



A man and a woman are shown in profile, facing each other and smiling. They are inside a car, with the man on the left holding the steering wheel and the woman on the right. The background shows the car's interior, including the dashboard and air vents.

# Hello.

Welcome to Moda Health Plan, Inc. and Delta Dental Plan of Oregon, the place you go when you want more than a health 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 doctors and specialists, expert health coaches, 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.

## Wellness resources

Explore the tools for your group's health journey.

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PPO

*We take quality seriously. In 2014, that commitment earned our Commercial and Marketplace PPO plans an accreditation status of "Accredited" by the National Committee for Quality Assurance (NCQA).*



# Wellness resources

Member website

Online health tools

Special programs

## Tools for your group's health journey

Moda Health and Delta Dental of Oregon are here to help your group members feel well so they can live better longer. We even have special programs and care teams to support them in reaching their health goals.

### Get started with myModa

Your team members will love everything they can do at myModa, their personalized member website. As a Moda Health member, they'll log in at [modahealth.com](http://modahealth.com) to:

- Find in-network providers
- See their benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access Be Better tools to get and stay healthy
- Look up medication prices
- Download their member ID card

### Be Better tools

These handy resources come with every small group health plan. Members can use them to be their healthy best! They simply log in to myModa to get started. >



### Momentum

Members take charge of their health – and track progress – with Momentum, powered by Moda Health.

After logging in to myModa, members choose Momentum to:

- Take a health assessment and see their “health age”
- Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- Research conditions and medications
- Set goals and track progress
- Create a Family Health Record
- Find health content and resources



### Health coaching

Anytime members need a hand with their health, we’re here to help.

Our health coaches use evidence-based practices to help members set goals and feel their best.

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women’s Health & Maternity Care
- Respiratory Care
- Spine & Joint Care



### Care coordination and case management

When members are sick, need hospitalization or surgery, or are seriously injured, we’ll give them support – so they can focus on healing.

We help members:

- Understand their benefits
- Navigate the healthcare system
- Communicate with their providers
- Arrange care ordered by their provider
- Find community resources



### Prescription price check

This tool lets members see prescription medication prices and their share of costs by medication tier at an in-network pharmacy.

After logging in to myModa, members can look up medication cost estimates and generic options.



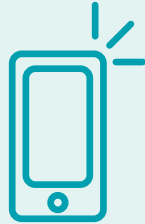
### eDoc

Members use eDoc to email a health professional for medical advice about any health concern.

eDoc keeps it private and customized to them.

eDoc connects members with:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice – When members leave a message for a provider, they'll get a phone response within 24 hours.



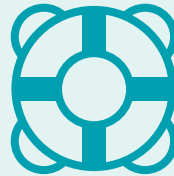
### Nurse line

Give your team access to quick advice, anytime.

The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Members call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit the doctor



### Quitting tobacco

Empower members to stop smoking or chewing tobacco for good.

We connect members with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to stop smoking is covered in full when members see an in-network provider.

Members can tap into:

- Tips on dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by their doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



# Medical plan details

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## Create more healthy moments

We love our health plans – and we hope you will, too. They are meant to help your team members find little moments every day to be their healthy best. We call these “Moda moments” – times to connect, help, relax and play.

### Preventive care matters

Regular checkups are vital to staying well. And, when members feel good, it’s easier to create healthy moments. As required under the Affordable Care Act (ACA), Moda Health medical plans cover most routine, in-network preventive care. These services may include:

- Periodic health exams
- Well-baby care
- Women’s annual exams
- Many immunizations
- Preventive cancer and other health screenings

### Deciding on a plan

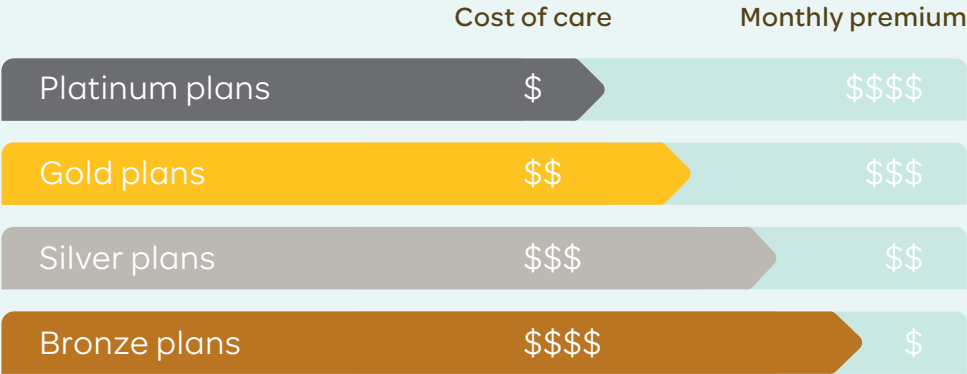
Plans vary by premiums, networks, deductibles, copays and coinsurance. Understanding these factors can help you pick your group’s plan options.

Generally, members pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so members pay less out of pocket for care.



**Metallic levels**

- **Platinum plans** typically have the highest premiums, but they cover about 90 percent of the total average cost of care.
- **Gold plans** have the next highest premiums and cover about 80 percent of the total average cost of care.
- **Silver plans** sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- **Bronze plans** provide a little less coverage – about 60 percent of the total average cost of care – but have lower monthly premiums.



# Medical networks protect members, near and far

Health happens, whether you're at home or on the road. We want to make sure your team members stay covered, no matter where they go. So, we've made it easy for them to find in-network coverage in their hometown and across the country.

## All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

## In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may bill members for the difference between their maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan benefit tables to learn more about in-network and out-of-network benefits and costs. Members can also review their Member Handbook for details.

## Members can live anywhere

Group members living outside of Oregon also have access to in-network care. Employees living in Washington can see in-network providers through the First Choice Health Network. Employees living in states other than Oregon or Washington can receive in-network care through the PHCS Network.

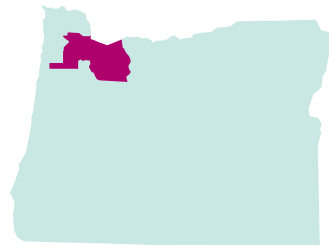
Eligible enrolled dependent children living outside of the plan's network service areas can receive in-network care through the PHCS Healthy Directions Network.

## 2016 provider networks



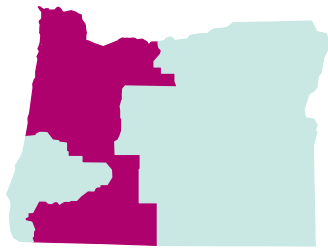
### Connexus Network

This is one of the largest preferred provider organization (PPO) networks in Oregon. It includes thousands of primary care providers and specialists working together with Moda Health to help keep members healthy. Groups located anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington, Idaho and California.



### Rose City Network

Groups located in the Portland metro area, including Multnomah, Washington, Clackamas or Yamhill counties, can choose a plan with this network. Members can receive care from Providence Health & Services as well as other physicians, clinics and facilities in the Portland metro area.



### Synergy Network

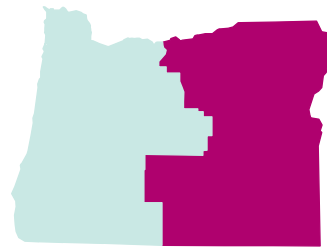
Groups located in the Portland metro, SW Washington, Salem, Eugene or parts of the Oregon north coast or Columbia River Gorge communities can choose a plan with this network. Members living or working in these areas can access care through the nearby medical home they select.

Synergy Network providers include:

- Oregon Health & Science University (OHSU)
- Salem Health
- Salem Clinic
- Adventist Health
- Tuality Healthcare
- Legacy Health
- PeaceHealth
- Samaritan Health
- Tillamook Regional Medical Center
- Mid-Columbia Medical Center
- Columbia Memorial Hospital
- Asante
- Sky Lakes Medical Center

Synergy Network covers these counties:

Benton, Clackamas, Clark, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill



### Summit Network

Groups located in eastern Oregon can choose a plan with this network. Members living or working in this area can access care through the nearby medical home they select.

Summit Network providers include:

- Good Shepherd Medical Center
- Grande Ronde Hospital
- St. Anthony Hospital
- Lake Health District Hospital
- Harney District Hospital
- Blue Mountain Hospital
- Wallowa Memorial Hospital
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Medical Center – Baker City, Nampa and Ontario
- Saint Alphonsus Regional Medical Center – Boise
- Kadlec Regional Medical Center and Kadlec Health System
- Trios Southridge Hospital (formerly Kennewick General Hospital) and Trios Health Medical Group
- Walla Walla General Hospital and Walla Walla Clinic

Summit Network covers these counties:

Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler





## Networks outside of Oregon

### First Choice Health Network

Members living in most counties in Washington can receive in-network care through First Choice Health Network. It includes thousands of doctors, hospitals and other medical providers across many specialties.

### PHCS Network

Employees living outside of Oregon or Washington can see providers in the PHCS Network for in-network care. It is the largest preferred provider organization (PPO) medical network nationwide. Members have access to more than 130,000 practitioners, 7,500 clinics and 300 hospitals. PHCS Network gives members plenty of choice and low out-of-pocket costs.

### Travel network – PHCS Healthy Directions

When members hit the road, care is never far. While traveling outside the network service areas, members can receive emergency or urgent care through the PHCS Healthy Directions Network, which is paid at the in-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, members may access any licensed provider for in-network emergency care. This care is subject to balance billing. All other care received outside the United States is not covered.

### Is a provider in-network?

Members can find out by visiting [modahealth.com](http://modahealth.com) and using Find Care. Choose a network and look for providers near you.

To focus on First Choice Health providers, they'll visit [fchn.com](http://fchn.com) and choose the link to find a doctor, hospital or facility.

For PHCS Network providers, they'll visit [phcs.com](http://phcs.com) and search for either PHCS Network or PHCS Healthy Directions Network providers.



# Real plan options for everybody

There's a lot to think about when choosing medical benefits for your team. That's why we've made it easy to compare the details. This section highlights our current plan categories. Read on to see plan benefit tables. If you have questions about any plan, please contact a Moda/Delta Dental-appointed agent, or call us toll-free at 800-578-1402. TTY users, please call 711.

## PPO plans

We offer a wide selection of preferred provider organization (PPO) plans to meet your group's specific needs. PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any licensed provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO provider. PPO plans include:

- **Connexus plans** – Members access care through Connexus Network, one of the largest PPO networks in Oregon.
- **Rose City plans** – Members access affordable, connected care from Providence Health & Services and other providers in the Portland metro area.

## HSA plans

These high-deductible plans are compatible with a health savings account (HSA). Having an HSA plan allows members to use tax-free funds for eligible healthcare expenses. Members simply check to see if their financial institution has an HSA option.

## Synergy and Summit plans

Groups located in certain parts of Oregon can select one of these plans. They connect members with the Synergy or Summit network, great benefits and low out-of-pocket costs, close to home. Members living or working in the network service area can access care through the nearby medical home they select.

### Medical homes make care personal

After enrolling in a Synergy or Summit plan, members choose a Moda medical home. This is the place they go to for care and where they see their preferred doctors. These providers work together as a team to keep members healthy over time. It's a personal, and cost-effective, approach to care that can't be beat.

### Options near you

Depending on your location, choose either Synergy or Summit plans. Each plan includes the related provider network. Just pick the plan with the network that serves your county.

## Pediatric vision care

Embedded pediatric vision coverage comes with all Moda Health plans in Oregon. Vision care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

# Expect quality pharmacy benefits

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

## Medication tiers offer ways to save

All Moda Health medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, brand and specialty. Each tier has a copay or coinsurance amount set by the plan.

To see medication-tier coverage amounts, check the medical plan benefit tables in this brochure. Members can visit [www.modahealth.com/pdl](http://www.modahealth.com/pdl) and choose "small group" to search medications and find out their medication tiers and their costs when covered by our medical plans.

## Our pharmacy network

Members get the best benefit by using the MedImpact pharmacy network. Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

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

For specialty pharmacy needs, we connect members with our exclusive specialty pharmacy provider.

## Find an in-network pharmacy

Members can visit [modahealth.com](http://modahealth.com) and use Find Care. They'll choose the MedImpact pharmacy network to see what's nearby.

## Other handy pharmacy features

Along with great benefits, members get tools that make finding medications a little easier.

The "prescription price check" lets members look up estimated medication prices online. They just log in to myModa and enter a medication name to find cost estimates by medication tier. Members can compare pricing estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with their doctor.

# 2016 Medical plan benefit table

	PPO Platinum 250		PPO Platinum 500	
	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	\$250	\$500	\$500	\$1,000
Deductible per family	\$500	\$1,000	\$1,000	\$2,000
Out-of-pocket max per person	\$2,000	\$4,000	\$1,750	\$3,500
Out-of-pocket max per family	\$4,000	\$8,000	\$3,500	\$7,000
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Specialist office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Urgent care visit	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$200/20%/visit	\$200/20%/visit	\$200/20%/visit	\$200/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Physical, speech or occupational therapy visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Alternative care visit <sup>2</sup>	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$25	\$25	\$25	\$25
Brand	\$45	\$45	\$45	\$45
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Platinum		● Platinum	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,500 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.



PPO Platinum Synergy Exclusive 250		PPO Platinum Summit Exclusive 250	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$250	\$500	\$250	\$500
\$500	\$1,000	\$500	\$1,000
\$2,000	\$4,000	\$2,000	\$4,000
\$4,000	\$8,000	\$4,000	\$8,000
\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$10/visit	50% after deductible	\$10/visit	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible
\$10/visit	50% after deductible	\$10/visit	50% after deductible
20%	50% after deductible	20%	50% after deductible
\$200/20%/visit	\$200/20%/visit	\$200/20%/visit	\$200/20%/visit
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$10/visit	50% after deductible	\$10/visit	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible
\$10/visit	50% after deductible	\$10/visit	50% after deductible
Not covered		Not covered	
\$10/visit	50% after deductible	\$10/visit	50% after deductible
20%	50% after deductible	20%	50% after deductible
\$2	\$2	\$2	\$2
\$10	\$10	\$10	\$10
\$25	\$25	\$25	\$25
\$45	\$45	\$45	\$45
50%	Not covered	50%	Not covered
● Platinum		● Platinum	
Synergy Network		Summit Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network	

These benefits and Moda Health 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.

# 2016 Medical plan benefit table

	PPO 500		PPO 1000A	
	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	\$500	\$1,000	\$1,000	\$2,000
Deductible per family	\$1,000	\$2,000	\$2,000	\$4,000
Out-of-pocket max per person	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-pocket max per family	\$10,000	\$20,000	\$10,000	\$20,000
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit <sup>2</sup>	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$30	\$30
Brand	\$60	\$60	\$60	\$60
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Gold		● Gold	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,500 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

PPO 1000B		PPO 1500		Moda Health Oregon Standard Gold	
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
\$1,000	\$2,000	\$1,500	\$3,000	\$1,250	\$2,500
\$2,000	\$4,000	\$3,000	\$6,000	\$2,500	\$5,000
\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700
\$10,000	\$20,000	\$10,000	\$20,000	\$12,700	\$25,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$60/visit	50% after deductible
20%	50% after deductible	20%	50% after deductible	10% after deductible	50% after deductible
\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	10% after deductible	10% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$20/visit	50% after deductible
\$20/visit	50% after deductible	\$20/visit	50% after deductible	Not covered	
Not covered		Not covered		Not covered	
\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$0/visit	50% after deductible
20%	50% after deductible	20%	50% after deductible	\$0/visit	50% after deductible
\$2	\$2	\$2	\$2	\$10	\$10
\$15	\$15	\$10	\$10	\$10	\$10
\$45	\$45	\$30	\$30	\$30	\$30
\$75	\$75	\$60	\$60	50%	50%
50%	Not covered	50%	Not covered	50%	Not covered
● Gold		● Gold		● Gold	
Connexus Network		Connexus Network		Connexus Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

These benefits and Moda Health 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.



At **moda**, we understand good health is about balance and finding little moments every day to be your healthy best. We call these healthy living moments, **Moda moments**.

They let us **connect** so we can smile and share a story. They let us **help** so we can reach out and spread some love. They let us **relax** so we can recharge and rewind. And they let us **play** because we should always find time for fun.

