

# Small Group (1-50)

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



Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



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

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 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](https://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

**500,000+**

members in our  
**medical plans**

More than

**900,000**

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

2026 Medical plans



2026 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 you and your clients quickly access and manage the details of benefits administration.

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

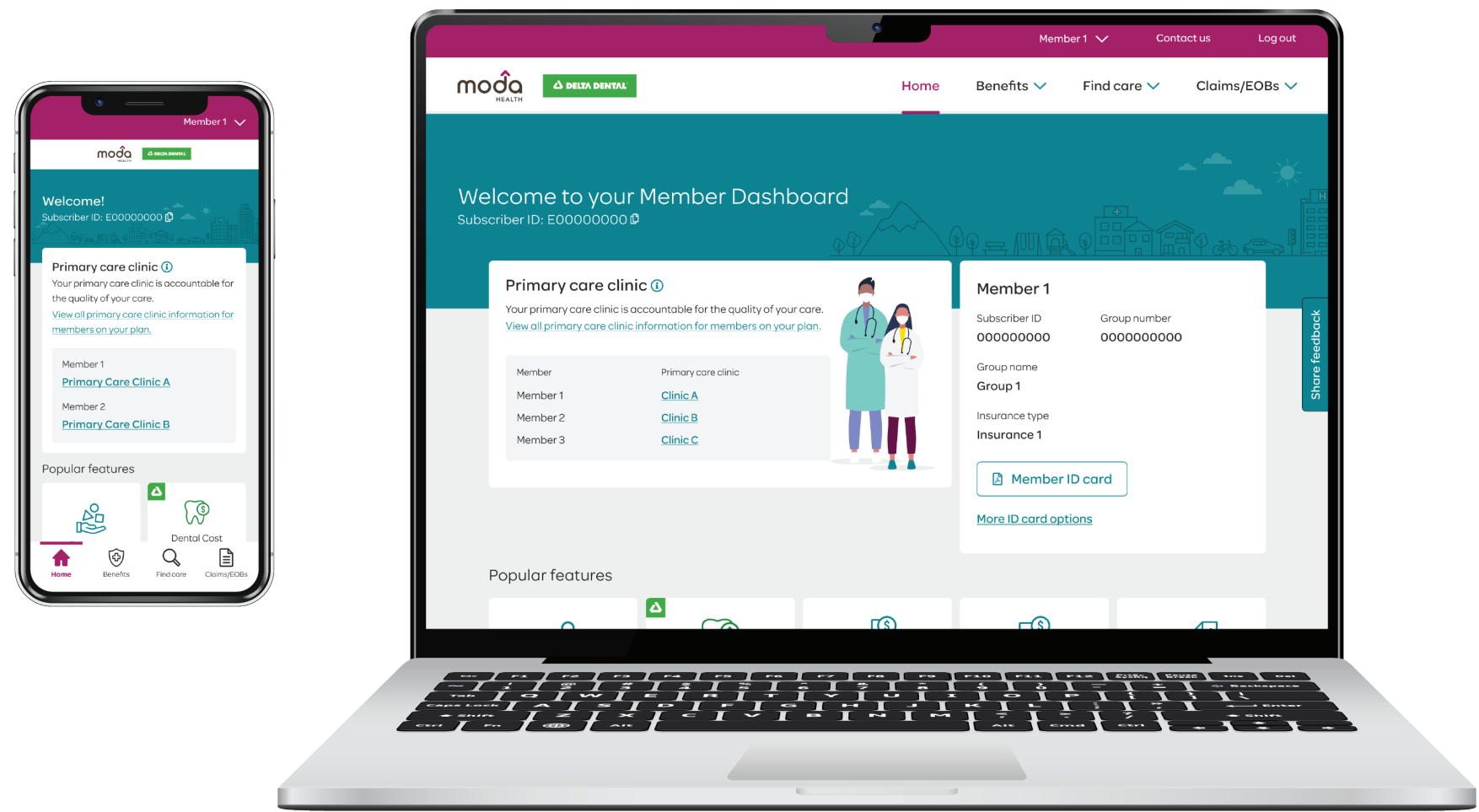
- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



