





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.

You know your group needs quality coverage, programs, online tools and, most important, partnerships that help them along the way.

We offer all of that and more – and we're excited to help your group 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, we ask that your group simply comes ready to find healthy moments every day.

Because together, we can be more.
We can be better.



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Quality coverage for your group's smile

Healthy teeth are happy teeth. With our small group Delta Dental of Oregon plans, your group members have access to Delta Dental, the nation's largest dental network. Their smile will thank them, wherever they roam.

Moda Health began as ODS in 1955, providing dental plans to folks in the Northwest. In 1966, we were a founding member of the Delta Dental Plans Association. Today, through Delta Dental of Oregon, we're proud to offer affordable, quality Delta Dental plans.

Dental benefit highlights

Our Delta Dental of Oregon plans connect members with great benefits and quality in-network dentists. They can count on:

- Freedom to choose a dentist
- 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.

Dental Optimizer puts oral health on their radar

Powered by Microsoft HealthVault, Dental Optimizer™ lets members store dental health information and share it with caregivers. The result? More coordinated and effective care.

To get started, members log in to myModa at modahealth.com and look for Dental Optimizer. Then they can try out tools, like risk assessment quizzes and a treatment cost calculator. Along the way, members learn about:

- Preventing dental disease
- The latest and most effective treatments
- Saving out-of-pocket costs

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic, or pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screening, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Delta Dental networks go where members go

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

Is a dentist in-network?

To find out, members can visit modahealth.com and use Find Care.

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.

Enjoy total cost control

By negotiating charges for certain services, we help members save on out-of-pocket costs.

Members with a Delta Dental PPO plan save the most when they see providers in our Delta Dental PPO Network. Members with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network. These dentists have agreed 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, except dentists in the Premier Network can bill for the difference between the PPO fee and their contracted fee. If members see providers outside the network, they may pay more for care.

Dental plan options

We offer a variety of plans so you can find the right fit for your team. Choose from four types of Delta Dental of Oregon plans plus a variety of voluntary plans. You can customize the coverage and price to suit you.

Each Delta Dental of Oregon small group plan comes with a Direct Option plan match with access to the Willamette Dental providers. These plans work well for employees who prefer copay plans and are open to seeing Willamette Dental providers. Groups with five to 50 employees can offer these plans. Members who choose a Direct Option plan must see Willamette Dental providers for dental care.

Delta Dental Premier plans

Premier plans offer groups access to the Delta Dental Premier Network, the largest dental network nationally and one of the largest in Oregon. Four out of every five dentists in the state are Delta Dental Premier dentists.

Employees with this plan have the freedom to choose their own dentist. When they see Premier Network providers, there is no balance billing.

- Broad choice of providers
- Cost savings by seeing a Premier Network provider

Delta Dental PPO plans

These plans help groups save costs by connecting employees with providers in the Delta Dental PPO Network, one of the largest PPO networks in Oregon. Two out of every five Oregon dentists are PPO providers.

Dentists agree to accept the Delta Dental PPO Network fee, which is typically lower than other networks.

Members with PPO plans have more choice and control over their out-of-pocket costs. When they use Delta Dental PPO dentists, they receive their plan's best benefit level and enjoy the most savings. If they wish, members can also use out-of-network providers at a reduced benefit level.

As long as members see contracted dentists, there is no balance billing.

- Access to one of the largest PPO networks in Oregon
- Provider choice and cost control

Delta Dental PPO MAC plans

Delta Dental PPO MAC plans offer groups even more savings than our standard PPO plans.

In these plans, both PPO and Premier dentists agree to accept the Delta Dental PPO Network fee, which is typically lower than other networks. As long as members see a PPO Network dentist, there is no balance billing. Premier dentists may balance bill the difference between their contracted fee and the PPO fee.

- Provider choice and cost control
- Maximum cost savings
- Lowest cost dental plan option

Delta Dental pediatric plan

Our Delta Dental Premier Shining Smiles pediatric plan offers child-only benefits to members. It also meets the federal pediatric essential health benefits (EHB) requirement.

Groups can purchase this plan for their employees even if no one enrolls right away.

Voluntary plans

These Delta Dental and Direct Option voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100 percent by employees.

- Versatility to attract and retain staff
- 50 to 100 percent funded by employees
- Choice of Delta Dental or Direct Option plans

Prepare for a healthy start

Keeping your group members healthy is an investment that pays dividends. After all, when they feel great, they're more apt to score a few goals for the team.

Business requirements

Here are some of the finer points about enrolling your small group in our plans. To learn more, contact us or a Delta Dental-appointed agent.

- **Confirm your eligibility.** Your business must be located in Oregon and have one to 50 full-time-equivalent employees.
- **Enroll by the 10th of the month.** New group dental enrollment information must be received no later than the 15th of the month prior to the desired effective date.

- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days.
- **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.

Voluntary plan guidelines

For groups that don't currently offer dental, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so employers can reduce their financial risk while offering all of the same benefits. Groups of 10 or more employees can choose a Delta Dental voluntary plan or a Direct Option voluntary plan.

Groups of 5 to 10 employees can select a Direct Option voluntary plan.

Group contribution and participation

Group size	Minimum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents
Dental-only coverage				
1 - 4	N/A	N/A	N/A	N/A
5 - 50	50%	0%	70%	25%

Voluntary Delta Dental group contribution and participation

Group size	Minimum employer contribution		Maximum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents	For employees	For dependents
Dental-only coverage						
1 - 9	N/A	N/A	N/A	N/A	N/A	N/A
10 - 50	0%	0%	49%	49%	25%	0%

Ready to enroll?

Once you determine your eligibility, simply follow these steps to enroll:



Decide on your plans

Pick from the 2016 small group plans listed in this brochure.

To get more details about our plans, or for help enrolling, please call us or a Delta Dental-certified agent.

Enroll

Our small group plans are available directly through us.

Welcoming your group members

Once you're enrolled, members will receive a welcome letter that confirms their plan and includes their subscriber ID number. Their ID card will arrive in a separate mailing. They can use their ID number to log in to myModa at modahealth.com. Then it's easy to find in-network providers, access health resources and review the Member Handbook to get familiar with their plan.



2016 Delta Dental Premier plan benefit table

Calendar year costs	Progress Plan 1000 1500		Elite Plan 1000 25 1500 25 1000 50 1500 50		Sensible Plan 1000 1500		Base Plan 1000	
Deductible options	\$0		\$25 per person / \$75 family or \$50 per person / \$150 family		\$50 per person / \$150 family		\$0	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
Annual maximum (age 19+)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500		\$1,000	
Class 1	What members pay		What members pay		What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%		0%	0%	0%	20% after deductible	0%	50%
Cleanings	0%		0%	0%	0%	20% after deductible	0%	50%
Sealants	0%	1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ¹	0%	0%	0%	20% after deductible	0%	50%
Topical fluoride	0%		0%	0%	0%	20% after deductible	0%	50%
Space maintainers	0%		0%	0%	0%	20% after deductible	0%	50%
Class 2								
Restorative fillings	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Oral surgery	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Endodontics	40%	1st year – 30% 2nd year – 20% 3rd year – 10% 4th year – 0% ¹	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Periodontics	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Anesthesia	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Class 3								
Restorative crowns	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
Partial & complete dentures	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
Implants/bridges	Not covered	50%	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50%
Orthodontia	50% ²	Not covered	50% after deductible ²	Not covered	50% after deductible ²	Not covered	50% ²	Not covered
Features								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes	

¹ Under this plan, if the member visits the dentist at least once during the year, benefit payments will increase by 10% the following year. If the member does not visit the dentist at least once during the year, benefit payments will decrease by 10% the following year, but never fall below 70%.
² Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.

2016 Delta Dental PPO plan benefit table

Calendar year costs	Flourish Plan 1000 25 1500 25 1000 50 1500 50				Comprehensive Plan 1000 25 1500 25 1000 50 1500 50				Practical Plan 1000 1500			
Deductible options	\$25 per person / \$75 family or \$50 per person / \$150 family				\$25 per person / \$75 family or \$50 per person / \$150 family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$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 maximum (age 19+)	\$1,000 \$1,500				\$1,000 \$1,500				\$1,000 \$1,500			
Class 1	In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	0%	20%	10%	0%	0%	20%	10%	0%	0%	20%	20%
Cleanings	0%	0%	20%	10%	0%	0%	20%	10%	0%	0%	20%	20%
Sealants	0%	0%	20%	10%	0%	0%	20%	10%	0%	0%	20%	20%
Topical fluoride	0%	0%	20%	10%	0%	0%	20%	10%	0%	0%	20%	20%
Space maintainers	0%	0%	20%	10%	0%	0%	20%	10%	0%	0%	20%	20%
Class 2												
Restorative fillings	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Oral surgery	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Endodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Periodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Anesthesia	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Class 3												
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants/bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features												
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes				Participating dentists: No Nonparticipating dentists: Yes				Participating dentists: No Nonparticipating dentists: Yes			

¹ Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.



2016 Delta Dental PPO MAC plan benefit table

Calendar year costs	Delta Dental PPO MAC 1000				Delta Dental PPO MAC 1500			
Deductible options	\$50 per person / \$150 family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$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 maximum (age 19+)	\$1,000				\$1,500			
Class 1	In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	30%	25%	40%	40%	0%	0%	20%	20%
Cleanings	30%	25%	40%	40%	0%	0%	20%	20%
Sealants	30%	25%	40%	40%	0%	0%	20%	20%
Topical fluoride	30%	25%	40%	40%	0%	0%	20%	20%
Space maintainers	30%	25%	40%	40%	0%	0%	20%	20%
Class 2								
Restorative fillings	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Oral surgery	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Endodontics	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Periodontics	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Anesthesia	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Class 3								
Restorative crowns	50% after deductible				50% after deductible			
Partial & complete dentures	50% after deductible				50% after deductible			
Implants/bridges	Not covered		50% after deductible		Not covered		50% after deductible	
Orthodontia	50% after deductible ¹		Not covered		50% after deductible ¹		Not covered	
Features								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating: Yes	

¹ Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.

2016 Delta Dental pediatric plan benefit table

Calendar year costs	Delta Dental Premier Shining Smiles	
Deductible options (under age 19)	\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members	
Annual maximum (age 19+)	N/A	
Class 1	What members pay	
	Under age 19	Ages 19+
Exams & X-rays	0%	Not covered
Cleanings	0%	Not covered
Sealants	0%	Not covered
Topical fluoride	0%	Not covered
Space maintainers	0%	Not covered
Class 2		
Restorative fillings	40% after deductible	Not covered
Oral surgery	40% after deductible	Not covered
Endodontics	40% after deductible	Not covered
Periodontics	40% after deductible	Not covered
Anesthesia	40% after deductible	Not covered
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial & complete dentures	50% after deductible	Not covered
Implants/bridges	Not covered	Not covered
Orthodontia	50% after deductible ¹	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes	

¹ Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.

Delta Dental orthodontia riders

If your group has more than 26 enrollees, help them freshen up their smiles with orthodontic care. These dental plan riders close the gap on happier teeth.

Orthodontia riders

	Child Ortho 1000	Child Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500
	What members pay			
Members age 17+	Not covered	Not covered	50%	50%
Members under age 17	50% ¹	50% ¹	50%	50%

¹ Covered only for children. Treatment must start prior to child's 17th birthday.



Direct Option plan match

Each Delta Dental of Oregon non-voluntary small group plan comes with a Direct Option plan match. Check the table below to find your plan's match. Members with a Direct Option plan must see Willamette Dental providers for dental care.

