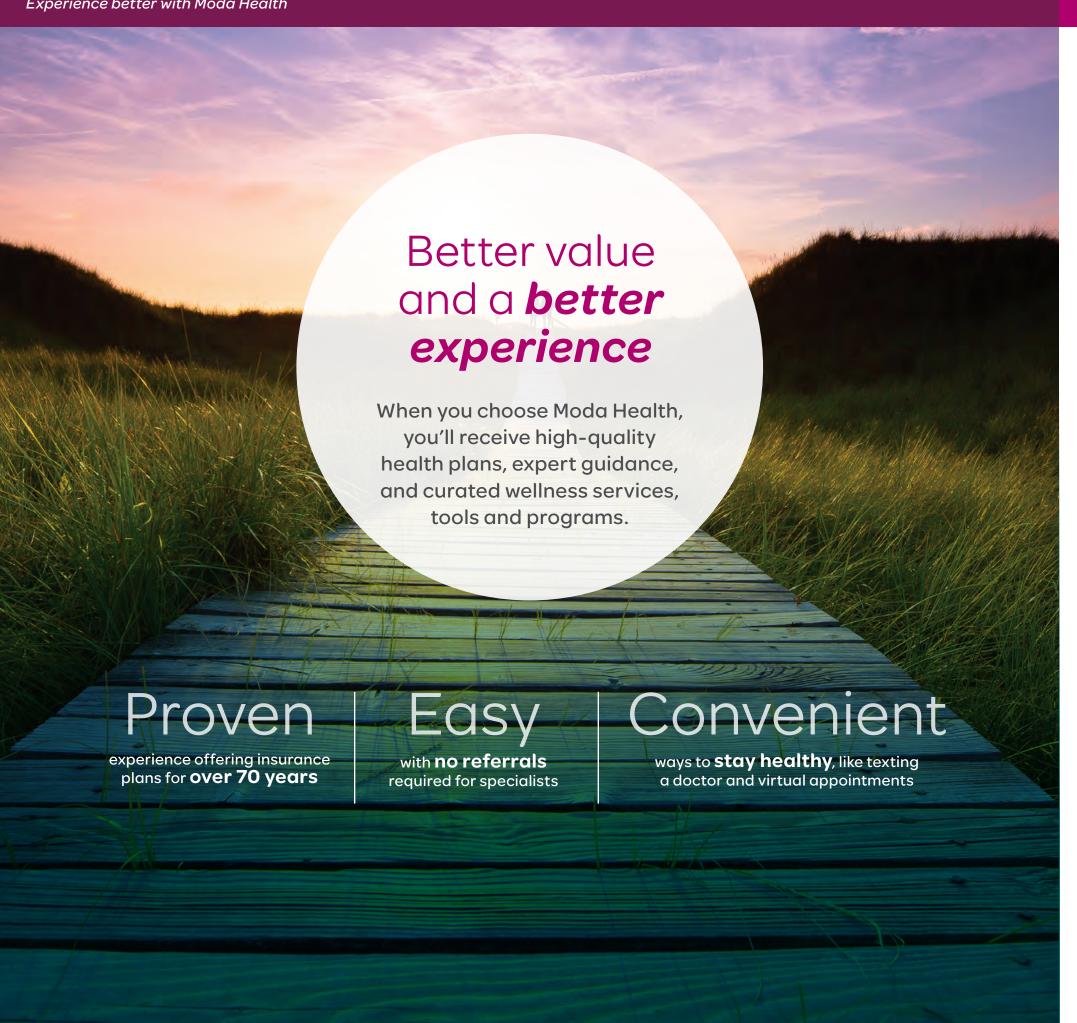
## Equal Funding

Choose a better experience with your *health insurance* 



Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.







#### **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

500,000+

members in our medical plans

More than

900,000

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**

2026 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 51 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 (less valid waivers)

#### 2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

## 3 Choose an employee-eligibility waiting period

It cannot exceed 90 days for medical plans.

## 4 Make changes to plans upon renewal

Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer-eligibility changes, and contribution or participation amounts.

#### Faster benefits administration

The Employer Dashboard was created to help you and your clients quickly access and manage the details of benefits administration.

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

- 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 stoploss 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 plans.

#### 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



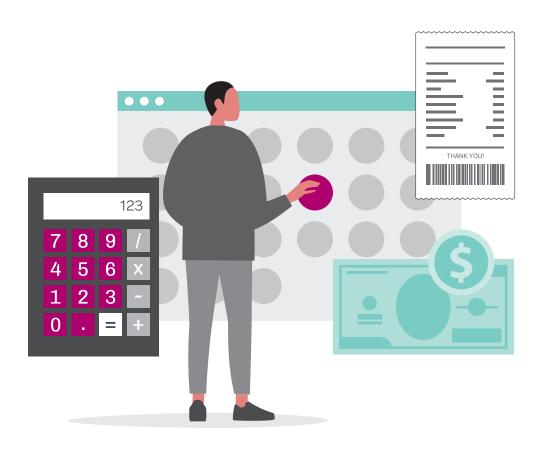
#### Personalized service and support

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	<ul> <li>May payment due</li> <li>May remittance pulled via Electronic Fund Transfer (EFT)</li> </ul>
May 10	<ul> <li>Moda Health confirms May payment has posted</li> <li>If payments have not posted, all claims payments will be immediately pended</li> </ul>
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

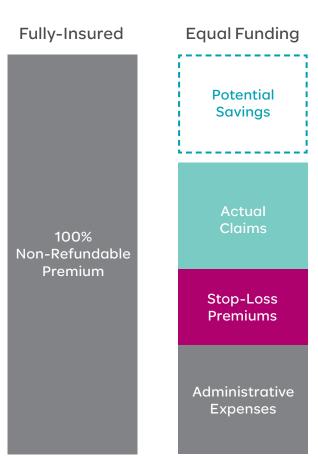
the plan has a surplus. Part of the surplus will go to your clients as a credit on the next plan year's administrative agreement fees.



## If actual claims are higher than expected

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

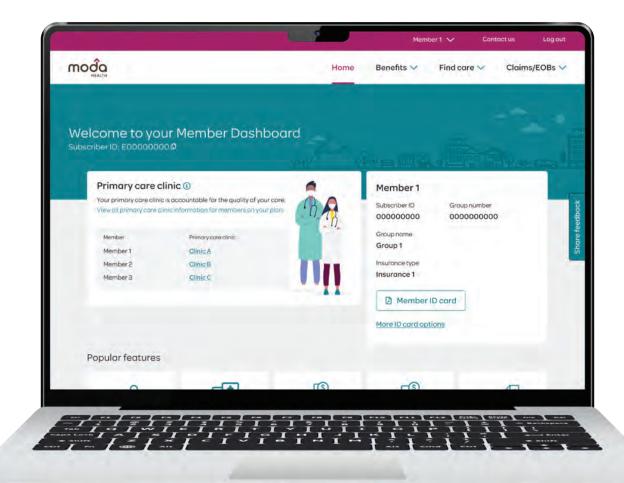
## Let's look at the components of a premium



## 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

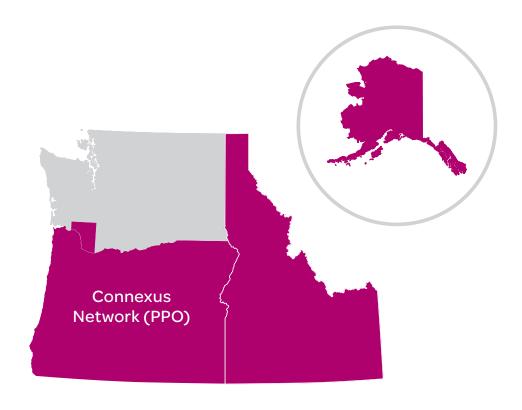
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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



### Life's **better** in the network

With Connexus, your clients' employees will enjoy access to a statewide network of trusted providers across Oregon. Plus, they'll be able to access the same great in-network benefits if they live or travel in Alaska and Idaho, as well as Connexus service areas in SW Washington.





#### If your client's employee is outside the Connexus Network:

When your clients' employees are outside of Oregon or the Connexus Network service area, they're covered by the **Aetna® PPO Network through Aetna Signature Administrators®**, which provides them with access to full-service medical care with in-network benefits.

#### Your trusted provider partners

Your clients' employees can see lots of great providers for their medical care, including:









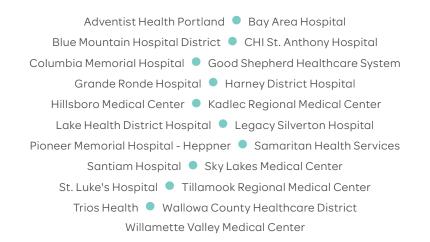












Plan name	Cale	endar year co	sts	Care and services							
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 $<sup>1\</sup> First\ 3\ visits\ are\ \$5\ (includes\ PCP,\ naturopath\ and\ behavioral\ health\ visits,\ in-office\ and\ virtual)$ 

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VBC_\$3000_\$5500_\$35/\$55_30%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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

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

Experience better with Moda Health

#### 2026 *Medical plan* benefit table

	Plan name	Cale	Calendar year costs			Calendar year costs Care and services									
		Deductible per member/family	Coinsurance	OOP max per member/family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture and spinal manipulations	Inpatient/ outpatient care			
		In-ne	etwork member p	ays				In-network m	ember pays						
	VBC_\$3500_\$7150_\$25/\$45_20%1	\$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%1	\$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% <sup>1</sup>	\$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%1	\$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_\$4000_\$7150_\$25/\$45_20%¹	\$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% <sup>1</sup>	\$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%1	\$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%1	\$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%¹	\$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%1	\$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% <sup>1</sup>	\$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			
5	VBC_\$4500_\$8900_\$35/\$55_30% <sup>1</sup>	\$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% <sup>1</sup>	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible			
Ü	VBC_\$5000_\$8550_\$35/\$50_20% <sup>1</sup>	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$200 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible			
>	VBC_\$5000_\$8550_\$30/\$45_30%1	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	30% after deductible			
	VBC_\$5000_\$8550_\$35/\$50_30% <sup>1</sup>	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$200 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible			
	VBC_\$5000_\$7150_\$25/\$45_20% <sup>1</sup>	\$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%1	\$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%1	\$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% <sup>1</sup>	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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			