**#modamoment**



## 2016 Medical plan benefit table

	PPO Synergy Exclusive 1000A		PPO Summit Exclusive 1000A	
	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	\$1,000	\$2,000	\$1,000	\$2,000
Deductible per family	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-pocket max per person	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-pocket max per family	\$10,000	\$20,000	\$10,000	\$20,000
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/ chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit <sup>2</sup>	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$30	\$30
Brand	\$60	\$60	\$60	\$60
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Gold		● Gold	
Provider network	Synergy Network		Summit Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,500 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

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# 2016 Medical plan benefit table

	PPO 2500		PPO 3000	
	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	\$2,500	\$5,000	\$3,000	\$6,000
Deductible per family	\$5,000	\$10,000	\$6,000	\$12,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Specialist office visit	\$50/visit	50% after deductible	\$50/visit	50% after deductible
Urgent care visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Outpatient diagnostic X-ray & lab	25%	50% after deductible	25%	50% after deductible
Emergency room visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Physical, speech or occupational therapy visit	\$50/visit	50% after deductible	\$50/visit	50% after deductible
Alternative care visit <sup>2</sup>	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Pediatric vision hardware	25%	50% after deductible	25%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20
Preferred	40%	40%	40%	40%
Brand	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,500 for PPO plans and \$1,000 for Value plans per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Value 1500		Value 2000		Value 2000 (Rose City)	
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
\$1,500	\$3,000	\$2,000	\$4,000	\$2,000	\$4,000
\$3,000	\$6,000	\$4,000	\$8,000	\$4,000	\$8,000
\$6,850	\$13,700	\$6,850	\$13,700	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400	\$13,700	\$27,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$70/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$70/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Not covered		Not covered		Not covered	
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
35%	50% after deductible	30%	50% after deductible	30%	50% after deductible
\$2	\$2	\$2	\$2	\$2	\$2
\$20	\$20	\$20	\$20	\$20	\$20
40%	40%	40%	40%	40%	40%
50%	50%	50%	50%	50%	50%
50%	Not covered	50%	Not covered	50%	Not covered
● Silver		● Silver		● Silver	
Connexus Network		Connexus Network		Rose City Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

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# 2016 Medical plan benefit table

	Value 2500		Value 3000	
	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	\$2,500	\$5,000	\$3,000	\$6,000
Deductible per family	\$5,000	\$10,000	\$6,000	\$12,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	30%	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit <sup>2</sup>	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision hardware	35%	50% after deductible	35%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20
Preferred	40%	40%	40%	40%
Brand	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,000 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.



Value 3500		Value 5000		Moda Health Oregon Standard Silver	
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
\$3,500	\$7,000	\$5,000	\$10,000	\$2,500	\$5,000
\$7,000	\$14,000	\$10,000	\$20,000	\$5,000	\$10,000
\$6,850	\$13,700	\$6,850	\$13,700	\$6,350	\$12,700
\$13,700	\$27,400	\$13,700	\$27,400	\$12,700	\$25,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$70/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$90/visit	50% after deductible
30%	50% after deductible	30%	50% after deductible	30% after deductible	50% after deductible
\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	30% after deductible	30% after deductible
30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$35/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$0/visit	50% after deductible
35%	50% after deductible	35%	50% after deductible	\$0/visit	50% after deductible
\$2	\$2	\$2	\$2	\$15	\$15
\$20	\$20	\$20	\$20	\$15	\$15
40%	40%	40%	40%	\$50	\$50
50%	50%	50%	50%	50%	50%
50%	Not covered	50%	Not covered	50%	Not covered
● Silver		● Silver		● Silver	
Connexus Network		Connexus Network		Connexus Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

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# 2016 Medical plan benefit table

	Moda Health Connexus Aspire 2000		Moda Health Connexus Aspire 2500	
	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	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	30%	50% after deductible	30%	50% after deductible
Specialist office visit	30%	50% after deductible	30%	50% after deductible
Urgent care visit	30%	50% after deductible	30%	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	30%	50% after deductible	30%	50% after deductible
Physical, speech or occupational therapy visit	30%	50% after deductible	30%	50% after deductible
Alternative care visit <sup>2</sup>	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision hardware	30%	50% after deductible	30%	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20
Preferred	40%	40%	40%	40%
Brand	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,000 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Moda Health Synergy Exclusive 2000		Moda Health Summit Exclusive 2000	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$2,000	\$4,000	\$2,000	\$4,000
\$4,000	\$8,000	\$4,000	\$8,000
\$6,850	\$13,700	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$70/visit	50% after deductible	\$70/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible
30%	50% after deductible	30%	50% after deductible
\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
30% after deductible	30% after deductible	30% after deductible	30% after deductible
30% after deductible	50% after deductible	30% after deductible	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible
\$70/visit	50% after deductible	\$70/visit	50% after deductible
\$35/visit	50% after deductible	\$35/visit	50% after deductible
Not covered	Not covered	Not covered	Not covered
\$35/visit	50% after deductible	\$35/visit	50% after deductible
30%	50% after deductible	30%	50% after deductible
\$2	\$2	\$2	\$2
\$20	\$20	\$20	\$20
40%	40%	40%	40%
50%	50%	50%	50%
50%	Not covered	50%	Not covered
● Silver		● Silver	
Synergy Network		Summit Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network	

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# 2016 Medical plan benefit table

	Moda Health Connexus Fundamental 3500		Moda Health Connexus Fundamental 5000	
	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	\$3,500	\$7,000	\$5,000	\$10,000
Deductible per family	\$7,000	\$14,000	\$10,000	\$20,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Alternative care visit	Not covered		Not covered	
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision hardware	50%	50% after deductible	50%	50% after deductible
<b>Prescription medications<sup>2</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Preferred	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Bronze		● Bronze	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Moda Health Connexus Essence 5000		Moda Health Rose City Essence 5000		Moda Health Connexus Essence 6000	
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
\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000
\$10,000	\$20,000	\$10,000	\$20,000	\$12,000	\$24,000
\$6,850	\$13,700	\$6,850	\$13,700	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400	\$13,700	\$27,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
\$120/visit	50% after deductible	\$120/visit	50% after deductible	\$120/visit	50% after deductible
\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% 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	50% after deductible
\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
\$120/visit	50% after deductible	\$120/visit	50% after deductible	\$120/visit	50% after deductible
Not covered		Not covered		Not covered	
Not covered		Not covered		Not covered	
\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
\$2	\$2	\$2	\$2	\$2	\$2
40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
● Bronze		● Bronze		● Bronze	
Connexus Network		Rose City Network		Connexus Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

