Choose a better experience with your health insurance

Oregon 2023 | Small Group (1-50)







A 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.



A DELTA DENTAL

Proven

with nearly **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 and many immunizations and 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

Moda has

333,000+

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.

More than

1 million

members in our members in our standalone medical plans pharmacy segment

"

Not once has it felt that the Oregon Fire Chiefs Association was just another number with Moda. The team we have the pleasure to work with goes the extra mile to ensure the plan meets the group's needs, which include a variety of collective bargaining agreements that are not all uniform.

- Redmond Fire & Rescue



2023

2023

Netwo

Enroll

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modahealth.com

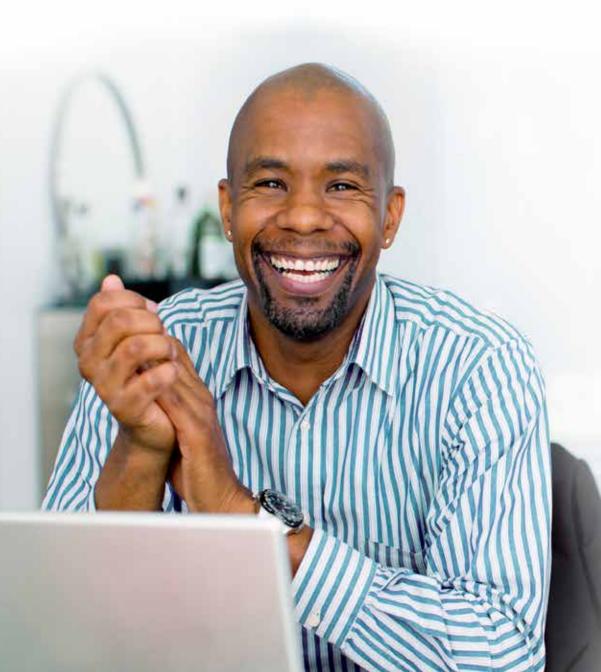
We know your time is valuable.



Medical plans	
Dental plans	
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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

Confirm client's eligibility 1 Your client's business must:

- Be in Oregon
- Have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least one employee enrolled on the first day of the plan year

Enroll by the 10th of the month 2

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.

Choose an employee eligibility 3 waiting period

It cannot exceed 90 days for integrated dental/medical or medical only plans.

Make changes to plans 4 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.

- Order ID cards

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Review employee enrollment information and history

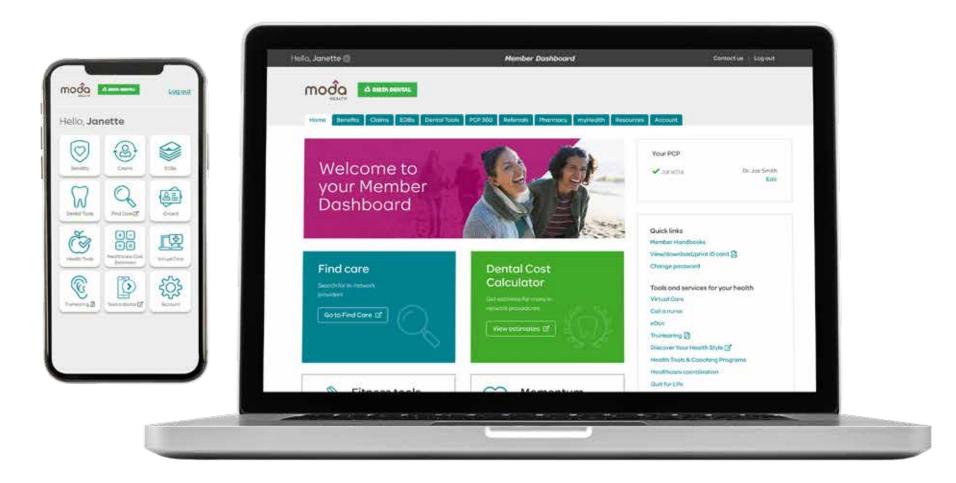
- Generate an enrollment census of covered
- employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages

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HEALTH	
MOÇÎ HEALTH	

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 凚
- 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

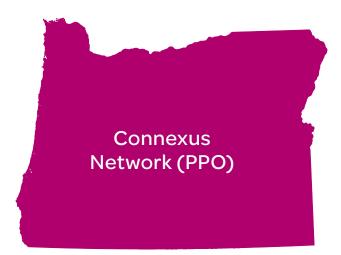
- Health coaching 🐣
- Care coordination \square
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling
- Kidney care

Mental health support

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

Life's **better** in the 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.



