Welcome to Delta Dental of Oregon, the place you go when you want more than a dental plan — because good health is about so much more than just the plan details.
To be your healthy best, you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.
We offer all of that and more — and we’re excited to help you start on a journey to be better.
For our part, we’ll provide networks of dentists, caring customer service and a dedicated team here to support you.
For your part, simply come ready to find healthy moments every day.
Because together, we can be more. We can be better.
Healthy teeth are happy teeth. With our individual and family Delta Dental of Oregon plans, you’ll have access to Delta Dental, the nation’s largest dental network. Your smile will thank you, wherever you roam.

**Dental benefit highlights**

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

- No waiting periods for Class I services
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

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

**Statewide coverage options**

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

**Delta Dental Premier plan**

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

**Delta Dental PPO plan**

This plan offers a broad range of both services and providers. You receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

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

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

**Is my dentist in the network?**

To find out, visit ShopModaPlans.com. Choose a dental network and look for participating dentists in your area.

**Delta Dental networks go where you go**

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

**Delta Dental Premier Network**

This is the largest dental network in Oregon and nationally. It includes more than 2,400 providers in Oregon and over 152,000 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 1,200 participating providers in Oregon and offers access to over 102,000 Delta Dental PPO dentists nationwide.

**Enroll anytime**

You can enroll in dental coverage year-round. Visit ShopModaPlans.com to pick the dental plan you like. You can enroll through the Marketplace, HealthCare.gov, only if you are also enrolling in a medical plan at the same time.
Follow these simple steps to enroll

Confirm your eligibility
You must be an Oregon resident and live in Oregon at least six months out of the calendar year to be eligible to enroll.
Eligible members include you, your legal spouse or domestic partner and any children up to age 26.

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

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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network, you pay</td>
<td>Out-of-network, you pay</td>
</tr>
<tr>
<td><strong>Calendar year costs</strong></td>
<td>$50</td>
<td>$0</td>
</tr>
<tr>
<td>Deductible per person</td>
<td>$350 for one member; $700 for two or more members</td>
<td>$350 for one member; $700 for two or more members in-network only</td>
</tr>
<tr>
<td>Out-of-pocket max per person (under age 19)</td>
<td>$350 for one member; $700 for two or more members in-network only</td>
<td>$350 for one member; $700 for two or more members in-network only</td>
</tr>
<tr>
<td><strong>Annual benefit max (age 19+)</strong></td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Class 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams and X-rays</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Cleanings</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Periodontal maintenance</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sealants</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Class 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space maintainers</td>
<td>30% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Restorative fillings</td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td><strong>Class 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral surgery</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Endodontics</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Periodontics</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Restorative crowns</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Bridges</td>
<td>Not covered</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Partial and complete dentures</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Anesthetics</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan enrollment options</td>
<td>Direct through ShopModaPlans.com or through HealthCare.gov</td>
<td>Direct through ShopModaPlans.com or through HealthCare.gov</td>
</tr>
<tr>
<td>Provider network</td>
<td>Delta Dental Premier Network</td>
<td>Delta Dental PPO Network</td>
</tr>
<tr>
<td>Delta Dental PPO Network: No Nonparticipating: Yes</td>
<td>Delta Dental PPO Network: No Nonparticipating: Yes</td>
<td>Delta Dental PPO Network: No Nonparticipating: Yes</td>
</tr>
</tbody>
</table>

1. Only covered once in a 12-month period if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment.
2. Six-month waiting period update for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
3. Twelve-month waiting period update for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
4. Only covered to treat cleft palate, with or without cleft lip.

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

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

Limitations

Class 1
- Exam once in a 6-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Fluoride once in a 6-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 5-year period

Class 2 and Class 3
- Bridges once in a 7-year period age 19 and over
- Dentures once in a 7-year period age 16 and over
- Crowns and other cast restorations once in a 7-year period
- Crown over implant once per lifetime per tooth space
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 50% once in a 5-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.
- Scaling and root planing once in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

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

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

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

How your premium could change
2017 premiums are effective Jan. 1, 2017, through Dec. 31, 2017. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member. Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

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

Dental plan premiums

<table>
<thead>
<tr>
<th>Age</th>
<th>Under age 19</th>
<th>Ages 19+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Premier</td>
<td>$42</td>
<td>$42</td>
</tr>
<tr>
<td>Delta Dental PPO</td>
<td>$31</td>
<td>$31</td>
</tr>
<tr>
<td>Delta Dental Exclusive PPO</td>
<td>$34</td>
<td>$34</td>
</tr>
<tr>
<td>Delta Dental PPO Bright Smiles</td>
<td>$31</td>
<td>N/A</td>
</tr>
</tbody>
</table>

How to add up your total monthly premium

1. Pick a dental plan
2. Locate your dental plan premium in the table on page 12.
3. Jot down the premiums for each person age 21+.
4. Jot down the premiums for each person (up to three) under age 21*.
5. Add all amounts together to get your family’s total monthly premium.

How your premium could change
2017 premiums are effective Jan. 1, 2017, through Dec. 31, 2017. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member. Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

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

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

Premiums effective Jan. 1, 2017 through Dec. 31, 2017
What payment methods do you accept?
We accept checks, cash, money orders, and electronic funds transfer (EFT) from a savings or checking account. Just select the billing and payment option that is best for you:

- **eBill**, our electronic billing service. You can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate a payment each month. Visit modahealth.com and follow the instructions to create an eBill account.

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

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

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

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

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

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

Which plans can I purchase through the federal Marketplace?
You can enroll in all Moda Health individual medical plans through ShopModaPlans.com and HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time.
Healthcare lingo explained

We realize that health plans can be confusing, so we’ve made you a cheat sheet of sorts. To find even more definitions, visit the Learning Center at ShopModaPlans.com.

Balance billing
The amount a provider may bill a patient for covered services beyond what the plan allows. Non-participating dentists may bill members the difference between the maximum plan allowance and their billed charges. Participating dentists don’t do this.

Coinsurance
The percentage members pay for a covered dental service after they meet their deductible, if any. For example, they may pay 30 percent of an allowed $200 charge, or $60.

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

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

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.

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

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

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

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

Premier dentist
A dentist contracted in the Delta Dental Premier network. They have agreed to limit covered services to a filed or contracted fee. Members may have lower out-of-pocket costs when they choose a premier dentist.

Moda Health nondiscrimination notice

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

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

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

Customer Service,
888-217-2363 (TDD)/TYY 711

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

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call Customer Service.
Questions?
We’re here to help. Contact a Delta Dental-appointed agent, or call us toll-free at 855-718-1767. TTY users, please call 711.

modahealth.com

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon.