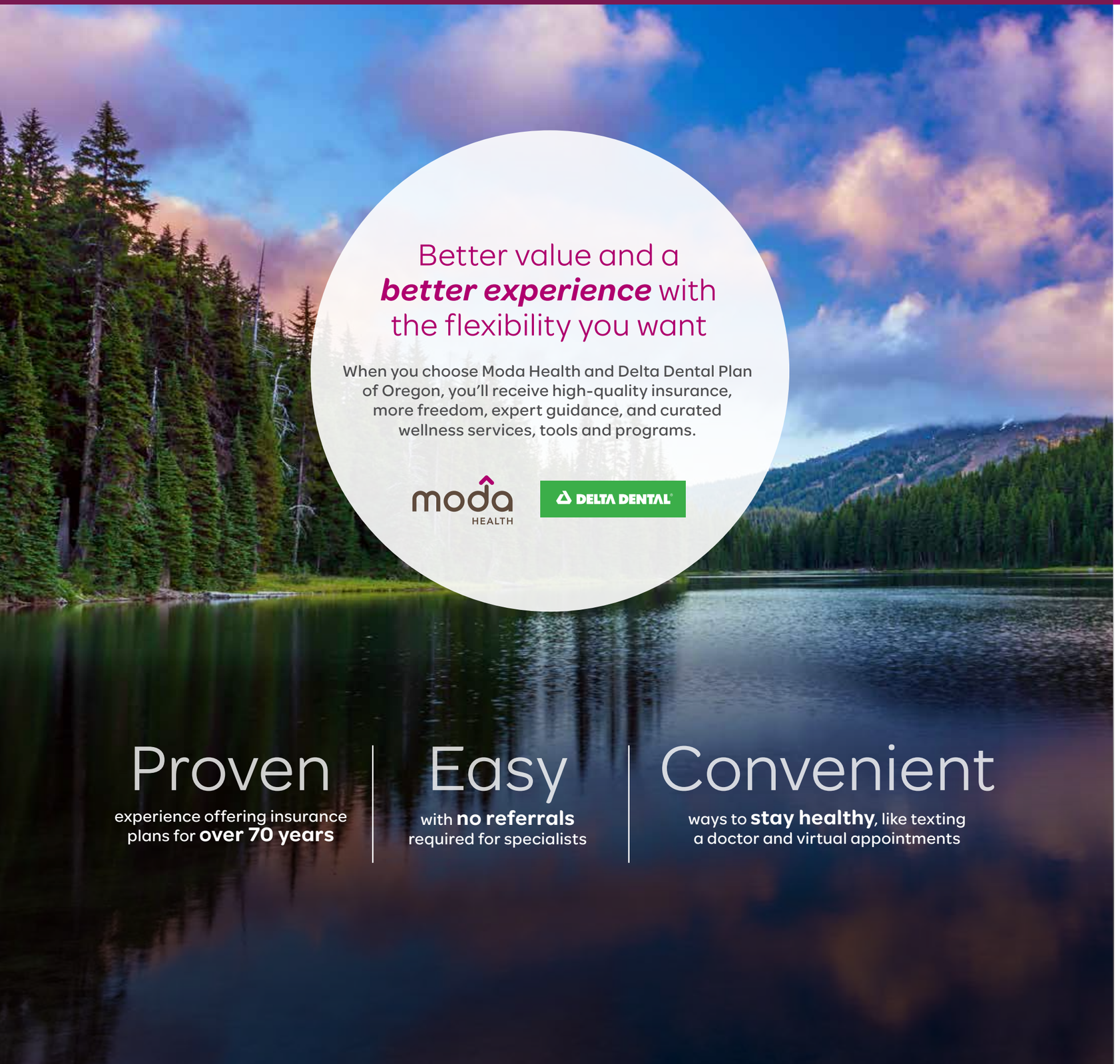
Bend Chamber of Commerce

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

2027

moda HEALTH

DELTA DENTAL®



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.

moda HEALTH | DELTA DENTAL

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

520,000+

members in our **medical plans**

More than

1,000,000

members in our standalone **pharmacy segment**

We know your time is valuable.

