



Small Group (2-50)

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



Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



Moda Health Plan, Inc.

Better value and a ***better experience***

When you choose Moda Health, you'll receive high-quality health plans, expert guidance and curated wellness services, tools and programs.

Proven

with **70 years** of offering insurance plans in the Pacific Northwest

Easy

with **no referrals** required for specialists

Convenient

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



Quality, evidence-based plans

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



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/idaho

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

450,000+

members in our
medical plans

More than

775,000

members in our
pharmacy segment





We know your
time is valuable.

Quick links

[2025 Medical plans](#)

[2025 VSP Choice plans](#)

[The Moda Select Network](#)

[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:

- Have two to 50 full-time employees on average during the preceding calendar year
- Have at least two employees enrolled on the first day of the plan year

2 Enroll by the 10th of the month

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

3 Choose an employee eligibility waiting period

It cannot exceed 90 days for medical plans.

4 Make changes to plans upon renewal

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

Faster benefits administration

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

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

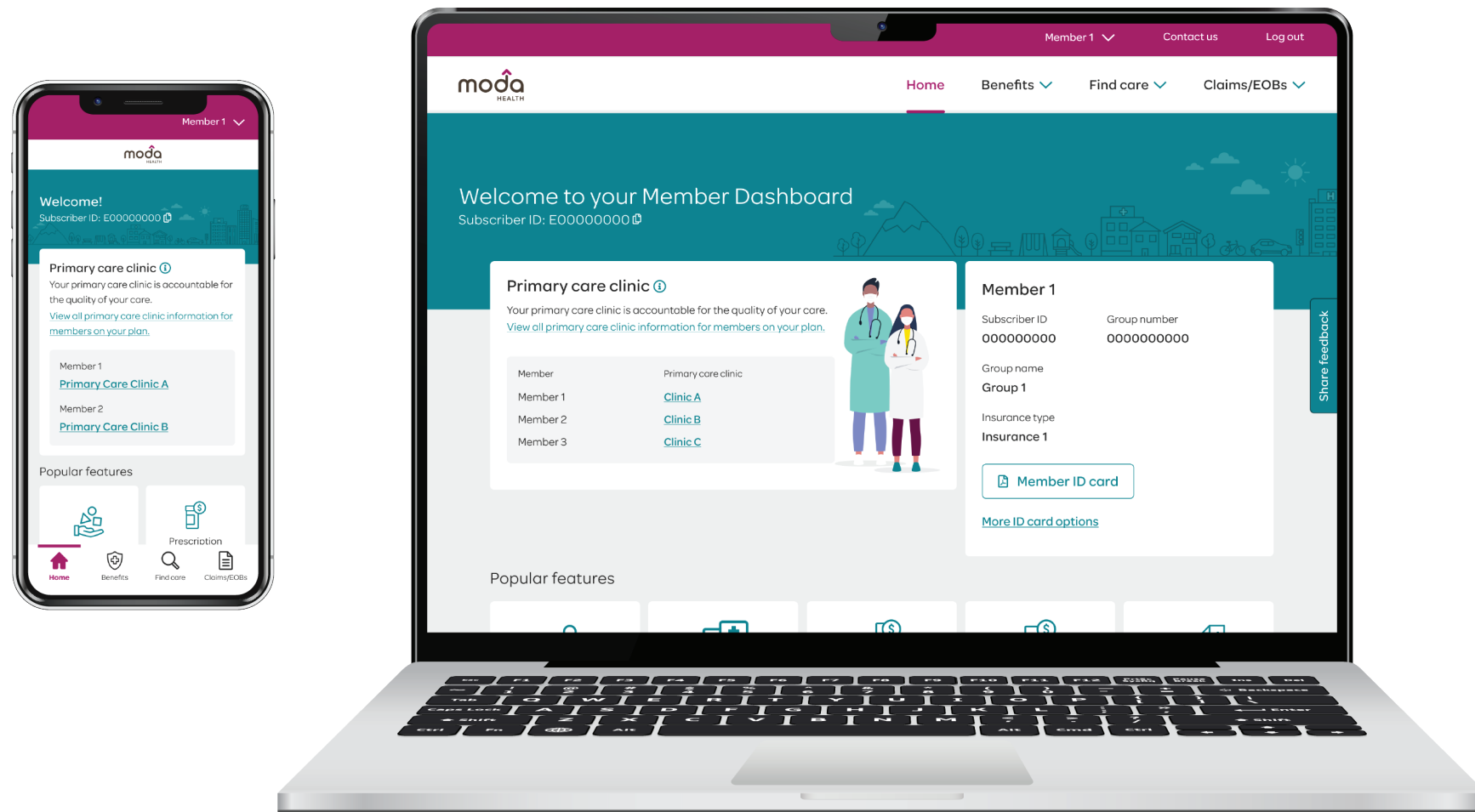
- Review employee enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 800-578-1402*

