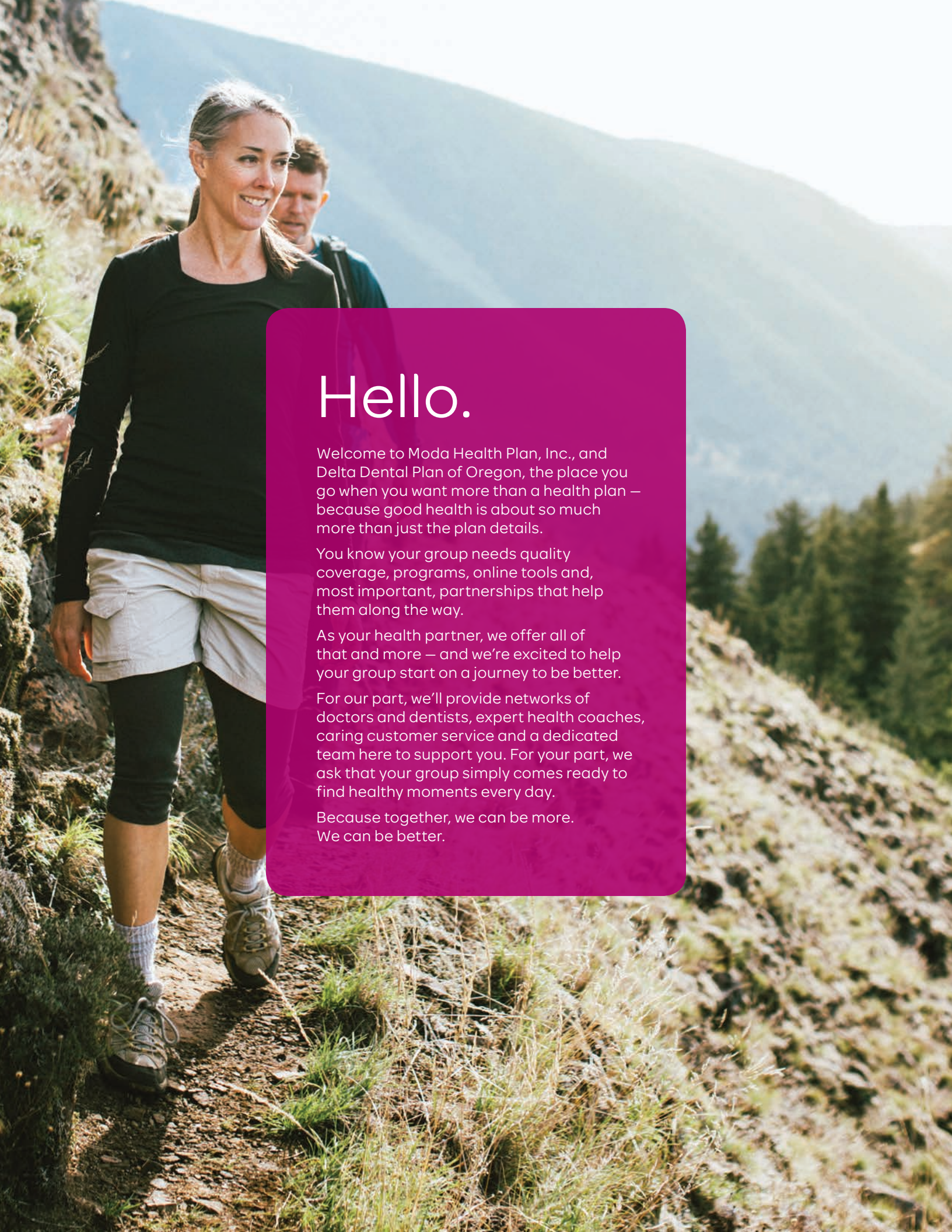




Delta Dental of Oregon & Alaska





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.

As your health partner, 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 dentists, 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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Medical plans

Meet our benefits and networks.

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Dental plans

Find coverage for your group's healthy smile.

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Enrollment guidelines

Review business requirements before you enroll.

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Support services

Get answers and read up on health plan lingo.

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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 have a long tradition of finding new and better ways to care for others on the path to better health. We even have special programs and care teams to support them in reaching their personal health goals. Many of these added values are at no additional cost to the members.

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 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 their 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”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



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.

Our care programs include:

- 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

When worrisome, non-critical medical issues arise, eDoc gives members access to health professionals to better manage their health. Members can use eDoc to email board-certified doctors, psychologists, pharmacists, dentists, dietitians and fitness experts for medical advice about any health concern. Accessible through each member's myModa account, eDoc keeps it private and customized to them.

Members benefit from:

- Guidance on treatment for illnesses, nutrition, fitness and more
- Understanding symptoms to make informed decisions about their health
- Uploading and attaching pictures to their emails
- eDocVoice – When members leave a message for a provider, they'll get a phone response within 24 hours

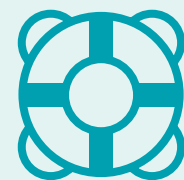


Nurse line

Give your team access to quick advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Members can call 866-321-7580 night or day 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 plans

Overview *page 8*

Plan types *page 10*

Networks *page 13*

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Benefit tables *page 18*

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› Silver plans *page 26*

› Bronze plans *page 30*

› HSA-compatible plans *page 34*

› Limitations and exclusions *page 36*

› Vision plans *page 37*

Create more healthy moments

We love our health plans – and we know you will, too. They are meant to help your team members find 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 ACA, Moda Health medical plans cover most routine, in-network preventive care. These services include:

- Preventive 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 the right plan for your group.

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.

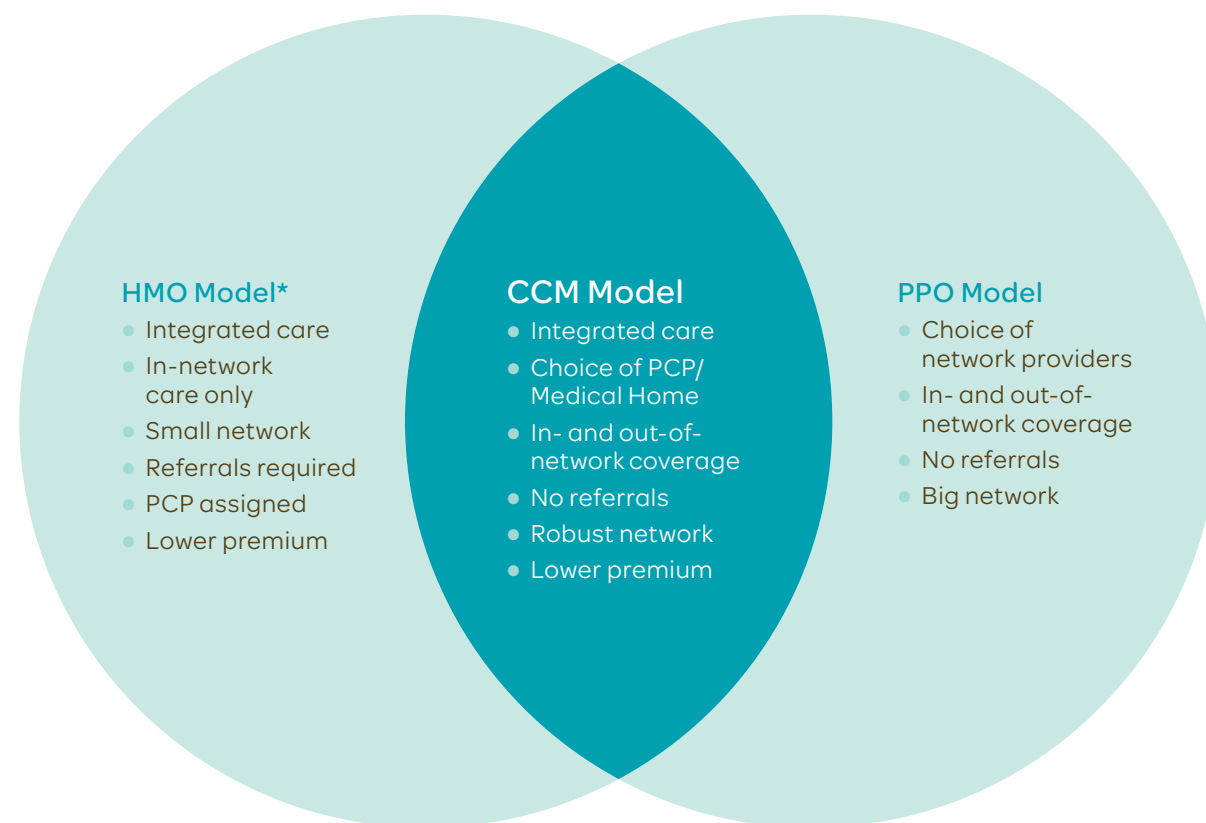
	Cost of care	Monthly premium
Platinum plans	\$	\$\$\$\$
Gold plans	\$\$	\$\$\$
Silver plans	\$\$\$	\$\$
Bronze plans	\$\$\$\$	\$

Real plan options for everybody

There's a lot to think about when choosing the right medical benefits for you and your group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda Health offers both coordinated care model (CCM) and preferred provider organization (PPO) plans. Both are great and can help your team on its journey to better health.

Let us tell you about each type so you can make the best choice for your group!



*Moda does not offer the health maintenance organization (HMO) model.

Coordinated care model (CCM) plans

Our CCM plans offer the best of both worlds – they are a perfect hybrid of the traditional health maintenance organization (HMO) and PPO models.

Our plans, powered by the Synergy and Summit networks, offer patient-centered care with a team-based approach. The plans connect one doctor or primary care provider (PCP) with the rest of a member's care team (other providers, specialists, etc.) to bring them the best treatments. This process provides you with more cost-effective plans and better health outcomes.

By choosing a CCM plan, your group will enjoy:

- A team-based approach to healthcare
- Coordinated care organized across the healthcare system
- Lower out-of-pocket costs and monthly premiums
- A dedicated Medical Home that coordinates care

Medical Homes make care personal

Once your Synergy/Summit (CCM) plan is active, employees will need to pick a Moda Medical Home. A Medical Home is the place they go for care and where they see their preferred doctors or PCP. Medical Home providers will work together with each member on the best individual treatment for them. This team-based approach offers:

- Faster, easier ways to find care
- Support in meeting your employees' health goals
- Personalized care centered on your employees
- Lower out-of-pocket costs with your Moda Medical Home

Choosing a Medical Home

Both Synergy and Summit networks have lots of great doctors who are part of a Moda Medical Home. Each of your employees' covered family members can pick the same provider or a different one – it's up to each of them to decide.

