Welcome to Delta Dental of Alaska, the place you go when you want more than a dental plan — because good health is about so much more than just the plan details.

To be your healthy best, you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more — and we’re excited to help you start on a journey to be better.

For our part, we’ll provide networks of dentists, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

Because together, we can be more. We can be better.
Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Alaska plans, you’ll have access to Delta Dental, the nation’s largest dental network. Your smile will thank you, wherever you roam.

**Dental benefit highlights**

Our Delta Dental of Alaska plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- No waiting periods for Class 1 services
- Contracted-fee savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

**Plan options**

We offer a variety of plans so you can find the right fit for you:

**Delta Dental Premier plan**

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

**Delta Dental PPO plans**

For members residing in Anchorage and Mat-Su Valley, these plans save on out-of-pocket costs by connecting them with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

**Delta Dental Premier Healthy Smiles plan**

This Premier plan is available to all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover members under age 19. Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

**Delta Dental Premier Preventive Alaska Mandated plan**

This plan connects members with the Delta Dental Premier Network. It is a preventive focused plan with limited benefits provided for basic and major services. Providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network that includes thousands of dentists across the state, and the country.

In-network dentists agree to accept our contracted fees as full payment. They also don’t balance-bill — the difference between the allowed amount and the dentist’s fee. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

**Is my dentist in the network?**

To find out, visit modahealth.com and use Find Care. Choose a dental network and look for participating dentists in your area.

**Choose and enroll in your 2017 plan**

Whatever your needs, we’re confident you’ll find the dental plan that fits just right.

**Enroll anytime**

You can enroll in our dental coverage year-round. For 2017 plans, visit ShopModaPlans.com to pick the dental plan you like.

To enroll through the Marketplace, HealthCare.gov, you must also enroll in a medical plan at the same time and/or qualify for federal financial assistance.

**After you enroll**

Once you’re enrolled, you’ll receive a welcome letter that confirms your plan and includes your subscriber ID number. Your ID card will arrive in a separate mailing. Use your ID number to log in to myModa at modahealth.com. Then find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first invoice is ready, you can also manage billing and payment options through myModa.

**Questions?**

Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska Time. TTY users, please call 711.
Confirm your eligibility
You must be an Alaska resident and live in Alaska at least six months out of the calendar year to be eligible to enroll. Eligible members include you, your legal spouse or domestic partner and any children up to age 26.

Find the plan you like
Browse and compare our 2017 dental plans in this brochure or at ShopModaPlans.com. The website also explains how health plans, healthcare reform and federal financial assistance work — so take a look! When deciding on a plan, be sure to pick one with the provider network you prefer.

Enroll at ShopModaPlans.com
Visit ShopModaPlans.com to enroll in 2017 Delta Dental of Alaska dental plans. If you qualify for federal financial assistance, we’ll show you how to apply through the Marketplace, HealthCare.gov. If you are also enrolling for medical coverage, you need to apply for dental at the same time.
## 2017 Dental plan benefit table

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Premier</th>
<th>Delta Dental PPO 1000</th>
<th>Delta Dental PPO 1500</th>
<th>Delta Dental Premier Healthy Smiles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar year costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible per person</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-pocket maximum per person (under age 19)</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual benefit maximum (age 19+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams &amp; X-rays</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Cleanings</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontal maintenance</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Sealants</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Class 1 (Continued)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>50%</td>
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<tr>
<td>Class 2 (Continued)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space maintainers</td>
<td>35%</td>
<td>Not covered</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Class 3 (Continued)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral surgery</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Restorative crowns</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Partial &amp; complete dentures</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50%</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>All areas</td>
<td>Anchorage and the Mat-Su Valley</td>
<td>Anchorage and the Mat-Su Valley</td>
<td>All areas</td>
</tr>
<tr>
<td>Plan enrollment options</td>
<td>Direct through ShopModaPlans.com or through HealthCare.gov</td>
<td>Direct through ShopModaPlans.com or through HealthCare.gov</td>
<td>Direct through ShopModaPlans.com or through HealthCare.gov</td>
<td>Direct through ShopModaPlans.com only</td>
</tr>
<tr>
<td>Provider network</td>
<td>Delta Dental Premier Network</td>
<td>Delta Dental PPO Network</td>
<td>Delta Dental PPO Network</td>
<td>Delta Dental Premier Network</td>
</tr>
</tbody>
</table>

1. Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.
2. Six-month exclusion period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
3. 12-month exclusion period applies to age 19 and over.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.
## Delta Dental Premier Preventive Alaska Mandated Plan