Connexus Network (PPO)

When clients want our broadest selection of providers across Oregon, **Connexus Network** has them covered. Clients located anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington and Idaho.

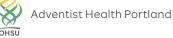


Adventist Health Portland • Asante • Bay Area Hospital • Blue Mountain Hospital District CHI St. Anthony Hospital
Columbia Memorial Hospital
Good Shepherd Healthcare System Grande Ronde Hospital • Harney District Hospital • Hillsboro Medical Center Kadlec Regional Medical Center • Lake Health District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



Helps employees residing in these counties manage their health in close partnership with their primary care provider (PCP) and the rest of their care team. In addition to OHSU, *Moda Select* gives members access to a community of quality providers, including Hillsboro Medical Center and Adventist Health Portland.









Moda Select Network

Moda Select Network





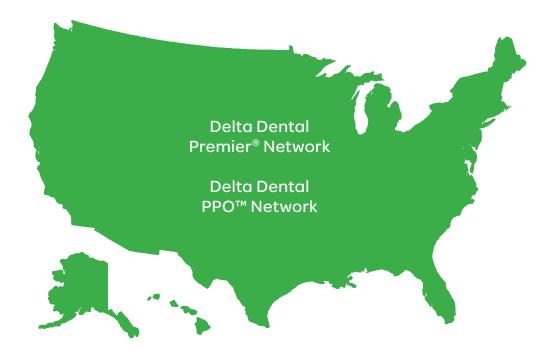
Aetna® PPO Network through Aetna Signature Administrators®

For care outside of Oregon, members can see providers in the Aetna® PPO Network.

A DELTA DENTAL°

Delta Dental networks go where you go

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





Delta Dental Direct Option with Willamette Dental Group

We partner with Willamette Dental Group and offer a Direct Option plan that includes a network of Willamette Dental Group providers. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone.

Delta Dental **PPO™** Network

Potential savings in-network



Choose from a large selection of dentists



Delta Dental **Premier**[®] Network

Potential savings in-network



Get more choice with the largest dental network in Oregon



Δ delta dental[®]

Quality coverage for your smile

When all you need is dental insurance, we've got you covered.

With Delta Dental of Oregon plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