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# 2016 Medical plan benefit table

	Moda Health Connexus Basic 6500		Moda Health Oregon Standard Bronze	
	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	\$6,500	\$13,000	\$5,000	\$10,000
Deductible per family	\$13,000	\$26,000	\$10,000	\$20,000
Out-of-pocket max per person	\$6,500	\$13,000	\$6,350	\$12,700
Out-of-pocket max per family	\$13,000	\$26,000	\$12,700	\$25,400
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	0% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible	\$60 after deductible	50% after deductible
Specialist office visit	0% after deductible	0% after deductible	\$100 after deductible	50% after deductible
Urgent care visit	0% after deductible	0% after deductible	\$120 after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	50% after deductible	50% after deductible
Emergency room visit	0% after deductible	0% after deductible	50% after deductible	50% after deductible
Ambulance	0% after deductible	0% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible	\$60 after deductible	50% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	\$60 after deductible	50% after deductible
Alternative care visit	Not covered		Not covered	
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	0% after deductible	0% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	0% after deductible	0% after deductible	\$0/visit	50% after deductible
<b>Prescription medications<sup>2</sup></b>				
Value	\$2	\$2	\$20 after deductible	\$20 after deductible
Select	\$10	\$10	\$20 after deductible	\$20 after deductible
Preferred	0% after deductible	0% after deductible	\$80 after deductible	\$80 after deductible
Brand	0% after deductible	0% after deductible	50% after deductible	50% after deductible
Specialty	0% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Bronze		● Bronze	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.

<sup>2</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Moda Health Synergy Exclusive 5000		Moda Health Summit Exclusive 5000	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$5,000	\$10,000	\$5,000	\$10,000
\$10,000	\$20,000	\$10,000	\$20,000
\$6,850	\$13,700	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400
\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$75/visit	50% after deductible	\$75/visit	50% after deductible
\$120/visit	50% after deductible	\$120/visit	50% after deductible
\$75/visit	50% after deductible	\$75/visit	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% 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
\$75/visit	50% after deductible	\$75/visit	50% after deductible
\$120/visit	50% after deductible	\$120/visit	50% after deductible
Not covered		Not covered	
Not covered		Not covered	
\$75/visit	50% after deductible	\$75/visit	50% after deductible
50%	50% after deductible	50%	50% after deductible
\$2	\$2	\$2	\$2
40% after deductible	40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered
● Bronze		● Bronze	
Synergy Network		Summit Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network	

These benefits and Moda Health 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.



# Be a better saver with an HSA

Our health savings account (HSA)-compliant, high-deductible PPO health plans give members flexibility and choice.

Members have the freedom to choose any financial institution for their HSA plan. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

## Eligibility

To be eligible to participate in an HSA plan, members must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HSA health plan (see page 34-35)
- Not be covered under another non-HSA-compliant medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

## Calendar year costs

The deductible works differently on the HSA plan than on our other plans. And if members have a 2015 HSA plan, they should note there are some changes to the out-of-pocket maximum.

### Deductible

If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the entire family deductible before benefits are payable.

### Out-of-pocket maximum

After members meet the per-person or per-family out-of-pocket maximum, the plan pays 100% of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.



# 2016 Medical plan benefit table

	Moda Health Connexus HSA 1500		Moda Health Connexus HSA 2000	
	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 (subscriber-only coverage)	\$1,500	\$3,000	\$2,000	\$4,000
Deductible per family (two or more enrollees)	\$3,000	\$6,000	\$4,000	\$8,000
Out-of-pocket max per person	\$5,300	\$10,600	\$5,300	\$10,600
Out-of-pocket max per family	\$10,600	\$21,200	\$10,600	\$21,200
<b>Care &amp; services</b>				
Preventive care visit <sup>1</sup>	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent care visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Physical, speech or occupational therapy visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Alternative care visit <sup>2</sup>	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric dental care	Not covered		Not covered	
Pediatric vision exam	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Pediatric vision hardware	25% after deductible	50% after deductible	25% after deductible	50% after deductible
<b>Prescription medications<sup>3</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preferred	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Provider network	Connexus Network		Connexus Network	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network	

<sup>1</sup> For services as required under the Affordable Care Act

<sup>2</sup> Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,500 per calendar year.

<sup>3</sup> 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.



Moda Health Connexus HSA 2500		Moda Health Connexus HSA 3250	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$2,500	\$5,000	\$3,250	\$6,500
\$5,000	\$10,000	\$6,500	\$13,000
\$5,300	\$10,600	\$6,550	\$13,100
\$10,600	\$21,200	\$13,100	\$26,200
\$0/visit	50% after deductible	\$0/visit	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	25% after deductible	50% after deductible	50% after deductible
25% after deductible	25% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
25% after deductible	50% after deductible	50% after deductible	50% after deductible
25% after deductible	50% after deductible	50% after deductible	50% after deductible
\$2	\$2	\$2	\$2
20% after deductible	20% after deductible	50% after deductible	50% after deductible
30% after deductible	30% after deductible	50% after deductible	50% after deductible
40% after deductible	40% after deductible	50% after deductible	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered
● Silver		● Bronze	
Connexus Network		Connexus Network	
PHCS Healthy Directions Network		PHCS Healthy Directions Network	

These benefits and Moda Health 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.

# Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 2016 Moda Health small group medical plans. For a full list of limitations and exclusions per plan or for copies of plan summaries of benefits and coverage (SBCs), please call us at 800-578-1402.

## Limitations

- Ambulance transportation is limited to six trips per calendar year.
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications.
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence.
- Coordination of Benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- Hearing aids and related services are covered once every 48 months for members under age 26.
- Hospice respite care is limited to 30 days lifetime maximum and up to five days consecutive.
- Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90-day supply for mail order pharmacy.
- Prescriptions - If using a brand medication when a generic equivalent is available, the member will be responsible for the brand cost sharing plus the difference in cost between the generic and brand medication.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. Members may be eligible for up to 60 days or sessions for treatment of neurologic conditions.
- Skilled nursing facility is limited to 60 days per year.
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- Vision exam and glasses or contacts are covered once per year for members under age 19.

## Exclusions

- Alternative care on some plans
- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

# Bringing it all into focus

Seeing is believing when it comes to better health. These medical plan riders ensure that your team members can focus on feeling well. Our vision plans are available to adults and eligible dependents age 19 and over.

## Vision plans

	Vision Eye Exam Only	Vision \$200 Max	Vision \$300 Max	Vision \$400 Max	Vision \$500 Max
Benefit maximum	\$200	\$200	\$300	\$400	\$500
	What members pay				
Eye examinations (including refraction) for age 19+	0%	0%	0%	0%	0%
Lenses	Not covered	0%	0%	0%	0%
Frames	Not covered	0%	0%	0%	0%

## Limitations and exclusions for vision plans

- Vision exam and hardware benefits are all subject to the calendar-year benefit maximum.
- Percentages shown reflect what members pay for covered vision exam, frames and lenses.
- Noncovered, excluded services are the member's responsibility and do not apply toward the calendar-year benefit maximum.
  - a. Special procedures such as orthoptics and vision training
  - b. Extra charges for lenses with special-purpose vision aids or for fashion eyewear features
  - c. Nonprescription lenses
  - d. Medical or surgical treatment of the eyes

# Dental plan details

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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](http://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](http://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 this plan, 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

# 2016 Delta Dental Premier plan benefit table

Calendar year costs	Progress Plan 1000   1500		Elite Plan 1000 25   1500 25   1000 50   1500 50	
Deductible options	\$0		\$25 per person / \$75 family or \$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	
Annual maximum (age 19+)	\$1,000   \$1,500		\$1,000   \$1,500	
Class 1	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% <sup>1</sup>	0%	0%
Cleanings	0%		0%	0%
Sealants	0%		0%	0%
Topical fluoride	0%		0%	0%
Space maintainers	0%		0%	0%
Class 2				
Restorative fillings	40%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% <sup>1</sup>	40% after deductible	20% after deductible
Oral surgery	40%		40% after deductible	20% after deductible
Endodontics	40%		40% after deductible	20% after deductible
Periodontics	40%		40% after deductible	20% after deductible
Anesthesia	40%		40% after deductible	20% after deductible
Class 3				
Restorative crowns	50%		50% after deductible	
Partial and complete dentures	50%		50% after deductible	
Implants/bridges	Not covered	50%	Not covered	50% after deductible
Orthodontia	50% <sup>2</sup>	Not covered	50% after deductible <sup>2</sup>	Not covered
Features				
Provider network	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes		Participating dentists: no Nonparticipating dentists: yes	

<sup>1</sup> 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%.  
<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip, for ages 18 and under.



Sensible Plan 1000   1500		Base Plan 1000	
\$50 per person/ \$150 family (under age 19) \$50 per person/ \$150 family (age 19+)		\$0	
\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
\$1,000   \$1,500		\$1,000	
What members pay		What members pay	
Under age 19	Ages 19+	Under age 19	Ages 19+
0%	20% after deductible	0%	50%
0%	20% after deductible	0%	50%
0%	20% after deductible	0%	50%
0%	20% after deductible	0%	50%
0%	20% after deductible	0%	50%
40% after deductible	20% after deductible	40%	50%
40% after deductible	20% after deductible	40%	50%
40% after deductible	20% after deductible	40%	50%
40% after deductible	20% after deductible	40%	50%
40% after deductible	20% after deductible	40%	50%
50% after deductible		50%	
50% after deductible		50%	
Not covered	50% after deductible	Not covered	50%
50% after deductible <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered
Delta Dental Premier Network		Delta Dental Premier Network	
Participating dentists: no Nonparticipating dentists: yes		Participating dentists: no Nonparticipating dentists: yes	



# 2016 Delta Dental PPO plan benefit table

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

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

Comprehensive Plan 1000 25   1500 25   1000 50   1500 50				Practical Plan 1000   1500			
\$25 per person / \$75 family or \$50 per person / \$150 family				\$50 per person / \$150 family			
\$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)			
\$1,000   \$1,500				\$1,000   \$1,500			
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+
0%	0%	20%	10%	0%	0%	20%	20%
0%	0%	20%	10%	0%	0%	20%	20%
0%	0%	20%	10%	0%	0%	20%	20%
0%	0%	20%	10%	0%	0%	20%	20%
0%	0%	20%	10%	0%	0%	20%	20%
40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% 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
40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% 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
40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	40% 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	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered
Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Participating dentists: no Nonparticipating dentists: yes				Participating dentists: no Nonparticipating dentists: yes			

# 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 and complete dentures	50% after deductible				50% after deductible			
Implants/bridges	Not covered		50% after deductible		Not covered		50% after deductible	
Orthodontia	50% after deductible <sup>1</sup>		Not covered		50% after deductible <sup>1</sup>		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	

