

Small Group (1-50)

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



2025



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.



Proven

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

Easy

with **no referrals** required for specialists

Convenient

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



Quality, evidence-based plans

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



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 standalone
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



We know your time is valuable.

Quick links

2025 Medical plans



2025 Dental 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 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

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 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 your clients quickly access and manage the details of benefits administration.

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

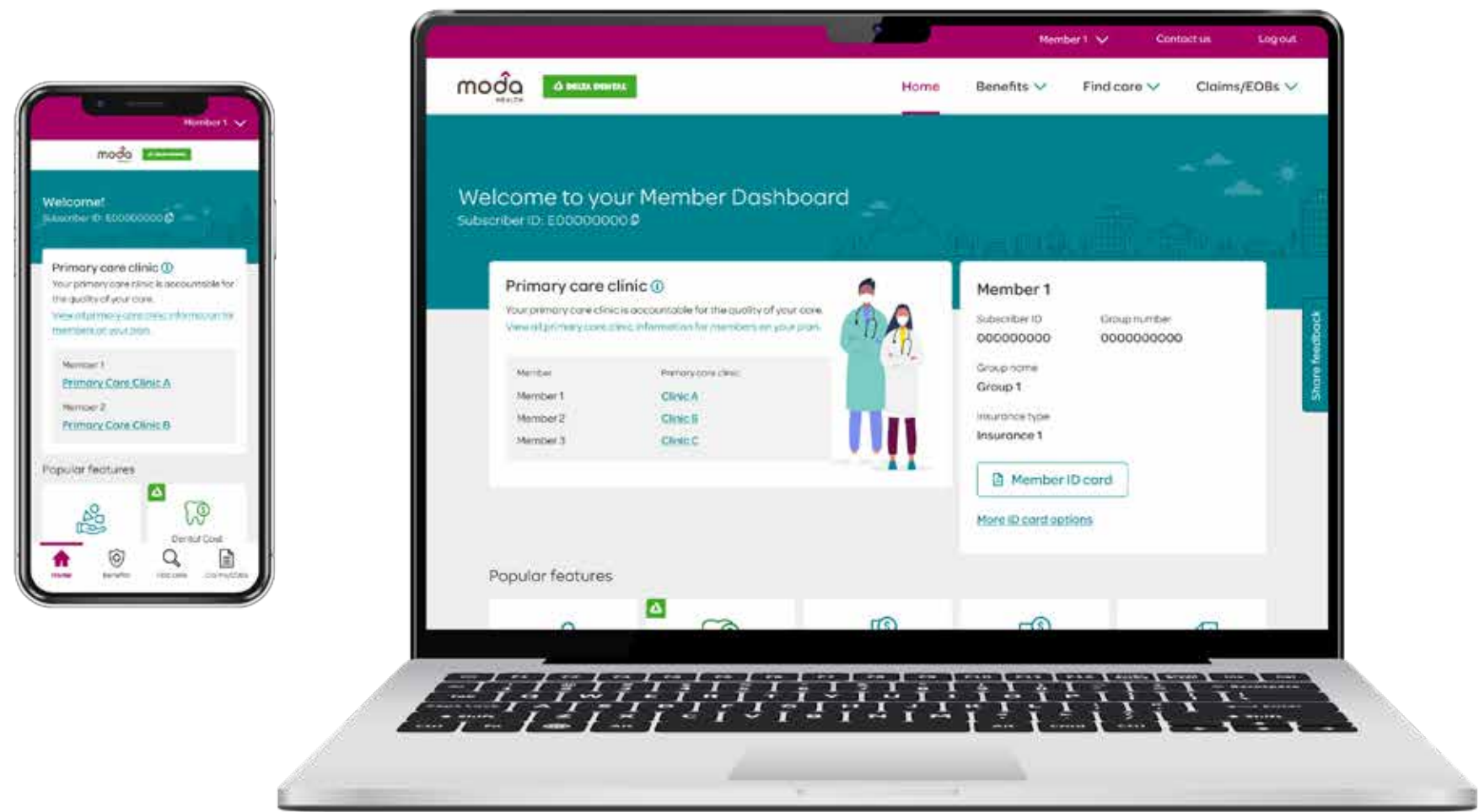
- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards





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

Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.






