OR 2027

Group plans

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

Required filings that relate to these 2027 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.

moda HEALTH

DELTA DENTAL®



Founded in ***1955***

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service**.

Moda has

520,000+

members in our **medical plans**

More than

1,000,000

members in our standalone **pharmacy segment**



"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.

2027 Quick links

Medical Network

Large Group plans

Dental network

Small Group plans

Large Group plans

Pharmacy

Large Group

Vision

Large Group plans

DeltaVision® plans

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 51 or more full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least 70% of eligible employees enrolled on the first day of the plan year (less valid waivers)

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.

- Producers can be given access to their clients account to manage enrollment
- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards

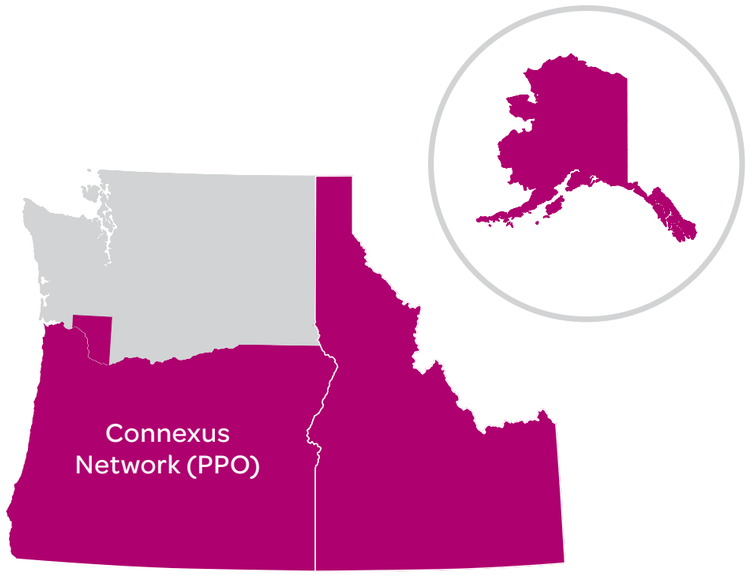


To learn more about the Employer Dashboard, contact *your Moda Health sales representative at 800-578-1402*

moda HEALTH

Life's ***better*** in the network

With Connexus, your clients' employees will enjoy access to a statewide network of trusted providers across Oregon. Plus, they'll be able to access the same great in-network benefits if they live or travel in Alaska and Idaho, as well as Connexus service areas in SW Washington.



If your clients' employees are outside the Connexus Network:

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

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

Our trusted provider partners

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

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

2027 ***Large group medical plan*** benefit table

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		In-network member pays			In-network member pays							
Connexus Network **VBC**	VBC_$250_$2500_$20/$40_10%[1]	$250 / $500	10%	$2,500 / $5,000	$20 per visit	$40 per visit	$200 then 10% after deductible	$20 per visit	$20 per visit	$40 per visit	$20 per visit	10% after deductible
	VBC_$250_$3000_$25/$45_10%[1]	$250 / $500	10%	$3,000 / $6,000	$25 per visit	$45 per visit	$200 then 10% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	10% after deductible
	VBC_$500_$3000_$25/$45_10%[1]	$500 / $1,000	10%	$3,000 / $6,000	$25 per visit	$45 per visit	$200 then 10% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	10% after deductible
	VBC_$500_$3000_$25/$40_20%[1]	$500 / $1,000	20%	$3,000 / $6,000	$25 per visit	$40 per visit	$200 per visit	$15 per visit	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$500_$5000_$30/$45_20%[1]	$500 / $1,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$500_$3000_$20/$40_20%[1]	$500 / $1,000	20%	$3,000 / $6,000	$20 per visit	$40 per visit	$200 then 20% after deductible	$20 per visit	$20 per visit	$40 per visit	$20 per visit	20% after deductible
	VBC_$500_$3500_$20/$40_20%[1]	$500 / $1,000	20%	$3,500 / $7,000	$20 per visit	$40 per visit	$200 then 20% after deductible	$20 per visit	$20 per visit	$40 per visit	$20 per visit	20% after deductible
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2027 ***Large group medical plan*** benefit table

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	VBC_$2500_$5000_$25/$45_20%[1]	$2,500 / $5,000	20%	$5,000 / $10,000	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible

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	VBC_$2500_$7500_$25/$45_20%[1]	$2,500 / $5,000	20%	$7,500 / $15,000	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$2500_$7500_$35/$55_30%[1]	$2,500 / $5,000	30%	$7,500 / $15,000	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$3000_$5000_$25/$40_20%[1]	$3,000 / $6,000	20%	$5,000 / $10,000	$25 per visit	$40 per visit	$200 per visit	$15 per visit	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$3000_$7000_$25/$40_20%[1]	$3,000 / $6,000	20%	$7,000 / $14,000	$25 per visit	$40 per visit	$200 per visit	$15 per visit	$25 per visit	$40 per visit	$25 per visit	20% after deductible
	VBC_$3000_$5000_$30/$45_20%[1]	$3,000 / $6,000	20%	$5,000 / $10,000	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$3000_$7000_$30/$45_20%[1]	$3,000 / $6,000	20%	$7,000 / $14,000	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$3000_$5000_$35/$50_20%[1]	$3,000 / $6,000	20%	$5,000 / $10,000	$35 per visit	$50 per visit	$200 per visit	$25 per visit	$35 per visit	$50 per visit	$35 per visit	20% after deductible
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	VBC_$3500_$8900_$25/$45_20%[1]	$3,500 / $7,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$3500_$8900_$35/$55_30%[1]	$3,500 / $7,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$4000_$7150_$25/$45_20%[1]	$4,000 / $8,000	20%	$7,150 / $14,300	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$4000_$7150_$35/$55_30%[1]	$4,000 / $8,000	30%	$7,150 / $14,300	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible

1 First 3 visits are $5 (includes PCP, naturopath and behavioral health office visits, in-office and virtual)
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2027 ***Large group medical plan*** benefit table

	Plan name	Calendar year costs			Care and services							
		Deductible per member/family[3]	Coinsurance	OOP max per member/family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient/ outpatient care
		In-network member pays			In-network member pays							
Connexus Network **VBC**	VBC_$4000_$8900_$25/$45_20%[1]	$4,000 / $8,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$4000_$8900_$35/$55_30%[1]	$4,000 / $8,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$4500_$7150_$25/$45_20%[1]	$4,500 / $9,000	20%	$7,150 / $14,300	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$4500_$7150_$35/$55_30%[1]	$4,500 / $9,000	30%	$7,150 / $14,300	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$4500_$8900_$25/$45_20%[1]	$4,500 / $9,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$4500_$8900_$35/$55_30%[1]	$4,500 / $9,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$5000_$8150_$30/$45_20%[1]	$5,000 / $10,000	20%	$8,150 / $16,300	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	20% after deductible
	VBC_$5000_$8550_$35/$50_20%[1]	$5,000 / $10,000	20%	$8,550 / $17,100	$35 per visit	$50 per visit	$200 per visit	$25 per visit	$35 per visit	$50 per visit	$35 per visit	20% after deductible
	VBC_$5000_$8550_$30/$45_30%[1]	$5,000 / $10,000	30%	$8,550 / $17,100	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	30% after deductible
	VBC_$5000_$8550_$30/$45_30%[1]	$5,000 / $10,000	30%	$8,550 / $17,100	$30 per visit	$45 per visit	$200 per visit	$20 per visit	$30 per visit	$45 per visit	$30 per visit	30% after deductible
	VBC_$5000_$8550_$35/$50_30%[1]	$5,000 / $10,000	30%	$8,550 / $17,100	$35 per visit	$50 per visit	$200 per visit	$25 per visit	$35 per visit	$50 per visit	$35 per visit	30% after deductible
	VBC_$5000_$7150_$25/$45_20%[1]	$5,000 / $10,000	20%	$7,150 / $14,300	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$5000_$7150_$35/$55_30%[1]	$5,000 / $10,000	30%	$7,150 / $14,300	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$5000_$8900_$25/$45_20%[1]	$5,000 / $10,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$5000_$8900_$35/$55_30%[1]	$5,000 / $10,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$6000_$7150_$25/$45_20%[1]	$6,000 / $12,000	20%	$7,150 / $14,300	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$6000_$7150_$35/$55_30%[1]	$6,000 / $12,000	30%	$7,150 / $14,300	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$6000_$8900_$25/$45_20%[1]	$6,000 / $12,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$6000_$8900_$35/$55_30%[1]	$6,000 / $12,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$7000_$8900_$25/$45_20%[1]	$7,000 / $14,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$7000_$8900_$35/$55_30%[1]	$7,000 / $14,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible
	VBC_$8000_$8900_$25/$45_20%[1]	$8,000 / $16,000	20%	$8,900 / $17,800	$25 per visit	$45 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$45 per visit	$25 per visit	20% after deductible
	VBC_$8000_$8900_$35/$55_30%[1]	$8,000 / $16,000	30%	$8,900 / $17,800	$35 per visit	$55 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$55 per visit	$35 per visit	30% after deductible