Delta Dental plan	Matching Direct Option plan
Delta Dental Premier Progress Plan 1000	Direct Option 2D-DK
Delta Dental Premier Progress Plan 1500	Direct Option 1D-DK
Delta Dental Premier Elite Plan 1000 25	Direct Option 3D-DK
Delta Dental Premier Elite Plan 1500 25	Direct Option 1D-DK
Delta Dental Premier Elite Plan 1000 50	Direct Option 3D-DK
Delta Dental Premier Elite Plan 1500 50	Direct Option 1D-DK
Delta Dental Premier Sensible Plan 1000	Direct Option 4D-DK
Delta Dental Premier Sensible Plan 1500	Direct Option 2D-DK
Delta Dental Premier Base Plan 1000	Direct Option 5D-DK
Delta Dental PPO Flourish Plan 1000 25	Direct Option 4D-DK
Delta Dental PPO Flourish Plan 1500 25	Direct Option 3D-DK
Delta Dental PPO Flourish Plan 1000 50	Direct Option 4D-DK
Delta Dental PPO Flourish Plan 1500 50	Direct Option 2D-DK
Delta Dental PPO Comprehensive Plan 1000 25	Direct Option 4D-DK
Delta Dental PPO Comprehensive Plan 1500 25	Direct Option 3D-DK
Delta Dental PPO Comprehensive Plan 1000 50	Direct Option 4D-DK
Delta Dental PPO Comprehensive Plan 1500 50	Direct Option 3D-DK
Delta Dental PPO Practical Plan 1000	Direct Option 4D-DK
Delta Dental PPO Practical Plan 1500	Direct Option 3D-DK
Delta Dental PPO MAC Plan 1000	Direct Option 8D-DK
Delta Dental PPO MAC Plan 1500	Direct Option 7D-DK

2016 Direct Option plan benefit table

	Direct Option 1D-DK		Direct Option 2D-DK		Direct Option 3D-DK		Direct Option 4D-DK		Direct Option 5D-DK	
Plan enrollment options	Delta Dental		Delta Dental		Delta Dental		Delta Dental		Delta Dental	
Annual maximum	No annual maximum		No annual maximum		No annual maximum		No annual maximum		No annual maximum	
Deductible	No deductible		No deductible		No deductible		No deductible		No deductible	
Annual out-of-pocket limit (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
General office visit	\$20 per visit for members under age 19; \$10 per visit for members age 19+		\$20 per visit for members under age 19; \$10 per visit for members age 19+		\$20 per visit for members under age 19; \$15 per visit for members age 19+		\$20 per visit for members under age 19; \$20 per visit for members age 19+		\$20 per visit for members under age 19; \$25 per visit for members age 19+	
	What members pay		What members pay		What members pay		What members pay		What members pay	
Diagnostic & preventive services	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine & emergency exams	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Head & neck cancer screening	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Restorative dentistry & prosthodontics										
Fillings (amalgam)	\$25	0%	\$25	0%	\$25	0%	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$100	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Complete upper or lower denture	\$150	\$75	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Bridge (per tooth)	\$100	\$100	\$150	\$150	\$150	\$150	\$150	\$150	\$200	\$200
Endodontics & periodontics										
Root canal therapy – anterior	\$75	\$50	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$90
Root canal therapy – bicuspid	\$150	\$90	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Root canal therapy – molar	\$225	\$140	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$275
Osseous surgery (per quadrant)	\$75	\$75	\$150	\$150	\$150	\$150	\$150	\$150	\$200	\$200
Root planing (per quadrant)	\$120	\$75	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
Oral surgery										
Routine extraction (single tooth)	\$40	0%	\$40	0%	\$40	0%	\$40	0%	\$40	0%
Surgical extraction	\$120	\$75	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$150
Orthodontia treatment										
Pre-orthodontia services	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Comprehensive orthodontic services	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800
Miscellaneous										
Local anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

¹ Copayment is credited toward the comprehensive orthodontic service copayment if patient accepts treatment plan.
² Copayment for comprehensive orthodontic services provided for treatment of cleft palate, with or without cleft lip, is included in the annual out-of-pocket limit for members 18 and under. Orthodontic services for all other purposes is \$2,800 and is not included in the annual out-of-pocket limit.