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





2023 *Medical plan* benefit table

No referrals

	Plan name	Cc	Calendar year costs				(Care & serv	vices					Prescripti	on medica	tions ³	
		Annual deductible per person / family	Coinsurance	Annual OOP maximum per person / family	PCP visits	Specialist visits	Emergency room visits	Virtual office visits	Mental health office visits	Outpatient rehabilitation ¹	Alternative care ²	Value	Select	Preferred	Non- preferred	Preferred specialty	Non- preferred specialty
		In-	network membe	ers pay			In-r	network memł	pers pay					In-netwo	rk members p	bay	
	• Connexus Platinum 250	\$250/\$500	10%	\$3,000 / \$6,000	\$15 / visit	\$30 / visit	\$200/10%	\$15/visit	\$15 / visit	\$30 / visit	\$15 / visit	\$2	\$10	\$30	50%	25%	50%
	• <u>Connexus Platinum 500</u>	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$15 / visit	\$30/visit	\$200/10%	\$15 / visit	\$15 / visit	\$30 / visit	\$15 / visit	\$2	\$10	\$30	50%	25%	50%
	Connexus Gold 500	\$500 / \$1,000	25%	\$8,550 / \$17,100	\$30 / visit	\$50 / visit	\$300/25%	\$30 / visit	\$30 / visit	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	25%	50%
	Connexus Gold 1000	\$1,000 / \$2,000	20%	\$8,550 / \$17,100	\$40 / visit	\$60/visit	\$300/20%	\$40 / visit	\$40 / visit	\$60 / visit	\$40/visit	\$2	\$10	\$40	50%	25%	50%
	Connexus Gold 1500	\$1,500 / \$3,000	25%	\$8,550 / \$17,100	\$30 / visit	\$50 / visit	\$300/25%	\$30 / visit	\$30 / visit	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	25%	50%
	Connexus Gold 2000	\$2,000 / \$4,000	25%	\$7,000 / \$14,000	\$30 / visit	\$50 / visit	\$300/25%	\$30 / visit	\$30 / visit	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	25%	50%
	Connexus Gold 2500	\$2,500 / \$5,000	30%	\$6,500 / \$13,000	\$30 / visit	\$50 / visit	\$400/30%	\$30 / visit	\$30/visit	\$50 / visit	\$30 / visit	\$2	\$20	\$50	50%	25% after deductible	50% after deductible
	Connexus Silver 3500	\$3,500 / \$7,000	40%	\$8,800 / \$17,600	\$50 / visit	\$70 / visit	\$400/40%	\$50 / visit	\$50 / visit	\$70 / visit	\$50 / visit	\$2	\$20	\$70	50%	25% after deductible	50% after deductible
ž	Connexus Silver 4500	\$4,500 / \$9,000	35%	\$8,900 / \$17,800	\$50 / visit	\$80/visit	\$400/35%	\$50 / visit	\$50 / visit	\$80/visit	\$50 / visit	\$2	\$20	\$80	50%	25% after deductible	50% after deductible
two	• <u>Connexus Silver 5500</u>	\$5,500 / \$11,000	50%	\$8,800 / \$17,600	\$40/visit	\$60/visit	\$400/50%	\$40 / visit	\$40/visit	\$60 / visit	\$40/visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
s Ne	Connexus Silver 7000	\$7,000 / \$14,000	50%	\$8,150 / \$16,300	\$40/visit	\$60/visit	\$400/50%	\$40 / visit	\$40 / visit	\$60 / visit	\$40/visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
Conn<i>exus</i> Network	Connexus Bronze 8550	\$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	\$2	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Conr	Moda Health Oregon Standard Gold	\$1,800 / \$3,600	20%	\$7,300 / \$14,600	\$20 / visit	\$40 / visit	20% after deductible	\$20/visit	\$20 / visit	\$20 / visit	\$20 / visit	\$10	\$10	\$30	50%	50% to \$500 max per fill	50% to \$500 max per fill
Ĭ	Moda Health Oregon Standard Silver	\$4,800 / \$9,600	30%	\$9,100 / \$18,200	\$40 / visit	\$80/visit	30% after deductible	\$40 / visit	\$40/visit	\$40 / visit	\$40/visit	\$15	\$15	\$60	50%	50%	50%
	Moda Health Oregon Standard Bronze	\$8,800 / \$17,600	0%	\$8,800 / \$17,600	\$50 / visit	\$100 / visit	0% after deductible	\$50 / visit	\$50 / visit	\$50 / visit	\$50 / visit	\$20	\$20	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	<u>Connexus Gold HDHP 1500</u>	\$1,500 / \$3,000	20%	\$4,400 / \$8,800	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$2	25% after deductible	25% after deductible	50% after deductible	20% after deductible	50% after deductible
	<u>Connexus Silver HDHP 3000</u>	\$3,000 / \$6,000	30%	\$6,000 / \$12,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$2	30% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
	<u>Connexus Silver HDHP 3500</u>	\$3,500 / \$7,000	25%	\$7,500 / \$15,000	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	\$2	25% after deductible	35% after deductible	50% after deductible	20% after deductible	50% after deductible
	<u>Connexus Silver HDHP 4850</u>	\$4,850 / \$9,700	0%	\$4,850 / \$9,700	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$2	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	Connexus Bronze HDHP 5500	\$5,500 / \$11,000	50%	\$7,000 / \$14,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$2	50% after deductible	50% after deductible	50% after deductible	20% after deductible	50% after deductible
	Connexus Bronze HDHP 7000	\$7,000 / \$14,000	0%	\$7,000 / \$14,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$2	0% after deductible	0% after	0% after deductible	0% after deductible	0% after deductible

Occupational therapy, physical therapy, speech therapy
 Acupuncture and spinal manipulation
 Copays are per 30-day fill

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. If there is any discrepancy between the summaries and the contract, it is the control.