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		In-network member pays			In-network member pays							
***Connexus* Network PPO**	PPO_$250_$2500_$20_10%[1]	$250 / $500	10%	$2,500 / $5,000	$20 per visit	$20 per visit	$200 then 10% after deductible	$20 per visit	$20 per visit	$20 per visit	$20 per visit	10% after deductible
	PPO_$250_$3000_$25_10%[1]	$250 / $500	10%	$3,000 / $6,000	$25 per visit	$25 per visit	$200 then 10% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	10% after deductible
	PPO_$500_$3000_$25_10%[1]	$500 / $1,000	10%	$3,000 / $6,000	$25 per visit	$25 per visit	$200 then 10% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	10% after deductible
	PPO_$500_$3000_$25_20%[1]	$500 / $1,000	20%	$3,000 / $6,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$500_$5000_$30_20%[1]	$500 / $1,000	20%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 then 20% after deductible	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$500_$3000_$20_20%[1]	$500 / $1,000	20%	$3,000 / $6,000	$20 per visit	$20 per visit	$200 then 20% after deductible	$20 per visit	$20 per visit	$20 per visit	$20 per visit	20% after deductible
	PPO_$500_$3500_$20_20%[1]	$500 / $1,000	20%	$3,500 / $7,000	$20 per visit	$20 per visit	$200 then 20% after deductible	$20 per visit	$20 per visit	$20 per visit	$20 per visit	20% after deductible
	PPO_$500_$4000_$25_20%[1]	$500 / $1,000	20%	$4,000 / $8,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$500_$5000_$25_20%[1]	$500 / $1,000	20%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$500_$5000_$35_30%[1]	$500 / $1,000	30%	$5,000 / $10,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$500_$7150_$25_20%[1]	$500 / $1,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$500_$7150_$35_30%[1]	$500 / $1,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$1000_$3000_$25_20%[1]	$1,000 / $2,000	20%	$3,000 / $6,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$5000_$25_20%[1]	$1,000 / $2,000	20%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$3000_$30_20%[1]	$1,000 / $2,000	20%	$3,000 / $6,000	$30 per visit	$30 per visit	$200 then 20% after deductible	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$1000_$5000_$30_20%[1]	$1,000 / $2,000	20%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 then 20% after deductible	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$1000_$3500_$25_20%[1]	$1,000 / $2,000	20%	$3,500 / $7,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$4500_$25_20%[1]	$1,000 / $2,000	20%	$4,500 / $9,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$5500_$25_20%[1]	$1,000 / $2,000	20%	$5,500 / $11,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$5500_$35_30%[1]	$1,000 / $2,000	30%	$5,500 / $11,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$1000_$7150_$25_20%[1]	$1,000 / $2,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1000_$7150_$35_30%[1]	$1,000 / $2,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$1500_$3000_$25_20%[1]	$1,500 / $3,000	20%	$3,000 / $6,000	$25 per visit	$25 per visit	$200 per visit	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1500_$5000_$25_20%[1]	$1,500 / $3,000	20%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 per visit	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible

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***Connexus* Network PPO**	PPO_$1500_$3000_$30_20%[1]	$1,500 / $3,000	20%	$3,000 / $6,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$1500_$5000_$30_20%[1]	$1,500 / $3,000	20%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$1500_$4000_$25_20%[1]	$1,500 / $3,000	20%	$4,000 / $8,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1500_$5000_$25_20%[1]	$1,500 / $3,000	20%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1500_$6000_$25_20%[1]	$1,500 / $3,000	20%	$6,000 / $12,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1500_$6000_$35_30%[1]	$1,500 / $3,000	30%	$6,000 / $12,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$1500_$7150_$25_20%[1]	$1,500 / $3,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$1500_$7150_$35_30%[1]	$1,500 / $3,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$2000_$4000_$25_20%[1]	$2,000 / $4,000	20%	$4,000 / $8,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2000_$6000_$25_20%[1]	$2,000 / $4,000	20%	$6,000 / $12,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2000_$4000_$30_20%[1]	$2,000 / $4,000	20%	$4,000 / $8,000	$30 per visit	$30 per visit	$200 then 20% after deductible	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$2000_$6000_$30_20%[1]	$2,000 / $4,000	20%	$6,000 / $12,000	$30 per visit	$30 per visit	$200 then 20% after deductible	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$1500_$3000_$30_30%[1]	$1,500 / $3,000	30%	$3,000 / $6,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$1500_$5000_$30_30%[1]	$1,500 / $3,000	30%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$2000_$4000_$30_30%[1]	$2,000 / $4,000	30%	$4,000 / $8,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$2000_$6000_$30_30%[1]	$2,000 / $4,000	30%	$6,000 / $12,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$2000_$4500_$25_20%[1]	$2,000 / $4,000	20%	$4,500 / $9,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2000_$5500_$25_20%[1]	$2,000 / $4,000	20%	$5,500 / $11,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2000_$5500_$35_30%[1]	$2,000 / $4,000	30%	$5,500 / $11,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$2000_$7150_$25_20%[1]	$2,000 / $4,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2000_$7150_$35_30%[1]	$2,000 / $4,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$2500_$5000_$25_20%[1]	$2,500 / $5,000	20%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$2500_$5000_$35_30%[1]	$2,500 / $5,000	30%	$5,000 / $10,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$2500_$7500_$25_20%[1]	$2,500 / $5,000	20%	$7,500 / $15,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible

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		In-network member pays			In-network member pays							
Connexus Network **PPO**	PPO_$2500_$7500_$35_30%[1]	$2,500 / $5,000	30%	$7,500 / $15,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$3000_$5000_$30_20%[1]	$3,000 / $6,000	20%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$3000_$7000_$30_20%[1]	$3,000 / $6,000	20%	$7,000 / $14,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	20% after deductible
	PPO_$3000_$5000_$25_30%[1]	$3,000 / $6,000	30%	$5,000 / $10,000	$25 per visit	$25 per visit	$200 per visit	$25 per visit	$25 per visit	$25 per visit	$25 per visit	30% after deductible
	PPO_$3000_$7000_$25_30%[1]	$3,000 / $6,000	30%	$7,000 / $14,000	$25 per visit	$25 per visit	$200 per visit	$25 per visit	$25 per visit	$25 per visit	$25 per visit	30% after deductible
	PPO_$3000_$5000_$30_30%[1]	$3,000 / $6,000	30%	$5,000 / $10,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$3000_$7000_$30_30%[1]	$3,000 / $6,000	30%	$7,000 / $14,000	$30 per visit	$30 per visit	$200 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	30% after deductible
	PPO_$3000_$5500_$25_20%[1]	$3,000 / $6,000	20%	$5,500 / $11,000	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3000_$5500_$35_30%[1]	$3,000 / $6,000	30%	$5,500 / $11,000	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$3000_$7150_$25_20%[1]	$3,000 / $6,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3000_$7150_$25_20%[1]	$3,000 / $6,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3000_$7150_$35_30%[1]	$3,000 / $6,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$3000_$8900_$25_20%[1]	$3,000 / $6,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3000_$8900_$35_30%[1]	$3,000 / $6,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$3500_$7150_$25_20%[1]	$3,500 / $7,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3500_$7150_$35_30%[1]	$3,500 / $7,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$3500_$8900_$25_20%[1]	$3,500 / $7,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$3500_$8900_$35_30%[1]	$3,500 / $7,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$4000_$7150_$25_20%[1]	$4,000 / $8,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$4000_$7150_$35_30%[1]	$4,000 / $8,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$4000_$8900_$25_20%[1]	$4,000 / $8,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$4000_$8900_$35_30%[1]	$4,000 / $8,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$4500_$7150_$25_20%[1]	$4,500 / $9,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$4500_$7150_$35_30%[1]	$4,500 / $9,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$4500_$8900_$25_20%[1]	$4,500 / $9,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible

1 First 3 visits are $5 (includes PCP, naturopath and behavioral health office visits, in-office and virtual)
2 First 3 visits are $0 after deductible (includes PCP, naturopath and behavioral health office visits, in-office and virtual)
3 For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

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2027 ***Large group medical plan*** benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. 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							
		Deductible per member/family [3]	Coinsurance	OOP max per member/family	PCP and naturopath office visit	Specialist office visit	Emergency room visits	Virtual care office visit	Behavioral health office visit	Physical therapy	Acupuncture & spinal manipulations	Inpatient/ outpatient care
		In-network member pays			In-network member pays							
***Connexus* Network PPO**	PPO_$4500_$8900_$35_30%[1]	$4,500 / $9,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$5000_$8550_$25_30%[1]	$5,000 / $10,000	30%	$8,550 / $17,100	$25 per visit	$25 per visit	$200 per visit	$25 per visit	$25 per visit	$25 per visit	$25 per visit	30% after deductible
	PPO_$5000_$7150_$25_20%[1]	$5,000 / $10,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$5000_$7150_$35_30%[1]	$5,000 / $10,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$5000_$8900_$25_20%[1]	$5,000 / $10,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$5000_$8900_$35_30%[1]	$5,000 / $10,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$6000_$7150_$25_20%[1]	$6,000 / $12,000	20%	$7,150 / $14,300	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$6000_$7150_$35_30%[1]	$6,000 / $12,000	30%	$7,150 / $14,300	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$6000_$8900_$25_20%[1]	$6,000 / $12,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$6000_$8900_$35_30%[1]	$6,000 / $12,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$7000_$8900_$25_20%[1]	$7,000 / $14,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$7000_$8900_$35_30%[1]	$7,000 / $14,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
	PPO_$8000_$8900_$25_20%[1]	$8,000 / $16,000	20%	$8,900 / $17,800	$25 per visit	$25 per visit	$200 then 20% after deductible	$25 per visit	$25 per visit	$25 per visit	$25 per visit	20% after deductible
	PPO_$8000_$8900_$35_30%[1]	$8,000 / $16,000	30%	$8,900 / $17,800	$35 per visit	$35 per visit	$200 then 30% after deductible	$35 per visit	$35 per visit	$35 per visit	$35 per visit	30% after deductible
***Connexus* Network HDHP**	HDHP_$1750_$5000_20%[2]	$1,750 / $3,500	20%	$5,000 / $10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_$3500_$3500_0%[2]	$3,500 / $7,000	0%	$3,500 / $7,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_$2800_$5000_20%[2]	$2,800 / $5,600	20%	$5,000 / $10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_$2800_$5000_30%[2]	$2,800 / $5,600	30%	$5,000 / $10,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_$3500_$5000_20%[2]	$3,500 / $7,000	20%	$5,000 / $10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_$5000_$5000_0%[2]	$5,000 / $10,000	0%	$5,000 / $10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_$3500_$7000_30%[2]	$3,500 / $7,000	30%	$7,000 / $14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_$6000_$8500_30%[2]	$6,000 / $12,000	30%	$8,500 / $17,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible

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2027 ***Large group pharmacy*** benefit table

These prescription medication riders apply to VBC and PPO plans

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.OR.27	$2	$10	$30	$50	$10	$150	30%
R2.OR.27	$2	$15	$45	$75	$15	$225	30%
R3.OR.27	$2	$20	$60	50%	$20	$180	50%
R4.OR.27	$2	Greater of $15 or 50%	Greater of $15 or 50%	Greater of $15 or 50%	Greater of $15 or 50%	Greater of $15 or 50%	Greater of $15 or 50%

For HDHP Aggregate and Embedded plans, prescription medications are subject to plan coinsurance and deductibles apply.

Expect quality pharmacy benefits

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

The Navitus network includes most independent pharmacies and all major chains, except CVS. This focused network design maintains broad member access while keeping prescription costs lower.

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

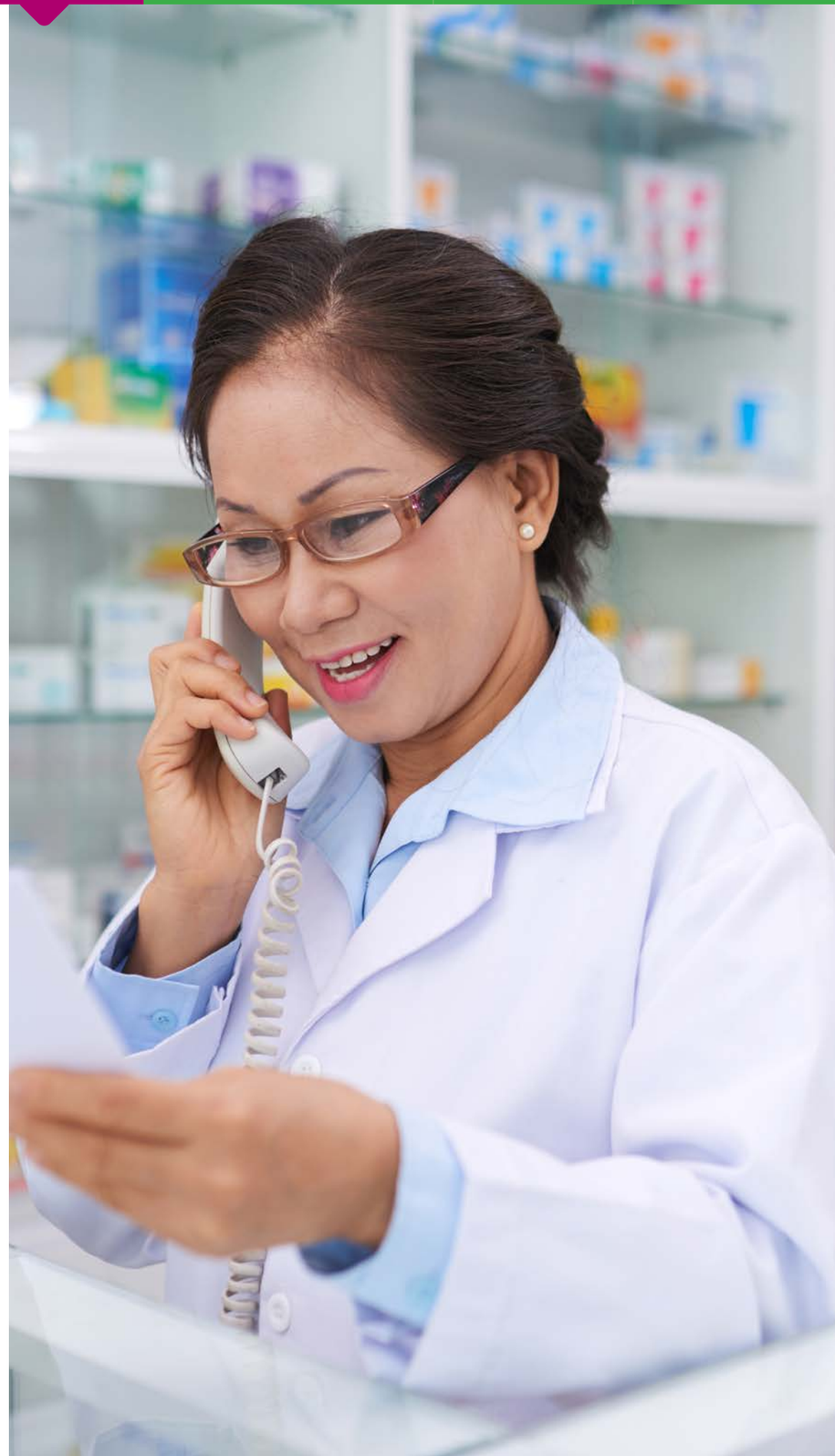
- Safeway and Albertsons
- Costco
- Fred Meyer
- Rite Aid
- Walgreens
- Walmart