Once members enroll and receive their Moda Health ID card, they can log in to myModa at modahealth.com and choose the "Medical Home" tab to select a Medical Home for them and any dependents on their plan. Then, follow the steps in their Member Handbook to let us know which Medical Home they have chosen.

The CCM plan is the best option if your employees are looking for partners to help them on their healthcare journey. This is also the ideal option for members who are managing an existing condition because of its laser focus on wellness, prevention and improving quality of life.

Please note, a naturopathic provider is not considered a Medical Home provider unless they are credentialed as a primary care physician.

PPO plans

Our PPO plans, powered by the Connexus Network, offer a wide selection of providers to meet your group's healthcare needs. PPO plans combine great benefits with access to thousands of PPO-contracted physicians and hospitals to help you save money.

By choosing a PPO plan, your group will enjoy:

- Access to more than **80 hospitals and 26,000 providers** in Oregon, Washington and Idaho
- In-network and out-of-network benefits available
- No primary care selection required

The PPO plan is the best option for you – if you are looking for statewide coverage and want to access care through Connexus, one of the largest PPO networks in Oregon.

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 and Idaho.

HSA consumer-driven health 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.

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.

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.

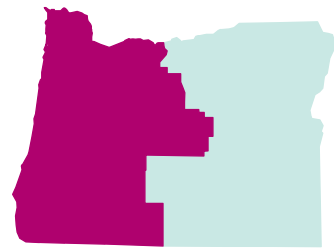
In- and out-of-network providers

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 the 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 in the U.S.

Group members living in Oregon or anywhere in the United States 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 children living outside of the plan's network service areas can receive in-network care through the First Health Network.



Synergy Network (CCM)

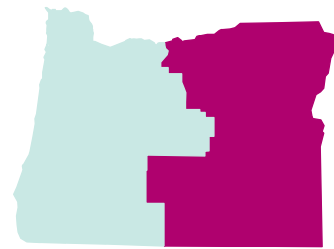
Groups located in the Portland metro, Southwest Washington, Salem, Eugene or parts of the Oregon north coast or Columbia River Gorge communities can choose a plan with this network. Members living or working in these areas can access care through the nearby Medical Home they select.

Synergy Network providers include :

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

Synergy Network covers these counties:

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



Summit Network (CCM)

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:

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

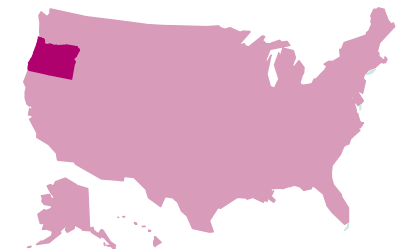
Summit Network covers these counties:

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



Connexus Network (PPO)

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 and Idaho.



Networks outside of Oregon

Members living in most counties in Washington and in states outside of Oregon can receive in-network care. The following networks include thousands of in-network doctors, hospitals and other medical providers across many specialties.

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 in states 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. (Members living in Hawaii are not covered.)

Travel network – First Health Network

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 First Health 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 U.S., members may access any provider for emergency care at the in-network cost sharing amount. This care is subject to balance billing. Urgent care is also covered outside the U.S. at the out-of-network benefit level. All other care received outside the U.S. is not covered.



Expect quality pharmacy benefits

Quality prescription coverage is 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 prescription 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 plan benefit tables in this brochure. Members can visit modahealth.com/pdl and choose "Small group" to search medications and find out their medication tiers and their costs.

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 and use Find Care. Choose the MedImpact pharmacy network to see what's nearby.

Medicare Part D creditable coverage

Most Moda Health small group medical plans in Oregon include Medicare Part D creditable coverage. Check the plan benefit tables to see which plans have this feature.

Other handy pharmacy features

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

The "prescription price check" tool lets members look up estimated medication prices online. 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.

2017 Medical plan benefit table

	PPO Platinum 250		PPO Platinum 500		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	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$250	\$500	\$500	\$1,000	\$250	\$500	\$250	\$500
Deductible per family	\$500	\$1,000	\$1,000	\$2,000	\$500	\$1,000	\$500	\$1,000
Out-of-pocket max per person	\$2,000	\$4,000	\$1,750	\$3,500	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-pocket max per family	\$4,000	\$8,000	\$3,500	\$7,000	\$4,000	\$8,000	\$4,000	\$8,000
Care & services								
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$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	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Specialist office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Urgent care visit	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$200/20%/visit	\$200/20%/visit	\$200/20%/visit	\$200/20%/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	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	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	\$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	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Alternative care visit ²	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Pediatric vision exam	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Prescription medications³								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Features								
Metallic level	● Platinum		● Platinum		● Platinum		● Platinum	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Connexus Network		Connexus Network		Synergy Network		Summit Network	
Travel network	First Health Network		First Health Network		First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

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

³ 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.

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.

2017 Medical plan benefit table

	PPO Platinum Synergy Exclusive 500		PPO Platinum Summit Exclusive 500	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$500	\$1,000	\$500	\$1,000
Deductible per family	\$1,000	\$2,000	\$1,000	\$2,000
Out-of-pocket max per person	\$1,750	\$3,500	\$1,750	\$3,500
Out-of-pocket max per family	\$3,500	\$7,000	\$3,500	\$7,000
Care & services				
Preventive care visit ¹	\$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 ²	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Pediatric vision exam	\$10/visit	50% after deductible	\$10/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
Prescription medications³				
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
Features				
Metallic level	● Platinum		● Platinum	
Medicare Part D creditable coverage	Yes		Yes	
Provider network	Synergy Network		Summit Network	
Travel network	First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

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

³ 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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2017 Medical plan benefit table

	PPO 500		PPO 1000A		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	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs										
Deductible per person	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000	\$1,000	\$2,000
Deductible per family	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$3,000	\$6,000	\$2,000	\$4,000
Out-of-pocket max per person	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,850	\$13,700
Out-of-pocket max per family	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000	\$13,700	\$27,400
Care & services										
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$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	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$60/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20% after deductible	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	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	20% after deductible	50% after deductible	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	\$20/visit	50% after deductible	\$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	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$20/visit	50% after deductible
Alternative care visit ²	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	Not covered	Not covered
Pediatric vision exam	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	\$0/visit	50% after deductible
Prescription medications³										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$10	\$10
Select	\$10	\$10	\$10	\$10	\$15	\$15	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$30	\$30	\$45	\$45	\$30	\$30	\$30	\$30
Brand	\$60	\$60	\$60	\$60	\$75	\$75	\$60	\$60	50%	50%
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50% up to a \$500 max	Not covered
Features										
Metallic level	● Gold		● Gold		● Gold		● Gold		● Gold	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes		Yes	
Provider network	Connexus Network		Connexus Network		Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network		First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

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

³ 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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2017 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
Calendar year costs				
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	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000	\$12,000	\$24,000
Care & services				
Preventive care visit ¹	\$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 ²	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Pediatric vision exam	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
Prescription medications³				
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
Features				
Metallic level	● Gold		● Gold	
Medicare Part D creditable coverage	Yes		Yes	
Provider network	Synergy Network		Summit Network	
Travel network	First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

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

³ 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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2017 Medical plan benefit table

	Value 2000		Value 2500		Value 3000		Value 3500		Value 5000	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs										
Deductible per person	\$2,000	\$4,000	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$5,000	\$10,000
Deductible per family	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$10,000	\$20,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services										
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$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	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	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	\$250/30% after deductible	\$250/30% after deductible	\$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	30% after deductible	30% after deductible	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	30% after deductible	50% after deductible	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	\$35/visit	50% after deductible	\$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	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit ²	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision hardware	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Prescription medications³										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Features										
Metallic level	● Silver		● Silver		● Silver		● Silver		● Silver	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes		Yes	
Provider network	Connexus Network		Connexus Network		Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network		First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

² Covers medically necessary spinal manipulations, acupuncture care and naturopathic substances, \$1,000 for Value plans per calendar year

³ 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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2017 Medical plan benefit table

	Moda Health Oregon Standard Silver		Moda Health Connexus Aspire 3000		Moda Health Connexus Aspire 3500		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	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
Calendar year costs										
Deductible per person	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$2,000	\$4,000	\$2,000	\$4,000
Deductible per family	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$4,000	\$8,000	\$4,000	\$8,000
Out-of-pocket max per person	\$6,850	\$13,700	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$13,700	\$27,400	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services										
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$70/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$70/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30%	50% after deductible	30%	50% after deductible
Emergency room visit	30% after deductible	30% 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	\$250/30% after deductible	\$250/30% after deductible
Ambulance	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
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$35/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit ²	Not covered		\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision exam	\$0/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Pediatric vision hardware	\$0/visit	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Prescription medications³										
Value	\$15	\$15	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$15	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$50	\$50	40%	40%	40%	40%	40%	40%	40%	40%
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Features										
Metallic level	● Silver		● Silver		● Silver		● Silver		● Silver	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes		Yes	
Provider network	Connexus Network		Connexus Network		Connexus Network		Synergy Network		Summit Network	
Travel network	First Health Network		First Health Network		First Health Network		First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act

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

³ 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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2017 Medical plan benefit table

	Moda Health Connexus Fundamental 4000		Moda Health Connexus Fundamental 5000		Moda Health Connexus Basic 7150		Moda Health Oregon Standard Bronze	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$4,000	\$8,000	\$5,000	\$10,000	\$7,150	\$14,300	\$7,150	\$14,300
Deductible per family	\$8,000	\$16,000	\$10,000	\$20,000	\$14,300	\$28,600	\$14,300	\$28,600
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services								
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	0% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	\$70/visit	0% after deductible
Specialist office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	\$115/visit	0% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	\$100/visit	0% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	\$70/visit	0% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	\$0 after deductible	0% after deductible
Alternative care visit	Not covered		Not covered		Not covered		Not covered	
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible	0% after deductible	0% after deductible	\$0/visit	0% after deductible
Pediatric vision hardware	50%	50% after deductible	50%	50% after deductible	0% after deductible	0% after deductible	\$0/visit	0% after deductible
Prescription medications²								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$35	\$35
Select	40% after deductible	40% after deductible	40% after deductible	40% after deductible	\$10	\$10	\$35	\$35
Preferred	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	\$0 after deductible	\$0 after deductible
Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialty	50% after deductible	Not covered	50% after deductible	Not covered	0% after deductible	Not covered	0% after deductible	Not covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Medicare Part D creditable coverage	No		No		No		No	
Provider network	Connexus Network		Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network		First Health Network	

¹ For services as required under the Affordable Care Act
² 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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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 pages 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

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 percent 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.