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

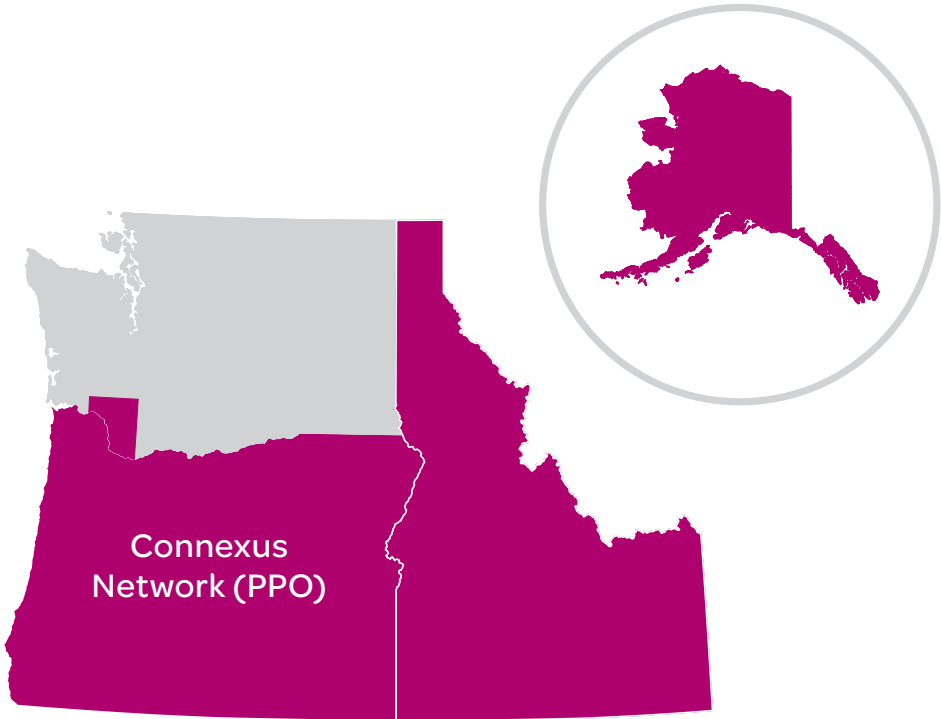
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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



# 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:

When your clients' employees are outside of Oregon or the Connexus Network service area, they're covered by the **Aetna® PPO Network through Aetna Signature Administrators®**, which provides them with access to full-service medical care with in-network benefits.