Quick links

2027 Medical plans

2027 Dental plans

2027 Pharmacy plans

2027 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

To be eligible, your client must:

- Be an Oregon-based employer
- Maintain Bend Chamber or affiliate membership
- Have 2+ eligible employees and 2+ enrolled employees
- Contribute at least 50% of the employee-only premium
- Meet minimum participation requirements (90% medical / 75% dental)

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 requested effective date. Late enrollments will still be accepted; however, the issuance of Member ID cards and other enrollment materials may be delayed.

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

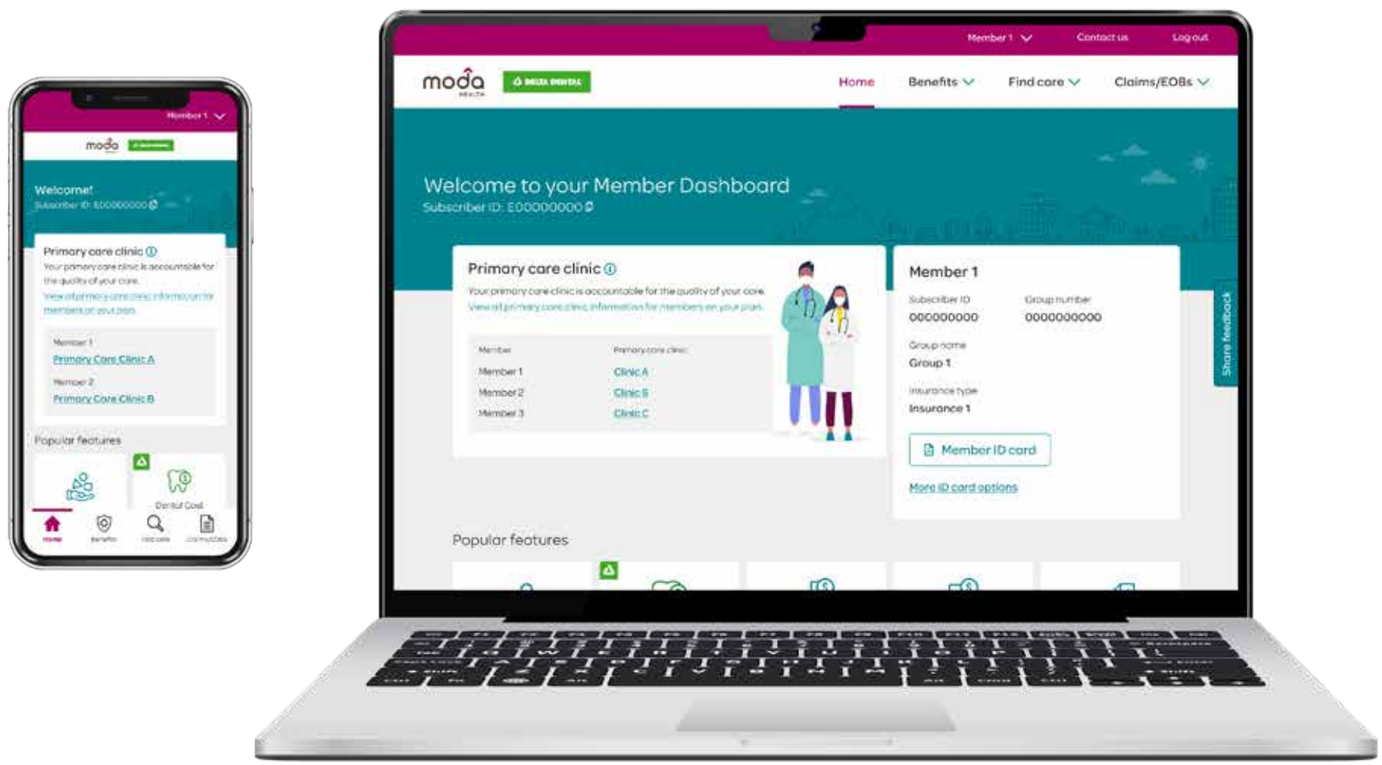
The Employer Dashboard was created to help you and your clients quickly access and manage the details of benefits administration.