Discounts

- Gym memberships 
- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams 
- Popular health and fitness brands (*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 
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling 
- Kidney care

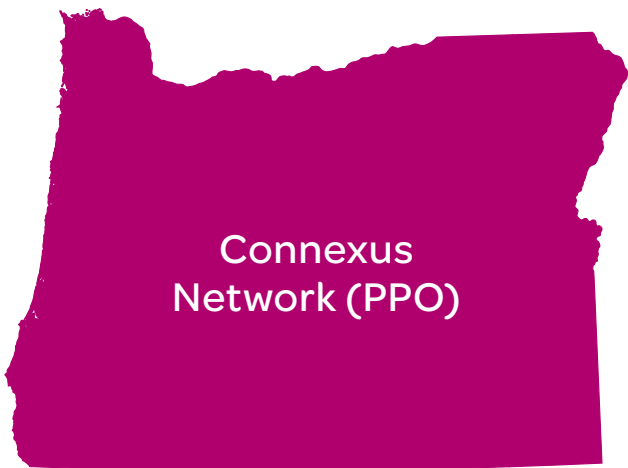


Mental health support

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

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.



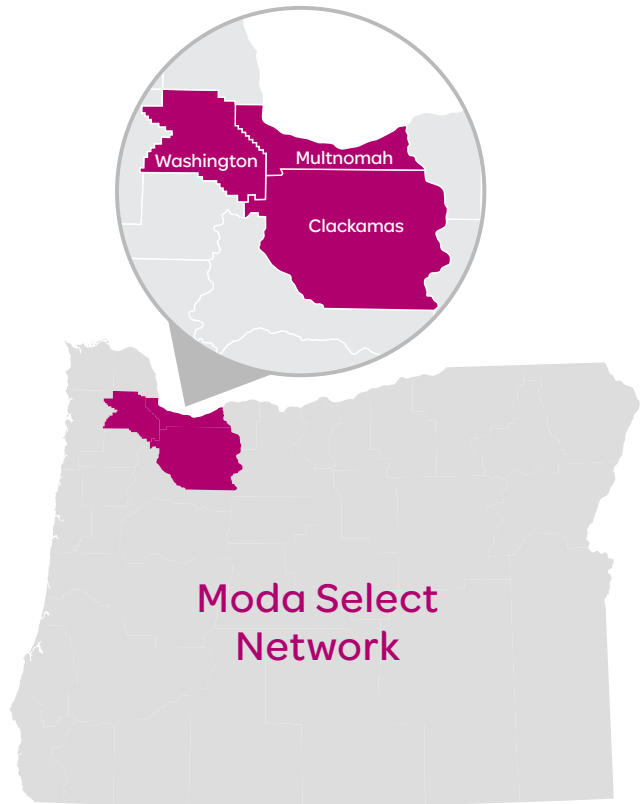
Connexus
Network (PPO)

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



Moda Select
Network

Moda Select Network

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.



Adventist Health Portland • Hillsboro Medical Center



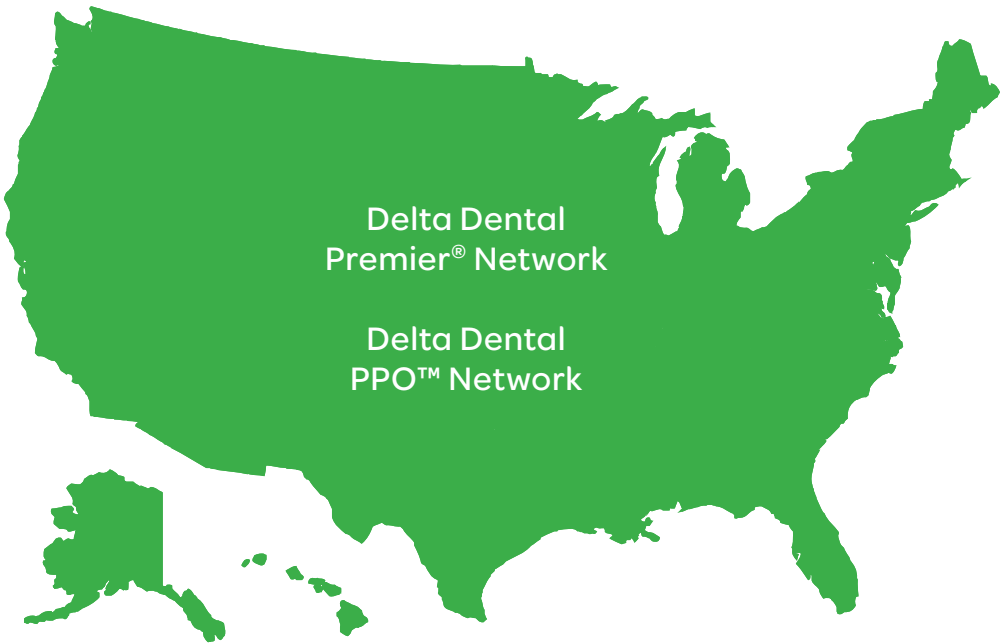
Aetna® PPO Network through Aetna Signature Administrators®

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



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





Quality coverage *for your smile*

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

With Delta Dental 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.



Savings from
in-network
dentists



Cleanings every
six months

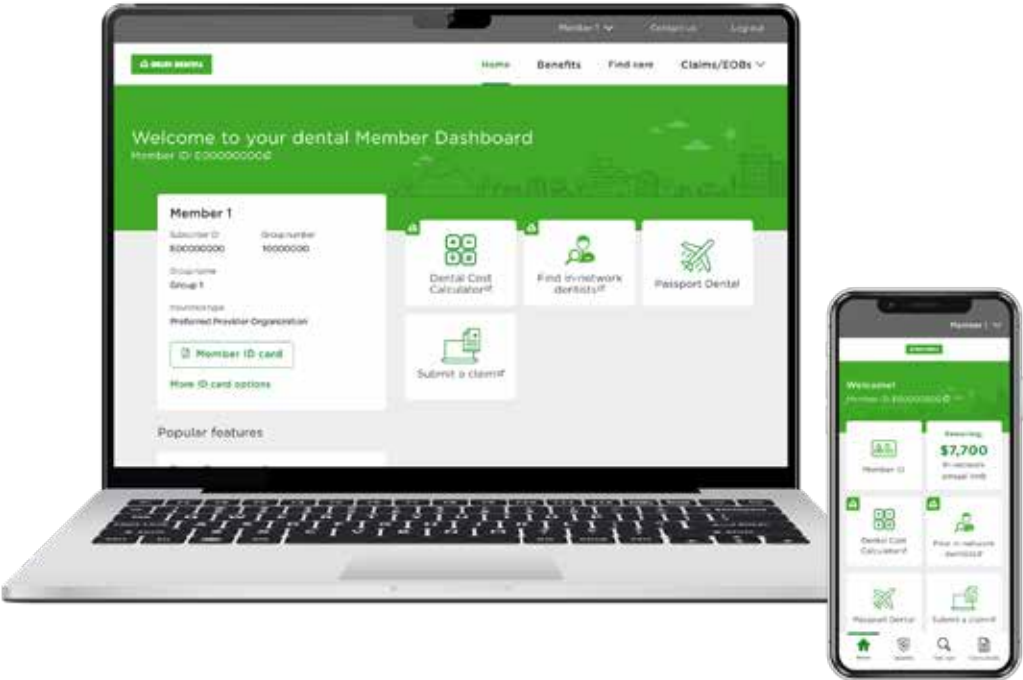


Superior
customer service



Freedom to
choose a dentist

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.



