



Delta Dental of Oregon & Alaska





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Hello.

Welcome to Moda Health Plan, Inc., and Delta Dental of Oregon, the place your clients go when they 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 communities 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.

Your clients need coverage to be their healthy best. They also need the tools and resources to manage their health. As their healthcare partner, we provide networks of doctors and dentists, expert health coaches, caring customer service and a dedicated team to support them every step of the way.

We’re excited to work with you to help your clients start on their journey to better overall health.

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

Medical plans

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More choices for better care

Your clients have a lot to think about when choosing the right medical benefits for their 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 clients on their journey to better health.

As required under the Affordable Care Act, our 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

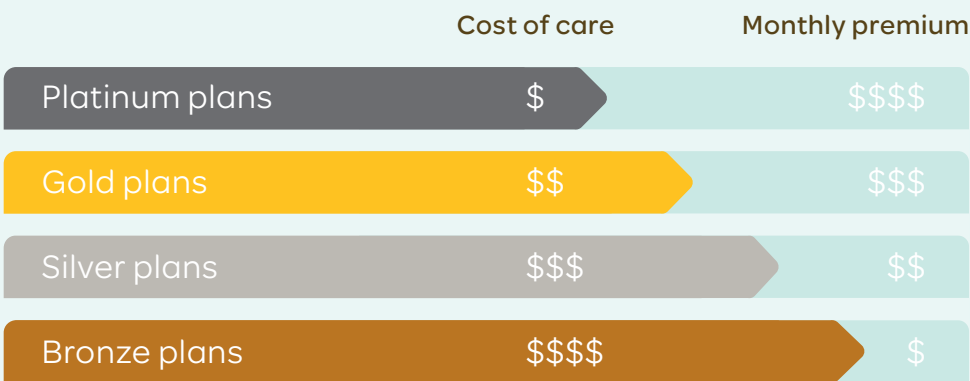
Let us tell you about each plan type so your clients can make the best choice for their groups!

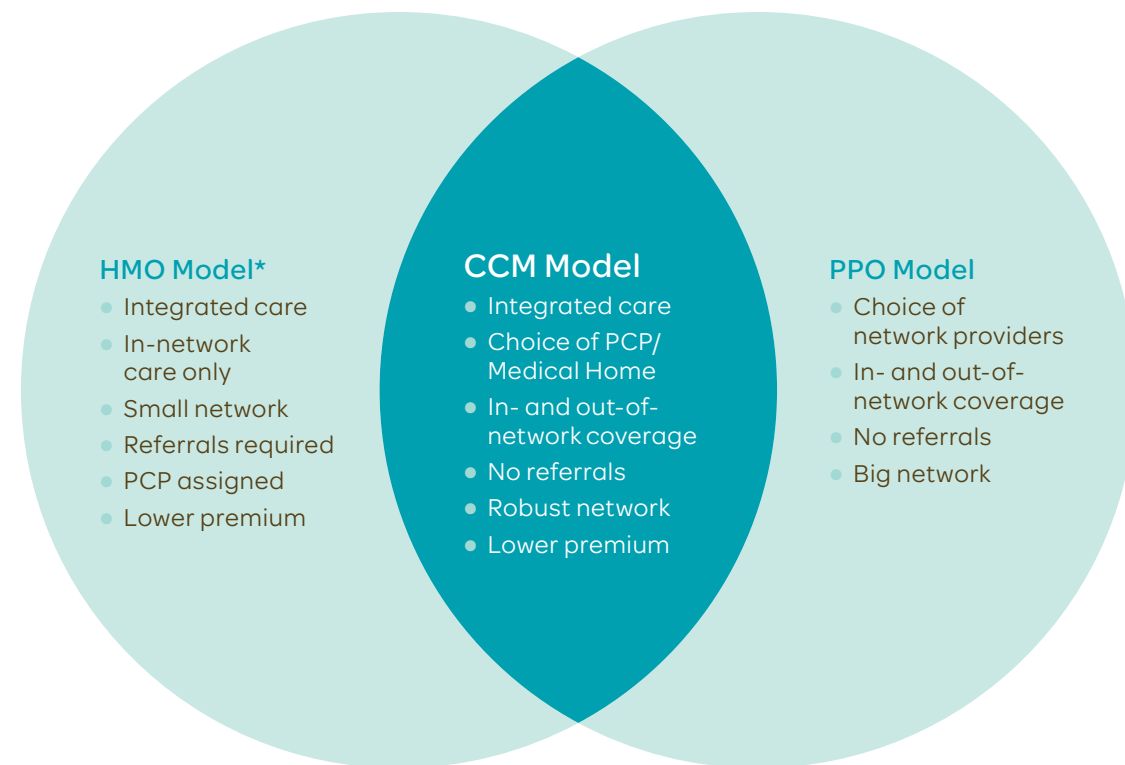
Choosing a plan

It’s important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their groups.