## Our trusted provider partners

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

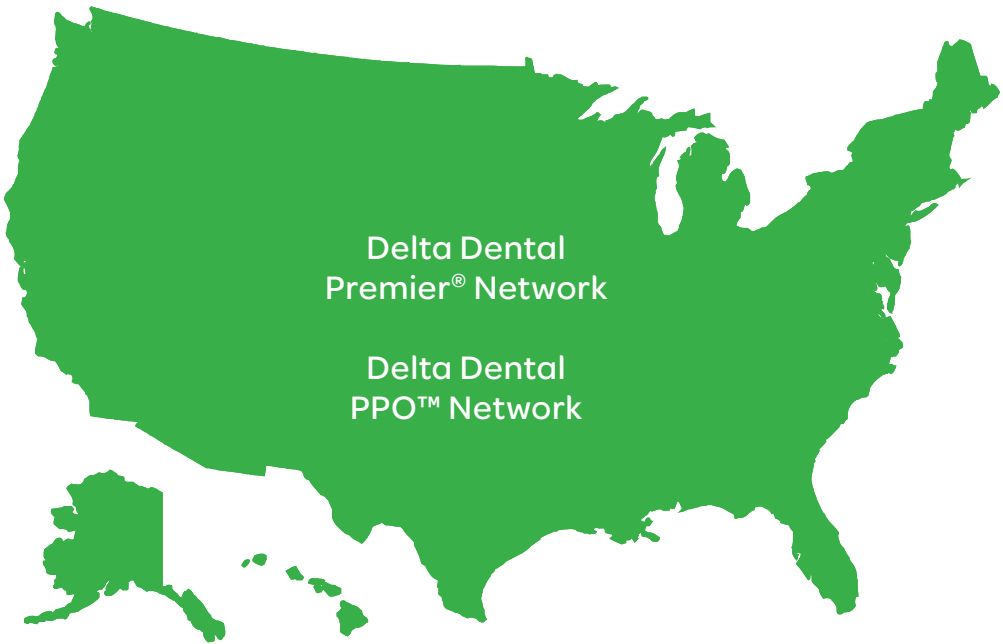


- Adventist Health Portland ● Bay Area Hospital
- Blue Mountain Hospital District ● CHI St. Anthony Hospital
- Columbia Memorial Hospital ● Good Shepherd Healthcare System
- Grande Ronde Hospital ● Harney District Hospital
- Hillsboro Medical Center ● Kadlec Regional Medical Center
- Lake Health District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



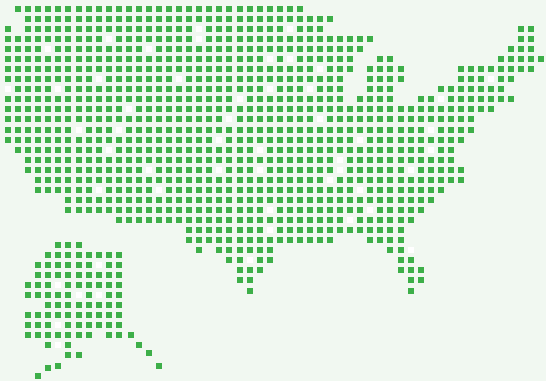
### Delta Dental Direct Option with Willamette Dental

We partner with Willamette Dental and offer Direct Option plans that include a network of Willamette Dental providers in the Oregon, Washington and Idaho locations. We manage the enrollment, billing, claims and customer service for these plans making administration easy for everyone.

### Delta Dental **PPO**™ Network

Potential savings in-network = \$\$\$

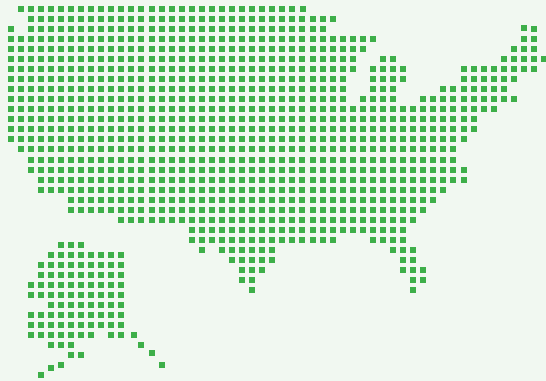
Choose from a large selection of dentists