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

Specialty pharmacy services

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

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



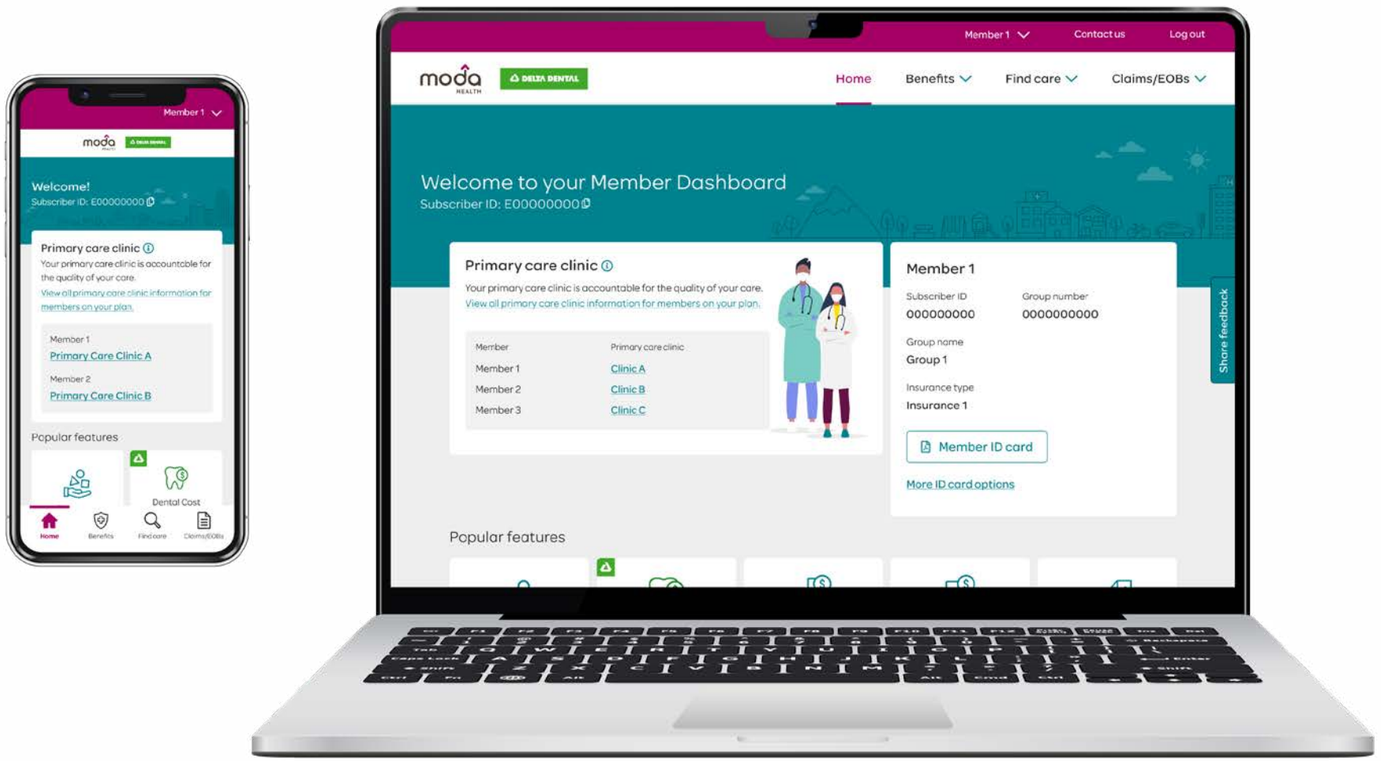
2027 ***Large group vison riders*** benefit table

Catalog_ID	Description
	For all ages, what the plan pays
VEO_12A1.OR.27	100% Vision Exam Only; Annual Benefit
V100_12A1.OR.27	100% Vision, $200 Max; Annual Benefit
V1003_12A1.OR.27	100% Vision, $300 Max; Annual Benefit
V1004_12A1.OR.27	100% Vision, $400 Max; Annual Benefit
V1005_12A1.OR.27	100% Vision, $500 Max; Annual Benefit



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
- Maternity program
- Menopause program

Mental health support

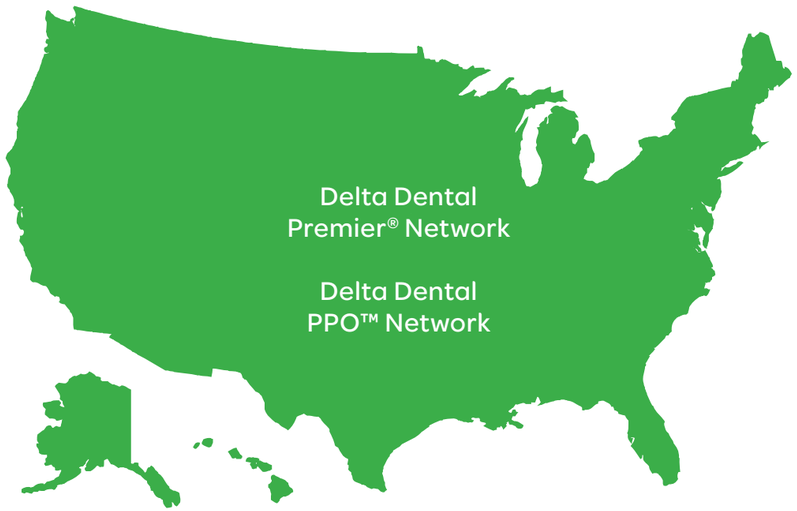
- 12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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

DELTA DENTAL®

Delta Dental networks *go where members go*

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



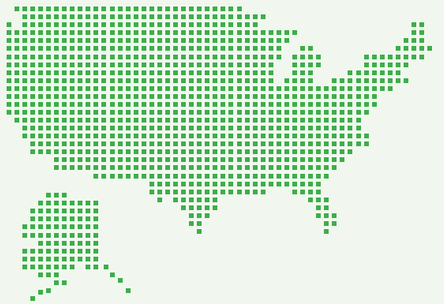
Delta Dental Direct Option with Willamette Dental

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. Members can go to locations.willamettedental.com to see Willamette Dental Group locations.

Delta Dental **Premier®** Network

The largest dental network in Oregon and nationwide, with 2,900+ providers in Oregon and 152,000+ nationwide. Members enjoy broad provider choice, plus cost savings and no balance billing when visiting Premier dentists.

