



Oregon 2021  
Small group plans (1 - 50)

+ Dental plans that will make you smile



*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.*



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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

## Pediatric vision care

Embedded pediatric vision coverage comes with all small group 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.

## TruHearing

Hearing aids are costly. Using TruHearing makes them more affordable. Eligible members can get a routine hearing aid exam and hearing aid coverage through TruHearing. To schedule an appointment, members call 866-202-2170.

## CirrusMD

### Text a doctor

Members can enjoy fast and private access to a dedicated doctor in under a minute – at no cost\*. With the CirrusMD app, all they need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as they'd like

Moda Health members can sign up for CirrusMD at [modahealth.com/cirrusmd](http://modahealth.com/cirrusmd). All members can download the CirrusMD app from the App Store or Google Play.

*\*For Small Group members on Oregon Standard Plans, their cost is the same as for a PCP office visit copay.*

## Travel Assist

When members need help more than 100 miles from home they can call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Learn more at [assistamerica.com](http://assistamerica.com). For more information, members call 800-304-4585.

## Choosing a plan

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

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 group.

## Coordinated Care Model plans

Our CCM plans, powered by the Synergy network, offer patient-centered care with a team-based approach. The plans connect a primary care provider (PCP) with the rest of a member's care team (other providers, specialists, etc.) to bring members the best treatments.

### 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 Primary Care Provider (PCP) 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.

## Traditional Preferred Provider Organization plans

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

- Access to more than 65 hospitals and 23,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits available
- No primary care selection required

Traditional PPO plans offer the broadest provider coverage.

## HDHP plan

The high-deductible health plan (HDHP) is compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses.

## 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

Once a Synergy (CCM) plan is active, members must choose a primary care provider (PCP). PCPs work with members on the best treatments for them. This team-based approach offers:

- Personalized care centered on your clients' employees
- Faster, easier ways to find and access quality care
- Coordinated care to support your clients' covered group and family members' health goals
- Lower out-of-pocket costs when using a PCP

## Choosing a PCP

Each of your clients' covered group and family members can pick the same PCP, or a different one – it's up to them.

Once members enroll and receive their Moda Health ID card, they can log in to their Member Dashboard at [modahealth.com](http://modahealth.com) and choose the PCP tab to make their selection.

Please note, a naturopathic physician is not considered a PCP unless he or she is credentialed with Moda Health as a PCP.

Another key to success in working with a PCP is member engagement. With the member and provider 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.



## Medical networks

# Life's *better* in the network

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 Oregon can choose a plan with the Synergy Network. The Synergy network covers every county in Oregon. Members living or working in these areas can access care through the PCP they select.

Synergy Network providers include:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Curry Health District
- Good Shepherd
- Grand Ronde Hospital
- Harney District Hospital
- Kadlec Regional Medical Center
- Lake Health District
- Legacy Health
- Lower Umpqua Hospital
- Mercy Medical Center
- Mid Columbia Medical Center
- Morrow County Health District
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Providence St. Mary's Medical Center
- Salem Clinic
- Salem Health
- Samaritan Health Services
- Santiam Memorial Hospital
- Sky Lakes Medical Center
- Southern Coos Hospital and Health Center
- St. Alphonsus Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tuality Healthcare (OHSU partner)
- Willamette Valley Medical Center

## Connexus Network (traditional PPO)

When clients want our broadest selection of providers across Oregon, Connexus Network has them covered. 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 through the following networks.

### 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.

### Private HealthCare Systems (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 PPO medical network nationwide, with thousands of doctors and clinics, and 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 in the U.S., but 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, non-preferred, preferred specialty and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amount, check the plan benefit tables in this brochure. Members can visit [modahealth.com/pdl](http://modahealth.com/pdl) and choose "Small group" to search medications and find out their medication tiers and their costs.

### 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

Preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

### Non-preferred tier medications:

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

**Specialty medications** are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring.

### Preferred specialty tier medications:

Preferred specialty medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.

