





# Hello.

Welcome to Delta Dental Plan of Oregon, 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.



[Overview](#) *page 4*

[Networks](#) *page 5*

[Choosing your plan](#) *page 5*

[How to enroll](#) *page 6*

[Benefit tables](#) *page 8*

[What you pay](#) *page 10*

[Dental premiums](#) *page 10*

[FAQs](#) *page 12*

[Glossary](#) *page 13*

[Limitations & exclusions](#) *page 14*

## Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental Plan of Oregon 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 Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- No waiting periods for Class 1 services
- 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.

### Coverage options

We offer a variety of plans so you can find the right fit for you. Choose from four types of dental plans.

#### 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 plan

This plan offers a broad range of both services and providers. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. This plan also gives members the flexibility of seeing a Premier or noncontracted dentist under the out-of-network benefits. 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 Exclusive PPO plan

This plan gives members a higher level of benefits than the PPO plan, but they must see Delta Dental PPO-contracted providers to receive a benefit. This exclusive provider option does not pay for services provided from a Premier or noncontracted dentist. Care from providers outside this network is not covered.

#### Delta Dental PPO Bright Smiles plan

This PPO plan is available for all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover children under age 19. 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 networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It 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 fees. 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](http://modahealth.com) and use Find Care. Choose a dental network and look for participating dentists in your area.

### 2016 dental networks

#### Delta Dental Premier Network

This is the largest dental network in Oregon and nationally. It includes more than 2,300 providers in Oregon and over 151,000 Delta Dental Premier dentists nationwide.

#### Delta Dental PPO Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,100 participating providers in Oregon and offers access to over 99,000 Delta Dental PPO dentists nationwide.

## Choose and enroll in your 2016 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 2016 plans, visit [choosemoda.com](http://choosemoda.com) starting Nov. 1, 2015, 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](http://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, 7:30 a.m. to 5:30 p.m. Pacific Time. TTY users, please call 711.

Follow these simple steps to enroll



**Confirm your eligibility**

You must be an Oregon resident and live in Oregon at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26.

**Find the plan you like**

Browse and compare our 2016 dental plans in this brochure or at [choosemoda.com](http://choosemoda.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 [choosemoda.com](http://choosemoda.com)**

Starting Nov. 1, 2015, visit [choosemoda.com](http://choosemoda.com) to enroll in 2016 Delta Dental of Oregon dental plans.



# 2016 Dental plan benefit table

	Delta Dental Premier		Delta Dental PPO				Delta Dental Exclusive PPO				Delta Dental PPO Bright Smiles			
	Under age 19	Ages 19+	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19		Ages 19+	
			In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>														
Deductible per person	\$50		\$0				\$0				\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	\$1,000		\$1,000				\$1,500				N/A			
<b>Class 1</b>														
Exams & X-rays	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Cleanings	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Periodontal maintenance	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Sealants	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Topical fluoride	0%	0% <sup>1</sup>	25%	50%	25% <sup>1</sup>	50% <sup>1</sup>	0%	Not covered	0% <sup>1</sup>	Not covered	25%	50%	Not covered	
<b>Class 2</b>														
Space maintainers	30% after deductible	Not covered	40%	50%	Not covered	Not covered	20%	Not covered	Not covered	Not covered	40%	50%	Not covered	
Restorative fillings <sup>2</sup>	30% after deductible	30% after deductible	40%	50%	40%	50%	20%	Not covered	20%	Not covered	40%	50%	Not covered	
<b>Class 3</b>														
Oral surgery <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Endodontics <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Periodontics <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Restorative crowns <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Bridges <sup>3</sup>	Not covered	50% after deductible	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial & complete dentures <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Anesthesia <sup>3</sup>	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Orthodontia <sup>4</sup>	50% after deductible	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	50%	50%	Not covered	
<b>Features</b>														
Plan enrollment options	Direct through Moda Health or through HealthCare.gov		Direct through Moda Health or through HealthCare.gov				Direct through Moda Health or through HealthCare.gov				Direct through choosmoda.com only			
Provider network	Delta Dental Premier Network		Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	N/A	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Yes	

<sup>1</sup> Only 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.  
<sup>2</sup> Six-month waiting 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.  
<sup>3</sup> 12-month waiting 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.  
<sup>4</sup> Only covered to treat cleft palate, with or without cleft lip.

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various dental 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.

Ready to find your premium? Just follow the steps on page 11 to calculate it.

### How your premium could change

2016 premiums are effective Jan. 1, 2016, through Dec. 31, 2016. 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

Age	Under age 19	Ages 19+
Delta Dental Premier	\$39	\$39
Delta Dental PPO	\$28	\$28
Delta Dental Exclusive PPO	\$31	\$31
Delta Dental PPO Bright Smiles	\$28	\$0

## How to add up your total monthly premium

- 1 Pick a dental plan

- 2 Locate your dental plan premium in the table on page 10

- 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](http://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. This helps keep your healthcare affordable. Child dependents ages 21 through 25 have a premium based on their actual age.

## 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. Visit [modahealth.com](http://modahealth.com) and follow the instructions to create a myModa account.
- **Electronic funds transfer (EFT).** To use EFT, contact us and complete an EFT authorization. Your first payment may initiate on the 25th of the month prior to your initial effective date of coverage. After that, EFT initiates around the fifth of the month. It typically takes one or two days to post to your account. Your premium invoice will be paperless and 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 payment through eBill after logging in to your myModa account.

### How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. 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](http://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 AutoPay.

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 Delta Dental.

### Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan:

- **Delta Dental PPO plan or Delta Dental PPO Bright Smiles plan** – Visit providers in the Delta Dental PPO Network for the best benefit. They are the in-network providers for these plans. 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.
- **Delta Dental Premier 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 Exclusive PPO plan** – You must visit providers in the Delta Dental PPO Network to receive coverage. Care from providers outside this network is not covered.

### Can I switch to a different plan at any time?

No. You will only be able to change dental plan 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 Delta Dental of Oregon plans directly through us or the Marketplace, [HealthCare.gov](http://HealthCare.gov). To enroll through [HealthCare.gov](http://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 dental plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, visit the Learning Center at [choosemoda.com](http://choosemoda.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 providers generally 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 health 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 ages 19 and over within a calendar year.

### Exclusive PPO

A type of Delta Dental plan. Our members with an Exclusive PPO plan have coverage when receiving care from a dentist contracted with the PPO Network. Providers in this network cannot balance bill. The Exclusive PPO plan does not cover care from Premier Network and noncontracted providers.

### Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Oregon residents use the federal Marketplace, [HealthCare.gov](http://HealthCare.gov).

### Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles and coinsurance for covered services.

### Out-of-pocket maximum

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 or dollar 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 providers.

### PPO dentist

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

# Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2016 Delta Dental of Oregon individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us at 855-718-1767.

## Limitations

### Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a six-month period under age 19
- Full-mouth or panoramic X-rays once in a five-year period
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of four cleanings per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

### Class 2 and Class 3

- Athletic mouth guard covered at 50%, 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.
- Bridges and dentures once in a seven-year period
- Bridges not covered under age 19
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth space
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 50% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

## Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Out-of-network providers on the Exclusive PPO plan
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary