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 (*like Vitamix® and Garmin®*)





Tools

- Health assessments
- Identity protection services
- Prescription price check
- 24/7 text-a-doctor
- Employee Assistance Program 




Coaching and care

- Health coaching 
- Care coordination
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling 



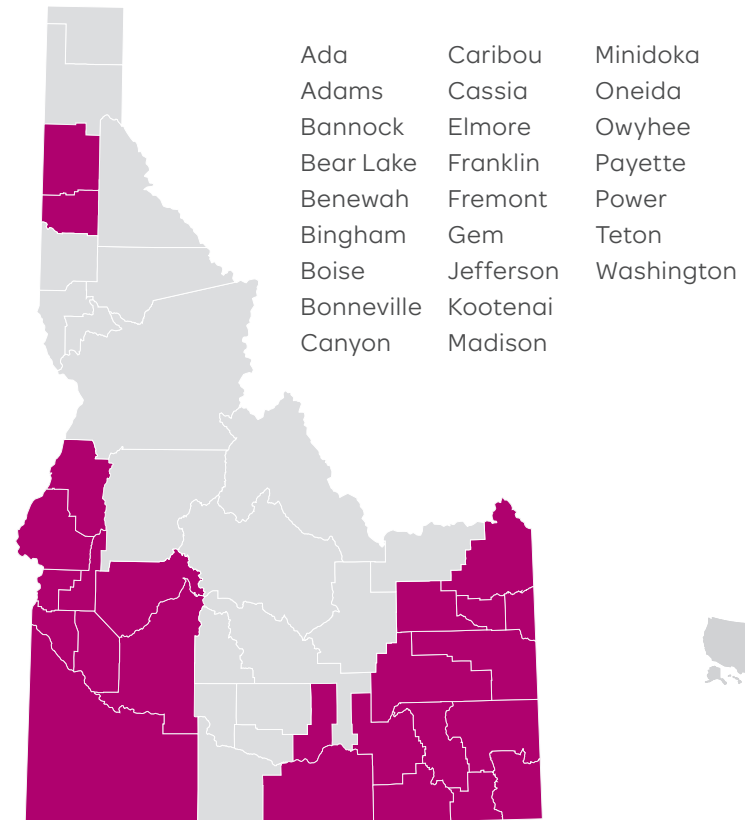
Mental health support

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

The *Moda Select* Network

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

The Moda Select Network is for residents living in the following counties:



New for 2025!
 Access to out-of-state care through Aetna® PPO network. Ask your Moda Health Sales representative to learn more.

Health partners in your area

Treasure Valley



Northern Idaho



South Central Idaho



Southeast Idaho



Eastern Idaho



Not all providers at these locations are in-network.



2025 *Medical plan* benefit table

No referrals needed.
Employee Assistance Program available with all plans.