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2023 *Medical plan* benefit table

	Plan name	C	alendar year o	costs				Care & s	ervices			Prescription medications ³					
		Annual deductible per person / family	Coinsurance	Annual OOP maximum per person / family	PCP visits	Specialist visits	Emergency room visits	Virtual office visits	Mental health office visits	Outpatient rehabilitation ⁷	Alternative care ⁸	Value	Select	Preferred	Non- preferred	Preferred specialty	Non- preferred specialty
		In	-network membe	rs pay		In-network members pay					In-network members pay						
	Moda Select Platinum 500	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$0 / visit¹	\$30 / visit	\$250/20%	\$0/visit ¹	\$0 / visit first 3 visits, then \$10 / visit ⁶	\$30/visit	\$10 / visit	\$2	\$10	\$30	50%	20%	50%
	• Moda Select Gold 500	\$500 / \$1,000	30%	\$8,550 / \$17,100	\$0/ visit²	\$50 / visit	\$250/30%	\$0/visit²	\$0 / visit first 3 visits, then \$30 / visit ⁶	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	20%	50%
	Moda Select Gold 1000	\$1,000 / \$2,000	20%	\$8,550 / \$17,100	\$0 / visit³	\$60 / visit	\$300/20%	\$0 / visit ³	\$0 / visit first 3 visits, then \$40 / visit ⁶	\$60 / visit	\$40 / visit	\$2	\$10	\$60	50%	20%	50%
~	Moda Select Gold 1500	\$1,500 / \$3,000	30%	\$8,550 / \$17,100	\$0 / visit²	\$50 / visit	\$300/30%	\$0/visit²	\$0 / visit first 3 visits, then \$30 / visit ⁶	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	20%	50%
<i>Select</i> Network	Moda Select Gold 2500	\$2,500 / \$5,000	30%	\$7,500 / \$15,000	\$0 / visit²	\$50 / visit	\$300/30%	\$0 / visit²	\$0 / visit first 3 visits, then \$30 / visit ⁶	\$50 / visit	\$30 / visit	\$2	\$10	\$50	50%	20%	50%
t Ne	Moda Select Silver 3500	\$3,500 / \$7,000	40%	\$8,850 / \$17,700	\$0 / visit⁵	\$70 / visit	\$400/40%	\$0 / visit ⁴	\$0 / visit first 3 visits, then \$50 / visit ⁶	\$70 / visit	\$50 / visit	\$2	\$30	\$70	50%	20% after deductible	50% after deductible
selec	Moda Select Silver 5000	\$5,000 / \$10,000	35%	\$8,850 / \$17,700	\$0/ visit⁵	\$70 / visit	\$400/35%	\$0 / visit ⁴	\$0 / visit first 3 visits, then \$50 / visit ⁶	\$70 / visit	\$50 / visit	\$2	\$30	\$70	50%	20% after deductible	50% after deductible
Moda S	Moda Select Silver 5500	\$5,500 / \$11,000	50%	\$8,150 / \$16,300	\$0 / visit ⁴	\$60 / visit	\$400/50%	\$0 / visit ³	\$0 / visit first 3 visits, then \$40 / visit ⁶	\$60 / visit	\$40 / visit	\$2	\$30	\$60	50%	20% after deductible	50% after deductible
Mo	Moda Select Bronze 7500	\$7,500 / \$15,000	30%	\$8,550 / \$17,100	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$2	\$25 after deductible	25% after deductible	50% after deductible	20% after deductible	50% after deductible
	Moda Select Silver HDHP 2000	\$2,000 / \$4,000	30%	\$6,750 / \$13,500	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$2	\$25 after deductible	35% after deductible	50% after deductible	20% after deductible	50% after deductible
	Moda Select Silver HDHP 4850	\$4,850 / \$9,700	0%	\$4,850 / \$9,700	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$2	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	Moda Select Bronze HDHP 5500	\$5,500 / \$11,000	50%	\$7,000 / \$14,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$2	50% after deductible	50% after deductible	50% after deductible	20% after deductible	50% after deductible

1 \$10 after first 3 PCP or Virtual office visits for age 19+ 2 \$30 after first 3 PCP or Virtual office visits for age 19+ 3 Copays are per 30-day fill 4 \$40 after first 3 PCP or Virtual office visits for age 19+ 5 \$50 after first 3 PCP or Virtual office visits for age 19+ 6 Combined with substance use disorder office visits 7 Occupational therapy, physical therapy, speech therapy 8 Acupuncture and spinal manipulation

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2023 Vision plan benefit table

	Vision \$200 max	Vision \$300 max	Vision \$400 max
Benefit maximum	\$200	\$300	\$400
		What members pay	
Eye exams (including refraction)	0%	0%	0%
Lenses	0%	0%	0%
Frames	0%	0%	0%