2025 *Medical plan* benefit table

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

Plan name		Calendar-year costs			Care & services							Prescription medication					
		Annual deductible per person / family	Coinsurance	Annual out-of-pocket maximum per person / family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
		In-network members pay			In-network members pay							In-network members pay					
Connexus Network	● Connexus Platinum 250 ^{1,2}	\$250 / \$500	10%	\$4,000 / \$8,000	\$15 per visit	\$30 per visit	\$250 per visit after deductible	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$2	\$10	\$30	50%	25%	50%
	● Connexus Platinum 500 ^{1,2}	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$15 per visit	\$30 per visit	\$250 per visit after deductible	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$2	\$10	\$30	50%	25%	50%
	● Connexus Gold 500 ^{1,2}	\$500 / \$1,000	25%	\$7,500 / \$15,000	\$30 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 1000 ^{1,2}	\$1,000 / \$2,000	20%	\$8,000 / \$16,000	\$30 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 1500 ^{1,2}	\$1,500 / \$3,000	25%	\$8,000 / \$16,000	\$25 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 2000 ^{1,2}	\$2,000 / \$4,000	25%	\$7,000 / \$14,000	\$30 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 2500 ^{1,2}	\$2,500 / \$5,000	30%	\$6,500 / \$13,000	\$20 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$2	\$20	\$50	50%	25% after deductible	50% after deductible
	● Connexus Silver 3500 ^{1,2}	\$3,500 / \$7,000	40%	\$8,200 / \$16,400	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Silver 3750 ^{1,2}	\$3,750 / \$7,500	35%	\$8,550 / \$17,100	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Silver 4500 ^{1,2}	\$4,500 / \$9,000	35%	\$8,550 / \$17,100	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Silver 5500 ^{1,2}	\$5,500 / \$11,000	50%	\$8,750 / \$17,500	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Silver 7000 ^{1,2}	\$7,000 / \$14,000	50%	\$9,100 / \$18,200	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Bronze 8550 ^{2,3}	\$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
	● Connexus Gold HDHP 1650 ^{2,4,5}	\$1,650 / \$3,300	20%	\$4,150 / \$8,050	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
	● Connexus Silver HDHP 3000 ^{2,4,5}	\$3,000 / \$6,000	30%	\$6,250 / \$12,500	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
	● Connexus Silver HDHP 3500 ^{2,5}	\$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
	● Connexus Bronze HDHP 5500 ^{2,5}	\$5,500 / \$11,000	50%	\$7,200 / \$14,400	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 7500 ^{2,5}	\$7,500 / \$15,000	0%	\$7,500 / \$15,000	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 deductible	0% after deductible	0% after deductible	0% after deductible
	● Moda Health Oregon Standard Gold ^{1,2,6}	\$1,500 / \$3,000	20%	\$7,000 / \$14,000	\$20 per visit	\$40 per visit	20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$10	\$10	\$30	50%	50%	50%
	● Moda Health Oregon Standard Silver ^{1,2}	\$5,500 / \$11,000	30%	\$9,200 / \$18,400	\$40 per visit	\$80 per visit	30% after deductible	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$15	\$15	\$60	50%	50%	50%
	● Moda Health Oregon Standard Bronze ^{1,2}	\$9,200 / \$18,400	0%	\$9,200 / \$18,400	\$50 per visit	\$150 per visit	0% after deductible	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$25	\$25	0% after deductible	0% after deductible	0% after deductible	0% after deductible

¹First three visits (including in-person or virtual primary care visits and mental health/substance use disorder office visits) \$5/visit ² One copay per 30-day supply of medication. \$35 maximum per 30-day supply for insulin ³ First three visits (including in-person or virtual primary care visits and mental health/substance use disorder office visits) 0% coinsurance ⁴ For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone ⁵ First three visits (including in person or virtual primary care visits and mental health/substance use disorder office visits) 0% coinsurance after deductible ⁶ \$500 maximum per 30-day specialty prescription fill

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.

2025 *Medical plan* benefit table

Plan name		Calendar-year costs			Care & services							Prescription medication					
		Annual deductible per person / family	Coinsurance	Annual out-of-pocket maximum per person / family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
		In-network members pay			In-network members pay							In-network members pay					
Moda Select Network	● Moda Select Platinum 500 ^{1,2}	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$10 per visit	\$30 per visit	\$250 per visit after deductible	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$2	\$10	\$30	50%	20%	50%
	● Moda Select Gold 500 ^{1,2}	\$500 / \$1,000	30%	\$8,550 / \$17,100	\$30 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$2	\$10	\$50	50%	20%	50%
	● Moda Select Gold 1000 ^{1,2}	\$1,000 / \$2,000	20%	\$8,550 / \$17,100	\$40 per visit	\$60 per visit	\$300 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$10	\$60	50%	20%	50%
	● Moda Select Gold 1500 ^{1,2}	\$1,500 / \$3,000	30%	\$8,000 / \$16,000	\$25 per visit	\$45 per visit	\$300 per visit after deductible	\$10 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$2	\$10	\$45	50%	20%	50%
	● Moda Select Gold 2500 ^{1,2}	\$2,500 / \$5,000	30%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$300 per visit after deductible	\$10 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$2	\$10	\$50	50%	20%	50%
	● Moda Select Silver 3500 ^{1,2}	\$3,500 / \$7,000	40%	\$8,850 / \$17,700	\$50 per visit	\$70 per visit	\$400 per visit after deductible	\$10 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$2	\$30	\$70	50%	20% after deductible	50% after deductible
	● Moda Select Silver 3750 ^{1,2}	\$3,750 / \$7,500	35%	\$9,200 / \$18,400	\$50 per visit	\$70 per visit	\$400 per visit after deductible	\$10 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$2	\$20	\$70	50%	25% after deductible	50% after deductible
	● Moda Select Silver 5000 ^{1,2}	\$5,000 / \$10,000	35%	\$8,850 / \$17,700	\$50 per visit	\$70 per visit	\$400 per visit after deductible	\$10 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$2	\$30	\$70	50%	20% after deductible	50% after deductible
	● Moda Select Silver 5500 ^{1,2}	\$5,500 / \$11,000	50%	\$8,150 / \$16,300	\$40 per visit	\$60 per visit	\$400 per visit after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	\$2	\$30	\$60	50%	20% after deductible	50% after deductible
	● Moda Select Bronze 7500 ^{1,2}	\$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 3500 ^{2,3}	\$3,500 / \$7,000	20%	\$6,900 / \$13,800	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	35% after deductible	50% after deductible	20% after deductible	50% after deductible
	● Moda Select Silver HDHP 5100 ^{2,3}	\$5,100 / \$10,200	0%	\$5,100 / \$10,200	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 ^{2,3}	\$5,500 / \$11,000	50%	\$7,500 / \$15,000	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 First three visits (including in-person or virtual primary care visits and mental health/substance use disorder office visits) \$5/visit ² One copay per 30-day supply of medication. \$35 maximum per 30-day supply for insulin ³ First three visits (including in-person or virtual primary care visits and mental health/substance use disorder office visits) 0% coinsurance after deductible