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

- Producers can be given access to their clients account to manage enrollment
- 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

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
- Identity protection services

Coaching and care

- Health coaching
- Care coordination
- Tobacco cessation
- Emergency medical assistance when traveling
- Kidney care
- Menopause and maternity programs

Mental health support

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

Dental programs

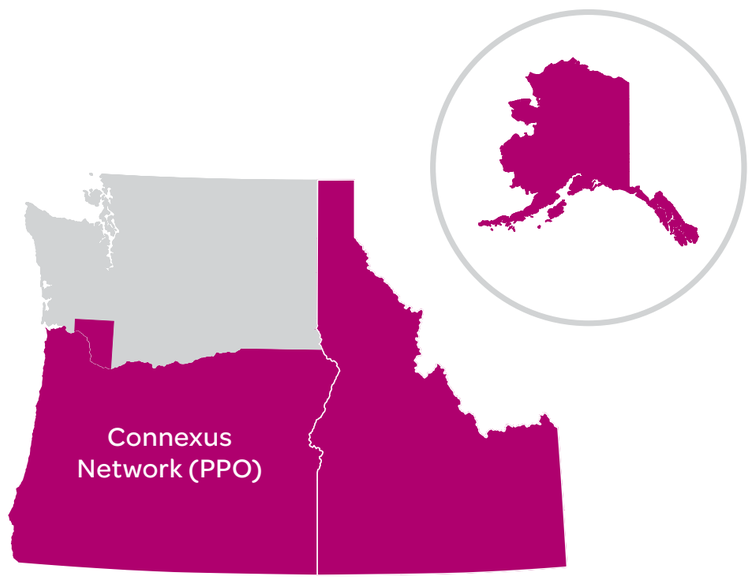
- Health Through Oral Wellness
- Oral Health, Total Health

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

moda HEALTH

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 clients' employees are outside the Connexus Network:

Employees who are outside Oregon or the Connexus Network service area can still access full-service in-network medical care through the **Aetna® PPO Network, provided by Aetna Signature Administrators®**.

To find an in-network doctor or facility, you can go to modahealth.com/findcare.

Our trusted provider partners

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

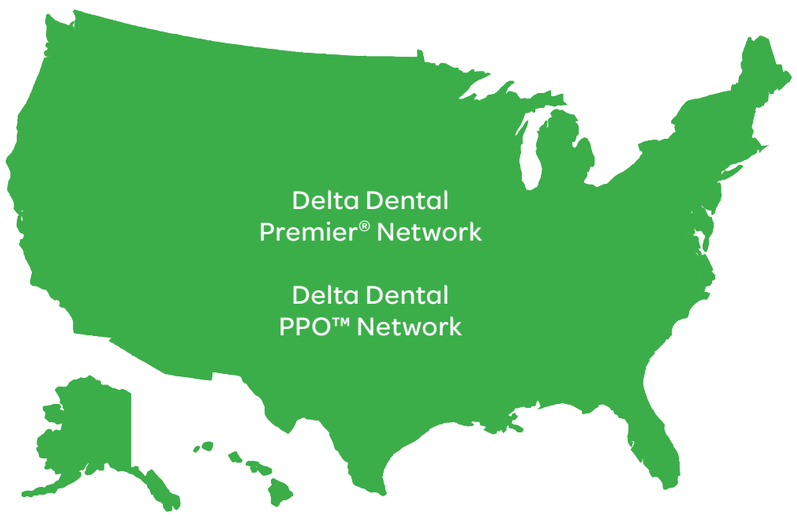
PROVIDENCE Health & Services · OHSU · Peace Health · ASANTE · LEGACY HEALTH · MCMC MID-COLUMBIA MEDICAL CENTER · Saint Alphonsus · Salem Health Hospitals & Clinics · St. Charles HEALTH SYSTEM

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®

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.



