



Large Group (51+)

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

 **OR** 2026

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



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

experience offering insurance plans for **over 70 years**

Easy

with **no referrals** required for specialists

Convenient

ways to **stay healthy**, like texting a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care and many immunizations.



Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



modahealth.com

Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

500,000+

members in our
medical plans

More than

900,000

members in our standalone
pharmacy segment





We know your
time is valuable.

Quick links

2026 Medical plans

2026 Dental plans



2026 Pharmacy plans

2026 Vision plans

Networks

Enrollment, made easy

Member perks

Contact us



Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

1 Confirm client's eligibility

Your client's business must:

- Be in Oregon
- Have 51 or more full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least 70% of eligible employees enrolled on the first day of the plan year (less valid waivers)

2 Enroll by the 10th of the month

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

3 Choose an employee-eligibility waiting period

It cannot exceed 90 days for 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 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*

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 and/or Delta Dental 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)

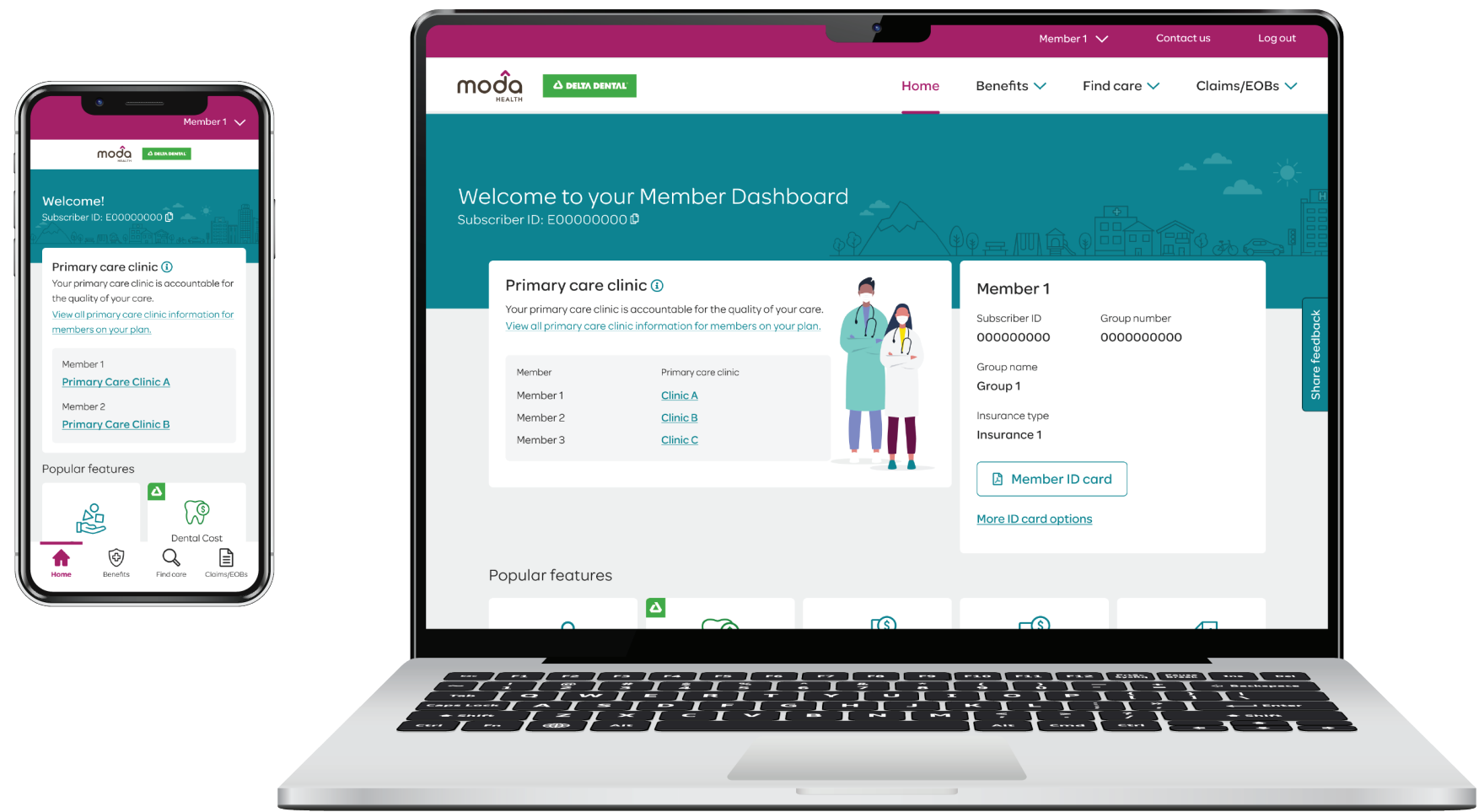
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