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.





Coordinated care model (CCM) plans

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

Our plans, powered by the Synergy and Summit networks, offer patient-centered care with a team-based approach. The plans connect a primary care provider with the rest of a member’s care team (other providers, specialists, etc.) to bring them the best treatments, facilitated through a Medical Home.

By choosing a CCM plan, your clients will enjoy:

- A team-based approach to healthcare
- Coordinated care organized across the healthcare system
- Better health outcomes
- A dedicated Medical Home that coordinates care

The CCM plan is the best option for members 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 their quality of life.

PPO plans

Our PPO plans offer a wide selection of providers to meet your clients’ healthcare needs. PPO plans combine great benefits with access to thousands of PPO-contracted physicians and hospitals to help groups save money.

Our traditional PPO plans give members access to the Connexus Network. By choosing a PPO plan, your clients 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

HDHP plans

These high-deductible health plans (HDHP) are compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses. They can 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. Pediatric Vision Care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

Read on to see our medical plan benefit tables.

Medical Homes

Medical Homes make care personal

Once a Synergy/Summit (CCM) plan is active, members must choose a Medical Home. A Medical Home is where they see their preferred primary care physician. Medical Home providers work with members on the best treatments for them and their family members. This team-based approach offers:

- Personalized care centered on your clients
- Faster, easier ways to find and access quality care
- Coordinated care to support your clients’ health goals
- Lower out-of-pocket costs with a Medical Home

Choosing a Medical Home

The Oregon Health Authority sponsors a program to recognize clinics as primary care homes. This recognition is defined by tier levels for Medical Homes. Both Synergy and Summit networks offer access to many

recognized Medical Homes, and Moda’s provider directory indicates the tier level for each one. The higher the tier, the more comprehensive the coordinated care. Each of your clients’ covered group and family members can pick the same Medical Home, or a different one – it’s up to them.

Please note, a naturopathic provider is not considered a Medical Home primary care provider unless he or she is credentialed as a primary care provider.

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 make their selection.

Another key to success in working with a Medical Home is member engagement. With the member and Medical Home team working together through open communication and goals to be better, the team-based approach really starts to make a difference in the health of our communities.

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

Medical networks protect members

Health happens, whether at home or on the road. We want to make sure members stay covered, no matter where they go. So we've made it easy for your clients' employees to find in-network coverage.

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 balance bill members the difference between the maximum plan allowance and their billed charges. 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.

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)

Clients located in western Oregon 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
- Santiam Hospital
- Silverton Hospital
- Sky Lakes Medical Center
- St. Charles Medical Center
- Tillamook Regional Medical Center
- Tuality Healthcare

Synergy Network covers these counties:

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



Summit Network (CCM)

Clients 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 (traditional 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. Clients 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 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

Members living outside of Oregon or Washington in the U.S. can see providers in the PHCS Network for in-network care. It is the largest preferred provider organization (PPO) medical network nationwide, with thousands of doctors and clinics, along with hundreds of hospitals, to choose from. PHCS Network gives members plenty of choice.

Travel network – First Health Network

When members hit the road, care is never far away. 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. 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 your clients' 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.

Value tier medications

Commonly prescribed medications for chronic medical conditions that are safe, effective and more affordable compared to alternative medications.

Select tier medications

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

Preferred tier medications

Brand medications that are safe and clinically effective at a favorable cost, and generic medications that are not included in the select tier.

Brand tier medications

Brand medications that 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 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.

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

In-network pharmacies 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 qualify.

2018 Medical plan benefit table

	Connexus Platinum 250		Connexus Platinum 500		Synergy Platinum 250		Summit Platinum 250	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$250	\$750	\$500	\$1,500	\$250	\$750	\$250	\$750
Deductible per family	\$500	\$1,500	\$1,000	\$3,000	\$500	\$1,500	\$500	\$1,500
Out-of-pocket max per person	\$2,000	\$6,000	\$1,750	\$5,250	\$2,000	\$6,000	\$2,000	\$6,000
Out-of-pocket max per family	\$4,000	\$12,000	\$3,500	\$10,500	\$4,000	\$12,000	\$4,000	\$12,000
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 medications ³								
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. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.
2 Covers medically necessary spinal manipulations and acupuncture care up to \$1,500 per calendar year.
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.