### Delta Dental **Premier**® Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Oregon





# Quality coverage for 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

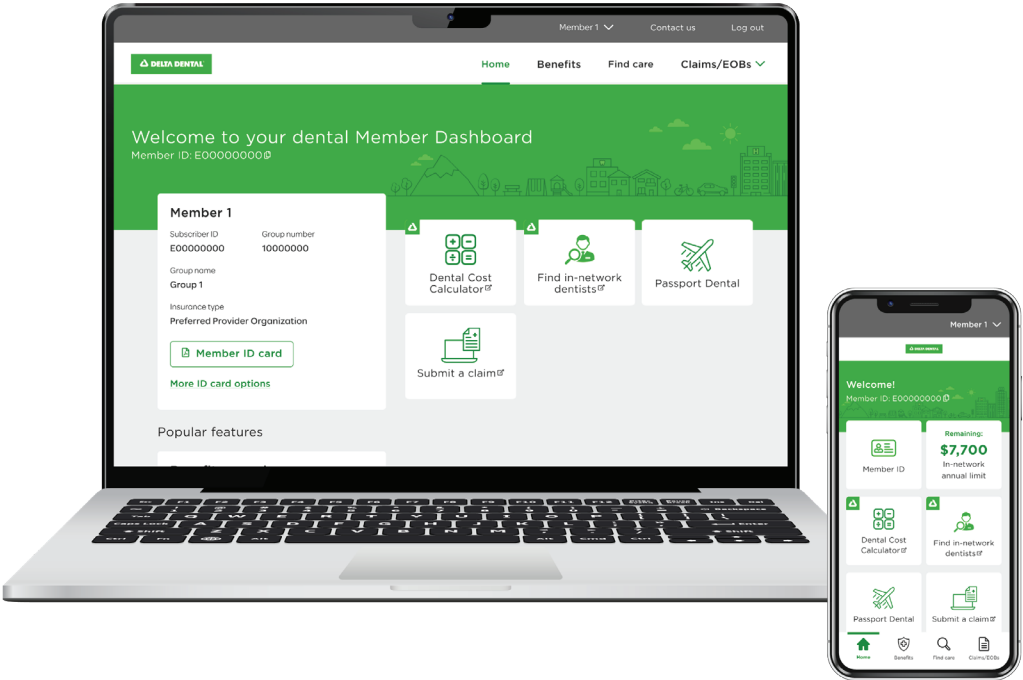


Superior customer service



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.

