

Large Group (51+)

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



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** for employees
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
preventative exams, women's annual exams,
well-baby care and many immunizations



Prescriptions with choice

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



Benefits admin, made easy

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



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 stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2025 Medical plans

2025 Pharmacy plans

2025 Vision plans

The Moda Select Network

Funding types

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 Idaho
- Have an average of 51 or more full-time employees during the preceding calendar year, with the majority employed in Idaho
- Have at least 75% of full-time 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 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*

Funding types



Fully insured plans

Rates are established and paid on a monthly basis. The client pays a fixed rate for the contract period and Moda Health assumes the entire risk.

Your client pays a fixed rate for the contract period, and there's no after-the-fact settlement with the account.



Equal Funding (25+ enrolled)

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:

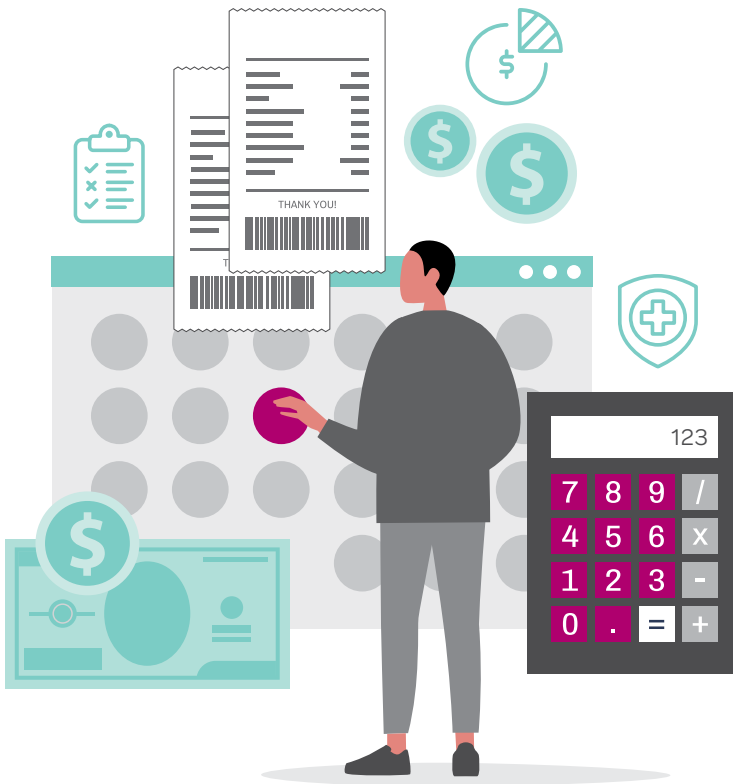
- 12 predictable monthly payments
- Greater insight into plan performance throughout the year
- Make more informed decisions at renewal
- No surprise separate fees



Administrative Services Only (ASO) (Groups of 100+ enrolled)

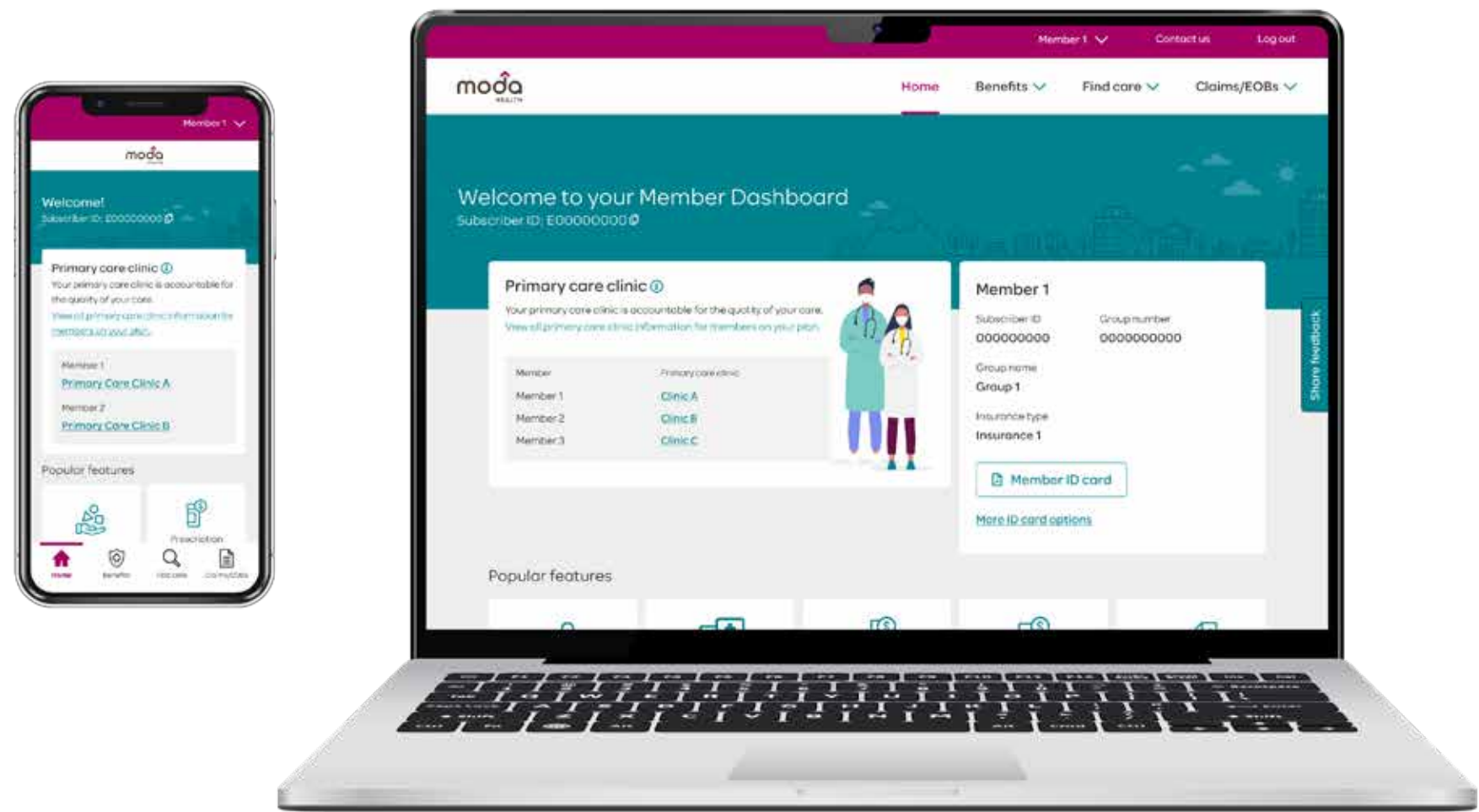
An arrangement between an employer and Moda Health where we provide administrative services (such as processing of claims or communication of benefits to subscribers) to the employees of the employer.

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 (*like Vitamix®, Fitbit® and Garmin®*)





Tools

- Health assessments
- Identity protection services
- Prescription price check
- Text-a-doctor 24/7 
- Employee assistance program 