2018 Medical plan benefit table

	Synergy Platinum 500		Summit Platinum 500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$500	\$1,500	\$500	\$1,500
Deductible per family	\$1,000	\$3,000	\$1,000	\$3,000
Out-of-pocket max per person	\$1,750	\$5,250	\$1,750	\$5,250
Out-of-pocket max per family	\$3,500	\$10,500	\$3,500	\$10,500
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 medications ³				
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. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.
2 Covers medically necessary spinal manipulations and acupuncture care up to \$1,500 per calendar year.
3 Copay amounts are per 30-day supply.

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2018 Medical plan benefit table

	Connexus Gold 500		Connexus Gold 1000A		Connexus Gold 1000B		Synergy Gold 1000A		Summit Gold 1000A	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs										
Deductible per person	\$500	\$1,500	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Deductible per family	\$1,000	\$3,000	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000
Out-of-pocket max per person	\$7,000	\$21,000	\$7,000	\$21,000	\$7,000	\$21,000	\$7,000	\$21,000	\$7,000	\$21,000
Out-of-pocket max per family	\$14,000	\$42,000	\$14,000	\$42,000	\$14,000	\$42,000	\$14,000	\$42,000	\$14,000	\$42,000
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	\$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	\$20/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%	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	\$250/20%/visit	\$250/20%/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	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	\$40/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	\$20/visit	50% after deductible
Pediatric vision exam	\$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
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Prescription medications ³										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$15	\$15	\$15	\$15	\$30	\$30	\$15	\$15	\$15	\$15
Preferred	\$40	\$40	\$40	\$40	\$55	\$55	\$40	\$40	\$40	\$40
Brand	\$80	\$80	\$80	\$80	\$100	\$100	\$80	\$80	\$80	\$80
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	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		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. Only mammograms, women’s exams, Pap tests, prostate exams and PSA tests are covered out-of-network.
2 Covers medically necessary spinal manipulations and acupuncture care, up to \$1,500 per calendar year.
3 Copay amounts are per 30-day supply.

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2018 Medical plan benefit table

	Connexus Gold 1500		Moda Health Oregon Standard Gold	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$1,500	\$4,500	\$1,000	\$3,000
Deductible per family	\$3,000	\$9,000	\$2,000	\$6,000
Out-of-pocket max per person	\$7,000	\$21,000	\$6,850	\$20,550
Out-of-pocket max per family	\$14,000	\$42,000	\$13,700	\$41,100
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	\$60/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20% after deductible	50% after deductible
Emergency room 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
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	\$20/visit	50% after deductible
Alternative care visit ²	\$20/visit	50% after deductible	Not covered	Not covered
Pediatric vision exam	\$20/visit	50% after deductible	\$0	50% after deductible
Pediatric vision hardware	20%	50% after deductible	\$0	50% after deductible
Prescription medications ³				
Value	\$2	\$2	\$10	\$10
Select	\$15	\$15	\$10	\$10
Preferred	\$40	\$40	\$30	\$30
Brand	\$80	\$80	50%	50%
Specialty	50%	Not covered	50%	Not covered
Features				
Metallic level	● Gold		● Gold	
Medicare Part D creditable coverage	yes		yes	
Provider network	Connexus Network		Connexus 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 Covers medically necessary spinal manipulations and acupuncture care up to \$1,500 per calendar year.
3 Copay amounts are per 30-day supply. \$500 maximum coinsurance on specialty medications applies to Moda Health Oregon Standard Gold.

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2018 Medical plan benefit table

	Connexus Silver 2000		Connexus Silver 2500		Connexus Silver 3000		Connexus Silver 4000		Connexus Silver 5000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs										
Deductible per person	\$2,000	\$6,000	\$2,500	\$7,500	\$3,000	\$9,000	\$4,000	\$12,000	\$5,000	\$15,000
Deductible per family	\$4,000	\$12,000	\$5,000	\$15,000	\$6,000	\$18,000	\$8,000	\$24,000	\$10,000	\$30,000
Out-of-pocket max per person	\$7,350	\$22,050	\$7,350	\$22,050	\$7,350	\$22,050	\$7,350	\$22,050	\$7,350	\$22,050
Out-of-pocket max per family	\$14,700	\$44,100	\$14,700	\$44,100	\$14,700	\$44,100	\$14,700	\$44,100	\$14,700	\$44,100
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	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/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	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Emergency room visit	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient care	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% 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	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/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	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Prescription medications ³										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Preferred	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	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
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. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out-of-network.
2 Covers medically necessary spinal manipulations and acupuncture care, up to \$1,000 per calendar year.
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.

2018 Medical plan benefit table

	Synergy Silver 2000		Summit Silver 2000		Moda Health Oregon Standard Silver	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs						
Deductible per person	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$7,500
Deductible per family	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000
Out-of-pocket max per person	\$7,350	\$22,050	\$7,350	\$22,050	\$7,350	\$22,050
Out-of-pocket max per family	\$14,700	\$44,100	\$14,700	\$44,100	\$14,700	\$44,100
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	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$40/visit	50% after deductible
Specialist office visit	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$80/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$70/visit	50% after deductible
Outpatient diagnostic X-ray & lab	35%	50% after deductible	35%	50% after deductible	30% after deductible	50% after deductible
Emergency room visit	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	30% after deductible	30% after deductible
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	35% after deductible	50% after deductible	35% 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	\$40/visit	50% after deductible
Physical, speech or occupational therapy visit	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit ²	\$35/visit	50% after deductible	\$35/visit	50% after deductible	Not covered	Not covered
Pediatric vision exam	\$35/visit	50% after deductible	\$35/visit	50% after deductible	0%	50% after deductible
Pediatric vision hardware	35%	50% after deductible	35%	50% after deductible	0%	50% after deductible
Prescription medications ³						
Value	\$2	\$2	\$2	\$2	\$15	\$15
Select	\$35	\$35	\$35	\$35	\$15	\$15
Preferred	\$80	\$80	\$80	\$80	\$60	\$60
Brand	50%	50%	50%	50%	50%	50%
Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50%	Not covered
Features						
Metallic level	● Silver		● Silver		● Silver	
Medicare Part D creditable coverage	yes		yes		yes	
Provider network	Synergy Network		Summit Network		Connexus Network	
Travel network	First Health 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 Covers medically necessary spinal manipulations and acupuncture care, up to \$1,000 per calendar year.

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.

2018 Medical plan benefit table

	Connexus Bronze 5500		Connexus Bronze 7350		Moda Health Oregon Standard Bronze HSA Plan	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs						
Deductible per person	\$5,500	\$16,500	\$7,350	\$22,050	\$6,550	\$19,650
Deductible per family	\$11,000	\$33,000	\$14,700	\$44,100	\$13,100	\$39,300
Out-of-pocket max per person	\$7,350	\$22,050	\$7,350	\$22,050	\$6,550	\$19,650
Out-of-pocket max per family	\$14,700	\$44,100	\$14,700	\$44,100	\$13,100	\$39,300
Care & services						
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	0% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	\$40/visit	50% after deductible	\$60/visit	0% after deductible	0% after deductible	0% after deductible
Specialist office visit	\$80/visit	50% after deductible	\$120/visit	0% after deductible	0% after deductible	0% after deductible
Urgent care visit	\$40/visit	50% after deductible	\$60/visit	0% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	\$40/visit	50% after deductible	\$60/visit	0% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	\$80/visit	50% after deductible	\$120/visit	0% after deductible	0% after deductible	0% after deductible
Alternative care visit ²	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	\$40/visit	50% after deductible	\$60/visit	0% after deductible	0%	0% after deductible
Pediatric vision hardware	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0%	0% after deductible
Prescription medications ³						
Value	\$2	\$2	\$2	\$2	0% after deductible	0% after deductible
Select	\$20	\$20	\$20	\$20	0% after deductible	0% after deductible
Preferred	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Brand	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialty	40% after deductible	Not covered	0% after deductible	Not covered	0% after deductible	Not covered
Features						
Metallic level	● Bronze		● Bronze		● Bronze	
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	

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 Covers medically necessary 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.

Tax advantages with an HDHP

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

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 per person deductible only until the total family deductible is satisfied 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.

Eligibility

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

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP. See these plans on pages 25 – 27:
 - Moda Health Oregon Standard Bronze HSA Plan
 - Connexus Silver HDHP 2700
 - Connexus Bronze HDHP 5000
- 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

2018 Medical HDHP plan benefit table

	Connexus Silver HDHP 2700		Connexus Bronze HDHP 5000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$2,700	\$8,100	\$5,000	\$15,000
Deductible per family	\$5,400	\$16,200	\$10,000	\$30,000
Out-of-pocket max per person	\$6,000	\$18,000	\$6,550	\$19,650
Out-of-pocket max per family	\$12,000	\$36,000	\$13,100	\$39,300
Care & services				
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Ambulance	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Alternative care visit ²	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Pediatric vision hardware	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Prescription medications ³				
Value	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Preferred	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered	50% after deductible	Not covered
Features				
Metallic level	● Silver		● Bronze	
Medicare Part D creditable coverage	no		no	
Provider network	Connexus Network		Connexus 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 Covers medically necessary 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 Moda Health small group medical plans. Questions? Please contact your sales and service representative. Or, see back cover for contact information.