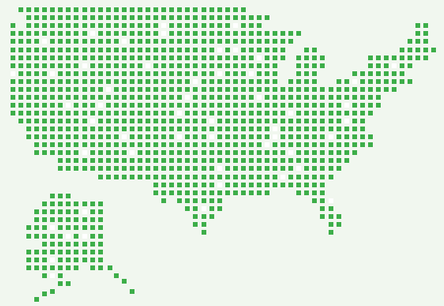
- Oregon's largest dental network
- More dentists to choose from
- Cost savings with Premier dentists



Delta Dental **PPO™** Network

One of the largest PPO dental networks in Oregon and nationwide, with 1,700+ providers in Oregon and 117,000+ nationwide. Members save the most when they visit PPO dentists and can still see out-of-network providers at a reduced benefit level.

- Lower out-of-pocket costs
- More savings with PPO dentists
- Freedom to choose your dentist



DELTA DENTAL®

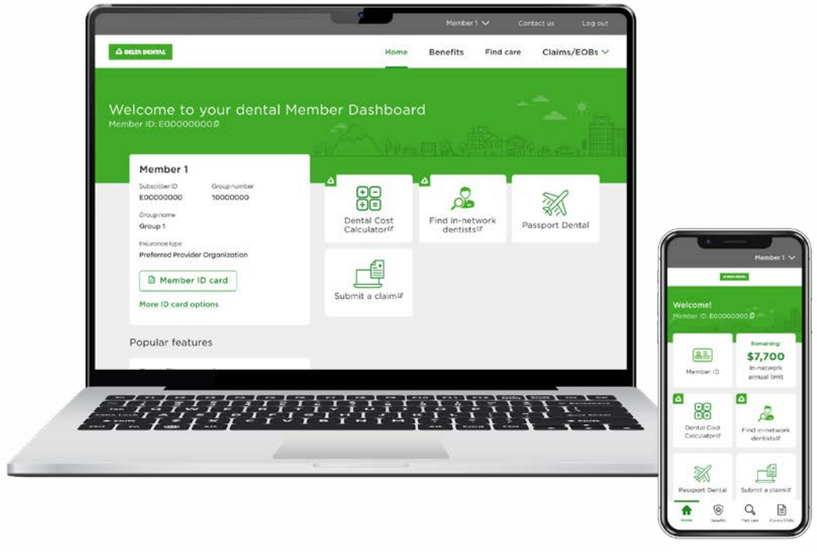
Quality coverage for ***every member's smile***

When all your clients' employees need is dental insurance, we've got them covered.

With Delta Dental plans, your clients' employees will have access to Delta Dental, one of the nation's largest dental networks. That means they can choose from thousands of dentists across the state and the country.

- Savings from in-network dentists
- Annual cleanings
- Superior customer service
- Freedom to choose a dentist

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



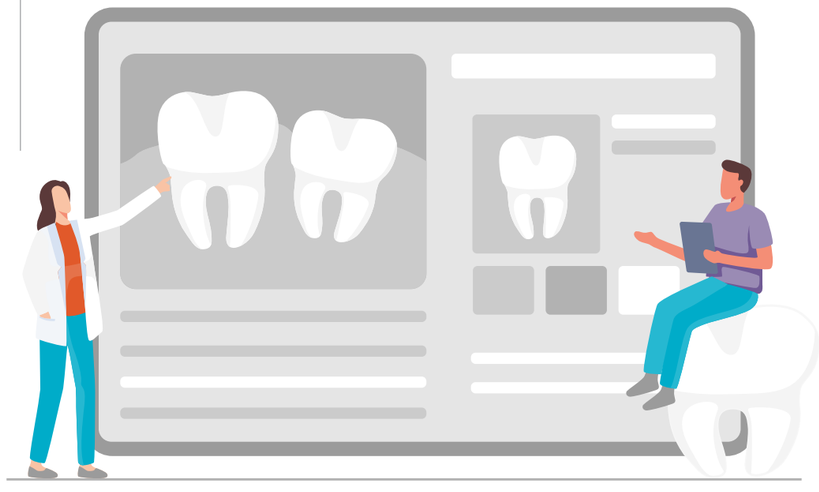
Teledentistry.com is in-network with Delta Dental!

With the Delta Dental Plan of Oregon provider network both *in-person* and *virtual* dental appointment options are available.

Through Teledentistry.com we offer the flexibility and convenience of virtual visits **24/7** to meet members' needs from wherever they are.

Members can use Delta Dental virtual visits when they:

- Have a dental problem after hours
- Need urgent care and don't have a regular dentist
- Want to talk to a dentist from home
- Are traveling and need dentist assistance



2027 ***Small group 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[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 *Premier*® 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 / Not covered	DO7NK
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 / Not covered	DO7NK
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 / Not covered	DO3NK
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 / Not covered	DO3NK
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 / Not covered	DO1NK
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 / Not covered	DO0NK
Delta Dental Premier, PF, 1000, 100/80/50, 50	$50 / $150	$450 / $900	$1,000 Class 1 other than 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 / Not covered	DO7NK
Delta Dental Premier, PF, 1500, 100/80/50, 50	$50 / $150	$450 / $900	$1,500 Class 1 other than 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 / Not covered	DO3NK
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 / Not covered	VDO7NK
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 / Not covered	VDO3NK
Delta Dental Premier Shining Smiles	$50 / $150	$450 / $900	$0	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.

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2027 ***Small group 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[1]	
	per person / family	Under age 19 1 member / 2+ members (in-network only)	Age 19+	In-network: 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 / Not covered	DO7NK
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 / Not covered	DO3NK
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 / Not covered	DO1NK
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 / Not covered	DO0NK
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 / Not covered	DO7NK
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 / Not covered	DO3NK
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 / Not covered	DO1NK
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 / Not covered	DO7NK
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 / Not covered	DO5NK
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 / Not covered	DO5NK
Delta Dental PPO, PF, 1000A, 100/90/50, 50	$50 / $150	$450 / $900	$1,000 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO7NK
Delta Dental PPO, PF, 1500A, 100/90/50, 50	$50 / $150	$450 / $900	$1,500 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 10% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO3NK
Delta Dental PPO, PF, 1000B, 100/80/50, 50	$50 / $150	$450 / $900	$1,000 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO7NK
Delta Dental PPO, PF, 1500B, 100/80/50, 50	$50 / $150	$450 / $900	$1,500 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO3NK
Delta Dental PPO, PF, 1000, 100/80/50, 50	$50 / $150	$450 / $900	$1,000 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO7NK
Delta Dental PPO PF, 1500, 100/80/50, 50	$50 / $150	$450 / $900	$1,500 Class 1 other than cone beam X-rays does not apply to max	0%		40% after deductible / 20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO3NK

1 Only medically necessary orthodontia to treat cleft palate is covered.

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2027 ***Small group 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[1]	
		per person / family	Under age 19 1 member / 2+ members (in-network only)	Age 19+	In-network: Under age 19, members pay / Ages 19+, members pay									Direct Option
Delta Dental *PPO*™ 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 / Not covered	VDO7NK
	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 / Not covered	VDO7NK
	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 / Not covered	VDO5NK
	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 / Not covered	VDO5NK
	Delta Dental PPO Plus 1100	$25 / $75	$450 / $900	$1,100	0%		20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO7NK
	Delta Dental PPO Plus 1600	$25 / $75	$450 / $900	$1,600	0%		20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO3NK
	Delta Dental PPO Plus 2100	$25 / $75	$450 / $900	$2,100	0%		20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO1NK
	Delta Dental PPO Plus 2600	$25 / $75	$450 / $900	$2,600	0%		20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO0NK
	Delta Dental PPO Plus 3100	$25 / $75	$450 / $900	$3,100	0%		20% after deductible			50% after deductible		Not covered	50% after deductible / Not covered	DO0NK

1 Only medically necessary orthodontia to treat cleft palate is covered.
2 For PPO Plus plans only: Out-of-network deductible $50/$150; out-of-network annual maximum less $100.

