



 **DELTA DENTAL**

Delta Dental of Oregon & Alaska


moda
HEALTH



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Hello.

Welcome to Moda Health Plan, Inc., and Delta Dental of Oregon, the place you go when you want more than a health plan — because better health and a healthy smile are about so much more than just the plan details.

For more than 60 years, we've been helping individuals improve their health and wellness. Today, our mission is the same — to find a better way to health, every day, for the people and communities we serve.

As part of the Moda, Inc. family, Moda Health and Delta Dental offer affordable, quality medical and dental plans to people in the Pacific Northwest and beyond.

You need coverage to be your healthy best. You also need the tools and resources to manage your health. As your healthcare partner, we provide networks of doctors and dentists, expert health coaches, caring customer service and a dedicated team to support you and your family to better health every step of the way.

We're excited to work with you to help you start on your journey to be better.

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

Medical product overview

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Better plans for the real you

You have a lot to think about when choosing the right medical benefits for you and your family. Our preferred provider organization (PPO) plans connect you with your primary care provider (PCP), who works closely with the rest of your care team (other providers, specialists, etc.) to help you achieve better health and wellness.

To help you manage your health, you will be required to select an in-network PCP. By establishing a relationship with a PCP, we can work together to achieve your health and wellness goals based on your history and preference.

Our plans support your personal healthcare needs through partnerships between you, Moda, and your in-network providers. Once you've selected a PCP, our plans use the Affinity Network to provide cost-effective, coordinated care on your journey to better overall health.

Affinity Network

The Affinity Network is designed to offer a personalized care experience that helps members, like you, find their way to better care, value and health.

As a member, you choose from a list of in-network quality care providers. With Affinity, you can quickly access care that's right for you.

How to select an Affinity PCP

As part of your enrollment, an in-network PCP must be selected for each applicant.

To choose an in-network PCP, go to modahealth.com/shop to search for an Affinity provider or confirm that your PCP is in-network. Once you've selected your provider(s), enter the name in the subscriber and dependent information sections of the member application.

How your health plan works

Knowledge is power. When you get to know your plan, you can get the most out of your benefits. As your partner on the journey to better health and wellness, we're here to help you feel your best and empower you to live your best.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it's easier to create healthy moments. Preventive care services include:

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

Medication tiers offer ways to save

All of our medical plans include prescription benefits. These benefits connect you 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. You can visit modahealth.com/pdl and choose "Individual/Family" to search medications and find out your medication tiers and your costs.

Pediatric vision care

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

HDHP plans

Our high-deductible health plan (HDHP) is compatible with a health savings account (HSA). Having an HDHP gives you the flexibility and choice to use tax-free funds for eligible healthcare expenses. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. Simply check to see if your financial institution has an HSA option.

Deciding on a plan

Plans vary by premiums, deductibles, copays and coinsurance. Understanding these factors can help you pick the right plan for you.

Generally, you'll pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so you'll pay less out-of-pocket for care. Metallic levels (listed below) can help you narrow down what you'll pay each month for coverage.

Metallic levels

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

Medical networks protect you

All plans include the Affinity Network

Each medical plan in this brochure provides you access to a provider in the Affinity Network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals. These providers offer quality care and services to our individual members who live within the Affinity Network service area.

When you shop for a plan, make sure the Affinity Network serves your area. The map shows the network's coverage area.

In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill you for the difference between your maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs. The Member Handbook will have more details. You can download this directly from modahealth.com. For further assistance, please contact us.

Is your provider in the Affinity Network?

Find out by visiting modahealth.com/shop, and look for providers near you. We continually adapt our provider networks to better meet your needs. Be sure to check and see if your provider is in-network.

Our pharmacy network

Members get the best benefit by using the MediImpact 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 you more.

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

Questions?

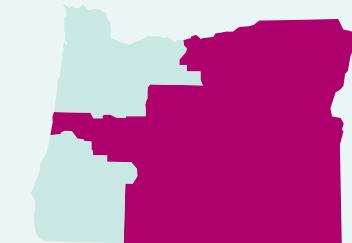
We're here to help! Please see the back cover for our Individual Sales and Services contact information.

2018 Provider networks

Affinity Network

Placing patients at the center of healthcare delivery, this PPO network provides customized care for members that want to manage their health in close partnership with a PCP. Affinity includes a community of primary care providers and specialists working together with Moda to provide quality care at affordable costs.