Limitations

- Ambulance transportation is limited to six trips per calendar year, except for Standard Gold, Silver and Bronze plans.
- 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.
- Infusion therapy – Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- 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.
- Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90-day supply for mail order pharmacy.
- 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 (except for Standard Metal plans) or 60 sessions for treatment of neurologic conditions
- Respite care is limited to 30 days lifetime maximum and up to five consecutive days.
- Skilled nursing facility is limited to 60 days per year.
- Transplants must be performed at a Center of Excellence facility to be eligible for coverage.
- Vision exam and glasses or contacts are covered once per year for members under age 19.
- If a group’s size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare Part B had the member enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid.

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 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
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient or a member of the patient’s immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

Bringing it all into focus

Seeing is believing when it comes to better health. These medical plan riders ensure that your clients 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.
- All services are covered except for the following noncovered, excluded services. These are the member’s responsibility and do not apply toward the calendar-year benefit maximum:
 - » Special procedures such as orthoptics and vision training
 - » Nonprescription lenses
 - » Medical or surgical treatment of the eyes
- Frames and lenses are excluded with Vision Eye Exam Only plan.

Dental plans

Overview *page 30*

Networks *page 31*

Plan types *page 32*

Benefit tables *page 34*

- › Delta Dental plans *page 34*
- › Orthodontia plans *page 45*
- › Direct Option plans *page 46*
- › Voluntary plans *page 48*
- › Limitations and exclusions *page 51*

Quality coverage for better smiles

Healthy teeth are happy teeth. With our small group Delta Dental of Oregon plans, your clients have access to Delta Dental, the nation’s largest dental network, wherever their employees go.

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

This set of online tools lets members store dental health information and share it with their caregivers. The result? More coordinated and effective care.

To get started, they can 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 and use them to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower their 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.

Dental networks

Delta Dental Premier® Network

This is the largest dental network nationally and the largest in Oregon. It includes more than 2,300 providers in Oregon and over 152,000 Delta Dental Premier dentists nationwide.

Delta Dental PPOSM 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 a dentist in-network?

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

Dental plan options

We offer a variety of plans so your clients can find the right fit for their groups. Choose from our Delta Dental of Oregon plans. They can customize the coverage and price to suit their needs.

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 groups that prefer copay plans and are open to seeing Willamette Dental providers. Groups with five to 99 employees can offer these plans. Members who choose a Direct Option plan must see Willamette Dental providers for dental care.

Get more value with Delta Dental

By negotiating charges for services, we help your clients’ employees 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. Those with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network.

Delta Dental dentists have agreed to accept our contracted fees as full payment. This means they don’t balance bill – the difference between the maximum plan allowance and out-of-network dentist fees. If members see providers outside the network, they may pay more for care.

Delta Dental Premier® plans

Premier plans offer group members 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.

Groups with this plan give their employees 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 PPOSM 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 participating dentists, there is no balance billing.

Advantages to the Delta Dental PPO plans include:

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

Delta Dental PPOSM MAC plans

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

When members use a participating Delta Dental PPO dentist, covered dental expenses will be paid at the in-network rate. Payment will be in full, less member deductible and coinsurance.

When members use a participating Delta Dental Premier dentist, dental expenses will be paid at the out-of-network rate and will be based on the PPO Fee Schedule. The dentist may charge the member the difference between the PPO Fee Schedule amount and the dentist’s filed or contracted fee with Delta Dental.

As long as members see contracted PPO dentists, there is no balance billing. Advantages to the Delta Dental PPO MAC plans include:

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

Delta Dental Direct Option with Willamette Dental Group

We partner with Willamette Dental Group and offer a Direct Option plan that includes a network of Willamette Dental Group providers, to pair alongside our non-voluntary Delta Dental Plans for all groups size five to 99. Groups size two to four have another option to obtain a standalone Direct Option plan. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone. Check the Direct Option table on page 46 to see the matches.

Delta Dental pediatric plan

Our Delta Dental Premier Shining SmilesSM pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Groups can offer this plan to 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

Questions?