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2027 ***Small group dental plan*** benefit table

Willamette Dental

	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 [1]	
		under age 19 1 member / 2+ members			In-network: Under age 19, members pay / Ages 19+, members pay										Direct Option
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	DO0NK
	Willamette Dental Direct Option 1	No deductible	$450 / $900	No annual maximum	$15 per visit	0%		$25	$200	$200	$200	$100 / $125 / $175	$25	$75	$2,600	DO1NK
	Willamette Dental Direct Option 3	No deductible	$450 / $900	No annual maximum	$15 per visit	0%		$25	$250	$250	$250	$125 / $175 / $225	$25	$120	$3,000	DO3NK
	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	DO5NK
	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	DO7NK
Willamette Dental Voluntary	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	VDO0NK
	Willamette Dental Voluntary Direct Option 1	No deductible	$450 / $900	No annual maximum	$15 per visit	0%		$25	$200	$200	$200	$100 / $125 / $175	$25	$75	$2,600	VDO1NK
	Willamette Dental Voluntary Direct Option 3	No deductible	$450 / $900	No annual maximum	$15 per visit	0%		$25	$250	$250	$250	$125 / $175 / $225	$25	$120	$3,000	VDO3NK
	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	VDO5NK
	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	VDO7NK
	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	VSA1NK
	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	VSA2NK

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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2027 ***Small group 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%[1]	50%[1]	50%[1]	50%[1]

1 Ortho riders do not count towards out-of-pocket maximum.

Child Only Ortho plans: For members under 19, treatment must start prior to the member's 17th birthday.

2027 ***Large group dental plan*** benefit table

	Plan name	Calendar year costs		Class I		Class II			Class III			
		Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants	
				In-network member pays		In-network member pays			In-network member pays			Direct Option
Delta Dental *Premier*® Network	Premier Option A - Incentive plan 0/0, 1500	$0	$1,500	1st Year 30% 2nd Year 20% 3rd Year 10% 4th Year 0%		1st Year 30% 2nd Year 20% 3rd Year 10% 4th Year 0%			50%			DO3N
	Premier Option A - Incentive plan - Preventive First 0/0, 1500	$0	$1,500	1st Year 30% 2nd Year 20% 3rd Year 10% 4th Year 0%		1st Year 30% 2nd Year 20% 3rd Year 10% 4th Year 0%			50%			DO3N
	Premier Option B - Family Deductible 25/75, 1000	$25 / $75	$1,000	0%		20% after deductible			50% after deductible			DO7N
	Premier Option B - Family Deductible 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
	Premier Option B - Family Deductible 25/75, 2000	$25 / $75	$2,000	0%		20% after deductible			50% after deductible			DO1N
	Premier Option B - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
	Premier Option B - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO3N
	Premier Option B - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO1N
	Premier Option B - Family Deductible 50/150, 2500	$50 / $150	$2,500	0%		20% after deductible			50% after deductible			DO0N
	Premier Option C - Family Deductible 50/150, 1000	$50 / $150	$1,000	20% after deductible		20% after deductible			50% after deductible			DO7N
	Premier Option C - Family Deductible 50/150, 1500	$50 / $150	$1,500	20% after deductible		20% after deductible			50% after deductible			DO5N
	Premier Option W - Family Deductible 50/150, 1500	$50 / $150	$1,500	20%		20% after deductible			50% after deductible			DO5N
	Premier Option B - Family Deductible - Preventive First 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
	Premier Option B - Family Deductible - Preventive First 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
	Premier Option B - Family Deductible - Preventive First 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO3N
	Premier Option B - Family Deductible - Preventive First 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO1N
	Voluntary Premier Option B - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			VDO7N
	Voluntary Premier Option B - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			VDO3N
	Voluntary Premier Option B - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			VDO3N
	Voluntary Premier Option C - Family Deductible - Preventive First 50/150, 1500	$50 / $150	$1,500	20% after deductible		20% after deductible			50% after deductible			VDO7N

1 Preventive First (PF) plans: Class 1 services other than cone beam x-rays do not apply to the annual plan maximum.
2 Incentive plans: If the member visits the dentist at least once during the year, member responsibility will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, member responsibility will increase by 10% the following year, but never rise above 30%.
3 PPO MAC plans: Premier dentists can balance bill the difference between the filed fee and the PPO fee schedule amount.

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2027 ***Large group dental plan*** benefit table

Plan name	Calendar year costs		Class I		Class II			Class III			
	Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants	
			In-network member pays		In-network member pays			In-network member pays			Direct Option
PPO Option B - Family Deductible 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option B - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option B - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO5N
PPO Option B - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPA - Family Deductible 25/75, 1000	$25 / $75	$1,000	0%		10% after deductible			50% after deductible			DO7N
PPO Option BPA - Family Deductible 25/75, 1500	$25 / $75	$1,500	0%		10% after deductible			50% after deductible			DO3N
PPO Option BPA - Family Deductible 25/75, 2000	$25 / $75	$2,000	0%		10% after deductible			50% after deductible			DO1N
PPO Option BPA - Family Deductible 25/75, 2500	$25 / $75	$2,500	0%		10% after deductible			50% after deductible			DO0N
PPO Option BPA - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		10% after deductible			50% after deductible			DO7N
PPO Option BPA - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		10% after deductible			50% after deductible			DO3N
PPO Option BPA - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		10% after deductible			50% after deductible			DO1N
PPO Option BPA - Family Deductible 50/150, 2500	$50 / $150	$2,500	0%		10% after deductible			50% after deductible			DO0N
PPO Option BPB - Family Deductible 25/75, 1000	$25 / $75	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option BPB - Family Deductible 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPB - Family Deductible 25/75, 2000	$25 / $75	$2,000	0%		20% after deductible			50% after deductible			DO1N
PPO Option BPB - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option BPB - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPB - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO1N
PPO Option B - Family Deductible - Preventive First 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option B - Family Deductible - Preventive First 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option B - Family Deductible - Preventive First 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option B - Family Deductible - Preventive First 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPA - Family Deductible - Preventive First 25/75, 1000	$25 / $75	$1,000	0%		10% after deductible			50% after deductible			DO7N
PPO Option BPA - Family Deductible - Preventive First 25/75, 1500	$25 / $75	$1,500	0%		10% after deductible			50% after deductible			DO3N
PPO Option BPA - Family Deductible - Preventive First 25/75, 2000	$25 / $75	$2,000	0%		10% after deductible			50% after deductible			DO1N
PPO Option BPA - Family Deductible - Preventive First 25/75, 2500	$25 / $75	$2,500	0%		10% after deductible			50% after deductible			DO0N
PPO Option BPA - Family Deductible - Preventive First 50/150, 1000	$50 / $150	$1,000	0%		10% after deductible			50% after deductible			DO7N
PPO Option BPA - Family Deductible - Preventive First 50/150, 2000	$50 / $150	$2,000	0%		10% after deductible			50% after deductible			DO1N
PPO Option BPA - Family Deductible - Preventive First 50/150, 2500	$50 / $150	$2,500	0%		10% after deductible			50% after deductible			DO0N
PPO Option BPB - Family Deductible - Preventive First 25/75, 1000	$25 / $75	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option BPB - Family Deductible - Preventive First 25/75, 1500	$25 / $75	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPB - Family Deductible - Preventive First 25/75, 2000	$25 / $75	$2,000	0%		20% after deductible			50% after deductible			DO1N
PPO Option BPB - Family Deductible - Preventive First 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			DO7N
PPO Option BPB - Family Deductible - Preventive First 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO3N
PPO Option BPB - Family Deductible - Preventive First 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			DO1N

Delta Dental ***PPO™*** Network

1 Preventive First (PF) plans: Class 1 services other than cone beam x-rays do not apply to the annual plan maximum.
2 Incentive plans: If the member visits the dentist at least once during the year, member responsibility will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, member responsibility will increase by 10% the following year, but never rise above 30%.
3 PPO MAC plans: Premier dentists can balance bill the difference between the filed fee and the PPO fee schedule amount.