* Vision benefits are for 19+

2023 **Dental plan** benefit table

Plan name		Calendar year cost	S	Class 1	Class 2		Class 3		
	Deductible	Out-of-pocket maximum per person	Annual maximum	Exams & X-rays Cleanings	Restorative Oral fillings Surgery Anesthesia	Restorative crowns dentu	ete Implants	Orthodontia	
	per person / family	Under age 19 1 member / 2+ members	Age 19+		Under age 19, members pay / Ag	ges 19+, members pay			Direct Option plan match
<u>Delta Dental Premier, 2000, Incentive (70-100), 0</u>	\$0	\$375 / \$750	\$2,000	10% / Year 1 - 30%, Year 2 - 20%, Year 3 - 10%, Year 4 - 0%²	30% / Year 1 - 30%, Year 2 - 20%, Year 3 - 10%, Year 4 - 0%²	50%	50% ³	50% ¹	1J-JK
<u>Delta Dental Premier, 1500, 100*/80/50, 25</u>	\$25/\$75	\$375 / \$750	\$1,500	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	3J-JK
<u>Delta Dental Premier, 1000, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$1,000	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	5J-JK
<u>Delta Dental Premier, 1500, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$1,500	10% / 0%	10% / 0% 30% after deductible / 20% after deductible		50% after deductible ³	50% after deductible ¹	31-1K
<u>Delta Dental Premier, 2000, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$2,000	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	1J-JK
<u>Delta Dental Premier, 2500, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$2,500	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	1J-JK
<u>Delta Dental Premier, 1000, 80/80/50, 50</u>	\$50/\$150	\$375 / \$750	\$1,000	10% / 20% after deductible	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	7J-JK
<u>Delta Dental Premier, PF, 1500, 100*/80/50, 50</u>	\$50 / \$150	\$375 / \$750	\$1,500 Class 1 does not apply to max	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible¹	3J-JK
<u>Delta Dental Premier, PF, 1000, 100*/80/50, 50</u>	\$50 / \$150	\$375 / \$750	\$1,000 Class 1 does not apply to max	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	5J-JK
Delta Dental Premier Shining Smiles	\$50 / \$150	\$375 / \$750	NA	10% / Not covered	30% after deductible / Not covered	50% after deductible Not covered	/ Not covered	50% after deductible ¹	NA
Delta Dental Premier, Voluntary, 1000, 100*/80/50, 50	\$50/\$150	\$375/\$750	\$1,000	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	5J-JK
Delta Dental Premier, Voluntary, 1500, 100*/80/50, 50	\$50/\$150	\$375/\$750	\$1,500	10% / 0%	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	3J-JK
Delta Dental Premier, Voluntary, 1000, 80/80/50, 50	\$50/\$150	\$375 / \$750	\$1,000	10% / 20% after deductible	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	7J-JK
Delta Dental Premier, Voluntary, 1500, 80/80/50, 50	\$50 / \$150	\$375 / \$750	\$1,500	10% / 20% after deductible	30% after deductible / 20% after deductible	50% after deductible	50% after deductible ³	50% after deductible ¹	7J-JK

1 Only medically necessary orthodontia to treat cleft palate is covered for under age 19. Not covered for age 19 and over. 2 Under this plan, if the member visits the dentist at least once during the year, benefit payments will increase by 10% the following year. If the member does not visit the dentist at least once during the year, benefit payments will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, benefit payments will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, benefit payments will decrease by 10% the following year.

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. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 **Dental plan** benefit table