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

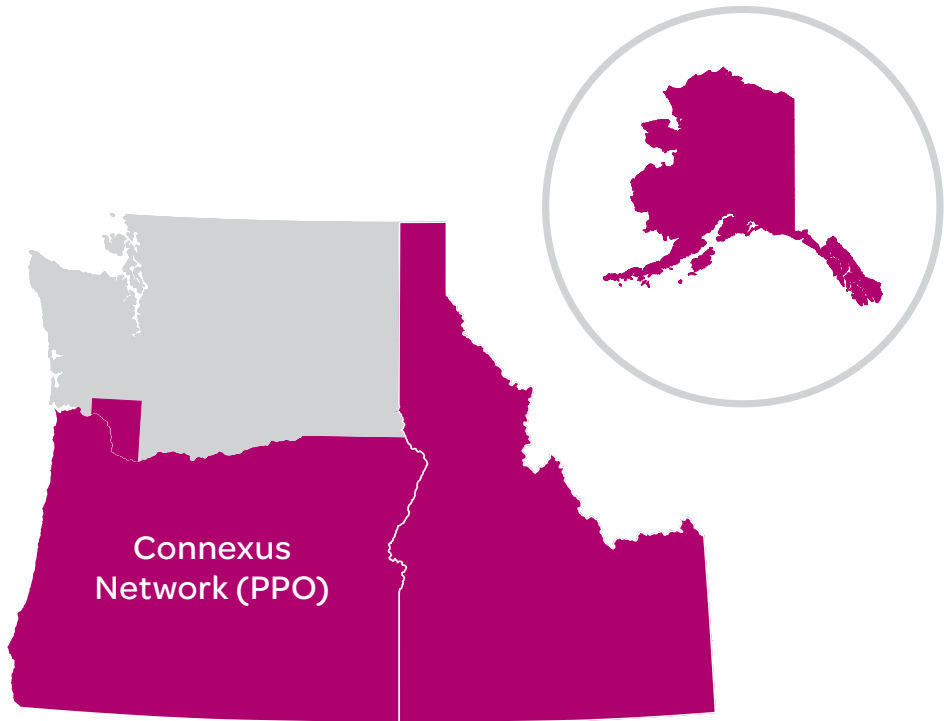
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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:

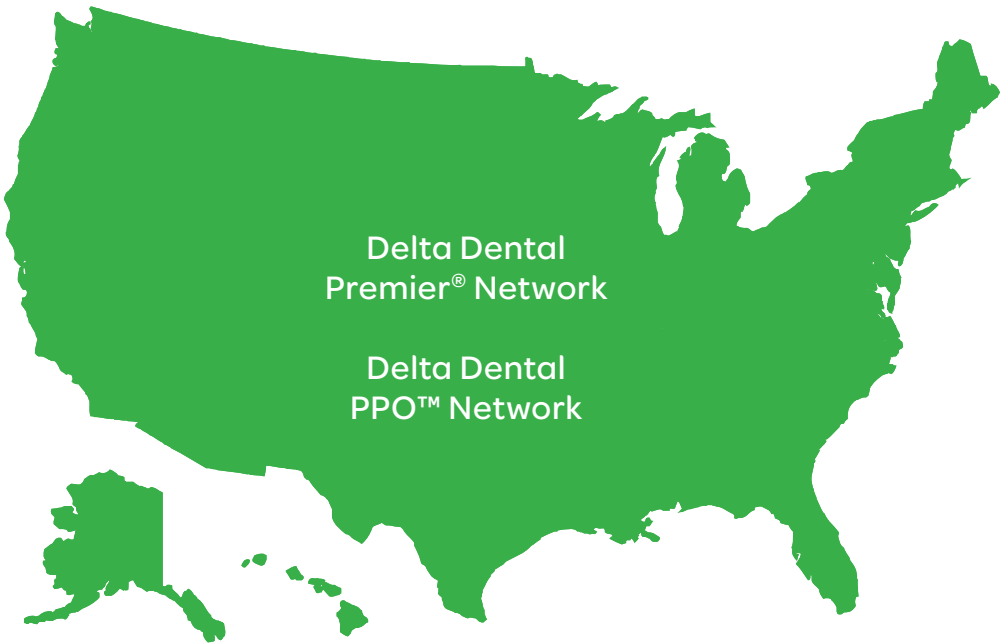


- Adventist Health Portland
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Hillsboro Medical Center
- Kadlec Regional Medical Center
- Lake Health District 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



Delta Dental networks *go where members go*

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



Delta Dental Direct Option with Willamette Dental

We partner with Willamette Dental and offer Direct Option plans that include a network of Willamette Dental providers in the Oregon, Washington and Idaho locations. We manage the enrollment, billing, claims and customer service for these plans making administration easy for everyone.

Delta Dental **PPO**™ Network

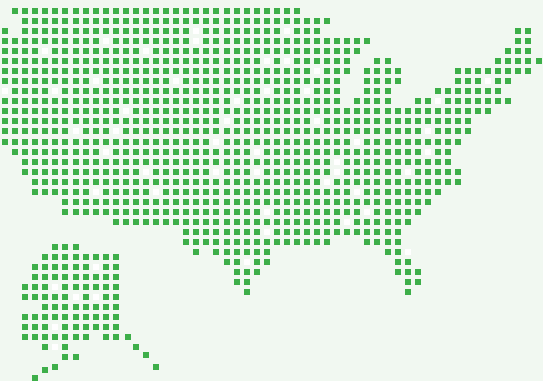
bigger savings



Lowest cost!



Large network of dentists



OR

Delta Dental **Premier**® Network

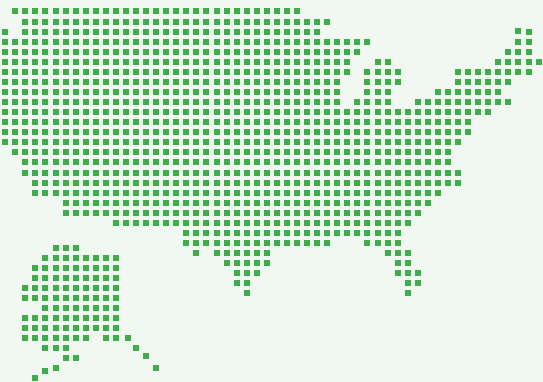
more choice



Slightly higher cost



Choose Premier network dentists





Quality coverage for every member's smile

When all your clients' employees need is dental insurance, we've got them covered.

With Delta Dental plans, your clients' employees will have access to Delta Dental, one of the nation's largest dental networks. That means they can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Annual cleanings

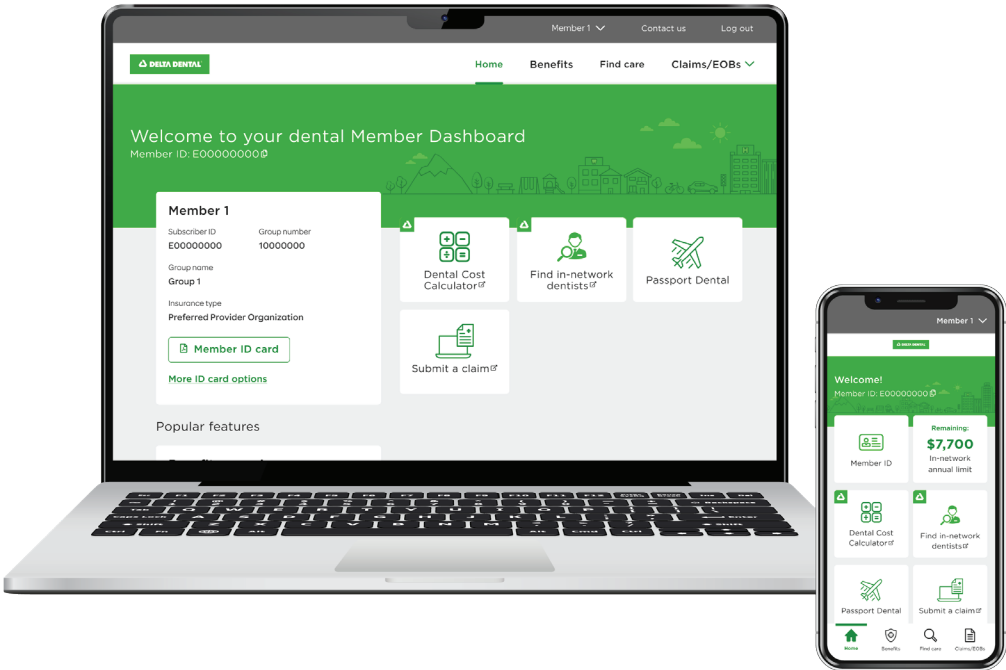


Superior customer service



Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those who may need extra attention for their pearly whites.



Teledentistry.com is now in-network with Delta Dental!

With the Delta Dental Plan of Oregon provider network both in-person and virtual dental appointment options are available.

Through Teledentistry.com we offer the flexibility and convenience of virtual visits 24/7 to meet members' needs from wherever they are. Members can use Delta Dental virtual visits when they:

- Have a dental problem after hours
- Need urgent care and don't have a regular dentist
- Want to talk to a dentist from home
- Are traveling and need dentist assistance



2026 *Medical plan* benefit table

	Plan name	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-network member pays			In-network member pays							
Connexus Network VBC	VBC_\$250_\$2500_\$20/\$40_10% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$500_\$3000_\$20/\$40_20% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1000_\$5000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1000_\$3000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1000_\$3000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$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_\$1000_\$5000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$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_\$1000_\$3500_\$25/\$45_20% ¹	\$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	\$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	\$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	\$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	\$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	\$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
	VBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1500_\$5000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1500_\$3000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1500_\$5000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1500_\$3000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$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_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$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_\$1500_\$4000_\$25/\$45_20% ¹	\$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	\$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	\$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

1 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.

2026 *Medical plan* benefit table

	Plan name	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-network member pays			In-network member pays							
Connexus Network VBC	VBC_-\$1500_-\$6000_-\$35/\$55_30% ¹	\$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	\$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	\$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% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_-\$2000_-\$6000_-\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_-\$2000_-\$4000_-\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_-\$2000_-\$6000_-\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_-\$2000_-\$4000_-\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$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_-\$2000_-\$6000_-\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$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_-\$2000_-\$4500_-\$25/\$45_20% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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_-\$2500_-\$5000_-\$25/\$45_20% ¹	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	\$25 per visit	\$45 per visit	\$200 then 20% after deductible	\$25 per visit	\$25 per visit	\$45 per visit	\$25 per visit	20% after deductible
	VBC_-\$2500_-\$5000_-\$35/\$55_30% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_-\$3000_-\$7000_-\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25 per visit	\$40 per visit	\$200 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_-\$3000_-\$5000_-\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_-\$3000_-\$7000_-\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$45 per visit	\$200 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_-\$3000_-\$5000_-\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$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_-\$3000_-\$7000_-\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$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_-\$3000_-\$5000_-\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$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_-\$3000_-\$5000_-\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$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_-\$3000_-\$7000_-\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$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_-\$3000_-\$5500_-\$25/\$45_20% ¹	\$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% 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

1 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.

2026 *Medical plan* benefit table

	Plan name	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-network member pays			In-network member pays							
Connexus Network VBC	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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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
	VBC_\$5000_\$8550_\$35/\$50_20% ¹	\$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% ¹	\$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% ¹	\$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% ¹	\$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

1 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.

2026 *Medical plan* benefit table

	Plan name	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-network member pays			In-network member pays							
Connexus Network PPO	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% ¹	\$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% ¹	\$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

1 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.

2026 *Medical plan* benefit table

	Plan name	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-network member pays			In-network member pays							
Connexus Network PPO	PPO_-\$2000_-\$6000_-\$25_20% ¹	\$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

1 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.

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 tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

Plan name		Calendar-year costs			Care and services							
		Deductible per 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-network member pays			In-network member pays							
Connexus Network PPO	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% ¹	\$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% ¹	\$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% ¹	\$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
	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
	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
	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
	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
	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% ¹	\$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
Connexus Network HDHP												
	HDHP_\$1700_\$5000_20% ^{2,3}	\$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
	HDHP_\$3400_\$3400_0% ²	\$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
	HDHP_\$2800_\$5000_20% ^{2,3}	\$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% ^{2,3}	\$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_\$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
	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
	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

1 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

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.

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%
R4.OR.26	\$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%

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
- Costco
- Walgreens
- CVS
- Fred Meyer
- Walmart
- Rite Aid

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



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



2026 *Vision* benefit table

	VEO	V100	V1003	V1004	V1005
Benefit Maximum	100% Vision exam only	\$200	\$300	\$400	\$500
	For all ages, what member pays				
Eye Exams (including refraction)	0%	0%	0%	0%	0%
Lenses	Not covered	0%	0%	0%	0%
Frames	Not covered	0%	0%	0%	0%



2026 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III			Direct Option
		Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants	
				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	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0%²		1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0%²			50% after deductible			DO3M
	Premier Option A - Incentive plan - Preventive First 0/0, 1500¹	\$0 / \$0	\$1,500	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0%²		1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0%²			50% after deductible			DO3M
	Premier Option B - Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible			DO7M
	Premier Option B - Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M
	Premier Option B - Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible			DO1M
	Premier Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M
	Premier Option B - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO3M
	Premier Option B - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO1M
	Premier Option B - Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible			DO0M
	Premier Option C - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	20% after deductible		20% after deductible			50% after deductible			DO7M
	Premier Option C - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20% after deductible		20% after deductible			50% after deductible			DO5M
	Premier Option W - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	20%		20% after deductible			50% after deductible			DO5M
	Premier Option B - Family Deductible - Preventive First 25/75, 1500¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M
	Premier Option B - Family Deductible - Preventive First 50/150, 1000¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M
	Premier Option B - Family Deductible - Preventive First 50/150, 1500¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO3M
	Premier Option B - Family Deductible - Preventive First 50/150, 2000¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO1M
	Voluntary Premier Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			VD07M
	Voluntary Premier Option B - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary Premier Option B - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary Premier Option C - Family Deductible - Preventive First 50/150, 1500¹	\$50 / \$150	\$1,500	20% after deductible		20% after deductible			50% after deductible			VDO7M

1 Class 1 services other than cone beam X-rays do not apply to the annual plan maximum.

2 Under this plan, if the member visits the dentist at least once during the year, member responsibility will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, member responsibility will increase by 10% the following year, but never rise above 30%.