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.

2025 *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+

2025 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3				
		Deductible	Out-of-pocket maximum	Annual maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia ¹	
		per person / family	Under age 19 1 member / 2+ members	Age 19+	Under age 19, members pay / Ages 19+, members pay									Direct Option
Delta Dental <i>Premier</i> ® Network	Delta Dental Premier, 2000, Incentive (70-100), 0	\$0 / \$0	\$425 / \$850	\$2,000	10% / 1 st year - 30% 2 nd year - 20% 3 rd year - 10% 4 th year - 0% ²		30% / 1 st year - 30% 2 nd year - 20% 3 rd year - 10% 4 th year - 0% ²			50%	Not covered / 50%	50% / Not covered	DO1LK	
	Delta Dental Premier, 1500, 100/80/50, 25	\$25 / \$75	\$425 / \$850	\$1,500	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3LK	
	Delta Dental Premier, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3LK	
	Delta Dental Premier, 2000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$2,000	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO1LK	
	Delta Dental Premier, 2500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$2,500	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO0LK	
	Delta Dental Premier, 1000, 80/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	10% / 20% after deductible		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier, PF, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500 <i>Class 1 does not apply to max</i>	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3LK	
	Delta Dental Premier, PF, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000 <i>Class 1 does not apply to max</i>	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier, Voluntary, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier, Voluntary, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	10% / 0%		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3LK	
	Delta Dental Premier, Voluntary, 1000, 80/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	10% / 20% after deductible		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier, Voluntary, 1500, 80/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	10% / 20% after deductible		30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
	Delta Dental Premier Shining Smiles	\$50 / \$150	\$425 / \$850	N/A	10% / Not covered		30% after deductible / Not covered			50% after deductible / Not covered	Not covered	50% after deductible / Not covered	N/A	

¹ Only medically necessary orthodontia to treat cleft palate is covered 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, but never fall below 70%.

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

2025 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3					
		Deductible	Out-of-pocket maximum	Annual maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia ¹		
		per person / family	Under age 19 1 member / 2+ members (in-network only)	Age 19+	Under age 19, members pay / Ages 19+, in-network members pay									Direct Option	
Delta Dental PPO™ Network	Delta Dental PPO, 1000A, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO7LK
	Delta Dental PPO, 1500A, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO3LK
	Delta Dental PPO, 2000A, 100/90/50, 25	\$25 / \$75	\$425 / \$850	\$2,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO1LK
	Delta Dental PPO, 2500A, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$2,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO0LK
	Delta Dental PPO, 1000B, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO7LK
	Delta Dental PPO, 1500B, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO3LK
	Delta Dental PPO, 2000B, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$2,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO1LK
	Delta Dental PPO, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO7LK
	Delta Dental PPO, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO5LK
	Delta Dental PPO, 1500, 80/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	10% / 20% after deductible		30% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO5LK
	Delta Dental PPO, PF, 1500B, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO3LK
	Delta Dental PPO, PF, 1000B, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO7LK
	Delta Dental PPO PF, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO3LK
	Delta Dental PPO, PF, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO7LK
	Delta Dental PPO, PF, 1500A, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,500 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO3LK
	Delta Dental PPO, PF, 1000A, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,000 <i>Class 1 does not apply to max</i>	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible		50% after deductible / Not covered	DO5LK