Willamette Dental

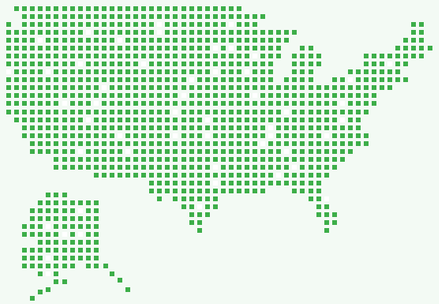
Delta Dental Direct Option with Willamette Dental

We partner with Willamette Dental Group and offer a EPO dental product paired with the Delta Dental plans. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone.

Delta Dental **PPO™** Network

bigger savings

- Lowest cost!
- Large network of dentists

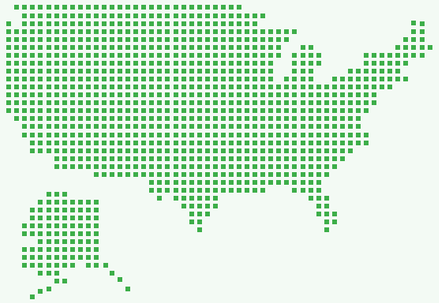


OR

Delta Dental **Premier®** Network

more choice

- Slightly higher cost
- Choose Premier network dentists



DELTA DENTAL

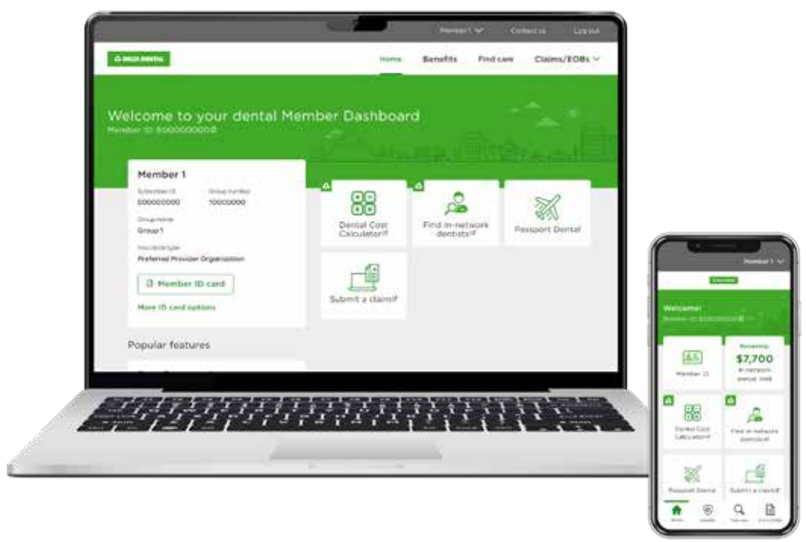
Quality coverage for ***every member's smile***

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.

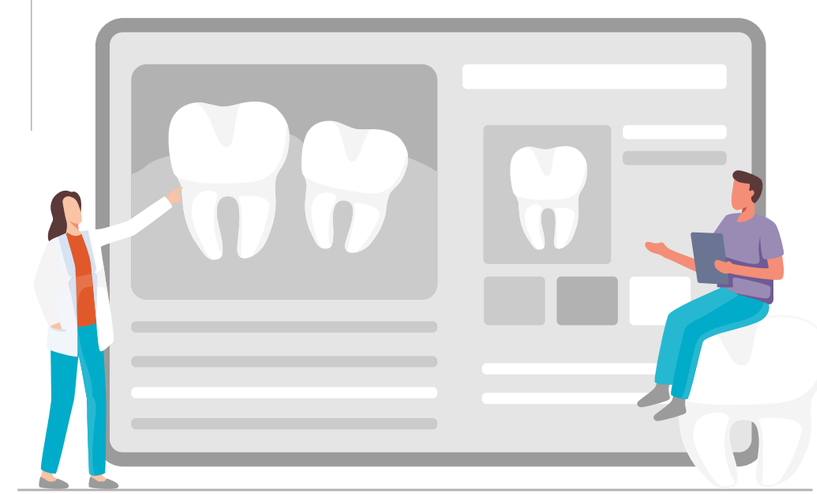


Teledentistry.com is in-network with Delta Dental!