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

2018 Dental plan benefit table

	Delta Dental Premier®, 1000, Incentive (70-100), 0 Delta Dental Premier®, 1500, Incentive (70-100), 0 Delta Dental Premier®, 2000, Incentive (70-100), 0		Delta Dental Premier®, 1000, 100*/80/50, 25 Delta Dental Premier®, 1000, 100*/80/50, 50 Delta Dental Premier®, 1500, 100*/80/50, 25 Delta Dental Premier®, 1500, 100*/80/50, 50 Delta Dental Premier®, 2000, 100*/80/50, 25 Delta Dental Premier®, 2000, 100*/80/50, 50				Delta Dental Premier®, 1000, 80/80/50, 50 Delta Dental Premier®, 1500, 80/80/50, 50		Delta Dental Premier®, 1000, 50/50/50/,0	
Direct Option plan match	Direct Option 3F-FK (\$1,000) Direct Option 1F-FK (\$1,500 \$2,000)		Direct Option 3F-FK (\$1,000) Direct Option 1F-FK (\$1,500 \$2,000)		Direct Option 4F-FK (\$1,000) Direct Option 1F-FK (\$1,500)		Direct Option 5F-FK (\$1,000)			
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	10%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% ²	10%	0%	10%	20% after deductible	10%	50%		
Cleanings	10%		10%	0%	10%	20% after deductible	10%	50%		
Sealants	10%		10%	0%	10%	20% after deductible	10%	50%		
Topical fluoride	10%		10%	0%	10%	20% after deductible	10%	50%		
Space maintainers	10%	Not covered	10%	Not covered	10%	Not covered	10%	Not covered		
Class 2										
Restorative fillings	30%	1st year - 30% 2nd year - 20% 3rd year - 10% 4th year - 0% ²	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30%	50%		
Oral surgery	30%		30% after deductible	20% after deductible	30% after deductible	20% after deductible	30%	50%		
Endodontics	30%		30% after deductible	20% after deductible	30% after deductible	20% after deductible	30%	50%		
Periodontics	30%		30% after deductible	20% after deductible	30% after deductible	20% after deductible	30%	50%		
Anesthesia	30%		30% after deductible	20% after deductible	30% after deductible	20% after deductible	30%	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	50% ¹	Not covered	50% after deductible ¹	Not covered	50% after deductible ¹	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			

* Deductible waived for Class 1
1 Only covered to treat cleft palate, with or without cleft lip, for ages under 19.
2 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%.

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.

2018 Dental plan benefit table

	Delta Dental PPO SM , 1000A, 100*/90/50, 25 Delta Dental PPO SM , 1000A, 100*/90/50, 50 Delta Dental PPO SM , 1500A, 100*/90/50, 25 Delta Dental PPO SM , 1500A, 100*/90/50, 50 Delta Dental PPO SM , 2000A, 100*/90/50, 25 Delta Dental PPO SM , 2000A, 100*/90/50, 50 Delta Dental PPO SM , 1000B, 100*/80/50, 25 Delta Dental PPO SM , 1000B, 100*/80/50, 50 Delta Dental PPO SM , 1500B, 100*/80/50, 25 Delta Dental PPO SM , 1500B, 100*/80/50, 50 Delta Dental PPO SM , 2000B, 100*/80/50, 25 Delta Dental PPO SM , 2000B, 100*/80/50, 50							
Direct Option plan match	Direct Option 4F-FK (\$1,000) Direct Option 3F-FK (\$1,500) Direct Option 1F-FK (\$1,500 \$2,000)				Direct Option 4F-FK (\$1,000) Direct Option 3F-FK (\$1,500) Direct Option 1F-FK (\$1,500 \$2,000)			
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 (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			
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%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered
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	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			

* Deductible waived for Class 1
1 Only covered to treat cleft palate, with or without cleft lip, for ages under 19.

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2018 Dental plan benefit table

	Delta Dental PPO SM , 1000, 100*/80/50, 50 Delta Dental PPO SM , 1500, 100*/80/50, 50 Delta Dental PPO SM , 2000, 100*/80/50, 50								Delta Dental PPO SM MAC, 1000, 75*/60/50, 50															
Direct Option plan match	Direct Option 4F-FK (\$1,000) Direct Option 3F-FK (\$1,500) Direct Option 1F-FK (\$1,500 \$2,000)												Direct Option 7F-FK (\$1,000)											
Calendar year costs																								
Deductible options	\$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 (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											
Annual maximum for groups 26-50 (age 19+)	\$1,000 \$1,500 \$2,000												\$1,000											
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%		20%		25%		25%		40%		40%									
Cleanings	0%		0%		20%		20%		25%		25%		40%		40%									
Sealants	0%		0%		20%		20%		25%		25%		40%		40%									
Topical fluoride	0%		0%		20%		20%		25%		25%		40%		40%									
Space maintainers	0%		Not covered		20%		Not covered		25%		Not covered		40%		Not covered									
Class 2																								
Restorative fillings	40% after deductible		20% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		50% after deductible		50% after deductible									
Oral surgery	40% after deductible		20% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		50% after deductible		50% after deductible									
Endodontics	40% after deductible		20% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		50% after deductible		50% after deductible									
Periodontics	40% after deductible		20% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		50% after deductible		50% after deductible									
Anesthesia	40% after deductible		20% after deductible		40% after deductible		40% after deductible		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		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	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												Delta Dental PPO Network: No				Delta Dental Premier Network: Yes Nonparticipating dentists: Yes							

* Deductible waived for Class 1
1 Only covered to treat cleft palate, with or without cleft lip, for ages under 19.