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2027 ***Large group dental plan*** benefit table

Plan name	Calendar year costs		Class I		Class II			Class III			
	Annual deductible per member / family	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants	
			In-network member pays		In-network member pays			In-network member pays			Direct Option
PPO MAC Option B - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			DO7N
PPO MAC Option BPA - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		10% after deductible			50% after deductible			DO7N
Voluntary PPO Option B - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			VDO7N
Voluntary PPO Option B - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Option B - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Option BPA - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		10% after deductible			50% after deductible			VDO7N
Voluntary PPO Option BPB - Family Deductible 50/150, 1000	$50 / $150	$1,000	0%		20% after deductible			50% after deductible			VDO7N
Voluntary PPO Option BPB - Family Deductible 50/150, 1500	$50 / $150	$1,500	0%		20% after deductible			50% after deductible			VDO5N
Voluntary PPO Option BPB - Family Deductible 50/150, 2000	$50 / $150	$2,000	0%		20% after deductible			50% after deductible			VDO1N
PPO Plus 1100 Plan - Family Deductible 25/75, 1100	$25 / $75	$1,100	0%		20% after deductible			50% after deductible			DO7N
PPO Plus 1600 Plan - Family Deductible 25/75, 1600	$25 / $75	$1,600	0%		20% after deductible			50% after deductible			DO3N
PPO Plus 2100 Plan - Family Deductible 25/75, 2100	$25 / $75	$2,100	0%		20% after deductible			50% after deductible			DO1N
PPO Plus 2600 Plan - Family Deductible 25/75, 2600	$25 / $75	$2,600	0%		20% after deductible			50% after deductible			DO0N
PPO Plus 3100 Plan - Family Deductible 25/75, 3100	$25 / $75	$3,100	0%		20% after deductible			50% after deductible			DO0N
PPO Plus 1100 Plan - Family Deductible - Preventive First 25/75, 1100	$25 / $75	$1,100	0%		20% after deductible			50% after deductible			DO7N
PPO Plus 1600 Plan - Family Deductible - Preventive First 25/75, 1600	$25 / $75	$1,600	0%		20% after deductible			50% after deductible			DO3N
PPO Plus 2100 Plan - Family Deductible - Preventive First 25/75, 2100	$25 / $75	$2,100	0%		20% after deductible			50% after deductible			DO1N
PPO Plus 2600 Plan - Family Deductible - Preventive First 25/75, 2600	$25 / $75	$2,600	0%		20% after deductible			50% after deductible			DO0N
PPO Plus 3100 Plan - Family Deductible - Preventive First 25/75, 3100	$25 / $75	$3,100	0%		20% after deductible			50% after deductible			DO0N
Voluntary PPO Plus 1100 Plan - Family Deductible 25/75, 1100	$25 / $75	$1,100	0%		20% after deductible			50% after deductible			VDO7N
Voluntary PPO Plus 1600 Plan - Family Deductible 25/75, 1600	$25 / $75	$1,600	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Plus 2100 Plan - Family Deductible 25/75, 2100	$25 / $75	$2,100	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Plus 2600 Plan - Family Deductible 25/75, 2600	$25 / $75	$2,600	0%		20% after deductible			50% after deductible			VDO1N
Voluntary PPO Plus 3100 Plan - Family Deductible 25/75, 3100	$25 / $75	$3,100	0%		20% after deductible			50% after deductible			VDO1N
Voluntary PPO Plus 1100 Plan - Family Deductible - Preventive First 25/75, 1100	$25 / $75	$1,100	0%		20% after deductible			50% after deductible			VDO7N
Voluntary PPO Plus 1600 Plan - Family Deductible - Preventive First 25/75, 1600	$25 / $75	$1,600	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Plus 2100 Plan - Family Deductible - Preventive First 25/75, 2100	$25 / $75	$2,100	0%		20% after deductible			50% after deductible			VDO3N
Voluntary PPO Plus 2600 Plan - Family Deductible - Preventive First 25/75, 2600	$25 / $75	$2,600	0%		20% after deductible			50% after deductible			VDO1N
Voluntary PPO Plus 3100 Plan - Family Deductible - Preventive First 25/75, 3100	$25 / $75	$3,100	0%		20% after deductible			50% after deductible			VDO1N

Delta Dental ***PPO***™ Network

1 Preventive First (PF) plans: Class 1 services other than cone beam x-rays do not apply to the annual plan maximum.
2 Incentive plans: If the member visits the dentist at least once during the year, member responsibility will decrease by 10% the following year. If the member does not visit the dentist at least once during the year, member responsibility will increase by 10% the following year, but never rise above 30%.
3 PPO MAC plans: Premier dentists can balance bill the difference between the filed fee and the PPO fee schedule amount.

Dental disclaimer: This brochure is a summary of the dental plans and dental plan benefits and is not a contract; limitations and exclusions apply. See the dental plan benefit summaries, 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 Delta Dental policies are subject to change in order to be compliant with state and federal guidelines.

2027 ***Large group dental plan*** benefit table

Willamette Dental

	Plan name	Calendar year costs			Office copay		Class I		Class II			Class III					
		Annual Deductible	Annual plan maximum	Implant annual maximum	General office visit	Specialty office visit	Routine exams and X-rays	Cleanings	Restorative fillings	Surgical extraction	Root Planing	Restorative crowns	Bridges	Partial and complete dentures	Implants	Ortho	
					In-network, member pays		In-network, member pays		In-network, member pays			In-network, member pays					Direct Option
Willamette Dental Direct Option	Willamette Dental Direct Option 0	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$15	$75	$75	$150	$150	$150	0%	$2,400	DO0N
	Willamette Dental Direct Option 1	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$25	$75	$75	$200	$200	$200	0%	$2,600	DO1N
	Willamette Dental Direct Option 3	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$25	$120	$120	$250	$250	$250	0%	$3,000	DO3N
	Willamette Dental Direct Option 5	No deductible	No annual maximum	$1,500	$25	$30	0%	0%	$25	$150	$120	$300	$300	$300	0%	$3,000	DO5N
	Willamette Dental Direct Option 7	No deductible	No annual maximum	$1,500	$30	$30	0%	0%	$30	$175	$150	$400	$400	$500	0%	$3,000	DO7N
Willamette Dental Voluntary	Willamette Dental Voluntary Standalone Direct Option 1	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$15	$175	$100	$375	$375	$500	0%	$2,200	VSA1N
	Willamette Dental Voluntary Standalone Direct Option 2	No deductible	No annual maximum	$1,500	$25	$30	0%	0%	$20	$175	$100	$375	$375	$500	0%	$2,200	VSA2N
	Willamette Dental Voluntary Direct Option 0	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$15	$75	$75	$150	$150	$150	0%	$2,400	VDO0N
	Willamette Dental Voluntary Direct Option 1	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$25	$75	$75	$200	$200	$200	0%	$2,600	VDO1N
	Willamette Dental Voluntary Direct Option 3	No deductible	No annual maximum	$1,500	$15	$30	0%	0%	$25	$120	$120	$250	$250	$250	0%	$3,000	VDO3N
	Willamette Dental Voluntary Direct Option 5	No deductible	No annual maximum	$1,500	$25	$30	0%	0%	$25	$150	$120	$300	$300	$300	0%	$3,000	VDO5N
	Willamette Dental Voluntary Direct Option 7	No deductible	No annual maximum	$1,500	$30	$30	0%	0%	$30	$175	$150	$400	$400	$500	0%	$3,000	VDO7N

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.