	Plan name	Calendar year costs			Class 1	Class 2		Class 3		
		Deductible	Out-of-pocket maximum per person²	Annual maximum	Exams & X-rays Cleanings	Restorative Oral fillings Oral Anesthesia	Restorative crowns Partial and complete dentures	Implants	Orthodontia	
		per person / family	Under age 19 1 member / 2+ members	Age 19+		In-network benefits – Under age	19, members pay / Ages 19+, memt	bers pay		Direct Option Plan Match
	<u>Delta Dental PPO, 1000A, 100*/90/50, 50</u>	\$50/\$150	\$375/\$750	\$1,000	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	7J-JK
	<u>Delta Dental PPO, 1500A, 100*/90/50, 50</u>	\$50/\$50	\$375/\$750	\$1,500	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	3J-JK
	<u>Delta Dental PPO, 2000A, 100*/90/50, 25</u>	\$25/\$75	\$375/\$750	\$2,000	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	1J-JK
	Delta Dental PPO 2500A, 100*/90/50, 50	\$50 / \$150	\$375/\$750	\$2,500	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	1J-JK
	<u>Delta Dental PPO, 1000B, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,000	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	7J-JK
~	<u>Delta Dental PPO, 1500B, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,500	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	3J-JK
tworl	<u>Delta Dental PPO, 2000B, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$2,000	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	1J-JK
∎ Z B	<u>Delta Dental PPO, 1000, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,000	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	7J-JK
Odd	<u>Delta Dental PPO, 1500, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,500	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	5J-JK
Delta Dental PPO' ^{III} Network	<u>Delta Dental PPO, PF, 1500B, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$1,500 Class 1 does not apply to max	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	3J-JK
Delt	<u>Delta Dental PPO, PF, 1000B, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,000 Class 1 does not apply to max	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	7J-JK
	<u>Delta Dental PPO PF, 1500, 100*/80/50, 50</u>	\$50/\$150	\$375/\$750	\$1,500 Class 1 does not apply to max	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	3J-JK
	<u>Delta Dental PPO, PF, 1000, 100*/80/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,000 Class 1 does not apply to max	0%	40% after deductible / 20% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	5J-JK
	<u>Delta Dental PPO, PF, 1500A, 100*/90/50, 50</u>	\$50/\$150	\$375/\$750	\$1,500 Class 1 does not apply to max	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	3J-JK
	<u>Delta Dental PPO, PF, 1000A, 100*/90/50, 50</u>	\$50 / \$150	\$375/\$750	\$1,000 Class 1 does not apply to max	0%	40% after deductible / 10% after deductible	50% after deductible	Not covered / 50% after deductible	50% after deductible ¹	5J-JK

Only medically necessary orthodontia to treat cleft palate is covered for under age 19. Not covered for age 19 and over.
 Out-of-pocket maximum for in-network only

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. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 **Dental plan** benefit table

	Plan name	Calendar year costs			Calendar year costs Class 1 Class 2				Class 3					
		Deductible	Out-of-pocket maximum per person²	Annual maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia	
		per person / family	Under age 19 1 member / 2+ members	Age 19+			In-netwo	ork benefits –	Under age 19,	members pay / A	Ages 19+, membe	ers pay		Direct Option Plan Match
	Delta Dental PPO MAC, 1500, 100*/60/50, 50	\$50 / \$150	\$375 / \$750	\$1,500	0%	6	40% at	fter deductibl	le	50% after o	leductible	Not covered	50% after deductible ¹	7J-JK
	Delta Dental PPO, Voluntary, 1000, 100*/90/50, 50	\$50 / \$150	\$375 / \$750	\$1,000	0%	6		ter deductible fter deductibl		50% after c	leductible	Not covered	50% after deductible ¹	7J-JK
	<u>Delta Dental PPO, Voluntary, 1500, 100*/90/50, 50</u>	\$50/\$150	\$375/\$750	\$1,500	0%	6		ter deductible fter deductibl		50% after o	leductible	Not covered	50% after deductible ¹	5J-JK
	Delta Dental PPO, Voluntary, 1000, 100*/80/50, 50	\$50/\$150	\$375/\$750	\$1,000	0%	6		ter deductible fter deductibl		50% after c	leductible	Not covered	50% after deductible ¹	7J-JK
Dental PPO™ Network	<u>Delta Dental PPO, Voluntary, 1500, 100*/80/50, 50</u>	\$50 / \$150	\$375 / \$750	\$1,500	0%	6		ter deductible fter deductibl	·	50% after o	leductible	Not covered	50% after deductible ¹	5J-JK
J™ N∈	PPO Plus 1	\$25/\$75	\$375/\$750	\$1,100	0%	6	20% af	fter deductibl	le	50% after o	leductible	Not covered	50% after deductible ¹	7J-JK
I PPC	PPO Plus 2	\$25/\$75	\$375/\$750	\$1,600	0%	6	20% af	fter deductibl	le	50% after c	leductible	Not covered	50% after deductible ¹	3J-JK
Dentc	PPO Plus 3	\$25/\$75	\$375/\$750	\$2,100	0%	6	20% af	fter deductibl	le	50% after a	leductible	Not covered	50% after deductible ¹	1J-JK
Delta I	PPO Plus 4	\$25/\$75	\$375/\$750	\$2,600	0%	6	20% af	fter deductibl	le	50% after o	leductible	Not covered	50% after deductible ¹	1J-JK
Δ	PPO Plus 5	\$25/\$75	\$375 / \$750	\$3,100	0%	6	20% af	fter deductibl	le	50% after o	deductible	Not covered	50% after deductible ¹	1J-JK
	<u>Delta Dental EPO, 1500, 100*/80/50, 50</u>	\$50 / \$150	\$375 / \$750	\$1,500	0%	6		ter deductible fter deductibl		50% after o	leductible	Not covered	50% after deductible ¹	5J-JK
	<u>Delta Dental EPO, 1000, 100*/80/50, 50</u>	\$50 / \$150	\$375 / \$750	\$1,000	0%	6		ter deductible fter deductibl		50% after c	leductible	Not covered	50% after deductible ¹	7J-JK
	Delta Dental EPO, Voluntary, 1000, 100*/80/50, 50	\$50 / \$150	\$375/\$750	\$1,000	0%	6		iter deductible fter deductibl		50% after c	leductible	Not covered	50% after deductible ¹	7J-JK