2017 Medical plan benefit table

	Moda Health Connexus HSA 1500		Moda Health Connexus HSA 2000		Moda Health Connexus HSA 2500	
	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
Calendar year costs						
Deductible per person (subscriber-only coverage)	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family (two or more enrollees)	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-pocket max per person	\$5,500	\$11,000	\$5,500	\$11,000	\$5,500	\$11,000
Out-of-pocket max per family	\$11,000	\$22,000	\$11,000	\$22,000	\$11,000	\$22,000
Care & services						
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	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	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Alternative care visit ²	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Pediatric vision exam	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Pediatric vision hardware	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Prescription medications³						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Preferred	30% after deductible	30% after deductible	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	40% after deductible	40% after deductible
Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features						
Metallic level	● Silver		● Silver		● Silver	
Medicare Part D creditable coverage	No		No		No	
Provider network	Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network	

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

³ 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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Limitations and exclusions for medical plans

These are some common limitations and exclusions for our Moda Health small group medical plans. Questions? Please contact your sales and service representative. See back cover for contact information.

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 are limited to the maximum plan allowance for all covered services
- Hearing aids and related services are covered once every 48 months for all members.
- Hospice respite care is limited to 30 days lifetime maximum and up to five consecutive days
- 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. Limits apply separately to rehabilitative and habilitative services, and may go up to 60 days following head/spinal cord injury or 60 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
- The Plan coordinates benefits with Medicare Part A or B as required under federal government rules and regulations. If your Group's size is fewer than 20 employees, Medicare will be assumed to be the primary payer, and the Plan will not pay for any part of a covered expense to the extent the expense is actually paid under Medicare Part A or B or would have paid under Medicare Part B had the member properly enrolled in Medicare and applied for benefits.
- Vision exam and lenses 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 urgent or 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 plans ensure that your team members can focus on feeling and staying well. Our vision plans are available to members 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)	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 a calendar-year benefit maximum.
- Noncovered, excluded services are the member's responsibility and do not apply toward the calendar-year benefit maximum. Such services include:
 - » Special procedures such as orthoptics and vision training
 - » Extra charges for lenses with special-purpose vision aids or for fashion eyewear features
 - » Nonprescription lenses
 - » Medical or surgical treatment of the eyes

Dental plans

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› Delta Dental plans *page 42*

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› Direct Option plans *page 55*

› Voluntary plans *page 56*

› Limitations and exclusions *page 59*

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:

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

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

Dental Optimizer puts oral health on their radar

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

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

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

Oral Health, Total Health

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

Delta Dental networks go where members go

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

Is a dentist in-network?

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

Dental networks

Delta Dental Premier Network

This is the largest dental network nationally and one of the largest in Oregon. It includes more than 2,300 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.

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. This means they don't balance bill – the difference between the allowed amount and the dentist's 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 five types of Delta Dental of Oregon 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 Willamette Dental providers. These plans work well for employees who prefer copay plans and are open to seeing Willamette Dental providers. Groups with 10 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 schedule, 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 are reimbursed based on the Delta Dental PPO Network fee schedule, which is typically lower than other networks. As long as members see contracted PPO dentists, there is no balance billing. Premier dentists may bill members the difference between the PPO allowable fee and the Premier contracted 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. 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
- 51 to 100 percent funded by employees
- Choice of Delta Dental or Direct Option (Willamette Dental) plans

Check the following benefit tables to find the Direct Option plan match.

Questions?

Please contact your sales and service representative. See back cover for contact information.

2017 Delta Dental Premier plan benefit table

	Progress Plan 1000 1500 2000		Elite Plan 1000 25 1500 25 2000 25 1000 50 1500 50 2000 50		Sensible Plan 1000 1500		Base Plan 1000	
Direct Option plan match	Direct Option 1E-EK 1E-EK 1E-EK		Direct Option 3E-EK 1E-EK 1E-EK 3E-EK 1E-EK 1E-EK		Direct Option 4E-EK 1E-EK		Direct Option 5E-EK	
Calendar year costs								
Deductible options	\$0		\$25 per person / \$75 per family or \$50 per person / \$150 per family		\$50 per person / \$150 per family		\$0	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
Annual maximum for groups 1-25 (age 19+)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500		\$1,000	
Annual maximum for groups 26-50 (age 19+)	\$1,000 \$1,500 \$2,000		\$1,000 \$1,500 \$2,000		\$1,000 \$1,500		\$1,000	
Class 1	What members pay		What members pay		What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%		0%	0%	0%	20% after deductible	0%	50%
Cleanings	0%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% ¹	0%	0%	0%	20% after deductible	0%	50%
Sealants	0%		0%	0%	0%	20% after deductible	0%	50%
Topical fluoride	0%		0%	0%	0%	20% after deductible	0%	50%
Space maintainers	0%		0%	0%	0%	20% after deductible	0%	50%
Class 2								
Restorative fillings	40%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% ¹	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Oral surgery	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Endodontics	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Periodontics	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Anesthesia	40%		40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%	50%
Class 3								
Restorative crowns	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
Partial and complete dentures	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
Implants	Not covered	50%	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50%
Orthodontia ²	50% ²	Not covered	50% after deductible	Not covered	50% after deductible ²	Not covered	50% ¹	Not covered
Features								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes	