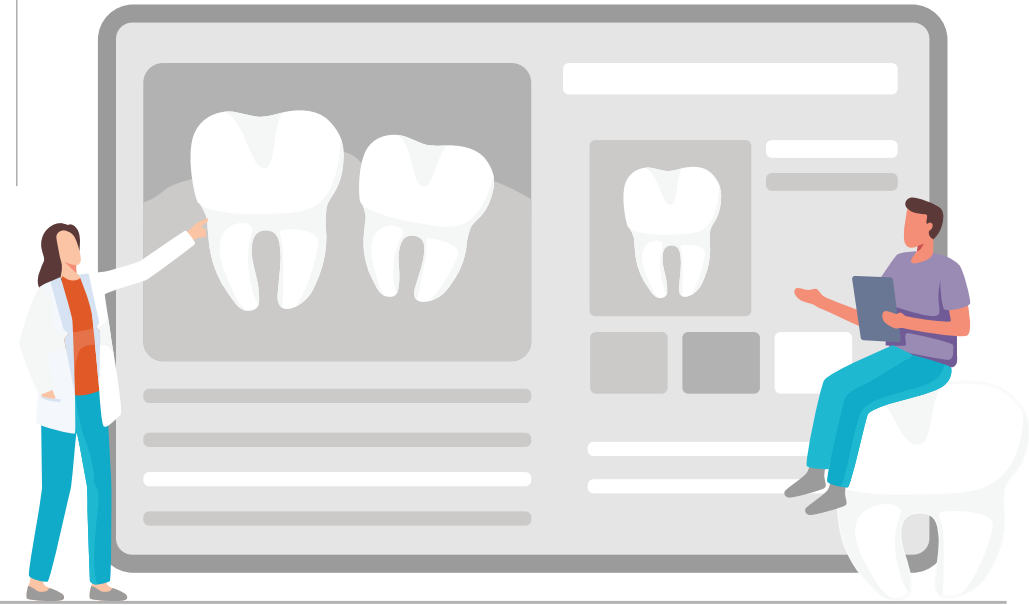


**Teledentistry.com** is now in-network with Delta Dental!

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



2026 *Medical plan* benefit table

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

Plan name		Calendar-year costs			Care and services								Prescription medication <sup>2</sup>					
		Annual deductible per person/family	Coinsurance	Annual out-of-pocket maximum per person/family	Primary care provider (PCP) and naturopath office visit <sup>1</sup>	Specialist office visit	Emergency room visit	Virtual care visit <sup>1</sup>	Behavioral health office visit <sup>1</sup>	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Inpatient/outpatient care	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	\$250 / \$500	10%	\$4,000 / \$8,000	\$15 per visit	\$30 per visit	\$250 after deductible	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	10% after deductible	\$2	\$10	\$30	50%	25%	50%
	● Connexus Platinum 500	\$500 / \$1,000	10%	\$3,000 / \$6,000	\$15 per visit	\$30 per visit	\$250 after deductible	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	10% after deductible	\$2	\$10	\$30	50%	25%	50%
	● Connexus Gold 500	\$500 / \$1,000	25%	\$8,000 / \$16,000	\$30 per visit	\$50 per visit	\$300 after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	25% after deductible	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 1000	\$1,000 / \$2,000	20%	\$8,000 / \$16,000	\$30 per visit	\$50 per visit	\$300 after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	20% after deductible	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 1500	\$1,500 / \$3,000	25%	\$8,000 / \$16,000	\$25 per visit	\$50 per visit	\$300 after deductible	\$10 per visit	\$25 per visit	\$25 per visit	\$25 per visit	25% after deductible	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 2000	\$2,000 / \$4,000	25%	\$7,000 / \$14,000	\$30 per visit	\$50 per visit	\$300 after deductible	\$10 per visit	\$30 per visit	\$30 per visit	\$30 per visit	25% after deductible	\$2	\$10	\$50	50%	25%	50%
	● Connexus Gold 2500	\$2,500 / \$5,000	30%	\$6,500 / \$13,000	\$20 per visit	\$50 per visit	\$300 after deductible	\$10 per visit	\$20 per visit	\$20 per visit	\$20 per visit	30% after deductible	\$2	\$20	\$50	50%	25% after deductible	50% after deductible
	● Connexus Silver 3500	\$3,500 / \$7,000	40%	\$9,000 / \$18,000	\$45 per visit	\$65 per visit	\$400 after deductible	\$10 per visit	\$45 per visit	\$45 per visit	\$45 per visit	40% after deductible	\$2	\$20	\$65	50%	25% after deductible	50% after deductible
	● Connexus Silver 3750	\$3,750 / \$7,500	35%	\$9,200 / \$18,400	\$45 per visit	\$65 per visit	\$400 after deductible	\$10 per visit	\$45 per visit	\$45 per visit	\$45 per visit	35% after deductible	\$2	\$20	\$65	50%	25% after deductible	50% after deductible
	● Connexus Silver 4500	\$4,500 / \$9,000	35%	\$9,400 / \$18,800	\$45 per visit	\$65 per visit	\$400 after deductible	\$10 per visit	\$45 per visit	\$45 per visit	\$45 per visit	35% after deductible	\$2	\$20	\$65	50%	25% after deductible	50% after deductible
	● Connexus Silver 5500	\$5,500 / \$11,000	50%	\$9,100 / \$18,200	\$45 per visit	\$65 per visit	\$400 after deductible	\$10 per visit	\$45 per visit	\$45 per visit	\$45 per visit	50% after deductible	\$2	\$20	\$65	50%	25% after deductible	50% after deductible
	● Connexus Silver 7000	\$7,000 / \$14,000	50%	\$9,500 / \$19,000	\$40 per visit	\$60 per visit	\$400 after deductible	\$10 per visit	\$40 per visit	\$40 per visit	\$40 per visit	50% after deductible	\$2	\$20	\$60	50%	25% after deductible	50% after deductible
	● Connexus Bronze 8600	\$8,600 / \$17,200	0%	\$8,600 / \$17,200	0% after deductible	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

1 First three visits (including in-person or virtual primary care, naturopath and behavioral health office visits):  
• for HDHP plans: 0% after deductible • for Connexus Bronze 8600: 0% • for other plans: \$5 per visit  
2 One copay per 30-day supply of medication. \$35 maximum per 30-day supply for insulin.

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.

2026 *Medical plan* benefit table

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

**Health savings account (HSA):** Our HSA-compatible high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have HSA administration with our preferred partner, BenefitHelp Solutions or another institution. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