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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III				
		Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants		
				In-network member pays		In-network member pays			In-network member pays				
Delta Dental PPO™ Network	PPO Option B - Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M	
	PPO Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M	
	PPO Option B - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO5M	
	PPO Option B - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO3M	
	PPO Option BPA - Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		10% after deductible			50% after deductible			DO7M	
	PPO Option BPA - Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		10% after deductible			50% after deductible			DO3M	
	PPO Option BPA - Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		10% after deductible			50% after deductible			DO1M	
	PPO Option BPA - Family Deductible 25/75, 2500	\$25 / \$75	\$2,500	0%		10% after deductible			50% after deductible			DO0M	
	PPO Option BPA - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible			DO7M	
	PPO Option BPA - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible			DO3M	
	PPO Option BPA - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible			DO1M	
	PPO Option BPA - Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible			DO0M	
	PPO Option BPB - Family Deductible 25/75, 1000	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible			DO7M	
	PPO Option BPB - Family Deductible 25/75, 1500	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M	
	PPO Option BPB - Family Deductible 25/75, 2000	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible			DO1M	
	PPO Option BPB - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M	
	PPO Option BPB - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO3M	
	PPO Option BPB - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO1M	
		PPO Option B - Family Deductible - Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M
		PPO Option B - Family Deductible - Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M
		PPO Option B - Family Deductible - Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO3M
		PPO Option B - Family Deductible - Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO3M
		PPO Option BPA - Family Deductible - Preventive First 25/75, 1000 ¹	\$25 / \$75	\$1,000	0%		10% after deductible			50% after deductible			DO7M
		PPO Option BPA - Family Deductible - Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		10% after deductible			50% after deductible			DO3M
		PPO Option BPA - Family Deductible - Preventive First 25/75, 2000 ¹	\$25 / \$75	\$2,000	0%		10% after deductible			50% after deductible			DO1M
		PPO Option BPA - Family Deductible - Preventive First 25/75, 2500 ¹	\$25 / \$75	\$2,500	0%		10% after deductible			50% after deductible			DO0M
		PPO Option BPA - Family Deductible - Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible			DO7M
		PPO Option BPA - Family Deductible - Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible			DO1M
		PPO Option BPA - Family Deductible - Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible			DO0M
		PPO Option BPB - Family Deductible - Preventive First 25/75, 1000 ¹	\$25 / \$75	\$1,000	0%		20% after deductible			50% after deductible			DO7M
		PPO Option BPB - Family Deductible - Preventive First 25/75, 1500 ¹	\$25 / \$75	\$1,500	0%		20% after deductible			50% after deductible			DO3M
		PPO Option BPB - Family Deductible - Preventive First 25/75, 2000 ¹	\$25 / \$75	\$2,000	0%		20% after deductible			50% after deductible			DO1M
		PPO Option BPB - Family Deductible - Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			DO7M
		PPO Option BPB - Family Deductible - Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO3M
		PPO Option BPB - Family Deductible - Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO1M

1 Class 1 services other than cone beam X-rays 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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III			
		Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants	
				In-network member pays		In-network member pays			In-network member pays			Direct Option
Delta Dental PPO™ Network	PPO MAC Option B - Family Deductible 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			DO7M
	PPO MAC Option BPA - Family Deductible 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible			DO7M
	Voluntary PPO Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			VDO7M
	Voluntary PPO Option B - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Option B - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Option BPA - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible			VDO1M
	Voluntary PPO Option BPB - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible			VD07M
	Voluntary PPO Option BPB - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible			VD05M
	Voluntary PPO Option BPB - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible			DO1MV
	PPO Plus 1100 Plan - Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible			DO7M
	PPO Plus 1600 Plan - Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible			DO3M
	PPO Plus 2100 Plan - Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible			DO1M
	PPO Plus 2600 Plan - Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible			DO0M
	PPO Plus 3100 Plan - Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible			DO0M
	PPO Plus 1100 Plan - Family Deductible - Preventive First 25/75, 1100 ²	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible			DO7M
	PPO Plus 1600 Plan - Family Deductible - Preventive First 25/75, 1600 ²	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible			DO3M
	PPO Plus 2100 Plan - Family Deductible - Preventive First 25/75, 2100 ²	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible			DO1M
	PPO Plus 2600 Plan - Family Deductible - Preventive First 25/75, 2600 ²	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible			DO0M
	PPO Plus 3100 Plan - Family Deductible - Preventive First 25/75, 3100 ²	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible			DO0M
	Voluntary PPO Plus 1100 Plan - Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible			VDO7M
	Voluntary PPO Plus 1600 Plan - Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Plus 2100 Plan - Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Plus 2600 Plan - Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible			VDO1M
	Voluntary PPO Plus 3100 Plan - Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible			VDO1M
	Voluntary PPO Plus 1100 Plan - Family Deductible - Preventive First 25/75, 1100 ²	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible			VDO7M
	Voluntary PPO Plus 1600 Plan - Family Deductible - Preventive First 25/75, 1600 ²	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Plus 2100 Plan - Family Deductible - Preventive First 25/75, 2100 ²	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible			VDO3M
	Voluntary PPO Plus 2600 Plan - Family Deductible - Preventive First 25/75, 2600 ²	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible			VDO1M
	Voluntary PPO Plus 3100 Plan - Family Deductible - Preventive First 25/75, 3100 ²	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible			VDO1M

1 Premier dentists can balance bill the difference between the filed fee other than the PPO fee schedule amount.

2 Class 1 services other than cone beam X-rays 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.

2026 *Direct option* benefit table



	Plan name	Calendar-year costs			Office copay		Class I		Class II			Class III				
		Annual Deductible	Annual plan maximum	Implant annual maximum	General office visit	Specialty office visit	Routine exams and X-rays	Cleanings	Restorative fillings	Surgical extraction	Root Planing	Restorative crowns	Bridges	Partial and complete dentures	Implants	Ortho
					In-network, member pays		In-network, member pays		In-network, member pays			In-network, member pays				
Willamette Dental Direct Option	Willamette Dental Direct Option 0	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$15	\$75	\$75	\$150	\$150	\$150	0%	\$2,400
	Willamette Dental Direct Option 1	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$15	\$75	\$75	\$200	\$200	\$200	0%	\$2,600
	Willamette Dental Direct Option 3	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$20	\$120	\$120	\$250	\$250	\$250	0%	\$3,000
	Willamette Dental Direct Option 5	No deductible	No annual maximum	\$1,500	\$25	\$30	0%	0%	\$25	\$150	\$120	\$300	\$300	\$300	0%	\$3,000
	Willamette Dental Direct Option 7	No deductible	No annual maximum	\$1,500	\$30	\$30	0%	0%	\$30	\$175	\$150	\$400	\$400	\$500	0%	\$3,000
Willamette Dental Voluntary																
	Willamette Dental Voluntary Standalone Direct Option 1	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$15	\$175	\$100	\$375	\$375	\$500	0%	\$2,200
	Willamette Dental Voluntary Standalone Direct Option 2	No deductible	No annual maximum	\$1,500	\$25	\$30	0%	0%	\$20	\$175	\$100	\$375	\$375	\$500	0%	\$2,200
	Willamette Dental Voluntary Direct Option 0	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$15	\$75	\$75	\$150	\$150	\$150	0%	\$2,400
	Willamette Dental Voluntary Direct Option 1	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$15	\$75	\$75	\$200	\$200	\$200	0%	\$2,600
	Willamette Dental Voluntary Direct Option 3	No deductible	No annual maximum	\$1,500	\$15	\$30	0%	0%	\$20	\$120	\$120	\$250	\$250	\$250	0%	\$3,000
	Willamette Dental Voluntary Direct Option 5	No deductible	No annual maximum	\$1,500	\$25	\$30	0%	0%	\$25	\$150	\$120	\$300	\$300	\$300	0%	\$3,000
	Willamette Dental Voluntary Direct Option 7	No deductible	No annual maximum	\$1,500	\$30	\$30	0%	0%	\$30	\$175	\$150	\$400	\$400	\$500	0%	\$3,000

These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. Limitations and exclusions apply. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



2026 *DeltaVision*[®] benefit table

DeltaVision[®] vision plans offered by Delta Dental

	Copays	Frames / contact lenses	Contact exam and fitting	Exam / lenses	Frames
	In-network, members pay				
VSP Choice Value	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months
VSP Choice Value Voluntary	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select Voluntary	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium Voluntary	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months

* Available when electing one of our dental plans.
This is not a standalone offer.

DeltaVision plans

Delta Dental has partnered with VSP[®], a national leader in vision benefits, to offer your clients an exciting new addition to our dental benefits program. DeltaVision[®], which combines dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

800-578-1402
TTY users, please call 711

 ModaHealth.com | DeltaDentalOR.com

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

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