2016 Direct Option plan benefit table

	Direct Option 6D-DK		Direct Option 7D-DK		Direct Option 8D-DK	
Plan enrollment options	Delta Dental		Delta Dental		Delta Dental	
Annual maximum	No annual maximum		No annual maximum		No annual maximum	
Deductible	No deductible		No deductible		No deductible	
Annual out-of-pocket limit (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
General office visit	\$20 per visit for members under age 19; \$30 per visit for members age 19+		\$20 per visit for members under age 19; \$30 per visit for members age 19+		\$20 per visit for members under age 19; \$30 per visit for members age 19+	
	What members pay		What members pay		What members pay	
Diagnostic & preventive services	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine & emergency exams	0%	0%	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%	\$5	0%
Head & neck cancer screening	0%	0%	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%	0%	0%
Restorative dentistry & prosthodontics						
Fillings (amalgam)	\$25	0%	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$300	\$150	\$300	\$150	\$425
Complete upper or lower denture	\$150	\$500	\$150	\$450	\$150	\$500
Bridge (per tooth)	\$300	\$300	\$300	\$300	\$425	\$425
Endodontics & periodontics						
Root canal therapy – anterior	\$75	\$150	\$75	\$125	\$75	\$150
Root canal therapy – bicuspid	\$150	\$300	\$150	\$225	\$150	\$300
Root canal therapy – molar	\$225	\$400	\$225	\$325	\$225	\$400
Osseous surgery (per quadrant)	\$400	\$400	\$350	\$350	\$400	\$400
Root planing (per quadrant)	\$120	\$200	\$120	\$150	\$120	\$170
Oral surgery						
Routine extraction (single tooth)	\$40	0%	\$40	0%	\$40	0%
Surgical extraction	\$120	\$190	\$120	\$175	\$120	\$190
Orthodontia treatment						
Pre-orthodontia services	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Comprehensive orthodontic services	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$3,000 ³	\$3,000
Miscellaneous						
Local anesthesia	0%	0%	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

¹ Copayment is credited toward the comprehensive orthodontic service copayment if patient accepts treatment plan.

² Copayment for comprehensive orthodontic services provided for treatment of cleft palate, with or without cleft lip, is included in the annual out-of-pocket limit for members 18 and under. Orthodontic services for all other purposes is \$2,800 and is not included in the annual out-of-pocket limit.

³ Copayment for comprehensive orthodontic services provided for treatment of cleft palate, with or without cleft lip, is included in the annual out-of-pocket limit for members 18 and under. Orthodontic services for all other purposes is \$3,000 and is not included in the annual out-of-pocket limit.

2016 Delta Dental voluntary plan benefit table

Calendar year costs	Elite Voluntary 1000 1500		Sensible Voluntary 1000 1500		Flourish Voluntary 1000 1500				Comprehensive Voluntary 1000 1500			
Deductible options	\$50 per person / \$150 family		\$50 per person / \$150 family		\$50 per person / \$150 family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members		\$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			
Annual maximum (age 19+)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500				\$1,000 \$1,500			
Class 1	What members pay		What members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Cleanings	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Sealants	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Topical fluoride	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Space maintainers	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Class 2												
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Class 3												
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants/bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features												
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes				Participating dentists: No Nonparticipating dentists: Yes			

¹ Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.