Plan name	Calendar year costs			Care & services								Prescription medication					
	Annual deductible per member/family	Coinsurance	Annual out-of-pocket maximum per member/family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty	
	In-network members pay			In-network members pay								In-network members pay					
● Moda Select Gold 500 ^{1,2}	\$500 / \$1,000	30%	\$8,150 / \$16,300	\$20 per visit	\$40 per visit	\$350, then 30% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%	
● Moda Select Gold 1000 ^{1,2}	\$1,000 / \$2,000	25%	\$8,150 / \$16,300	\$15 per visit	\$35 per visit	\$350, then 25% after deductible	\$10 per visit	\$15 per visit	\$35 per visit	\$15 per visit	\$0	\$10	\$35	50%	30%	50%	
● Moda Select Gold 1500 ^{1,2}	\$1,500 / \$3,000	20%	\$7,000 / \$14,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%	
● Moda Select Gold 2000 ^{1,2}	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%	
● Moda Select Gold 3000 ^{1,2}	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$20 per visit	\$40 per visit	\$350, then 20% after deductible	\$10 per visit	\$20 per visit	\$40 per visit	\$20 per visit	\$0	\$10	\$35	50%	30%	50%	
● Moda Select Silver 3500 ^{1,2}	\$3,500 / \$6,000	40%	\$8,550 / \$17,100	\$50 per visit	\$70 per visit	\$400, then 40% after deductible	\$10 per visit	\$50 per visit	\$70 per visit	\$50 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Silver 4500 ^{1,2}	\$4,500 / \$9,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Silver 5000 ^{1,2}	\$5,000 / \$10,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Silver 6000 ^{1,2}	\$6,000 / \$12,000	30%	\$8,900 / \$17,800	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Silver 6500 ^{1,2}	\$6,500 / \$13,000	30%	\$8,750 / \$17,500	\$40 per visit	\$60 per visit	\$400, then 30% after deductible	\$10 per visit	\$40 per visit	\$60 per visit	\$40 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Bronze 7500 ^{1,2}	\$7,500 / \$15,000	40%	\$9,200 / \$18,400	\$80 per visit	\$110 per visit	\$500, then 40% after deductible	\$10 per visit	\$80 per visit	\$110 per visit	\$80 per visit	\$0	\$30	\$70	50%	30%	50%	
● Moda Select Bronze 8550 ^{1,2}	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	
● Moda Select Gold HDHP 3300	\$3,300 / \$6,600	0%	\$3,300 / \$6,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	
● Moda Select Silver HDHP 2800 ^{2,3}	\$2,800 / \$5,600	30%	\$5,750 / \$11,150	30% after deductible	30% after deductible	\$350, then 30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$0	\$30 after deductible	\$70 after deductible	50% after deductible	30% after deductible	50% after deductible	
● Moda Select Silver HDHP 5200	\$5,200 / \$10,400	0%	\$5,200 / \$10,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	
● Moda Select Bronze HDHP 7100	\$7,100 / \$14,200	0%	\$7,100 / \$14,200	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0%	0% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	

¹ First 3 visits (including in person or virtual primary care visits and mental health/substance use disorder office visits) \$5/visit.
² One copay for a 30-day supply of medication. ³ For coverage with 2 or more members, the entire family deductible must be met before benefits are payable for anyone.

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the 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.

VSP Choice plan – add adult vision coverage to your clients' plans

Offers choice, flexibility, and significant savings on lens enhancements and extra glasses through a VSP network provider.
<https://visionplans.vsp.com/broker/Plans/Choice-Plans>



2025 benefit table

	VSP Choice Value	VSP Choice Select	VSP Choice Premium
	Employer paid or voluntary	Employer paid or voluntary	Employer paid or voluntary
Copay	\$10 Exam / \$25 Materials (Lenses and/or frames)	\$10 Exam / \$10 Materials (Lenses and/or frames)	\$10 Exam / \$10 Materials (Lenses and/or frames)
Frames	\$150	\$200	\$250
Elective contact lenses*	\$150	\$200	\$250
LightCare	\$150	\$200	\$250

* Contact lenses in lieu of prescription glasses

All VSP Choice plans include:

- An exam and lenses once every 12 months
- Frames once every 24 months (every 12 months for Premium plan)

	VSP provider
Examination	Covered in full after exam copay
Contact Lens Exam (Fitting & Evaluation)	(15% savings on the contact lens exam) Covered in full after copay up to \$60
Essential Medical Eye Care	\$20
Lenses:	
Single Vision	Covered in full after materials copay
Lined Bifocal	Covered in full after materials copay
Lined Trifocal	Covered in full after materials copay
Lens Enhancements: ^{1,2}	
Anti-reflective coating	\$41 - \$85
Polycarbonate lenses (for children)	Covered in full
Polycarbonate lenses (for all)	\$35
Standard Progressive Lenses	N/A
Premium Progressive Lenses	\$95 - \$105
Custom Progressive Lenses	\$150 - \$175
Photochromic lenses	\$75
Scratch-resistant coating	\$17 - \$33
Frames	\$150
Necessary Contact Lenses*	Covered in full after materials copay
Open access schedule	
Examination	\$45
Lenses:	
Single Vision	\$30
Bifocal	\$50
Trifocal	\$65
Lenticular	\$100
Progressive	\$50
Frames	\$70
Elective Contact Lenses	\$105
Necessary Contact Lenses	\$210

* Contact lenses in lieu of prescription glasses

2025 Limitations & Exclusions

Limitations

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications – If members use a brand medication when a generic equivalent is available, they will have to pay the non-preferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 36 months
- If a group's size is less than 20 employees any expense that is actually paid under Medicare will have benefits reduced by the amount Medicare paid or would have paid
- Infusion therapy – some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply per prescription for most specialty pharmacy and up to a 90-day supply per prescription for retail and mail order pharmacies.
- Preventive care – Cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits include separate limits of 20 outpatient sessions per year
- Skilled nursing facility is limited to 30 days per year
- Spinal manipulation is limited to 20 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19

Exclusions

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye





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/idaho

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

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