<sup>1</sup> 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+)	NA	
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 and complete dentures	50% after deductible	Not covered
Implants/bridges	Not covered	Not covered
Orthodontia	50% after deductible <sup>1</sup>	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes	

<sup>1</sup> 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% <sup>1</sup>	50% <sup>1</sup>	50%	50%

<sup>1</sup> 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	
Plan enrollment options	Delta Dental		Delta Dental	
Annual maximum	No annual maximum		No annual maximum	
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	
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+	
	What members pay		What members pay	
<b>Diagnostic &amp; preventive services</b>	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and 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 and 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%
<b>Restorative dentistry &amp; prosthodontics</b>				
Fillings (amalgam)	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$100	\$150	\$150
Complete upper or lower denture	\$150	\$75	\$150	\$150
Bridge (per tooth)	\$100	\$100	\$150	\$150
<b>Endodontics &amp; periodontics</b>				
Root canal therapy – anterior	\$75	\$50	\$75	\$75
Root canal therapy – bicuspid	\$150	\$90	\$150	\$150
Root canal therapy – molar	\$225	\$140	\$225	\$225
Osseous surgery (per quadrant)	\$75	\$75	\$150	\$150
Root planing (per quadrant)	\$120	\$75	\$120	\$120
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$40	0%	\$40	0%
Surgical extraction	\$120	\$75	\$120	\$120
<b>Orthodontia treatment</b>				
Pre-orthodontia services	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Comprehensive orthodontic services	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800
<b>Miscellaneous</b>				
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	

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

<sup>2</sup> 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.

Direct Option 3D-DK		Direct Option 4D-DK		Direct Option 5D-DK	
Delta Dental		Delta Dental		Delta Dental	
No annual maximum		No annual maximum		No annual maximum	
No deductible		No deductible		No deductible	
\$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	
\$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	
Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
\$5	0%	\$5	0%	\$5	0%
\$5	0%	\$5	0%	\$5	0%
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
\$25	0%	\$25	0%	\$25	0%
\$150	\$150	\$150	\$150	\$150	\$200
\$150	\$150	\$150	\$150	\$150	\$200
\$150	\$150	\$150	\$150	\$200	\$200
\$75	\$75	\$75	\$75	\$75	\$90
\$150	\$150	\$150	\$150	\$150	\$200
\$225	\$225	\$225	\$225	\$225	\$275
\$150	\$150	\$150	\$150	\$200	\$200
\$120	\$120	\$120	\$120	\$120	\$120
\$40	0%	\$40	0%	\$40	0%
\$120	\$120	\$120	\$120	\$120	\$150
\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800
0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%
\$40	\$40	\$40	\$40	\$40	\$40
\$30	\$30	\$30	\$30	\$30	\$30
Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

# 2016 Direct Option plan benefit table

	Direct Option 6D-DK		Direct Option 7D-DK	
Plan enrollment options	Delta Dental		Delta Dental	
Annual maximum	No annual maximum		No annual maximum	
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	
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+	
	What members pay		What members pay	
<b>Diagnostic &amp; preventive services</b>	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and 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 and 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%
<b>Restorative dentistry &amp; prosthodontics</b>				
Fillings (amalgam)	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$300	\$150	\$300
Complete upper or lower denture	\$150	\$500	\$150	\$450
Bridge (per tooth)	\$300	\$300	\$300	\$300
<b>Endodontics &amp; periodontics</b>				
Root canal therapy – anterior	\$75	\$150	\$75	\$125
Root canal therapy – bicuspid	\$150	\$300	\$150	\$225
Root canal therapy – molar	\$225	\$400	\$225	\$325
Osseous surgery (per quadrant)	\$400	\$400	\$350	\$350
Root planing (per quadrant)	\$120	\$200	\$120	\$150
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$40	0%	\$40	0%
Surgical extraction	\$120	\$190	\$120	\$175
<b>Orthodontia treatment</b>				
Pre-orthodontia services	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Comprehensive orthodontic services	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800
<b>Miscellaneous</b>				
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	

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

<sup>2</sup> 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.

<sup>3</sup> 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.

Direct Option 8D-DK

Delta Dental	
No annual maximum	
No deductible	
\$350 for one member; \$700 for two or more members	
\$20 per visit for members under age 19; \$30 per visit for members age 19+	

What members pay	
Under age 19	Ages 19+
0%	0%
0%	0%
0%	0%
\$5	0%
\$5	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
\$25	0%
\$150	\$425
\$150	\$500
\$425	\$425
\$75	\$150
\$150	\$300
\$225	\$400
\$400	\$400
\$120	\$170
\$40	0%
\$120	\$170
\$150 <sup>1</sup>	\$150 <sup>1</sup>
\$3,000 <sup>3</sup>	\$3,000
0%	0%
0%	0%
\$40	\$40
\$30	\$30

Member pays charges in excess of \$100

# 2016 Delta Dental voluntary plan benefit table

Calendar year costs	Elite Voluntary 1000   1500		Sensible Voluntary 1000   1500	
Deductible options	\$50 per person / \$150 family		\$50 per person / \$150 family (under age 19) \$50 per person / \$150 family (age 19+)	
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	
Annual maximum (age 19+)	\$1,000   \$1,500		\$1,000   \$1,500	
Class 1	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	0%	0%	20%
Cleanings	0%	0%	0%	20%
Sealants	0%	0%	0%	20%
Topical fluoride	0%	0%	0%	20%
Space maintainers	0%	0%	0%	20%
Class 2				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants/bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia	50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered
Features				
Provider network	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes		Participating dentists: no Nonparticipating dentists: yes	