Please note, if your dependents live outside of the service area but still in the state or Oregon, they must receive services within the service area to receive in-network benefits.



Travel network – First Health Network

When you hit the road, care is never far away. While traveling outside of Oregon, members can receive emergency or urgent care through the First Health Network, which is paid at the in-network amount. Other covered care received while traveling is paid at the out-of-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, members may access any provider for emergency or urgent care. This care is subject to balance billing. Other care received outside the U.S. is not covered.

For more details, please see the back cover for our Customer Service contact information.



Picking a medical plan

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Enroll in your plan

How open enrollment works

Open enrollment for 2018 individual and family medical plans is Nov. 1, 2017, through Dec. 15, 2017. You can enroll in a plan or switch to a different plan during that time. If you miss open enrollment and experience a life change, you might qualify for special enrollment. For example, having a baby, getting married or divorced, losing health coverage or moving to a new state may make you and those you want to cover eligible. Visit the Learning Center at modahealth.com/shop to find out more about open and special enrollment.

Eligibility

You must currently reside in the service area, and live in the service area for at least six months out of the year, to be eligible to enroll. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Coverage is not available to a person who resides in the service area for the primary purpose of obtaining health coverage.

Please note, if your dependents live outside of the service area but still in the state of Oregon, they must receive services within the service area to receive in-network benefits.

Individuals who are enrolled in Medicare (Part A or Part B) or Medicare Advantage cannot enroll in a Moda Health individual medical plan, regardless of age. Learn more about Medicare at cms.gov, or visit modahealth.com/medicare to see our Medicare options available in Oregon.

After you enroll

Once you're enrolled, use the ID number you'll receive in your welcome letter to log in to myModa at modahealth.com. There, you can find in-network providers, select or change your PCP, access health resources and review your Member Handbook to get familiar with your plan. When your first bill is ready, you can also manage billing and payment options through myModa.

Follow these simple steps to enroll



Confirm your eligibility

You must currently reside in the service area, and live in the service area for at least six months out of the year, to be eligible to enroll. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Coverage is not available to a person who resides in the service area for the primary purpose of obtaining health coverage.

Find the plan you like

Browse and compare our 2018 plans in this brochure or at modahealth.com/shop. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look! For free print copies of plan summaries of benefits and coverage (SBCs), please call us. You may also view our Member Handbooks at modahealth.com.

Enroll at modahealth.com/shop
Starting Nov. 1, 2017, visit modahealth.com/shop to enroll in 2018 Moda Health plans. Even if you qualify for federal financial assistance, visit us at modahealth.com to view our plans before you go to HealthCare.gov.

All plans are available through Moda or HealthCare.gov.

Unless you qualify for special enrollment, be sure to enroll before open enrollment ends, Dec. 15, 2017.

2018 Medical plan benefit table

	Moda Health Oregon Standard Gold (Affinity)		Moda Health Oregon Standard Silver (Affinity)	
	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	\$4,000	\$2,500	\$10,000
Deductible per family	\$2,000	\$8,000	\$5,000	\$20,000
Out-of-pocket max per person	\$6,850	\$27,400	\$7,350	\$29,400
Out-of-pocket max per family	\$13,700	\$54,800	\$14,700	\$58,800
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	\$40/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$80/visit	50% after deductible
Urgent care visit	\$60/visit	50% after deductible	\$70/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room visit	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	\$40/visit	50% after deductible
Physical, speech or occupational therapy visit	\$20/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit ²	Not covered	Not covered	Not covered	Not covered
Pediatric dental services	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	\$0	50% after deductible	\$0	50% after deductible
Accident benefit	Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
Prescription medications³				
Value	\$10	\$10	\$15	\$15
Select	\$10	\$10	\$15	\$15
Preferred	\$30	\$30	\$60	\$60
Brand	50%	50%	50%	50%
Specialty	50% up to \$500	Not covered	50%	Not covered
Features				
Metallic level	 Gold		 Silver	
Plan enrollment options	Direct through Moda Health or through HealthCare.gov		Direct through Moda Health or through HealthCare.gov	
Provider network	Affinity Network		Affinity Network	
Travel network	First Health Network		First Health Network	

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

² Spinal manipulations and acupuncture care.

³ Copay amounts are per 30-day supply.

Tax advantages with an HDHP

Eligibility

To be eligible to participate in an HSA, you must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP plan. Please see the Moda Health Oregon Standard Bronze HSA Plan (Affinity) on page 12.
- Not be covered under another non-HSA-compliant medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

An HSA account is not required to enroll in a Moda Health HDHP.

Our health savings account (HSA)-compliant, high-deductible PPO health plan (HDHP) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

Calendar year costs

Deductible

If you have subscriber-only coverage, you must meet the per-person deductible. If your plan covers more than one person, you must meet the per-person deductible only until the total family deductible is satisfied before benefits are payable.

Out-of-pocket maximum

After you 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 your plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

2018 Medical plan benefit table

	Moda Health Oregon Standard Bronze HSA Plan (Affinity)	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$6,550	\$26,200
Deductible per family	\$13,100	\$52,400
Out-of-pocket max per person	\$6,550	\$26,200
Out-of-pocket max per family	\$13,100	\$52,400
Care & services		
Preventive care visit ¹	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible
Specialist office visit	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible
Alternative care visit ²	Not covered	Not covered
Pediatric dental services	Not covered	Not covered
Pediatric vision exam	\$0/visit	0% after deductible
Pediatric vision hardware	\$0	0% after deductible
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications³		
Value	0% after deductible	0% after deductible
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Brand	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered
Features		
Metallic level	 Bronze	
Plan enrollment options	Direct through Moda Health or through HealthCare.gov	
Provider network	Affinity Network	
Travel network	First Health Network	

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

² Spinal manipulations and acupuncture care.

³ Copay amounts are per 30-day supply.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 2018 Moda Health individual and family medical plans. For a full list of limitations and exclusions per plan or for copies of plan summaries of benefits and coverage (SBCs), please call us at 855-718-1767.

Limitations

- 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 is 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
- Infusion therapy – Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Medicare. Any expense that is actually paid under Medicare, or would have been paid under Medicare Part B if you had enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid
- Respite care is limited to a 30-day lifetime maximum and up to five consecutive days
- Prescriptions – If using a brand tier medication when a generic tier equivalent is available, the member will be responsible for the brand tier cost sharing plus the difference in cost between the generic and brand tier medication. Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90 days for mail order medications. Some medications require special fulfillment through an exclusive pharmacy provider.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. Members may be eligible for up to 60 sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habitative services.
- Skilled nursing facility is limited to 60 days per year
- Transplants must be performed at the authorized transplant facility to be eligible for coverage
- Vision exam and glasses or contacts are covered once per year for members under age 19

Exclusions

- Alternative care
- 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 if medically necessary and not specifically excluded)
- 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)
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- 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
- Injury resulting from practicing for or participating in professional athletic events
- Services provided by the patient
- Services provided by a member of the patient's immediate family other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

Dental product details

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Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental network, wherever you go.

Dental benefit highlights

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

- No waiting periods for Class 1 services
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs if you need a little extra attention for your pearly whites.

Statewide coverage options

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

Delta Dental PPOSM plan

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

Delta Dental Exclusive PPOSM plan

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

Delta Dental PPO Bright SmilesSM plan

This PPO plan is available for all individual members, but benefits only cover children under age 19. It allows anyone to meet federal requirements for pediatric dental coverage. You receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Enroll in a dental plan

To enroll in a dental plan, please see "How open enrollment works" on page 8.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental statewide network. It includes thousands of dentists with statewide and national access.

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

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 1,300 participating providers in Oregon and offers access to over 105,000 Delta Dental PPO dentists nationwide.

Is my dentist in the network?

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

2018 Dental plan benefit table

	Delta Dental PPO SM				Delta Dental Exclusive PPO SM				Delta Dental PPO SM Bright Smiles			
	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs												
Deductible per person	\$0						\$0					
Out-of-pocket max per person (under age 19)	\$350 for one member / \$700 for two or more members (in-network only)						\$350 for one member / \$700 for two or more members (in-network only)					
Annual benefit max	\$1,000 (out-of-network only)		\$1,000		N/A		\$1,500 (in-network only)		N/A		N/A	
Class 1												
Exams and X-rays	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Cleanings	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Periodontal maintenance	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Sealants	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Topical fluoride ¹	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Class 2												
Space maintainers	70%	70%	Not covered	Not covered	30%	Not covered	Not covered	Not covered	70%	70%	Not covered	
Restorative fillings ²	70%	70%	40%	50%	30%	Not covered	30%	Not covered	70%	70%	Not covered	
Class 3												
Oral surgery ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Endodontics ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Periodontics ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Restorative crowns ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Bridges ³	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Anesthesia ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Orthodontia ⁴	70%	70%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	70%	70%	Not covered	
Features												
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	N/A	N/A
Balance bill	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	No	N/A	No	N/A	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	N/A	N/A

¹ Only covered once in a 12-month period applies for ages 19 and older if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment.

² 6-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new policy.

³ 12-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new policy.

⁴ Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2018 Delta Dental of Oregon individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please see back cover for our sales and service team 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 ages 19 and older
- 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 on back teeth are limited to the amount allowed for an amalgam restoration
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Athletic mouth guard covered at 50 percent, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Night guard (occlusal guard) covered at 100 percent once in a five-year period, up to \$150 maximum

Exclusions

- Anesthetics, analgesics, hypnosis and medications except for oral anesthesia medication for members under age 19 used during an in-office procedure. Nitrous oxide for adults on some 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 except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Out-of-network providers on the Exclusive PPO plan
- Over-the-counter night guards and athletic mouth guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary



Plan premiums

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› Rating Area 4
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Dental premiums [page 24](#)

Calculate what you pay each month

As your healthcare partner and your guide to accessing quality care, we're here to help you understand the amount you pay each month for coverage. If you want great benefits and value, our plans may be the right fit for you.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. Only up to three children under age 21 are included in the premium. For medical plans, your rating area, or where you live, also matters. The maps on page 21 show the rating area locations and list the counties in each rating area.

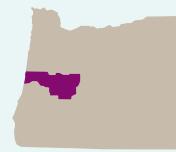
If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at HealthCare.gov.

How your premium could change

2018 premiums are effective Jan. 1, 2018, through Dec. 31, 2018. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member. Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice 90 days prior to the new plan effective date explaining any updates.



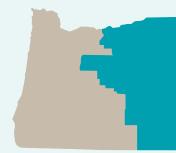
Rating Area 2 [page 22](#)

This area includes Lane County.



Rating Area 4 [page 22](#)

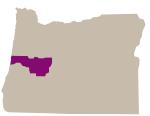
This area includes Deschutes, Klamath and Lake counties.



Rating Area 6 [page 24](#)

This area includes Baker, Crook, Gilliam, Grant, Harney, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties.

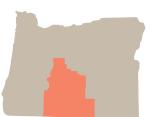
Medical plan premiums



Rating Area 2

This area includes Lane County.

Age	0 - 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
Moda Health Oregon Standard Gold (Affinity)	\$245	\$385	\$385	\$385	\$385	\$387	\$394	\$404	\$419	\$431	\$437	\$446	\$456	\$462	\$468	\$471	\$474	\$477	\$480	\$486	\$492	\$502	
Moda Health Oregon Standard Silver (Affinity)	\$231	\$364	\$364	\$364	\$364	\$365	\$372	\$381	\$395	\$407	\$413	\$421	\$430	\$435	\$441	\$444	\$447	\$450	\$453	\$459	\$465	\$473	
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$183	\$288	\$288	\$288	\$288	\$290	\$295	\$302	\$313	\$323	\$327	\$334	\$341	\$345	\$350	\$352	\$355	\$357	\$359	\$364	\$369	\$375	
Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
Moda Health Oregon Standard Gold (Affinity)	\$510	\$523	\$538	\$556	\$578	\$602	\$630	\$657	\$688	\$718	\$752	\$786	\$822	\$859	\$899	\$939	\$982	\$1,003	\$1,046	\$1,083	\$1,107	\$1,137	\$1,155
Moda Health Oregon Standard Silver (Affinity)	\$482	\$493	\$508	\$525	\$545	\$568	\$594	\$620	\$649	\$678	\$710	\$742	\$776	\$811	\$848	\$886	\$926	\$946	\$987	\$1,021	\$1,044	\$1,073	\$1,091
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$382	\$391	\$403	\$416	\$433	\$451	\$471	\$492	\$515	\$538	\$563	\$588	\$616	\$643	\$673	\$703	\$735	\$751	\$783	\$810	\$828	\$851	\$864



Rating Area 4

This area includes Deschutes, Klamath and Lake counties.