### Calendar year costs

<table>
<thead>
<tr>
<th></th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person</td>
<td>$25 per person</td>
<td>$75 per family</td>
</tr>
<tr>
<td>Out-of-pocket maximum per person (under age 19)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual benefit maximum (age 19+)</td>
<td>$500 (applies to all ages)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Class 1

<table>
<thead>
<tr>
<th>Service</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams &amp; X-rays</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Cleanings</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Periodontal maintenance</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Sealants</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>topical fluoride</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>0% after deductible</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Class 2

<table>
<thead>
<tr>
<th>Service</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative fillings</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Endodontics</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Periodontics</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
</tbody>
</table>

### Class 3

<table>
<thead>
<tr>
<th>Service</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative crowns</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Partial &amp; complete dentures</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Bridges</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>All areas</td>
</tr>
<tr>
<td>Plan enrollment options</td>
<td>Direct through ShopModaPlans.com only</td>
</tr>
<tr>
<td>Provider network</td>
<td>Delta Dental Premier Network</td>
</tr>
<tr>
<td>Balance bill</td>
<td>Delta Dental Premier Network: No Nonparticipating: Yes</td>
</tr>
</tbody>
</table>

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1. Covered once in a 6-month period if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment.
2. Space maintainers are only covered for members under age 14.
3. Six-month exclusion period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
4. 12-month exclusion period applies to age 19 and over.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.
Calculate what you pay each month

Our plans offer competitive premiums – the amount you pay each month for coverage. If you want great benefits and value, you’re in good hands.

What affects your premium?
The plan, your age and the ages of your dependents affect your premium amount. Just follow the steps on the worksheet to the right to calculate it.

How your premium could change
2017 premiums are effective Jan. 1, 2017, through Dec. 31, 2017. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

Yearly premium updates
We adjust premiums for individual and family plans each year. You’ll receive a renewal notice prior to the new plan effective date explaining any updates.

Dental plan premiums

<table>
<thead>
<tr>
<th>Age</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Premier</td>
<td>$44</td>
<td>$39</td>
</tr>
<tr>
<td>Delta Dental PPO 1000</td>
<td>$39</td>
<td>$36</td>
</tr>
<tr>
<td>Delta Dental PPO 1500</td>
<td>$39</td>
<td>$42</td>
</tr>
<tr>
<td>Delta Dental Premier Healthy Smiles</td>
<td>$44</td>
<td>N/A</td>
</tr>
<tr>
<td>Delta Dental Premier Preventive Alaska Mandated Plan</td>
<td>$30</td>
<td>$30</td>
</tr>
</tbody>
</table>

How to add up your total monthly premium

1. Pick a dental plan
2. Locate your dental plan premium in the table on page 12.

3. Jot down the premiums for each person age 21+
4. Jot down the premiums for each person (up to three) under age 21*
5. Add all amounts together to get your family’s total monthly premium

If you qualify for federal financial assistance, it may cover some of your premium. To find out what you’d pay with this assistance, visit the Marketplace at HealthCare.gov.

*All children under age 21 have the same premium based on the plan. However, no more than three children under age 21 need to be calculated in your total premium. Child dependents ages 21 through 25 have a premium based on their actual age.

Premiums effective Jan. 1, 2017 through Dec. 31, 2017
Answers to your questions

What payment methods do you accept?
We accept checks, cash, money orders and electronic funds transfer (EFT) from a savings or checking account. Just select the billing and payment option that is best for you:

* eBill, our electronic billing service. Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate payment each month. Once you receive your member ID card, visit modahealth.com and follow the instructions to create a myModa account.

* Electronic funds transfer (EFT). There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT initiates around the fifth of the month and typically takes one to two days to post to your account. Your initial payment may initiate on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of myModa.

* Paper bill. We’ll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate a payment through eBill after logging in to your myModa account.

How will I make my first premium payment?
If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium. If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with eBill. Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Can my employer sponsor my individual coverage?
Individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health except when allowed by Alaska requirements.

Does it matter which dentist I see?
Yes, you’ll save money by seeing an in-network provider for your plan:

- Delta Dental Premier plan, Delta Dental Premier Preventive Alaska Mandated plan or Delta Dental Healthy Smiles plan – You can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

- Delta Dental PPO plans – For members residing in Anchorage and the Mat-Su Valley, if you select this plan and visit providers in the Delta Dental PPO Network in Anchorage and Mat-Su Valley, you will receive the best benefits. These are the in-network providers for this plan. If you go out-of-network, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Can I switch to a different plan at any time?
No. You may only be able to change plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Which dental plans can I purchase through the federal Marketplace?
You can enroll in some Delta Dental of Alaska plans directly through us or the Marketplace, HealthCare.gov. To enroll through HealthCare.gov, you must enroll in a medical plan at the same time and/or qualify for federal financial assistance. Check the plan benefit tables in this brochure for the “plan enrollment options.”

