

Oregon Large Employer Group Application (51+)



Thank you for choosing Moda Health and Delta Dental.

New Group Enrollment Checklist for Employers and Agents

Please note, if any of the below items are not completed in full, enrollment will be delayed

Is this an existing Moda Health or Delta Dental group with an active line of coverage? ☐ Yes ☐ No

☐ Group Application (completed and signed by the group and agent)

Does the group have COBRA eligible lines of coverage other than Moda Health (medical coverage)? ☐ Yes ☐ No

☐ Quote sheet for selected plans

☐ Enrollment forms have been reviewed for the following:

☐ Enrollment forms/Waiver forms provided for all eligible employees

☐ Please include hire dates on all enrollment forms/green enrollment spreadsheet

☐ Enrollment forms match census information

☐ First Month's Premium (paid electronically)

☐ Electronic Services Agreement

☐ Late Acknowledgement Agreement (if enrolling past the 10th of the month)

For a first of the month effective date, all new group enrollment materials must be received by Moda Health
no later than the 10th of the preceding month.

Bend Chamber of Commerce Association Master Group Application 2026 Contract Year



Requested effective date: _____

Group information			
Legal name:		Tax ID #:	
DBA name (appears on bills):		NAICS:	
Physical address (no P.O. box):	City:	State:	ZIP:
Group administrator:			
Group administrator phone #:			
Group administrator email address:			
Renewal date:		Notification Month/Year:	
Is the group subject to ERISA (Employee Retirement Income Security Act of 1976)? Note: In general, ERISA does not cover group health plans established or maintained by governmental entities, churches for their employees, or plans which are maintained solely to comply with applicable workers compensation, unemployment or			☐ Yes ☐ No
Business information (type of trust): ☐ Agriculture ☐ Healthcare Services ☐ Manufacturing ☐ Auto and Motorsports ☐ Communications and Utilities ☐ Real Estate ☐ Business and Professional ☐ Human Services ☐ Wood Products ☐ Contractors			
Form of organization (check all that apply): ☐ Corporation ☐ S Corporation ☐ LLC ☐ Sole proprietor ☐ Non-profit ☐ Government entity ☐ Partnership			
What percentage of the medical premium is to be contributed by the employer? If choosing multiple plans, the minimum contribution is 50% of the plan with the lowest premium. For employees (minimum 50%): _____ For dependents: _____ What percentage of the dental premium is to be contributed by the employer? For employees (minimum 50%): _____ For dependents: _____			
Existing coverage			
Please provide the name for the current insurance carrier(s), both medical and dental:			
Medical: _____		Dental: _____	
If this plan is replacing an existing plan, will members receive credit from the previous plan? <i>If Yes, check the type(s) of report(s) below that will be available for applying credit:</i> ☐ Medical deductible ☐ Dental deductible ☐ Other: _____			☐ Yes ☐ No

Plan confirmation

What plan options would you like to be renewed with?

Medical/Rx Plan Option 1

Medical/Rx Plan Option 2

Medical/Rx Plan Option 3

Vision Plan Rider

Groups with 5 or more enrolling subscribers may offer up to two Delta Dental plans in addition to a Willamette Dental plan. The Delta Dental Super Plan is available only to groups with 5 or more enrolling subscribers. Orthodontia coverage is available only to groups with 10 or more enrolling subscribers.

Delta Dental Plan Option 1

Delta Dental Plan Option 2

Delta Dental Orthodontia Rider

Registered domestic partners are eligible dependents.

Is domestic partnership coverage also available by declaration?

If yes, do you cover: ☐ Same gender/sex ☐ Opposite gender/sex ☐ Regardless of gender/sex

☐ Yes ☐ No

Class setup

Service area for medical groups

Will employees who reside outside of Oregon and Southwest Washington (Clark and Cowlitz counties) be covered by a Moda Health medical plan? ☐ Yes ☐ No

If yes, list state(s): _____

Note: Employees who reside in the state of Hawaii are not eligible to enroll for medical coverage.

How many hours per week must an employee work to be eligible for benefits? (minimum 17.5): _____

Will the minimum hours apply to all eligible employees? ☐ Yes ☐ No

If no, please describe: _____

What is the waiting period an employee must complete before becoming eligible for benefits?