Age	0 - 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
Moda Health Oregon Standard Gold (Affinity)	\$276	\$434	\$434	\$434	\$434	\$436	\$444	\$455	\$472	\$486	\$492	\$503	\$513	\$520	\$527	\$530	\$534	\$537	\$541	\$548	\$554	\$565	
Moda Health Oregon Standard Silver (Affinity)	\$260	\$409	\$409	\$409	\$409	\$411	\$419	\$429	\$445	\$458	\$465	\$474	\$484	\$490	\$497	\$500	\$504	\$507	\$510	\$517	\$523	\$533	
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$206	\$325	\$325	\$325	\$325	\$326	\$333	\$340	\$353	\$363	\$369	\$376	\$384	\$389	\$394	\$397	\$399	\$402	\$405	\$410	\$415	\$423	
Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
Moda Health Oregon Standard Gold (Affinity)	\$575	\$589	\$606	\$627	\$651	\$678	\$709	\$740	\$775	\$809	\$847	\$885	\$926	\$968	\$1,012	\$1,057	\$1,106	\$1,129	\$1,178	\$1,219	\$1,247	\$1,281	\$1,302
Moda Health Oregon Standard Silver (Affinity)	\$542	\$556	\$572	\$591	\$614	\$640	\$669	\$698	\$731	\$764	\$799	\$835	\$874	\$913	\$955	\$998	\$1,043	\$1,066	\$1,111	\$1,150	\$1,176	\$1,209	\$1,227
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$430	\$441	\$454	\$469	\$487	\$508	\$531	\$554	\$580	\$606	\$634	\$663	\$693	\$724	\$758	\$791	\$828	\$845	\$881	\$913	\$933	\$959	\$974

Medical plan premiums



Rating Area 6

This area includes Baker, Crook, Gilliam, Grant, Harney, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties.

Age	0 - 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
Moda Health Oregon Standard Gold (Affinity)	\$276	\$434	\$434	\$434	\$434	\$436	\$444	\$455	\$472	\$486	\$492	\$503	\$513	\$520	\$527	\$530	\$534	\$537	\$541	\$548	\$554	\$565	
Moda Health Oregon Standard Silver (Affinity)	\$260	\$409	\$409	\$409	\$409	\$411	\$419	\$429	\$445	\$458	\$465	\$474	\$484	\$490	\$497	\$500	\$504	\$507	\$510	\$517	\$523	\$533	
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$206	\$325	\$325	\$325	\$325	\$326	\$333	\$340	\$353	\$363	\$369	\$376	\$384	\$389	\$394	\$397	\$399	\$402	\$405	\$410	\$415	\$423	
Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
Moda Health Oregon Standard Gold (Affinity)	\$575	\$589	\$606	\$627	\$651	\$678	\$709	\$740	\$775	\$809	\$847	\$885	\$926	\$968	\$1,012	\$1,057	\$1,106	\$1,129	\$1,178	\$1,219	\$1,247	\$1,281	\$1,302
Moda Health Oregon Standard Silver (Affinity)	\$542	\$556	\$572	\$591	\$614	\$640	\$669	\$698	\$731	\$764	\$799	\$835	\$874	\$913	\$955	\$998	\$1,043	\$1,066	\$1,111	\$1,150	\$1,176	\$1,209	\$1,227
Moda Health Oregon Standard Bronze HSA Plan (Affinity)	\$430	\$441	\$454	\$469	\$487	\$508	\$531	\$554	\$580	\$606	\$634	\$663	\$693	\$724	\$758	\$791	\$828	\$845	\$881	\$913	\$933	\$959	\$974

Dental plan premiums

These premiums apply to members who live anywhere in Oregon.

Plan name	Age 0 - 20	Age 21 - 59	Age 60+
Delta Dental PPO SM	\$36	\$33	\$40
Delta Dental Exclusive PPO SM	\$37	\$37	\$44
Delta Dental PPO SM Bright Smiles	\$36 (ages 18 and under only)	\$0	\$0

Health tools

Member website page 26

Online health tools page 27

Special programs page 28

Tools for your health journey

Moda Health and Delta Dental of Oregon are here to help you feel well so you 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 you in reaching your health goals.