Plan name		Calendar-year costs			Care and services								Prescription medication <sup>2</sup>					
		Annual deductible per person/family	Coinsurance	Annual out-of-pocket maximum per person/family	Primary care provider (PCP) and naturopath office visit <sup>1</sup>	Specialist office visit	Emergency room visit	Virtual care visit <sup>1</sup>	Behavioral health office visit <sup>1</sup>	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Inpatient/outpatient care	Value	Select	Preferred	Non-Preferred	Preferred Specialty	Non-Preferred Specialty
		In-network members pay			In-network members pay								In-network members pay					
HDHP Connexus Network	● Connexus Gold HDHP 1700 <sup>3</sup>	\$1,700 / \$3,400	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	20% after deductible	\$2	25% after deductible	25% after deductible	50% after deductible	20% after deductible	50% after deductible
	● Connexus Silver HDHP 3200 <sup>3</sup>	\$3,200 / \$6,400	30%	\$6,400 / \$12,800	30% after deductible	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	\$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	25% after deductible	\$2	25% after deductible	35% after deductible	50% after deductible	20% after deductible	50% after deductible
	● Connexus Bronze HDHP 5700	\$5,700 / \$11,400	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	50% after deductible	\$2	50% after deductible	50% after deductible	50% after deductible	20% after deductible	50% after deductible
	● Connexus Bronze HDHP 7500	\$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	0% after deductible	\$2	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Standard Connexus Network	● Moda Health Oregon Standard Gold	\$1,800 / \$3,600	20%	\$8,150 / \$16,300	\$20 per visit	\$40 per visit	20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	20% after deductible	\$10	\$10	\$30	50%	50%	50%
	● Moda Health Oregon Standard Silver	\$6,100 / \$12,200	30%	\$9,200 / \$18,400	\$40 per visit	\$100 per visit	30% after deductible	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit	30% after deductible	\$15	\$15	\$60	50%	50%	50%
	● Moda Health Oregon Standard Bronze	\$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	0% after deductible	\$25	\$25	0% after deductible	0% after deductible	0% after deductible	0% after deductible

1 First three visits (including in-person or virtual primary care, naturopath and behavioral health office visits):  
• for HDHP plans: 0% after deductible • for other plans: \$5 per visit  
2 One copay per 30-day supply of medication. \$35 maximum per 30-day supply for insulin.  
3 If family members are covered, the overall family deductible must be met before the plan begins to pay.

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.

2026 *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+



2026 *Dental plan* benefit table

Plan name												
Calendar-year costs				Class 1		Class 2			Class 3			
	Deductible	Out-of-pocket maximum	Annual maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia <sup>1</sup>
	per person / family	Under age 19 1 member / 2+ members (PPO plans - in-network only)	Age 19+	Under age 19, members pay / Ages 19+, members pay								
Delta Dental <i>Premier</i> ® Network	Delta Dental Premier, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental Premier, 1000, 80/80/50, 50	\$50 / \$150	\$450 / \$900	\$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	DO7MK
	Delta Dental Premier, 1500, 100/80/50, 25	\$25 / \$75	\$450 / \$900	\$1,500	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental Premier, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental Premier, 2000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$2,000	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO1MK
	Delta Dental Premier, 2500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$2,500	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO0MK
	Delta Dental Premier, PF, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000 Class 1 except cone beam X-rays does not apply to max	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental Premier, PF, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500 Class 1 except cone beam X-rays does not apply to max	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental Premier, Voluntary, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental Premier, Voluntary, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	10% / 0%	30% after deductible / 20% after deductible			50% after deductible	Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental Premier Shining Smiles	\$50 / \$150	\$450 / \$900	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.

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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3				
		Deductible	Out-of-pocket maximum	Annual maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia <sup>1</sup>	
		per person / family	Under age 19 1 member / 2+ members (PPO plans - in-network only)	Age 19+	Under age 19, members pay / Ages 19+, members pay									Direct Option
Delta Dental PPO™ Network	Delta Dental PPO, 1000A, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, 1500A, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental PPO, 2000A, 100/90/50, 25	\$25 / \$75	\$450 / \$900	\$2,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO1MK
	Delta Dental PPO, 2500A, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$2,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO0MK
	Delta Dental PPO, 1000B, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, 1500B, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental PPO, 2000B, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$2,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO1MK
	Delta Dental PPO, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5MK
	Delta Dental PPO, 1500, 80/80/50, 50	\$50 / \$150	\$450 / \$900	\$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	DO5MK
	Delta Dental PPO, PF, 1000A, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,000 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, PF, 1500A, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,500 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental PPO, PF, 1000B, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, PF, 1500B, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental PPO, PF, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO PF, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500 Class 1 except cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK

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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3				
		Deductible	Out-of-pocket maximum	Annual maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia <sup>1</sup>	
		per person / family	Under age 19 1 member / 2+ members (PPO plans - in-network only)	Age 19+	Under age 19, members pay / Ages 19+, members pay									
Delta Dental <i>PPO</i> ™ Network	Delta Dental PPO, Voluntary, 1000, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, Voluntary, 1000, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,000	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO, Voluntary, 1500, 100/90/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5MK
	Delta Dental PPO, Voluntary, 1500, 100/80/50, 50	\$50 / \$150	\$450 / \$900	\$1,500	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO5MK
	Delta Dental PPO Plus 1100 <sup>2</sup>	\$25 / \$75	\$450 / \$900	\$1,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO7MK
	Delta Dental PPO Plus 1600 <sup>2</sup>	\$25 / \$75	\$450 / \$900	\$1,600	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO3MK
	Delta Dental PPO Plus 2100 <sup>2</sup>	\$25 / \$75	\$450 / \$900	\$2,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO1MK
	Delta Dental PPO Plus 2600 <sup>2</sup>	\$25 / \$75	\$450 / \$900	\$2,600	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO0MK
Delta Dental PPO Plus 3100 <sup>2</sup>	\$25 / \$75	\$450 / \$900	\$3,100	0%		20% after deductible			50% after deductible		Not covered / 50% after deductible	50% after deductible / Not covered	DO0MK	

1 Only 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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2026 *Direct option* benefit table

	Plan name	Calendar-year costs			Care and services										
		Deductible	Annual out-of-pocket	Annual maximum	General office visit	Exams and 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 <sup>1</sup>
		under age 19 1 member / 2+ members			Under age 19, members pay / Ages 19+, in-network members pay										
Willamette Dental Direct Option	Willamette Dental Direct Option 0	No deductible	\$450 / \$900	No annual maximum	\$15 per visit	0%	\$15	\$150	\$150	\$150	\$95 / \$115 / \$165	\$15	\$75	\$2,400	
	Willamette Dental Direct Option 1	No deductible	\$450 / \$900	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	\$450 / \$900	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	\$450 / \$900	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	\$450 / \$900	No annual maximum	\$30 per visit	0%	\$30	\$400	\$450 / \$500	\$400	\$175 / \$225 / \$325	\$30	\$175	\$3,000	
Willamette Dental Voluntary															
	Willamette Dental Voluntary Stand Alone Direct Option 1	No deductible	\$450 / \$900	No annual maximum	\$15 per visit	0%	\$15	\$375	\$450 / \$500	\$375	\$125 / \$200 / \$250	\$15	\$175	\$2,200	
	Willamette Dental Voluntary Stand Alone Direct Option 2	No deductible	\$450 / \$900	No annual maximum	\$25 per visit	0%	\$20	\$375	\$450 / \$500	\$375	\$125 / \$200 / \$250	\$20	\$175	\$2,200	
	Willamette Dental Voluntary Direct Option 0	No deductible	\$450 / \$900	No annual maximum	\$15 per visit	0%	\$15	\$150	\$150	\$150	\$95 / \$115 / \$165	\$15	\$75	\$2,400	
	Willamette Dental Voluntary Direct Option 1	No deductible	\$450 / \$900	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	\$450 / \$900	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	\$450 / \$900	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	\$450 / \$900	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 \$450. Copayment for pre-orthodontia services will be credited towards the comprehensive orthodontic services copayment if members accept the treatment plan.

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2026 *Orthodontia plan* riders

	Child Ortho 1000	Child Ortho 1500	Adult and Child Ortho 1000	Adult and 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% <sup>1</sup>	50% <sup>1</sup>	50%	50%

1 For members under 19, treatment must start prior to child’s 17th birthday



# Ready to choose better health *for your clients?*

## Questions?

Contact your Moda Health or Delta Dental Sales representative

@ [quotes@modahealth.com](mailto:quotes@modahealth.com)

📞 800-578-1402 | TTY users, please call 711

💻 [ModaHealth.com](https://ModaHealth.com) | [DeltaDentalOR.com](https://DeltaDentalOR.com)

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