2016 Voluntary Direct Option plan benefit table

	Voluntary Direct Option 1D-DK		Voluntary Direct Option 2D-DK	
Plan enrollment options	Moda Health only		Moda Health only	
Annual maximum	No annual maximum		No annual maximum	
Deductible	No deductible		No deductible	
Annual out-of-pocket limit	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
General office visit	\$20 per visit for members under age 19; \$15 per visit for members age 19+		\$20 per visit for members under age 19; \$25 per visit for members age 19+	
	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Diagnostic & preventive services				
Routine & emergency exams	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%
Head & neck cancer screening	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%
Restorative dentistry & prosthodontics				
Fillings (amalgam)	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$375	\$150	\$375
Complete upper or lower denture	\$150	\$500	\$150	\$500
Bridge (per tooth)	\$375	\$375	\$375	\$375
Endodontics & periodontics				
Root canal therapy – anterior	\$75	\$125	\$75	\$125
Root canal therapy – bicuspid	\$150	\$200	\$150	\$200
Root canal therapy – molar	\$225	\$250	\$225	\$250
Osseous surgery (per quadrant)	\$175	\$175	\$175	\$175
Root planing (per quadrant)	\$120	\$100	\$120	\$100
Oral surgery				
Routine extraction (single tooth)	\$40	0%	\$40	0%
Surgical extraction	\$120	\$175	\$120	\$175
Orthodontia treatment				
Pre-orthodontia services	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Comprehensive orthodontic services	\$2,200 ²	\$2,200	\$2,200 ²	\$2,200
Miscellaneous				
Local anesthesia	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100	

¹ Copayment is credited toward the comprehensive orthodontic service copayment if patient accepts treatment plan.
² Copayment for comprehensive orthodontic services provided for treatment of cleft palate, with or without cleft lip, is included in the annual out-of-pocket limit for members 18 and under. Orthodontic services for all other purposes is \$2,200 and is not included in the annual out-of-pocket limit.



Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2016 small group Delta Dental of Oregon plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us at 800-578-1402.

Limitations*

Class 1

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- 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.
- Fluoride once in a six-month period under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19+
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

Class 2 and Class 3

- Bridges and dentures once in a seven-year period age 19 and over
- Dentures once in a seven-year period 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
- 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
- Night guard (occlusal guard) covered at 50% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- 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.

Exclusions

- Anesthetics, analgesics, hypnosis and medications.
- Bridges not covered under age 19 (except for Direct Option plans)
- 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 under age 19 or for members with Direct Option plans
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19 and for Direct Option plans)
- 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

*Direct Option plan frequency limits are determined by the dentist

We're here to help

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for employers and explore group plans. We're also available to guide you through the plan selection and administration process. If you need a hand, please let us know!

Faster benefits administration with EOS

Taking care of group benefits can be complicated. We're here to make it feel quick and easy. Our Employer Online Services (EOS) tool gives you the freedom to manage your team's coverage in your own way. After enrolling, log in for free, 24 hours a day, seven days a week to:

- Enroll new members
- Order ID cards
- Update address and personal information
- Terminate coverage
- View eligibility

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.

Does it matter which dentist members see?

Yes. Members will save money by seeing an in-network provider for their plan:

- Delta Dental Premier plans – 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.

Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday, 8:30 a.m. to 5 p.m. Pacific Time.

Medford

310 Crater Lake Ave., Suite 101
Medford, OR 97504-6806
541-772-5360

Portland (corporate headquarters)

601 S.W. Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402
TTY users, please call 711.

- Delta Dental PPO plans – Members can visit providers in the Delta Dental PPO Network for the best benefit. They are the in-network providers for these plans. If members go out-of-network, they 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 PPO MAC plans – Members can visit providers in the Delta Dental PPO Network for the best benefit. Members may be balance billed if they see a dentist that is outside the PPO Network.
- Delta Dental Pediatric 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.

Healthcare lingo explained

We realize that dental plans can be confusing, so we've made you a cheat sheet of sorts. If you have questions, please contact us at 800-578-1402.

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.

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.

Copay

The fixed amount members pay for a specific covered dental service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a dental exam.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays may not apply toward the deductible. 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.

Filed-fee savings

Savings due to a Premier Network provider's accepted or contracted fee with Delta Dental.

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 deductibles, coinsurance and copays. 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.