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

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2017 Delta Dental PPO plan benefit table

	Flourish Plan 1000 25 1500 25 2000 25 1000 50 1500 50 2000 50				Comprehensive Plan 1000 25 1500 25 2000 25 1000 50 1500 50 2000 50			
Direct Option plan match	Direct Option 4E-EK 3E-EK 1E-EK 4E-EK 1E-EK 1E-EK				Direct Option 4E-EK 3E-EK 1E-EK 4E-EK 3E-EK 1E-EK			
Calendar year costs								
Deductible options	\$25 per person / \$75 per family or \$50 per person / \$150 per family				\$25 per person / \$75 per family or \$50 per person / \$150 per 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 (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,000 \$1,500				\$1,000 \$1,500			
Annual maximum for groups 26-50 (age 19+)	\$1,000 \$1,500 \$2,000				\$1,000 \$1,500 \$2,000			
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	0%	0%	20%	10%	0%	0%	20%	10%
Cleanings	0%	0%	20%	10%	0%	0%	20%	10%
Sealants	0%	0%	20%	10%	0%	0%	20%	10%
Topical fluoride	0%	0%	20%	10%	0%	0%	20%	10%
Space maintainers	0%	0%	20%	10%	0%	0%	20%	10%
Class 2								
Restorative fillings	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes				Participating dentists: No Nonparticipating dentists: Yes			

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

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2017 Delta Dental PPO plan benefit table

Practical Plan 1000 1500 2000				
Direct Option plan match	Direct Option 4E-EK 3E-EK 1E-EK			
Calendar year costs				
Deductible options	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,000 \$1,500			
Annual maximum for groups 26-50 (age 19+)	\$1,000 \$1,500 \$2,000			
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%	20%
Cleanings	0%	0%	20%	20%
Sealants	0%	0%	20%	20%
Topical fluoride	0%	0%	20%	20%
Space maintainers	0%	0%	20%	20%
Class 2				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes			

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

2017 Delta Dental PPO MAC plan benefit table

Delta Dental PPO MAC 1000				
Direct Option plan match	Direct Option 7E-EK			
Calendar year costs				
Deductible options	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,000			
Annual maximum for groups 26-50 (age 19+)	\$1,000			
Class 1	In-network, members pay		Out-of-network, members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	30%	25%	40%	40%
Cleanings	30%	25%	40%	40%
Sealants	30%	25%	40%	40%
Topical fluoride	30%	25%	40%	40%
Space maintainers	30%	25%	40%	40%
Class 2				
Restorative fillings	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Oral surgery	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Endodontics	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Periodontics	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Anesthesia	40% after deductible	40% after deductible	50% after deductible	50% 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	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating: Yes	

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.

2017 Delta Dental PPO MAC plan benefit table

Delta Dental PPO MAC 1500				
Direct Option plan match	Direct Option 7E-EK			
Calendar year costs				
Deductible options	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,500			
Annual maximum for groups 26-50 (age 19+)	\$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%	20%
Cleanings	0%	0%	20%	20%
Sealants	0%	0%	20%	20%
Topical fluoride	0%	0%	20%	20%
Space maintainers	0%	0%	20%	20%
Class 2				
Restorative fillings	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Oral surgery	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Endodontics	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Periodontics	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Anesthesia	40% after deductible	40% after deductible	40% after deductible	50% 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	Not covered	50% after deductible	Not covered	50%
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating: Yes	

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

2017 Delta Dental pediatric plan benefit table

Delta Dental Premier Shining Smiles		
Calendar year costs	Delta Dental Premier Shining Smiles	
Direct Option plan match	N/A	
Calendar year costs		
Deductible options	\$50 per person / \$150 per family	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members	
Annual maximum for groups 1-25 (age 19+)	NA	
Annual maximum for groups 26-50 (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	Not covered	Not covered
Orthodontia ¹	50% after deductible ¹	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes	

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

2017 Delta Dental plan benefit table (available on exchange only)

	Delta Dental Premier Plan 1000		Delta Dental PPO Plan 1000			
Direct Option plan match	N/A		N/A			
Calendar year costs						
Deductible options	\$75 per person / \$225 per family		\$50 per person / \$150 per 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 (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,000		\$1,000			
Annual maximum for groups 26-50 (age 19+)	\$1,000		\$1,000			
Class 1	What 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+
Exams & X-rays	25%	25%	0%	0%	50%	50%
Cleanings	25%	25%	0%	0%	50%	50%
Sealants	25%	25%	0%	0%	50%	50%
Topical fluoride	25%	25%	0%	0%	50%	50%
Space maintainers	25%	25%	0%	0%	50%	50%
Class 2						
Restorative fillings	40% after deductible	40% after deductible	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Oral surgery	40% after deductible	40% after deductible	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Endodontics	40% after deductible	40% after deductible	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Periodontics	40% after deductible	40% after deductible	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Anesthesia	40% after deductible	40% after deductible	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Class 3						
Restorative crowns	50% after deductible	50% after deductible	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	50% after deductible	50% after deductible
Implants	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features						
Provider network	Delta Dental Premier Network		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating: Yes	

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

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.