Coaching and care

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



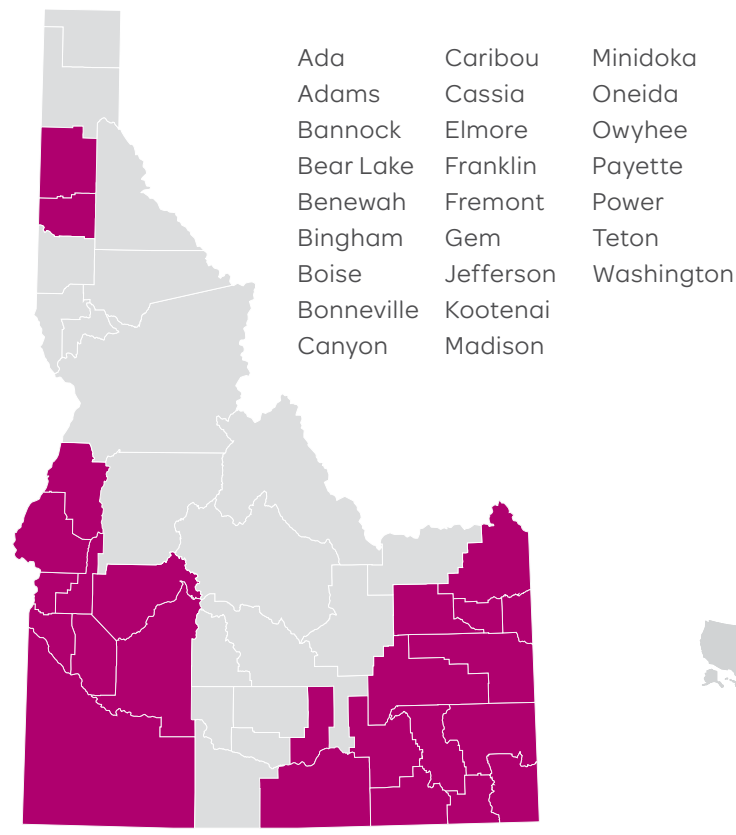
Mental health support

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:



Can I get care outside of the service area?
Yes! We have options based on where the care is located. Please contact our team at 844-248-7877 with questions about where you can obtain care.

Health partners in your area

Treasure Valley

North Idaho

South Central Idaho

Southeast Idaho

Eastern Idaho

Not all providers at these locations are in-network.
For a full list of provider groups, visit modahealth.com/modaselect to see the providers at these major medical groups that are in-network.



2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services					
		Deductible per member / family	Coinsurance	Out-of-pocket max per member / family	PCP office visit	Specialist office visit	Virtual care office visit	Behavioral health office visit	Outpatient rehabilitation	Acupuncture / spinal manipulation
		In-network member pays			In-network member pays					
Moda Select Network	VBC_\$500_\$3000_\$25/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$3000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1000_\$5000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1000_\$3000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$3000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1000_\$5000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1500_\$5000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1500_\$3000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1500_\$5000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1500_\$3000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$2000_\$4000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$2000_\$6000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$2000_\$4000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$2000_\$6000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$2000_\$4000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$2000_\$6000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$5000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$3000_\$7000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$3000_\$5000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$7000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$5000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$7000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$5000_\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$5000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$7000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$5000_\$8150_\$30/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$5000_\$8550_\$35/\$50_20% ¹	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$5000_\$8550_\$30/\$45_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$5000_\$8550_\$35/\$50_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
Moda Select Network HDHP	HDHP_\$1650_\$5000_20% ²	\$1,650 / \$3,300	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5600_20% ²	\$2,500 / \$5,600	20%	\$5,600 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5600_30% ²	\$2,500 / \$5,600	30%	\$5,600 / \$10,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_\$3300	\$3,300 / \$6,400	0%	\$3,300 / \$6,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_\$3300_\$7000_20%	\$3,300 / \$6,400	20%	\$7,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$3300_\$7000_30%	\$3,300 / \$6,400	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_\$5000	\$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

¹ First three visits \$5/visit (including in-person or virtual primary care visits and behavioral health office visits) ² For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

Medical disclaimer: This brochure is a summary of the health plans and 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.

2025 *Pharmacy* benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.ID.25	\$2	\$10	\$30	\$50	\$10	\$150	30%
R2.ID.25	\$4	\$15	\$45	\$75	\$15	\$225	40%
R3.ID.25	\$6	\$20	\$60	50%	\$20	30%	50%
	Generic			Preferred brand		Non-preferred brand	
3 tier plans	R4.ID.25	\$5		\$25		\$50	
	R5.ID.25	\$10		25%		50%	
	R6.ID.25	\$15		\$45		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 90 percent of pharmacies in Idaho, plus more than 58,000 pharmacies nationwide.

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

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

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



2025 *Vision* benefit table

	Copays	Frames / contact lenses	Contact exam & 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



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 nonpreferred 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
- 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 retail and most specialty pharmacies and up to a 90-day supply per prescription for participating retail and mail-order pharmacies
- Rehabilitation benefits are limited to 20 inpatient days, 36 sessions for outpatient cardiac and 30 sessions for other outpatient rehabilitation
- Skilled nursing facility is limited to 60 days per year
- Spinal manipulation is limited to 20 visits per year
- Home health services are limited to 130 visits per year

Exclusions

- Abortion, except if 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
- 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
- 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.