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2018 Dental plan benefit table

	Delta Dental PPO SM MAC, 1500, 100*/60/50, 50				Delta Dental Premier [®] Shining Smiles	
Direct Option plan match	Direct Option 7F-FK (\$1,000)				N/A	
Calendar year costs						
Deductible options	\$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 (in-network only)				\$350 for one member; \$700 for two or more members	
Annual maximum for groups 1-25 (age 19+)	\$1,500				NA	
Annual maximum for groups 26-50 (age 19+)	\$1,500				NA	
Class 1	In-network, members pay		Out-of-network, members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%	0%	20%	20%	10%	Not covered
Cleanings	0%	0%	20%	20%	10%	Not covered
Sealants	0%	0%	20%	20%	10%	Not covered
Topical fluoride	0%	0%	20%	20%	10%	Not covered
Space maintainers	0%	Not covered	20%	Not covered	10%	Not covered
Class 2						
Restorative fillings	40% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	Not covered
Oral surgery	40% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	Not covered
Endodontics	40% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	Not covered
Periodontics	40% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	Not covered
Anesthesia	40% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	Not covered
Class 3						
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered
Implants	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	Not covered
Orthodontia	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 Premier Network	
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: Yes Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes	

* Deductible waived for Class 1
1 Only covered to treat cleft palate, with or without cleft lip, for ages under 19.

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.

2018 Dental plan benefit table (available on exchange only)

	Delta Dental Premier® SHOP, 1000, 70*/60/50, 75				Delta Dental PPO SM SHOP, 1000, 100*/65/50, 50	
Direct Option plan match	N/A				N/A	
Calendar year costs						
Deductible options	\$75 per person / \$225 per family				\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members (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	30%	30%	0%	0%	50%	50%
Cleanings	30%	30%	0%	0%	50%	50%
Sealants	30%	30%	0%	0%	50%	50%
Topical fluoride	30%	30%	0%	0%	50%	50%
Space maintainers	30%	Not covered	0%	Not covered	50%	Not covered
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	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	Not covered
Features						
Provider network	Delta Dental Premier Network		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: No Nonparticipating dentists: Yes		Participating dentists: No Nonparticipating dentists: Yes			

* Deductible waived for Class 1
1 Only covered to treat cleft palate, with or without cleft lip, for ages under 19.

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

Orthodontia 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.

2018 Direct Option plan benefit table

	Direct Option 1F-FK		Direct Option 3F-FK		Direct Option 4F-FK		Direct Option 5F-FK		Direct Option 7F-FK	
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 ¹	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
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 credited towards 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 subject to the Annual Out of Pocket Limit for Members 18 and under. Orthodontic Services for all other purposes is not included in the Annual Out of Pocket Limit.

2018 Delta Dental voluntary plan benefit table

Calendar year costs	Delta Dental Premier®, Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier®, Voluntary, 1500, 100*/80/50, 50		Delta Dental Premier®, Voluntary, 1000, 80/80/50, 50 Delta Dental Premier®, Voluntary, 1500, 80/80/50, 50				Delta Dental PPO SM , Voluntary, 1000, 100*/90/50, 50 Delta Dental PPO SM , Voluntary, 1500, 100*/90/50, 50				Delta Dental PPO SM , Voluntary, 1000, 100*/80/50, 50 Delta Dental PPO SM , Voluntary, 1500, 100*/80/50, 50			
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+	Under age 19	Ages 19+
Exams & X-rays	10%	0%	10%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%	0%	10%
Cleanings	10%	0%	10%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%	0%	10%
Sealants	10%	0%	10%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%	0%	10%
Topical fluoride	10%	0%	10%	20% after deductible	0%	0%	20%	10%	0%	0%	20%	10%	0%	10%
Space maintainers	10%	Not covered	10%	Not covered	0%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered	0%	Not covered
Class 2														
Restorative fillings	30% after deductible	20% after deductible	30% 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	40% after deductible	30% after deductible
Oral surgery	30% after deductible	20% after deductible	30% 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	40% after deductible	30% after deductible
Endodontics	30% after deductible	20% after deductible	30% 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	40% after deductible	30% after deductible
Periodontics	30% after deductible	20% after deductible	30% 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	40% after deductible	30% after deductible
Anesthesia	30% after deductible	20% after deductible	30% 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	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	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	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	Not covered	50% after deductible
Orthodontia	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	Not covered	50% after deductible¹	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 under 19.