Delta Dental orthodontia plans

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

Orthodontia plans

	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 19+	Not covered	Not covered	50%	50%
Members under age 19	50% ¹	50% ¹	50%	50%

¹ Treatment must start prior to child's 17th birthday.



2017 Direct Option plan benefit table

	Direct Option 1E-EK		Direct Option 3E-EK		Direct Option 4E-EK		Direct Option 5E-EK		Direct Option 7E-EK	
Plan enrollment options	Delta Dental		Delta Dental		Delta Dental		Delta Dental		Delta Dental	
Annual maximum	No annual maximum		No annual maximum		No annual maximum		No annual maximum		No annual maximum	
Deductible	No deductible		No deductible		No deductible		No deductible		No deductible	
Annual out-of-pocket limit (under age 19)	\$350 for one child; \$700 for two or more children		\$350 for one child; \$700 for two or more children		\$350 for one child; \$700 for two or more children		\$350 for one child; \$700 for two or more children		\$350 for one child; \$700 for two or more children	
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; \$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+		\$20 per visit for members under age 19; \$30 per visit for members age 19+	
	What members pay		What members pay		What members pay		What members pay		What members pay	
Diagnostic & preventive services	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and emergency exams	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Head and neck cancer screening	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Restorative dentistry & prosthodontics										
Fillings (amalgam)	\$25	0%	\$25	0%	\$25	0%	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$100	\$150	\$150	\$150	\$150	\$150	\$200	\$150	\$300
Complete upper or lower denture	\$150	\$75	\$150	\$150	\$150	\$150	\$150	\$200	\$150	\$450
Bridge (per tooth)	\$100	\$100	\$150	\$150	\$150	\$150	\$200	\$200	\$300	\$300
Endodontics & periodontics										
Root canal therapy – anterior	\$75	\$50	\$75	\$75	\$75	\$75	\$75	\$90	\$75	\$125
Root canal therapy – bicuspid	\$150	\$90	\$150	\$150	\$150	\$150	\$150	\$200	\$150	\$225
Root canal therapy – molar	\$225	\$140	\$225	\$225	\$225	\$225	\$225	\$275	\$225	\$325
Osseous surgery (per quadrant)	\$75	\$75	\$150	\$150	\$150	\$150	\$200	\$200	\$350	\$350
Root planing (per quadrant)	\$120	\$75	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$150
Oral surgery										
Routine extraction (single tooth)	\$40	0%	\$40	0%	\$40	0%	\$40	0%	\$40	0%
Surgical extraction	\$120	\$75	\$120	\$120	\$120	\$120	\$120	\$150	\$120	\$175
Orthodontia treatment										
Pre-orthodontia services	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Comprehensive orthodontic services	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800	\$2,800 ²	\$2,800
Miscellaneous										
Local anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

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

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

2017 Delta Dental voluntary plan benefit table

Calendar year costs	Elite Voluntary 1000 1500		Sensible Voluntary 1000 1500		Flourish Voluntary 1000 1500				Comprehensive Voluntary 1000 1500			
Deductible options	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family				\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members (in-network only)			
Annual maximum for groups 1-25 (age 19+)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500				\$1,000 \$1,500			
Annual maximum for groups 26-50 (age 19+)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500				\$1,000 \$1,500			
Class 1	What members pay		What members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Cleanings	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Sealants	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Topical fluoride	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Space maintainers	0%	0%	0%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%
Class 2												
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Class 3												
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia ¹	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	Not covered
Features												
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes				Participating dentists: No Nonparticipating dentists: Yes			

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

2017 Voluntary Direct Option plan benefit table

	Voluntary Direct Option 1E-EK		Voluntary Direct Option 2E-EK	
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 child; \$700 for two or more children		\$350 for one child; \$700 for two or more children	
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	
Diagnostic & preventive services	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%
Restorative dentistry & prosthodontics				
Fillings (amalgam)	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$375	\$150	\$375
Complete upper or lower denture	\$150	\$500	\$150	\$500
Bridge (per tooth)	\$375	\$375	\$375	\$375
Endodontics & periodontics				
Root canal therapy – anterior	\$75	\$125	\$75	\$125
Root canal therapy – bicuspid	\$150	\$200	\$150	\$200
Root canal therapy – molar	\$225	\$250	\$225	\$250
Osseous surgery (per quadrant)	\$175	\$175	\$175	\$175
Root planing (per quadrant)	\$120	\$100	\$120	\$100
Oral surgery				
Routine extraction (single tooth)	\$40	0%	\$40	0%
Surgical extraction	\$120	\$175	\$120	\$175
Orthodontia treatment				
Pre-orthodontia services	\$150 ¹	\$150 ¹	\$150 ¹	\$150 ¹
Comprehensive orthodontic services	\$2,200 ²	\$2,200	\$2,200 ²	\$2,200
Miscellaneous				
Local anesthesia	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100	

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

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

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2017 small group dental plans. Questions? Please contact your sales and service representative. See back cover for contact information.