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



Flourish Voluntary 1000   1500				Comprehensive Voluntary 1000   1500			
\$50 per person / \$150 family				\$50 per person / \$150 family			
\$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			
\$1,000   \$1,500				\$1,000   \$1,500			
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+
0%	0%	20%	10%	0%	0%	20%	10%
0%	0%	20%	10%	0%	0%	20%	10%
0%	0%	20%	10%	0%	0%	20%	10%
0%	0%	20%	10%	0%	0%	20%	10%
0%	0%	20%	10%	0%	0%	20%	10%
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	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% 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
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	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% 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	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered	50% after deductible <sup>1</sup>	Not covered
Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Participating dentists: no Nonparticipating dentists: yes				Participating dentists: no Nonparticipating dentists: yes			



# 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	
<b>Diagnostic &amp; preventive services</b>	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and 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 and 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%
<b>Restorative dentistry &amp; prosthodontics</b>				
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
<b>Endodontics &amp; periodontics</b>				
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
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$40	0%	\$40	0%
Surgical extraction	\$120	\$175	\$120	\$175
<b>Orthodontia treatment</b>				
Pre-orthodontia services	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Comprehensive orthodontic services	\$2,200 <sup>2</sup>	\$2,200	\$2,200 <sup>2</sup>	\$2,200
<b>Miscellaneous</b>				
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	

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

<sup>2</sup> 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. Nitrous oxide for adults on some plans.
- 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

# Enrollment guidelines

Group guidelines *page 60*

How to enroll *page 63*

## 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 Moda/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 medical 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
<b>Medical-only coverage</b>				
1 – 4	50%	0%	100%	100%
5 – 50	50%	0%	70%	25%
<b>Medical/dental coverage</b>				
1 – 4	50%	0%	100%	100%
5 – 50	50%	0%	70%	25%
<b>Dental-only coverage</b>				
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
<b>Dental-only coverage</b>						
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 Moda/Delta Dental-certified agent.

### Enroll

Our small group plans are available directly through us and the Marketplace, HealthCare.gov. If you qualify for federal financial assistance and want to use it, you must enroll through HealthCare.gov.

### 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](http://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.

# Support services

Support tools *page 64*

FAQs *page 65*

Glossary *page 66*

## We're here to help

To learn more about our health plans and resources, visit [modahealth.com](http://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

### 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.

# Answers to your questions

## What payment methods do you accept?

We accept checks, cash, money orders, electronic funds transfer (EFT) from a savings or checking account and debit and credit cards (Visa, MasterCard and Discover Card).

## Which bank can members use for HSA plans?

It's their choice. They have the freedom to pick the financial institution they wish.

## Do plans cover alternative care?

Yes, some Moda Health medical plans include alternative care benefits. These cover medically necessary acupuncture, spinal manipulations and naturopathic substances. Check plan benefit tables to see which plans cover alternative care.

## Is massage therapy covered?

No. Medical plans do not cover massage therapy.

## Are naturopathic office visits covered?

Yes. Office visits by a naturopath are covered at the specialist office visit amount.

## 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.
- 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 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.

## Which medical plans are available on the federal Marketplace?

We only offer small group plans directly through Moda Health. If you qualify for federal financial assistance and want to use it, connect with us or a Moda/Delta Dental-appointed agent to learn more.

# Healthcare lingo explained

We realize that health 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 health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges.

## **Brand tier medications**

Brand medications reviewed by Moda Health and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under the value, select and/or preferred medication tiers.

## **Coinsurance**

The percentage members pay for a covered healthcare 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 healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

## **Deductible**

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications 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.

## **Embedded pediatric vision**

A medical plan benefit that covers pediatric vision care for members under age 19.

## **Evidence-based practices**

Healthcare options or decisions that research shows work best, are most cost-effective and consider the patient's needs and experience.

## **Filed-fee savings**

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

## **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.

## **Medical home**

The main person or place members go to for care. Members who enroll in a plan that uses a medical home model will need to pick a medical home before receiving care. Medical homes can make it easier for members to access quality care. Primary doctors, pharmacists, specialists and other providers work together to keep members healthy over time.

**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.

**Out-of-pocket maximum (medical)**

In medical plans, the most members pay in a calendar year for covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their 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.

**Preferred provider**

A person or place contracted with a health network to provide care. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

**Preferred provider organization (PPO)**

A type of provider network. For our plans, a PPO network includes providers contracted with us to offer in-network coverage at agreed-upon rates, with no balance billing.

**Preferred tier medications**

Preferred medications reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same therapeutic class and/or category. Generic medications that have been identified as having no more favorable outcomes, from a clinical perspective, than other more cost-effective generic medications may be included in this tier.

**Primary care provider (PCP)**

The family doctor who treats members or coordinates their care to keep them healthy. Examples of a PCP include an M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine), nurse practitioner or physician assistant. These providers may practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology or women's health.

**Select tier medications**

Generic medications that represent the most cost-effective option within their category, and brand name medications that are both clinically favorable and cost-effective.

**Special prescription fulfillment**

Special handling for certain medications that require dispensing through an exclusive specialty pharmacy provider. These medications may include specialty tier and other tier medications that are often used to treat complex chronic health conditions.

**Specialist**

A medical provider specializing in a specific type of health condition or care. Specialists might include cardiologists, dermatologists, naturopaths not credentialed as PCPs, oncologists, urologists and many others.

**Specialty tier medications**

Prescription medications that are often used to treat complex chronic health conditions. Specialty treatments may require special handling techniques, careful administration and a unique ordering process. Specialty medications may require prior authorization.

**Value tier medications**

Commonly prescribed medications used to treat chronic medical conditions and preserve health.



### Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 800-578-1402. TTY users, please call 711.

[modahealth.com](https://www.modahealth.com)

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