If the end of probationary period falls on the first day of the month, when will the new employee be effective?

☐ Eligible that day ☐ Must wait until the first day of the following month or 91st day; whichever comes first

Will the eligibility period apply to all eligible employees? ☐ Yes ☐ No

If no, please describe: _____

For employer's initial enrollment only, will the waiting period be waived for all current eligible employees?

☐ Yes ☐ No

If a part-time employee becomes eligible for coverage, does part-time employment count towards the waiting period for full-time employees?

☐ Yes ☐ No

Will all plans be available to all employees? ☐ Yes ☐ No

If no, please describe: _____

Complimentary COBRA administration

Moda Health's subsidiary, BenefitHelp Solutions (BHS), provides COBRA administration for all Bend Chamber Groups.

Add BHS COBRA administration? If yes, attach the BHS Intake Packet.

☐ Yes ☐ No

1. If not electing COBRA administration through BHS, does the group use a third-party administrator (TPA) for COBRA or Retiree Administration? If yes, enter the TPA name and contact information:

☐ Yes ☐ No

TPA Name

Address

Phone

2. Who will be paying the COBRA premiums? ☐ Employer ☐ TPA – Do not print bill ☐ TPA – Print bill

Health Savings Account (HSA)

Health Savings Account (HSA)

Complete only if a Moda HSA-eligible health plan will be offered.

HSA (with optional integration), HRA, FSA, and POP accounts are available through our partner, BenefitHelp Solutions (BHS). Please review the pricing sheet and select the account(s) you would like to enroll in below. A representative from BHS will then reach out separately to initiate services.

☐ HSA (with optional integration) ☐ HRA ☐ FSA ☐ POP

Company Contacts

Only the individuals listed below will be authorized to communicate with the BenefitHelp Solutions Employer Services

Primary employer contact (this contact will have access to the BenefitHelp Solutions employer portal)

Name		Title	
Email address		Report notifications: ☐ Yes ☐ No	
Phone number	Ext.	Secondary Phone	Ext.

Secondary employer contact (this contact will have access to the BenefitHelp Solutions employer portal)

Name		Title	
Email address		Report notifications: ☐ Yes ☐ No	
Phone number	Ext.	Secondary Phone	Ext.

Consultant/Broker contact

Name		Title	
Email address		Report notifications: ☐ Yes ☐ No	
Phone number	Ext.	Secondary Phone	Ext.

Payment Information

Premium payment information

Group name

All monthly premium payments are to be submitted by the group using the eBill process within the Employer Dashboard.

Once your application has been processed and we have your group set up in our system, you will receive access to the Employer Dashboard. Once you activate your account you can manage the monthly bill within our eBill tool, including paying your first month's premium payment (Binder Payment) and setting up how future payments are made. You will also be able to view your group's monthly invoices through eBill.

Agent information

Agent name

Agency

NPN:

Tax ID# (For tax purposes, please indicate if tax ID or S/S #):

☐ Tax ID ☐ S/S #

I hereby make application to Moda Health/Delta Dental, on behalf of the Group, for the Group Policies indicated in this group application.

I understand that there is no coverage in effect until Moda Health/Delta Dental accepts this Application and premium deposit and establishes an effective date. If this Application is not accepted, the premium deposit will be refunded.

I hereby certify all eligible employees are enrolling in the selected Group Policies and all enrolling employees meet the eligibility requirements specified above. In addition, I hereby appoint the above agent as our Agent of Record to represent us in matters of group insurance benefits provided by Moda Health/Delta Dental. This appointment is in effect on the same day as this Policy and will remain in force until rescinded in writing.

Applicable for medical policies only: I hereby acknowledge responsibility on behalf of the Group to provide the Summary of Benefits & Coverage (SBC), Uniform Glossary, and the Initial Notice of HIPAA Special Enrollment Rights and Exclusion Periods to all employees on or before the date they enroll in the selected Group Policies.

Authorization

By signing below, I agree that the signature will be the electronic representation of my signature and initials for all purposes when I (or my agent) uses them on documents, including legally binding contracts.