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 two additional periodontal maintenances 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 once in a seven-year period age 19 and over
- Dentures once in a seven-year period age 16 and over
- 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 percent 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 (malalignment 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

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 enrollment information must be received no later than the 10th 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 five 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
Medical-only coverage				
1 - 4	50%	0%	100%	100%
5 - 50	50%	0%	70%	25%
Medical/dental coverage				
1 - 4	50%	0%	100%	100%
5 - 50	50%	0%	70%	25%
Dental-only coverage				
5 - 50	50%	0%	70%	25%

Delta Dental voluntary group contribution and participation

Group size	Minimum employer contribution		Maximum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents	For employees	For dependents
Dental-only coverage						
5 - 50	0%	0%	49%	N/A	25%	0%

Support services

Support tools *page 62*

FAQ *page 63*

Glossary *page 64*

We're here to help

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for employers and explore group plans. We're also available to guide you through the plan selection and administration process.

We help every member find the right path through compassionate care – and by guiding them on their health journey, every step of the way.

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 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. See back cover for more details.

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 ACH (automated clearing house) payments.

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 summary tables for specific benefit amounts per year.

Is massage therapy covered?

No. Medical plans do not cover massage therapy.

Which 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 your sales and service representative. See back cover for contact information.

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 have been 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 (copayment)

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.

Contracted-fee savings

Savings due to a network provider's accepted or contracted fee.

Medical Home

The main person or place members go to for care. Members who enroll in a plan that uses a coordinated care model (CCM) 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

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. For dental plans, only pediatric services have an out-of-pocket maximum.

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.

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:

Medicare Customer Service
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans
888-217-2363 (TDD/TTY 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 the applicable Customer Service department listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-868-1019, 800-537-7697 (TDD)

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

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

Disponible ayuda gratuita de idioma, favor de llamar al 877-605-3229 (TTY/TDD sólo 711)

如需免費語言幫助，請致電
877-605-3229 (TTY/TDD 僅撥打 711)

免費語言幫助可用，請致電
877-605-3229 (TTY/TDD 僅撥打 711)

Để được hỗ trợ ngôn ngữ miễn phí, vui lòng gọi 877-605-3229 (TTY/TDD - một thiết bị viễn thông cho người khiếm thính hoặc điện thoại văn bản, chỉ có 711)

무료 언어 지원이 가능합니다.
877-605-3229 (TTY/TDD의 경우 711)
로 전화 주십시오.

May magagamit na libreng tulong sa wika, mangyaring tumawag sa 877-605-3229 (TTY/TDD lang 711)

Бесплатную консультацию на своем родном языке Вы можете получить по телефону 877-605-3229 (для TTY/TDD - 711)

توجد مساعدة لغوية مجانية، يرجى الاتصال برقم
877-605-3229 (الهاتف النصي فقط: 711)

W ap jwenn asistans gratis nan lang ou pale a, tanpri rele nan 877-605-3229 (moun ki itilize sistèm TTY/TDD rele sèlman nan 711)

Assistance gratuite disponible, veuillez appeler au 877-605-3229 (TTY/TDD uniquement au 711)

Bezpłatna pomoc w ojczystym języku jest dostępna pod numerem 877-605-3229 (urządzenia TTY/TTD: tylko 711)

Assistência linguística gratuita disponível, ligue para 877-605-3229 (TTY/TDD disque 711)

Assistenza linguistica disponibile gratuitamente, si prega di chiamare 877-605-3229 (solo 711 TTY / TDD)

無料で通訳します。877-605-3229 (TTY/TDD は 711のみ)にお電話下さい。

Für kostenlose Unterstützung in Ihrer Sprache rufen Sie bitte 877-605-3229 (TTY/TDD nur 711)

کمک ترجمه رایگان موجود است، با شماره
8776053229 (برای TTY/TDD فقط 711)
تماس بگیرید

Безкоштовну консультацію рідною для Вас мовою можна отримати за телефоном 877-605-3229 (для TTY/TDD - 711)

Este disponibilă asistență gratuită în limba dvs. Vă rugăm să sunați la nr. 877-605-3229 (pentru TTY/TDD - persoanele cu probleme de auz - formați doar 711)

Dawb kev pab txhais lus muaj, thov hu rau 877-605-3229 (TTY / TDD tsuas 711)

มีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร
877-605-3229 (TTY/TDD เฉพาะ 711)

មានជំនួយដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលមានបញ្ហាស្តាប់ 877-605-3229 (TTY/TDD ហៅទៅតែ 711)

Gargaarsi afaanii kaffaltii malee jira, maaloo 877-605-3229/TTY /TDD. 711 qofa) tiin bilbilaa.



Questions?

We're here to help. Contact a Moda/Delta Dental-appointed agent, or call one of our offices listed below. TTY users, please call 711.

Medford office

300 Crater Lake Ave., Suite 201
Medford, OR 97504-6806
541-772-5360

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
800-578-1402

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.