¹ Only medically necessary orthodontia to treat cleft palate is covered

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

2025 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3				
		Deductible	Out-of-pocket maximum	Annual maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia ¹	
		per person / family	Under age 19 1 member / 2+ members (in-network only)	Age 19+	Under age 19, members pay / Ages 19+, in-network members pay									Direct Option
Delta Dental PPO™ Network	Delta Dental PPO Plus 1100²	\$25 / \$75	\$425 / \$850	\$1,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
	Delta Dental PPO Plus 1600²	\$25 / \$75	\$425 / \$850	\$1,600	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3LK
	Delta Dental PPO Plus 2100²	\$25 / \$75	\$425 / \$850	\$2,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO1LK
	Delta Dental PPO Plus 2600²	\$25 / \$75	\$425 / \$850	\$2,600	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO0LK
	Delta Dental PPO Plus 3100²	\$25 / \$75	\$425 / \$850	\$3,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO0LK
	Delta Dental EPO, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5LK
	Delta Dental EPO, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
	Delta Dental EPO, Voluntary, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
	Delta Dental PPO MAC, 1000, 100/60/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
	Delta Dental PPO MAC, 1500, 100/60/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
	Delta Dental PPO, Voluntary, 1000, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK
Delta Dental PPO, Voluntary, 1500, 100/90/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5LK	
Delta Dental PPO, Voluntary, 1000, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7LK	
Delta Dental PPO, Voluntary, 1500, 100/80/50, 50	\$50 / \$150	\$425 / \$850	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5LK	

¹Only medically necessary orthodontia to treat cleft palate is covered ² Out-of-network deductible \$50/\$150; out-of-network annual maximum less \$100

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2025 *Direct option* benefit table



	Plan name	Calendar-year costs			Care & services										
		Deductible	Annual out-of-pocket	Annual maximum	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
		under age 19 1 member / 2+ members			Under age 19, members pay / Ages 19+, in-network members pay										
Direct Option	Willamette Dental Direct Option 0	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$15	\$75	\$75	\$75	\$95 / \$115 / \$165	\$15	\$75	\$2,300
	Willamette Dental Direct Option 1	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$15	\$200	\$200	\$200	\$100 / \$125 / \$175	\$15	\$75	\$2,600
	Willamette Dental Direct Option 3	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$20	\$250	\$250	\$250	\$125 / \$175 / \$225	\$20	\$120	\$3,000
	Willamette Dental Direct Option 5	No deductible	\$425 / \$850	No annual maximum	\$25 per visit	0%		\$25	\$300	\$300	\$300	\$150 / \$200 / \$275	\$25	\$150	\$3,000
	Willamette Dental Direct Option 7	No deductible	\$425 / \$850	No annual maximum	\$30 per visit	0%		\$30	\$400	\$425 / \$500	\$400	\$175 / \$225 / \$325	\$30	\$175	\$3,000
Voluntary	Willamette Dental Voluntary Stand Alone Direct Option 1	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$15	\$375	\$425 / \$500	\$375	\$125 / \$200 / \$250	\$15	\$175	\$2,200
	Willamette Dental Voluntary Stand Alone Direct Option 2	No deductible	\$425 / \$850	No annual maximum	\$25 per visit	0%		\$20	\$375	\$425 / \$500	\$375	\$125 / \$200 / \$250	\$20	\$175	\$2,200
	Willamette Dental Voluntary Direct Option 0	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$15	\$75	\$75	\$75	\$95 / \$115 / \$165	\$15	\$75	\$2,300
	Willamette Dental Voluntary Direct Option 1	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$15	\$200	\$200	\$200	\$100 / \$125 / \$175	\$15	\$75	\$2,600
	Willamette Dental Voluntary Direct Option 3	No deductible	\$425 / \$850	No annual maximum	\$15 per visit	0%		\$20	\$250	\$250	\$250	\$125 / \$175 / \$225	\$20	\$120	\$3,000
	Willamette Dental Voluntary Direct Option 5	No deductible	\$425 / \$850	No annual maximum	\$25 per visit	0%		\$25	\$300	\$300	\$300	\$150 / \$200 / \$275	\$25	\$150	\$3,000
	Willamette Dental Voluntary Direct Option 7	No deductible	\$425 / \$850	No annual maximum	\$30 per visit	0%		\$30	\$400	\$425 / \$500	\$400	\$175 / \$225 / \$325	\$30	\$175	\$3,000

¹ A separate copayment for orthodontic treatment of cleft palate for members age 18 and under is \$425. Copayment for pre-orthodontia services will be credited towards the comprehensive orthodontic services copayment if members accept the treatment plan.

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2025 *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 For members under 19, treatment must start prior to child's 17th birthday.



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