2018 Voluntary Direct Option plan benefit table

	Voluntary Direct Option 1F-FK		Voluntary Direct Option 2F-FK	
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 credited towards 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 subject to the Annual Out of Pocket Limit for Members 18 and under. Orthodontic Services for all other purposes 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 2018 small group Delta Dental plans. Questions? Please contact your sales and service representative or 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 for members 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
 - Night guard (occlusal guard) once in a five-year period, up to \$150 maximum.
 - Athletic mouth guard once in a 12-month period under age 16 and once in a 2-year period age 16 and over

Exclusions

- Anesthetics, analgesics, hypnosis and most medications. Nitrous oxide for adults on some plans.
- Bridges not covered under age 19
- 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 under age 19
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Over-the-counter night guards and athletic 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

Direct option exclusions and limitations:

Frequency limits are determined by member's dentist. In addition to limitations listed above in Delta Dental plans, direct option plans also exclude implants, occlusal/mouth guards, posterior teeth restorations and TMJ.

Enrollment guidelines

Group guidelines

Prepare your clients for a healthy start

Keeping your clients healthy is an investment that pays dividends. So, get ready to help start their journey to better overall health and wellness.

Business requirements

Here are some of the finer points about enrolling small groups in our plans.

- **Confirm your eligibility.** Your client’s business must be located in Oregon and have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year and have at least one employee enrolled on the first day of the plan year.
- **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 for integrated dental/medical or medical only plans.
- **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 additional benefits. Groups of 10 or more enrolled employees can choose a Delta Dental voluntary plan or a Direct Option voluntary plan. Groups of two or more enrolled employees can select a Direct Option voluntary plan.

Group contribution and participation

Enrolled employees	Minimum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents
Medical-only coverage, or Medical/dental integrated coverage				
1 – 4 enrolled	50%	0%	100%	100%
Moda Medical and/or Delta Dental Direct Option with Willamette Dental Group				
5 – 50 enrolled	50%	0%	70%	25%
Delta Dental Direct Option with Willamette Dental Group				
2 – 4 enrolled	50%	0%	100%	100%

Voluntary group contribution and participation

Enrolled employees	Minimum employer contribution		Minimum participation		Maximum participation	Maximum employed contribution
	For employees	For dependents	For employees	For dependents	For employees	For employees
Delta Dental-only coverage						
10 – 50 enrolled	0%	0%	25%	0%	69%	49%
Delta Dental Direct Option with Willamette Dental Group						
2 – 50 enrolled	0%	0%	25%	0%	69%	49%

Resources & support

Member website *page 54*

Health tools *page 54*

Support tools *page 57*

Tools for your client’s health journey

Moda Health and Delta Dental of Oregon are here to help your clients 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 them.

Get started with myModa

Members will love everything they can do at myModa, their personalized member website. They can 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 health tools to get and stay healthy
- Look up medication prices
- Download their member ID card

Health tools

These helpful tools and 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 into myModa, members choose Momentum to:

- Take a health assessment and see their “health age”
- 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
- 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 and utilize all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Arrange care ordered by their provider
- Find community resources



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.



Prescription price check

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

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



eDoc

Members can use eDoc to email board-certified doctors, psychologists, pharmacists, dentists, dietitians and fitness experts for medical advice about any health concern. 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

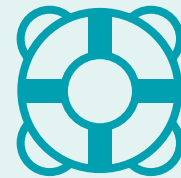


Nurse line

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

Members can call 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

We help empower members to stop smoking or chewing tobacco for good by connecting them 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

We're here to help

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for producers and explore group plans. We're also available to guide your clients 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 and eBill

Taking care of group benefits can be complicated. We're here to make it quick and easy. Our Employer Online Services (EOS) tool gives your clients the freedom to manage their group's coverage in their 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
- View, print and pay their monthly bill with eBill
- Get paperless statements
- Get email notifications when a new statement is ready
- Get email notifications before payments are due

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 contact information.

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

ATENCIÓN: 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 مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

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 Sprachassistenzdienste 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. یا 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)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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



Questions?

We're here to help.

Call us toll-free at 800-578-1402. TTY users, please call 711.

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402

Medford office

300 Crater Lake Ave., Suite 201
Medford, OR 97504-6806
541-772-5360 TTY users, please call 711.

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.