Get started with myModa

myModa is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, just log in to myModa at modahealth.com to:

- Find in-network providers
- Select or change your PCP
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access health tools to get and stay healthy
- Look up medication prices
- Download your member ID card
- Pay your premium with eBill and set up recurring payments with AutoPay
- Access tools to get and stay healthy and manage your dental care needs

Health tools

These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to myModa to get started. ➤



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:

- Take a health assessment and see your "health age"
- Find health content and resources



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

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



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Prescription price check

This tool lets you look up estimated medication prices online. Just log in to myModa and enter a medication name to find cost estimates by medication tier. You can also compare pricing estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with your doctor.



eDoc

Email a board-certified doctor, psychologist, pharmacist, dentist, dietitian and fitness expert about any health concern you may have. eDoc keeps it private and customized to you. You can benefit from:

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

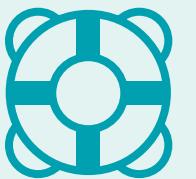


Nurse line

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

Call for guidance on:

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



Quitting tobacco

Stop smoking or chewing tobacco for good. We'll connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to help you stop smoking is covered in full when you see an in-network provider.

You can tap into:

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



MIDAS medical ID protection

Keep your health privacy safe with this free service. As a Moda Health member, log in to myModa and follow the links to MIDAS to claim your benefit. It's an easy way to safeguard your medical records from fraud.



Healthcare Cost Estimator

You shouldn't learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:

- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.



Tips and terms

FAQs page 30

Glossary page 32

Answers to your questions

What payment methods do you accept?

We accept electronic funds transfer (EFT) from a savings or checking account, and ACH (automated clearing house) payments, checks, cash and money orders. Just select the billing and payment option that is best for you:

- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or make a payment through electronic funds transfer or eBill.
- **Electronic funds transfer (EFT).** There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of myModa.
- **eBill, our electronic billing service.** You can review your premium invoice and make payments online through myModa, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit modahealth.com and follow the instructions to create a myModa account.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium. If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with eBill.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Can my employer pay for my individual coverage?

Individual plans cannot be employer sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) and pay for individual plan premiums. Check with your employer if this option is available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Moda.

Do plans cover alternative care?

Yes, some Moda Health medical plans include alternative care benefits. These cover medically necessary acupuncture and spinal manipulations. Check plan summary tables for specific benefit amounts per year.

Can I get massage therapy covered?

No. Medical plans do not cover massage therapy.

Can I see a naturopath under my plan?

Yes. Office visits with a naturopath are covered at the specialist office visit amount. However, if your naturopath is a credentialed PCP, your visit may be paid at the PCP office visit level.

Can I switch to a different plan at any time?

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

Which plans can I purchase through the federal Marketplace?

You can enroll in all Moda Health individual medical plans through modahealth.com/shop and HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time.

Check the plan summary tables in this brochure for the "plan enrollment options."

Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit the Learning Center at modahealth.com/shop. For free print copies of the glossary or plan summaries of benefits and coverage, contact Moda Health toll-free at 855-718-1767.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges. In-network providers don't do this.

Coinurance

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.

Evidence-based practices

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

Out-of-pocket costs

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

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.

Pediatric dental

A medical or dental plan benefit that covers dental care for members under age 19.

Pediatric vision

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

Pharmacy medication tiers

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.

Value tier medications

Commonly prescribed medications for chronic medical conditions that are more affordable compared to alternative medications.

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.

Preferred tier medications

Preferred medications, including specialty preferred medications, which have been 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. This tier includes generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

Brand tier medications

Brand tier 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.

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.

Preferred provider

A person or place contracted with a provider network to provide care. By choosing a preferred provider, member's 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.

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. Each member must select an in-network PCP at the time of enrollment. Female members can pick a women's healthcare provider, and enrolled children may choose a pediatrician. Moda Health may assign a PCP to members who do not select one.

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.



Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

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

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

Customer Service,
503-243-2987 or 800-342-0526
(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 to the left.

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
800-368-1019, 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

ATTENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의：한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711) までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ໂປຣະທ່ານ: ຂາກຄູນພຸດທະນາໄຫຍ້ ມູນສາມາຮັດໃຫ້ບໍ່ເກີດ
ຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ພົ່ງ
ໄຫຍ້ 1-877-605-3229 (TTY: 711)

ເກົ່າຕົ້ນຕົ້ນ: ເບີ້ມູກິນຍ້າຍກາສາໃຊ້ ເບີ້
ຍ້າກົກາສາເສັກກົມົບໜູ້ຍ້າມູກິນຍ້າເກົ່າ
ຍ້າກົກາສາເສັກກົມົບໜູ້ຍ້າມູກິນຍ້າ
ສູມຊູ້ສູ້ເຕັກແບ່ຂ່າ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajilooni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