Authorized signature for GROUP

Authorized signer's title

x

Authorized signer's printed Name

Date

X

Authorized AGENT signature

X

Authorized agent's printed name

Date

X

Marketing representative signature

Date

X

Electronic Services Agreement

This Electronic Services Agreement (“Agreement”) states the terms and conditions that govern the use of online services by _____ (“Employer”) through Employer’s online account (the “Account”).

1. Employer Dashboard

Employer Dashboard includes the following (individually and collectively, the “Services”):

- A. Online Services.** Online Services include any or all of the following services dependent upon eligibility criteria: review of employee and dependent enrollment and claims data, electronic entry, modification, termination, designation of primary care physicians, ID card requests, and other group enrollment related functions that may become available from time to time.

Employers using electronic eligibility file processing to manage enrollment and eligibility will be able to access information on the dashboard, but will not be able to add, change or terminate eligibility through the Employer Dashboard. Other functions such as ID card requests, designation of primary care providers and other functions may be available from time to time.

- B. eBill.** eBill includes the electronic distribution of billing invoices and payment of premiums.

i. Participation. By signing this Agreement, Employer consents to the electronic distribution of billing invoices.

ii. Payment. Payment must be posted by the due date noted on the billing invoice. Please allow up to three days for processing of online payments. Immediate and past-due payments will not be accepted through eBill; Employer should contact their Membership Accounting specialist or Sales and Service representative for immediate or past-due payments.

Employer has the ability to schedule payments for specific dates. Scheduled payments can be changed or cancelled at any time prior to being processed. Moda Health and Delta Dental will not accept scheduled payments on eBill as proof of payment until that payment has been marked “PAID” on the payment history screen.

iii. Account Information. eBill uses email as the primary source of communication. Employer will be notified when statements are available online or if a payment cannot be processed. Employer may view or print invoices through the Account. Employer may change the group’s bill delivery preference or discontinue email notifications at any time by changing their preferences. Employer also has the ability to select to be notified when there is payment confirmation. Employer shall ensure that Employer email information is updated.

- C. Other online features,** included but not limited to; reporting when applicable, ability to generate or view enrollment census, etc.

- D. Online access** is based on the role assignments below:

Company Admin: This is the highest level of access available to an employer. Specifically, a Company Admin is able to access all features available online (enrollment, billing and claims data and/or reporting when applicable). Each group will have at least one Company Admin. The Company Admin has the ability to assign roles as outlined below within their organization and manage access to those roles as follows;

Group Admin: Allows access to view employee and dependent eligibility, make changes to enrollment including address changes, termination of coverage, and primary care provider assignments. The above services are not currently available to employers utilizing an electronic eligibility file. The Company Admin can determine if access to claims data or reporting data (when available) is permitted for this role.

Financial Admin: Allows access to view bills, make payments and receive notification of bills electronically. Able to view enrollment data, however there is no access to process enrollment changes or request ID cards. A Company Admin can determine if access to claims data or reporting data (when available) is permitted for this role.

Company Admin will remove any access for any employee who was granted access no later than the last day of employment with the employer.

2. Company Admin Contact Information

The Contact Person is the person within the Employer organization who is designated by the Employer to authorize user access to the Account. If Employer changes the Company Admin Contact Person, Employer shall notify Moda Health and/or Delta Dental in writing no later than five business days after such change.

Company admin contact person		
Phone number	Ext	Company admin email address

3. Agreement

Use or access of approved Services by Employer or Employer’s authorized representatives constitutes agreement to the terms and conditions of this Agreement. Moda Health Plan, Inc. (“Moda Health”) and Delta Dental Plan of Oregon and Delta Dental of Alaska (“Delta Dental”) may amend or change this Agreement from time to time, in its sole discretion, by providing Employer written notice by electronic or regular mail, or by posting the updated terms on Moda Health and Delta Dental’s website. Continued use of the Services following such change or amendment will be considered Employer’s agreement to the change or amendment.

Employer may discontinue use of the Services at any time if these terms and conditions are unacceptable.

2. Confidentiality

Employer shall maintain the security and confidentiality of the information maintained through the Account, including individually identifiable health information of a member as defined in 45 CFR §160.103 (collectively the "Information"), as required by all applicable state and federal laws. Employer agrees not to use or further disclose the Information for any purpose except as necessary to carry out this Agreement and to administer Employer's health plan. Employer will use appropriate physical, technical and administrative safeguards to prevent use or disclosure of the Information other than as provided for by this Agreement. Employer will maintain confidentiality of user identifications and passwords and prevent any unauthorized individual(s) from accessing the Account and/or using Information in a manner contrary to this Agreement.