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



2027 ***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	BCOC Premium 250	$250 / $500	10% coinsurance	$3,500 / $7,000	$10 per visit	$25 per visit	$250, then 10%	$10 per visit	$10 per visit	$25 per visit	$10 per visit	10% after deductible
Connexus Network	BCOC Premium 500	$500 / $1,000	10% coinsurance	$3,500 / $7,000	$10 per visit	$25 per visit	$250, then 10%	$10 per visit	$10 per visit	$25 per visit	$10 per visit	10% after deductible
Connexus Network	BCOC Premium 1000	$1,000 / $2,000	20% coinsurance	$6,000 / $12,000	$25 per visit	$50 per visit	$250, then 20%	$25 per visit	$25 per visit	$50 per visit	$25 per visit	20% after deductible
Connexus Network	BCOC Premium 1500	$1,500 / $3,000	30% coinsurance	$6,000 / $12,000	$25 per visit	$50 per visit	$250, then 30%	$25 per visit	$25 per visit	$50 per visit	$25 per visit	30% after deductible
Connexus Network	BCOC Premium 2000	$2,000 / $4,000	30% coinsurance	$7,500 / $15,000	$25 per visit	$50 per visit	$250, then 30%	$25 per visit	$25 per visit	$50 per visit	$25 per visit	30% after deductible
Connexus Network	BCOC Premium 3000	$3,000 / $6,000	30% coinsurance	$8,000 / $16,000	$35 per visit	$60 per visit	$250, then 30%	$35 per visit	$35 per visit	$60 per visit	$35 per visit	30% after deductible
Connexus Network	BCOC Premium 4000	$4,000 / $8,000	30% coinsurance	$8,500 / $17,000	$35 per visit	$60 per visit	$250, then 30%	$35 per visit	$35 per visit	$60 per visit	$35 per visit	30% after deductible
Connexus Network	BCOC Premium 5000	$5,000 / $10,000	30% coinsurance	$8,500 / $17,000	$35 per visit	$60 per visit	$250, then 30%	$35 per visit	$35 per visit	$60 per visit	$35 per visit	30% after deductible
Connexus Network	BCOC Premium 6000	$6,000 / $12,000	30% coinsurance	$9,200 / $18,400	$35 per visit	$60 per visit	$250, then 30%	$35 per visit	$35 per visit	$60 per visit	$35 per visit	30% after deductible
Connexus Network	BCOC Base 1000	$1,000 / $2,000	20% coinsurance	$6,000 / $12,000	$25 per visit	$50 after deductible per visit	$250, then 20% after deductible	$25 per visit	$25 per visit	20% after deductible	$25 after deductible per visit	20% after deductible
Connexus Network	BCOC Base 1500	$1,500 / $3,000	30% coinsurance	$6,000 / $12,000	$25 per visit	$50 after deductible per visit	$250, then 30% after deductible	$25 per visit	$25 per visit	30% after deductible	$25 after deductible per visit	30% after deductible
Connexus Network	BCOC Base 2000	$2,000 / $4,000	30% coinsurance	$7,500 / $15,000	$25 per visit	$50 after deductible per visit	$250, then 30% after deductible	$25 per visit	$25 per visit	30% after deductible	$25 after deductible per visit	30% after deductible
Connexus Network	BCOC Base 3000	$3,000 / $6,000	30% coinsurance	$8,000 / $16,000	$35 per visit	$60 after deductible per visit	$250, then 30% after deductible	$35 per visit	$35 per visit	30% after deductible	$35 after deductible per visit	30% after deductible
Connexus Network	BCOC Base 4000	$4,000 / $8,000	30% coinsurance	$8,500 / $17,000	$35 per visit	$60 after deductible per visit	$250, then 30% after deductible	$35 per visit	$35 per visit	30% after deductible	$35 after deductible per visit	30% after deductible
Connexus Network	BCOC Base 5000	$5,000 / $10,000	30% coinsurance	$8,500 / $17,000	$35 per visit	$60 after deductible per visit	$250, then 30% after deductible	$35 per visit	$35 per visit	30% after deductible	$35 after deductible per visit	30% after deductible
Connexus Network	BCOC Base 6000	$6,000 / $12,000	30% coinsurance	$9,200 / $18,400	$35 per visit	$60 after deductible per visit	$250, then 30% after deductible	$35 per visit	$35 per visit	30% after deductible	$35 after deductible per visit	30% after deductible
Connexus Network	BCOC HSA 1800	$1,800 / $3,600	50% coinsurance	$6,000 / $12,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Connexus Network	BCOC HSA 3600	$3,600 / $7,200	50% coinsurance	$6,000 / $12,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Connexus Network	BCOC HSA 4000	$4,000 / $8,000	0% coinsurance	$4,000 / $8,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Connexus Network	BCOC HSA 6000	$6,000 / $12,000	0% coinsurance	$6,000 / $12,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Connexus Network	BCOC Core 2500	$2,500 / $5,000	50% coinsurance	$8,000 / $16,000	$35 per visit	$70 per visit	50% after deductible	$35 per visit	$35 per visit	$50 after deductible per visit	$35 per visit	50% after deductible
Connexus Network	BCOC Core 3500	$3,500 / $7,000	50% coinsurance	$8,000 / $16,000	$35 per visit	$70 per visit	50% after deductible	$35 per visit	$35 per visit	$50 after deductible per visit	$35 per visit	50% after deductible
Connexus Network	BCOC Core 5000	$5,000 / $10,000	50% coinsurance	$8,500 / $17,000	$35 per visit	$70 per visit	50% after deductible	$35 per visit	$35 per visit	$50 after deductible per visit	$35 per visit	50% after deductible