Only medically necessary orthodontia to treat cleft palate is covered for under age 19. Not covered for age 19 and over.
 Out-of-pocket maximum for in-network only

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. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 Direct option benefit table

Plan name		Calendar year o	costs							Care and se	rvices			
	Deductible	Annual maximum	Annual out-of-pocket limit	General office visit	Exams & X-rays	Teeth cleaning	Fillings	Porcelain- metal crown	Complete upper or lower denture	Bridge (per tooth)	Root canal therapy anterior / bicuspid / molar	Routine extraction (single tooth)	Surgical extraction	Comprehensive orthodontia services
			1 child / 2+ children						Under	age 19, members	s pay / Ages 19+, members pay			
Direct Option 1J-JK	No deductible	No annual maximum	\$375/\$750	\$15 / visit	C)%	\$15	\$100	\$75	\$100	\$100/\$125/\$175	\$15	\$75	\$2,400 ¹
Direct Option 3J-JK	No deductible	No annual maximum	\$375/\$750	\$15 / visit	C)%	\$20	\$150	\$150	\$150	\$125/\$175/\$225	\$20	\$120	\$2,800 ¹
Direct Option 5J-JK	No deductible	No annual maximum	\$375/\$750	\$25 / visit	0%		\$25	\$200	\$200	\$200	\$150/\$200/\$275	\$25	\$150	\$2,800 ¹
Direct Option 7J-JK	No deductible	No annual maximum	\$375/\$750	\$30 / visit	C)%	\$30	\$300	\$350/\$450	\$300	\$175 / \$225 / \$325	\$30	\$175	\$2,800 ¹
Voluntary Direct Option VDO1J-VOD1JK	No deductible	No annual maximum	\$375/\$750	\$15 / visit	C)%	\$15	\$350/\$375	\$350/\$500	\$375	\$125/\$200/\$250	\$15	\$175	\$2,200 ¹
Voluntary Direct Option VDO2J-VDO2JK	No deductible	No annual maximum	\$375/\$750	\$25/visit	O)%	\$20	\$350 / \$375	\$350 / \$500	\$375	\$125/\$200/\$250	\$20	\$175	\$2,200 ¹
Voluntary Option 3J-JK-V	No deductible	No annual maximum	\$375/\$750	\$15 / visit	O)%	\$20	\$150	\$150	\$150	\$125 / \$175 / \$225	\$20	\$120	\$2,800 ¹
Voluntary Option 5J-JK-V	No deductible	No annual maximum	\$375/\$750	\$25 / visit	O)%	\$25	\$200	\$200	\$200	\$150 / \$200 / \$275	\$25	\$150	\$2,800 ¹
Voluntary Option 7J-JK-V	No deductible	No annual maximum	\$375/\$750	\$30 / visit	C)%	\$30	\$300	\$350/\$450	\$300	\$175 / \$225 / \$325	\$30	\$175	\$2,800 ¹

1 Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members age 18 and under. Orthodontic Services for all other purposes is not included in the Annual Out-of-Pocket Limit. 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. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 **Orthodontia plan** riders

	Child Ortho 1000	Child Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500						
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500						
		What members pay								
Members age 19+	Not covered	Not covered	50%	50%						
Members under age 19	50%1	50% ¹	50%	50%						

1 Treatment must start prior to child's 17th birthday.





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