3. Access, Passwords, and Security

Employer agrees to follow the security and privacy protocols established by Moda Health and Delta Dental and described in the user guide, website terms of use, or other related documentation that may be provided by Moda Health and Delta Dental (collectively, the "Security and Privacy Protocols"), to ensure that all transactions are authorized and to protect all Information from improper access.

4. Reporting Violations

Employer agrees to immediately notify Moda Health and Delta Dental if Employer becomes aware of any of the following:

- a. Any loss or theft of access codes or passwords
- b. Any unauthorized use of any access codes or passwords
- c. Any unauthorized use of the Account
- d. Any loss, theft or unauthorized use of Information
- e. Any loss or theft of hardware which contains Information

Employer further agrees to make any and all reasonable efforts to correct or mitigate the effects of any such occurrences and to prevent reoccurrence.

5. Enrollment Materials

Employer agrees to retain all written and electronic enrollment materials, including but not limited to, enrollment forms, applications, personal data sheets, and any forms required to update or change employee information (collectively, "Enrollment Materials"), for a period of 10 years from the date they are received by Employer. Employer shall provide Moda Health and Delta Dental with reasonable access to such Enrollment Materials upon request.

6. Indemnification

Employer agrees to indemnify and defend Moda Health and Delta Dental from and against any and all claims, losses, damages, liability, costs and expenses (including but not limited to defense costs and reasonable attorneys' fees) arising from or related to Employer's violation of this Agreement, misuse of the Information, or violation of any third-party's rights, including violation of any proprietary right and invasion of any privacy rights. This obligation will survive the termination of this Agreement.

7. Termination

Moda Health and Delta Dental reserve the right to terminate Employer access to the Account, or any portion of the Services in its sole discretion, at any time, without notice and without limitation, for any reason whatsoever, including but not limited to unauthorized use of Employer access codes or passwords, misuse or unauthorized use of the Information, failure to adhere to policies set forth in the Security and Privacy Protocols, or breach of this Agreement.

8. Assignment

Employer may not assign its rights, interests or obligations or any part thereof under the Agreement without prior written permission of Moda Health and Delta Dental.

9. Severability

If any provision of this Agreement shall be invalid or unenforceable in any respect for any reason, the validity and enforceability of any such provision in any other respect and of the remaining provisions of this Agreement shall not be in any way impaired.

10. Terms of Use

Employer shall abide by any additional Terms of Use posted on the Moda Health and Delta Dental website.

Employer represents and warrants that the person signing this Agreement has the authority to do so, and is entering into this Agreement on behalf of Employer and all existing and future employees.

The individual signing this Agreement on behalf the Employer must be the owner of the business in a sole proprietorship; a partner in a partnership; the designated principal in a limited partnership, corporation or other licensed entity; an officer; or supervisor or manager at the Employer entity.

By signing this Agreement, Employer acknowledges that Employer has read, understands and accepts the terms and conditions as stated in this Agreement.

Employer	
Signature X	Title
Date	Tax identification #

Late Acknowledgment



Moda Health and Delta Dental of Oregon and Alaska normally require new group applications be submitted and received by the 10th of the month prior to the effective date. At your direction, we have accepted the application for this group after the 10th.

Because we are accepting this information after the 10th, we are asking you to acknowledge that all aspects of your group's set-up may not be completed by the 1st. Your group's information may not be completely set up in the system, the member's identification cards may not be ready and in the member's hands prior to the effective date.

Moda Health and Delta Dental is committed to completing this process in a timely fashion and will commit to providing your group set-up as timely as possible. Again, thank you for your business!

Best Regards,

A handwritten signature in black ink that reads "Stacy Carmichael". The signature is written in a cursive, flowing style.

Stacy Carmichael

VP, Sales Account Services

X

Group Administrator/Authorized Representative

X

Producer/Agent

Materials should be submitted to Johnson Benefit Planning by email:
jbpadmin@JohnsonBenefitPlanning.com