*Plans are compliant with SB 1529, and enhanced cost shares apply to the first 3 visits PCP/MH.

**Acupuncture 12 visit limit and Spinal Manipulation 20 visit limit

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.

2027 ***Pharmacy*** benefit table

		Preventive	Value	Select Generic	High-cost Generics[1]	Preferred Brand	Non-preferred Brand	Generic Specialty	Preferred Specialty	Non-preferred Specialty
BCRX1.OR.26	Retail *30 day supply*	$0	$5	$10	50%	50%	50%	N/A	N/A	N/A
	Retail and Mail order *90-day supply*	$0	$5	$10	50%	50%	50%	N/A	N/A	N/A
	Specialty *30-day supply*	$0	$5	$10	50%	50%	50%	N/A	N/A	N/A
BCRX2.OR.26	Retail *30 day supply*	$0	$5	$10	$50	$50	$75	N/A	N/A	N/A
	Retail and Mail order *90-day supply*	$0	$10	$20	$100	$100	$150	N/A	N/A	N/A
	Specialty *30-day supply*	N/A	N/A	N/A	N/A	N/A	N/A	30%	30%	30%

1 Eligible to match current Preferred Brand cost-share

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We're here to support the pharmacy needs of your clients' employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus network includes over 87% of pharmacies in Oregon, plus more than 62,000 pharmacies nationwide.

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

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

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

Specialty pharmacy services

Ardon Health is our exclusive specialty pharmacy partner based in Portland, Oregon. It provides free delivery of specialty medications to a member's home or doctor's office. They can visit ardonhealth.com to learn more.