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

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

Plan name	Cale	Calendar year costs Care and services									
	Deductible per member/family	Coinsurance	OOP max per member/family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture and spinal manipulations	Inpatient/ outpatient care
	In-ne	etwork member p	ays		In-network member pays						
PPO_\$250_\$2500_\$20_10%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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% <sup>1</sup>	\$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%1	\$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	\$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	\$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% <sup>1</sup>	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$25 per visit	\$200 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$1500_\$5000_\$25_20%1	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	20% after deductible
PPO_\$1500_\$3000_\$30_20%1	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$1500_\$5000_\$30_20%1	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$1500_\$4000_\$25_20%1	\$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	\$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	\$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	\$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	\$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	\$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%1	\$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

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

Plan name	Cale	Calendar year costs Care and services									
	Deductible per member/family	Coinsurance	OOP max per member/family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture and spinal manipulations	Inpatient/ outpatient care
	In-ne	etwork member p	ays		In-network member pays						
PPO_\$2000_\$6000_\$25_20% <sup>1</sup>	\$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%1	\$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%1	\$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	\$1,500 / \$3,000	30%	\$3,000 / \$6,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$1500_\$5000_\$30_30%1	\$1,500 / \$3,000	30%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$4000_\$30_30%1	\$2,000 / \$4,000	30%	\$4,000 / \$8,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$6000_\$30_30%1	\$2,000 / \$4,000	30%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$2000_\$4500_\$25_20%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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
PPO_\$2500_\$7500_\$35_30%1	\$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%1	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$3000_\$7000_\$30_20%1	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible
PPO_\$3000_\$5000_\$25_30%1	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$25 per visit	\$25 per visit	\$200 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible
PPO_\$3000_\$7000_\$25_30%1	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$25 per visit	\$25 per visit	\$200 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible
PPO_\$3000_\$5000_\$30_30%1	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$3000_\$7000_\$30_30%1	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$30 per visit	\$30 per visit	\$200 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	30% after deductible
PPO_\$3000_\$5500_\$25_20%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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

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

#### 2026 *Medical plan* benefit table

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

	Plan name	Cale	endar-year co	sts	Care and services								
		Deductible per person / family	Coinsurance	Out-of-pocket max per person / family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture and spinal manipulations	Inpatient / outpatient care	
		In-ne	In-network member pays			In-network member pays							
	PPO_\$4000_\$7150_\$35_30%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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% <sup>1</sup>	\$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	
	PPO_\$4500_\$8900_\$35_30% <sup>1</sup>	\$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	
Network •	PPO_\$5000_\$8550_\$25_30% <sup>1</sup>	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$25 per visit	\$25 per visit	\$200 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	30% after deductible	
etw	PPO_\$5000_\$7150_\$25_20%1	\$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	
žo	PPO_\$5000_\$7150_\$35_30%1	\$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	
NX AB	PPO_\$5000_\$8900_\$25_20%1	\$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	
nne	PPO_\$5000_\$8900_\$35_30%1	\$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	PPO_\$6000_\$7150_\$25_20%1	\$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%1	\$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%1	\$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%1	\$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%1	\$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% <sup>1</sup>	\$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%1	\$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%1	\$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_\$1700_\$5000_20% <sup>2,3</sup>	\$1,700 / \$3,400	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	
ork	HDHP_\$3400_\$3400_0% <sup>2</sup>	\$3,400 / \$6,800	0%	\$3,400 / \$6,800	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
two	HDHP_\$2800_\$5000_20% <sup>2,3</sup>	\$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	
N G	HDHP_\$2800_\$5000_30% <sup>2,3</sup>	\$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	
XUS	HDHP_\$3400_\$5000_20%²	\$3,400 / \$6,800	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	
<b>Connexus</b> Network <b>HDHP</b>	HDHP_\$5000_\$5000_0%2	\$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	
Cor	HDHP_\$3400_\$7000_30%²	\$3,400 / \$6,800	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	
	HDHP_\$6000_\$8500_30%²	\$6,000 / \$12,000	30%	\$8,500 / \$17,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	

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

<sup>1</sup> First 3 visits are \$5 (includes PCP, naturopath and behavioral health visits, in-office and virtual)
2 First 3 visits are \$0 after deductible (includes PCP, naturopath and behavioral health visits, in-office and virtual)
3 For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

#### 2026 **Pharmacy** benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.OR.26	\$2	\$10	\$30	\$50	\$10	\$150	30%
R2.OR.26	\$2	\$15	\$45	\$75	\$15	\$225	30%
R3.OR.26	\$2	\$20	\$60	50%	\$20	\$180	50%
			ı				
R4.OR.26	\$2	Greater of \$15 or 50%					

One copay for each 30 day supply

## 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 87% of pharmacies in Oregon, plus more than 62,000 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
- Rite Aid

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







# 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 federal guidelines. Health plans provided by Moda Health Plan, Inc.