2027 ***Large group orthodontia plan*** riders

	Child Ortho 1000[1,2]	Child Ortho 1500[1,2]	Child Ortho 2000[1,2]	Child Ortho 2500[1,2]	Adult Ortho 1000[2]	Adult Ortho 1500[2]	Adult Ortho 2000[2]	Adult Ortho 2500[2]	Adult and Child Ortho 1000[2]	Adult and Child Ortho 1500[2]	Adult and Child Ortho 2000[2]	Adult and Child Ortho 2500[2]
Lifetime maximum	$1,000	$1,500	$2,000	$2,500	$1,000	$1,500	$2,000	$2,500	$1,000	$1,500	$2,000	$2,500
	What members pay											
Members age 19+	Not covered	Not covered	Not covered	Not covered	50%	50%	50%	50%	50%	50%	50%	50%
Members under age 19	50%	50%	50%	50%	Not covered	Not covered	Not covered	Not covered	50%	50%	50%	50%

1 For members under age 19, treatment must start prior to the child's 17th birthday.
2 An 18-month exclusion period applies to voluntary dental plan options.

DELTAVISION®

2027 ***DeltaVision®*** benefit table

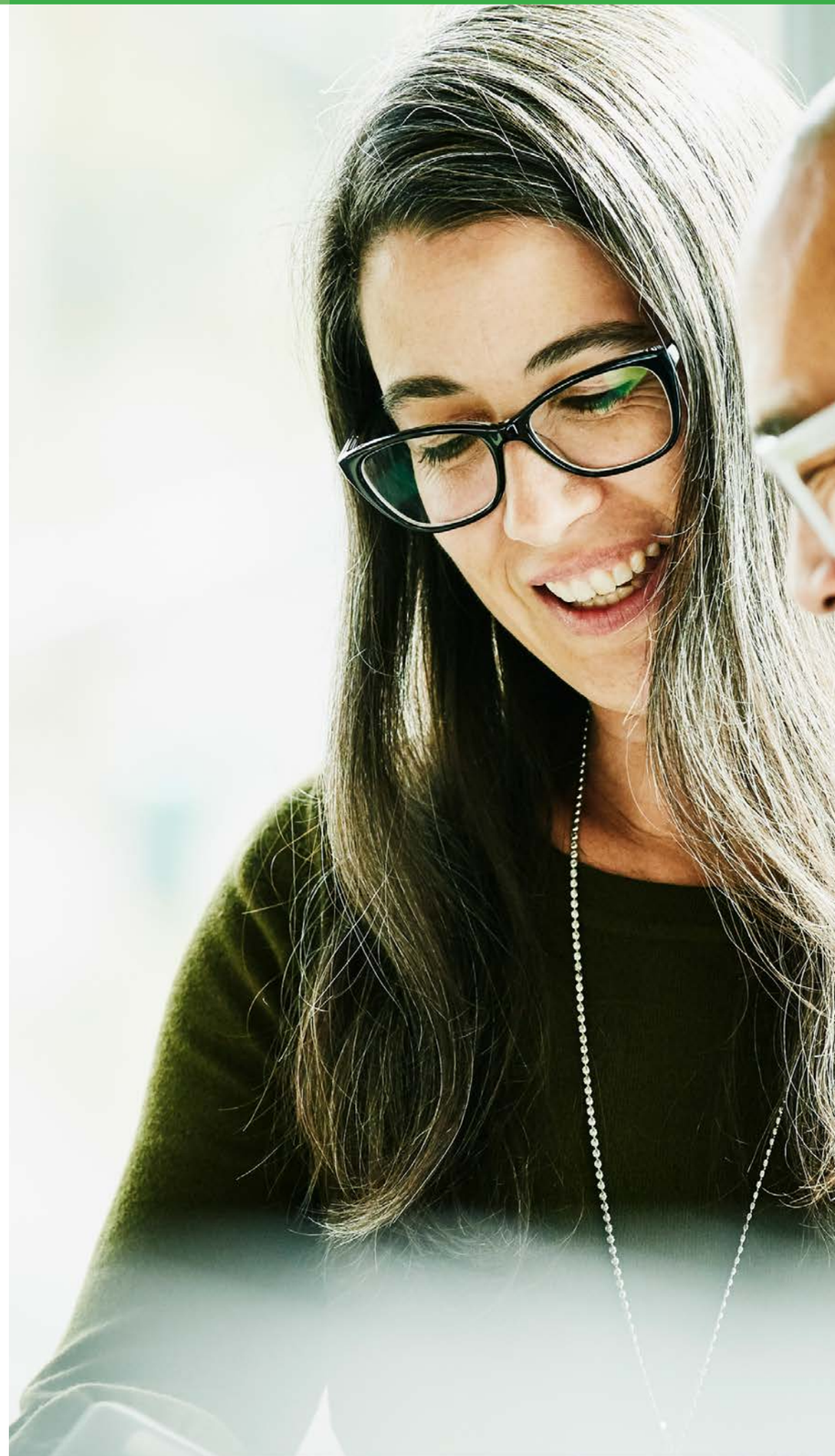
DeltaVision® vision plans offered by Delta Dental

	Copays	Frames / contact lenses	Contact exam and fitting	Exam / lenses	Frames
	In-network, members pay				
VSP Choice Value	$10 exam / $25 materials	$150	$60	Once every 12 months	Once every 24 months
VSP Choice Select	$10 exam / $10 materials	$200	$60	Once every 12 months	Once every 24 months
VSP Choice Premium	$10 exam / $10 materials	$250	$60	Once every 12 months	Once every 12 months
VSP Choice Value Voluntary	$10 exam / $25 materials	$150	$60	Once every 12 months	Once every 24 months
VSP Choice Select Voluntary	$10 exam / $10 materials	$200	$60	Once every 12 months	Once every 24 months
VSP Choice Premium Voluntary	$10 exam / $10 materials	$250	$60	Once every 12 months	Once every 12 months

*** Available when electing one of our dental plans.**
This is not a standalone offer.

DeltaVision® plans

Delta Dental has partnered with VSP®, a national leader in vision benefits, to offer your small or large group clients DeltaVision®. which combines dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.



BenefitHelp SOLUTIONS

Third-party *connected benefits*

Making managing benefits easier for your clients

Moda's third-party administrative subsidiary is BenefitHelp Solutions (BHS). BHS's comprehensive TPA services provide your clients with the latest technological resources and support to easily navigate the complex world of healthcare benefits and find new ways to save!

BHS helps your clients with:

Reimbursement accounts:

- **Health Flexible Spending Accounts (FSA)**
  FSAs allow employees to set aside pre-taxed money to pay for eligible healthcare expenses.
- **Health Reimbursement Arrangements (HRA)**
  With an HRA, employer makes contributions to member accounts for eligible healthcare expenses. The funds may roll over at the end of the year.
- **Commuter Expense Reimbursement Accounts (CERA)**
  Employees use pre-tax dollars to pay for parking and commuter costs. Or mass transit and carpooling.
- **Dependent Care Accounts (DCA)**
  Employees pay for daycare with pre-tax dollars.
- **Health Savings Accounts (HSA)**
  HSAs are coupled with a qualified High Deductible Health Plan (HDHP) to help plan for medical expenses now and through retirement.

COBRA administration

Premium only plans

Retiree administration

Premium administration

- And much more

No charge* COBRA and H.S.A. Administration through BHS for large group fully insured medical sales.

*No PEPM fee. $100 flat annual fee per non Moda/Delta Dental carrier/line of business to administer.

To learn more, visit benefithelpsolutions.com or call at **888-387-5440**.





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

Questions?

Contact your Moda Health or Delta Dental Sales representative

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

ModaHealth.com/oregon | DeltaDentalOR.com

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.