Healthcare lingo explained

We realize that health plans can be confusing, so we’ve made you a cheat sheet of sorts.

To find even more definitions, visit the Learning Center at ShopModaPlans.com.

Balance billing
Charges for out-of-network care beyond what the dental plan allows. Out-of-network dentists may bill members the difference between the maximum plan allowance and their billed charges. In-network dentists don’t do this.

Coinsurance
The percentage members pay for a covered dental service after they meet their deductible. For example, they may pay 20 percent of an allowed $200 charge, or $40.

Deductible
The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

Dental annual maximum
The maximum dollar amount a dental plan will pay toward the cost of dental care for members age 19 and over within a calendar year.

Marketplace
Also called an Exchange, a health plan Marketplace is where people can buy health plans. Alaska residents use the federal Marketplace, HealthCare.gov.

Maximum plan allowance (MPA)
MPA is the maximum amount that we will reimburse non-contracted providers. A non-contracted provider may bill a member for any amount over and above the MPA. This may leave members with a high out-of-pocket balance.

Out-of-pocket costs
What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles, coinsurance for covered expenses and cost of care after the dental annual maximum has been exhausted.

Out-of-pocket maximum (dental)
In dental plans, the most members pay in a calendar year for covered pediatric dental care services before benefits are paid in full up to the allowable amount or up to any visit limit. Once members meet the out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductible and coinsurance. It does not include disallowed charges or balance billing from out-of-network dentists.

PPO dentist
A dentist contracted in the PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members’ out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

Premier dentist
A dentist contracted with Moda who has agreed that their charges will not exceed the plan allowance. This means members will have lower out-of-pocket costs when they choose a premier dentist. A premier dentist has also agreed to submit any necessary claims directly to us.
Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2017 Delta Dental of Alaska individual and family dental plans. Some limitations and exclusions for the Delta Dental Premier Preventive Alaska Mandated plan will differ. For a full list of limitations and exclusions per plan, or for copies of plan summaries, please call us at 855-718-1767.

Limitations
- Delta Dental Premier Healthy Smiles with benefits for age under 19
- Delta Dental Premier Preventive Alaska Mandated plan includes preventive services, as well as limited benefits for basic and major services. Call us for details.

Class 1
- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Fluoride covered once in a 6-month period (under age 19)
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in an office or when necessary due to concurrent medical conditions
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions
- Occlusal guard (nightguard) covered once per year between ages 10 and 19, and once every five years at 50%, up to a $150 maximum for members age 19 and over. Over-the-counter athletic mouth guards are excluded.
- Medically necessary or orthodontia covered only for dependent children under age 19
- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. Moda provides free, timely aids and services to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Medicare Customer Service, 877-299-9062 (TDD/TTY 711)
Medicaid Customer Service, 888-788-9821 (TDD/TTY 711)
Customer Service for all other plans, 888-217-2363 (TDD/TTY 771)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204

If you need assistance filing a grievance, please call the applicable Customer Service department listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at hhsoncportal.hhs.gov or by mail or phone to: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)
Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html. Moda’s efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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855-232-9111
compliance@modahealth.com
ATTENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意: 如果您说中文,可得到免费语言帮助服务。请致电1-877-605-3229 (TTY, 711)

주요: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 번역대로 언어에 맞게 서비스가 바람니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagasawa ká na Tagalog, ang mga serbisyong tulong sa wika ay nutang-pang ayat sa magagamit mo. Tumawag sa numero ng 1-877-605-3229 (TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 번역대로 언어에 맞게 서비스가 바람니다. 전화 1-877-605-3229 (TTY, 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwonić na 1-877-605-3229 (TTY re. 711)

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ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY: 711)

THOV CEEB TOOQ: Yoo haas tias koj hai lus Hmong, muaj caj koj dab paam txach kis lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

 destacado: Yoo afaan Kshtik kan dubbattan ta’e tajajooni gargaarsaa isiniif jira 1-877-605-3229 (TTY: 711)
Questions?
We’re here to help. Contact a Delta Dental-appointed agent, or call us toll-free at 855-718-1767. TTY users, please call 711.

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