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

2027 ***Vision*** benefit table

	V1004 (Adult and Children)
Benefit Maximum (Ages 19+)	$400 per calendar year
	What members pay
Eye Exams[1] (including refraction)	0%
Lenses[1,2]	0%
Frames[1,2]	0%

1 Subject to benefit maximum for members age 19+
2 Contact lenses are covered in lieu of lenses and frames

2027 ***Dental plan*** benefit table

Plan Name*	Calendar year costs			Class 1***					Class 2				Class 3		
	Calendar year maximum, per member	Calendar year deductible, per member	Calendar year deductible, per family	Exams and X-rays	Cleanings	Sealants	Space maintainers	Topical application of fluoride	Restorative fillings	Oral surgery	Endodontics	Periodontics	Implants	Restorative crowns	Partial and complete dentures
Super Plan**															
PPO provider	$3,000	$0	$0	100%					80%				50%		
Premier provider	$3,000	$50	$150	100%					80%				50%		
Out-of-network non-participating provider	$3,000	$50	$150	100%					80%				50%		
High Plan															
PPO provider	$1,500	$0	$0	100%					80%				50%		
Premier provider	$1,500	$50	$150	100%					80%				50%		
Out-of-network non-participating provider	$1,500	$50	$150	100%					80%				50%		
Mid Plan															
PPO provider	$1,000	$0	$0	100%					80%				50%		
Premier provider	$1,000	$50	$150	100%					80%				50%		
Out-of-network non-participating provider	$1,000	$50	$150	100%					80%				50%		
Low Plan															
PPO provider	$1,000	$0	$0	80%					50%				25%		
Premier provider	$1,000	$50	$150	80%					50%				25%		
Out-of-network non-participating provider	$1,000	$50	$150	80%					50%				25%		

* Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental plans. This coverage pays 50% of the charge for orthodontics up to a $1,000 lifetime maximum.
** The Delta Dental Super Plan is available only to groups with 5 or more enrolling employees.
*** Deductible waived for preventive services.

2027 ***Orthodontia*** benefit table

Plan Name			
	Lifetime maximum	Members age 19+	Members under age 19
Delta Dental Adult & Child Ortho			
What members pay	$1,000	50%	50%

When you visit your dental provider, tell them you are a Delta Dental member. Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.

2027 ***Direct option*** benefit table

Willamette Dental

Covered benefits	Copays
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay $20 per Visit
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
Restorative Dentistry	
Fillings	You Pay a $35 Copay
Porcelain-Metal Crown	You Pay a $350 Copay**
Prosthodontics	
Complete Upper or Lower Denture	You Pay a $450 Copay**
Bridge (per Tooth)	You Pay a $350 Copay**
Endodontics & Periodontics	
Root Canal Therapy - Anterior	You Pay a $200 Copay
Root Canal Therapy - Bicuspid	You Pay a $225 Copay
Root Canal Therapy - Molar	You Pay a $275 Copay
Osseous Surgery (per Quadrant)	You Pay a $250 Copay
Root Planing (per Quadrant)	You Pay a $115 Copay

Covered benefits	Copays
Oral Surgery	
Routine Extraction (Single Tooth)	You Pay a $35 Copay
Surgical Extraction	You Pay a $150 Copay
Orthodontia Treatment	
Pre-Orthodontia Treatment	You Pay a $150 Copay***
Comprehensive Orthodontia Treatment	You Pay a $2,800 Copay
Dental Implants	
Dental Implant Surgery	Implant benefit maximum of $1,500 per calendar year
Miscellaneous	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a $40 Copay
Specialty Office Visit	You Pay $30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of $100
Out-of-network non-participating provider	$1,000
Root Planing (per Quadrant)	You Pay a $115 Copay

*Benefits for implant surgery have a benefit maximum, if covered.
**Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.
***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Ready to choose better health *for your clients?*

Questions?

Contact Bend Chamber or Johnson Benefit Planning:

BEND CHAMBER

Bend Chamber
541-382-3221
BendChamber.org/resources/Chamber-Health-Insurance

JOHNSON BENEFIT PLANNING
Alliant

Johnson Benefit Planning
541-382-3571 or toll free 800-314-3571

ModaHealth.com/bendchamber

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.

Willamette Dental
moda HEALTH
DELTA DENTAL

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