### Non-preferred specialty tier medications

Non-preferred specialty medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

## 90-day supply at participating retail pharmacies

Members can purchase up to a 90-day supply of regular medications at a participating retail pharmacy. To find a participating pharmacy, members can log in to their Member Dashboard, click on the pharmacy tab and select pharmacy search to find their preferred pharmacy. Participating pharmacies will say "3 months" under the Days Supply column in their Details.

## 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).

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

## Find an in-network pharmacy

Members can visit [modahealth.com](http://modahealth.com) and use Find Care. Choose the 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.

# 2021 Medical plan benefit table

	Platinum				Platinum No Deductible	
	Platinum 250		Platinum 500		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		
<b>Calendar year costs</b>						
Deductible per person	\$250	\$750	\$500	\$1,500	\$0	\$0
Deductible per family	\$500	\$1,500	\$1,000	\$3,000	\$0	\$0
Out-of-pocket max per person	\$3,250	\$9,750	\$3,250	\$9,750	\$8,550	\$25,650
Out-of-pocket max per family	\$6,500	\$19,500	\$6,500	\$19,500	\$17,100	\$51,300
	In-network member pays		Out-of-network member pays			
<b>Care &amp; services</b>						
Preventive care visit	\$0/visit		50% after deductible		\$0/visit	50%
Primary care provider (PCP) visit	\$15/visit		50% after deductible		15%	50%
Specialist visit	\$30/visit		50% after deductible		15%	50%
Urgent care visit	\$15/visit		50% after deductible		15%	50%
Virtual care visit	\$5/visit		50% after deductible		15%	50%
Outpatient diagnostic X-ray & lab	10%		50% after deductible		15%	50%
Emergency room visit	\$200/10%/visit		\$200/10%/visit		\$250/15%/visit	\$250/15%/visit
Ambulance	10% after deductible		10% after deductible		15%	15%
Inpatient/outpatient care	10% after deductible		50% after deductible		15%	50%
Outpatient mental health/chemical dependency visit	\$15/visit		50% after deductible		15%	50%
Physical, speech or occupational therapy visit	\$30/visit		50% after deductible		15%	50%
Acupuncture and spinal manipulation services	\$15/visit		50% after deductible		15%	50%
Pediatric vision exam	\$15/visit		50% after deductible		15%	50%
Pediatric vision hardware	10%		50% after deductible		15%	50%
<b>Prescription medications<sup>1</sup></b>						
Value	\$2		\$2		\$2	\$2
Select	\$10		\$10		15%	15%
Preferred	\$25		\$25		15%	15%
Non-Preferred	50%		50%		50%	50%
Preferred Specialty	25%		Not covered		50%	Not covered
Non-Preferred Specialty	50%		Not covered		50%	Not covered
<b>Features</b>						
Metallic level	● Platinum				● Platinum	
Small business health care tax credit eligible	No				No	
Medicare Part D creditable	Yes				Yes	
Network	Connexus Network statewide & Synergy Network in Clackamas, Multnomah, Washington and Yamhill counties				Connexus Network	
Travel network	First Health Network				First Health Network	
Service area	Statewide				Statewide	

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<sup>1</sup> Copay amounts are per 30-day supply.



# 2021 Medical plan benefit table

	Moda Health Oregon Standard Gold		Gold No Deductible		Gold							
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	Gold 500		Gold 1000		Gold 1500		Gold 2000	
	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	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>												
Deductible per person	\$1,500	\$4,500	\$0	\$0	\$500	\$1,500	\$1,000	\$3,000	\$1,500	\$4,500	\$2,000	\$6,000
Deductible per family	\$3,000	\$9,000	\$0	\$0	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$4,000	\$12,000
Out-of-pocket max per person	\$7,300	\$21,900	\$8,550	\$25,650	\$6,750	\$20,250	\$6,750	\$20,250	\$6,750	\$20,250	\$8,550	\$25,650
Out-of-pocket max per family	\$14,600	\$43,800	\$17,100	\$51,300	\$13,500	\$40,500	\$13,500	\$40,500	\$13,500	\$40,500	\$17,100	\$51,300
<b>In-network member pays</b>												
<b>Out-of-network member pays</b>												
<b>Care &amp; services</b>												
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50%	\$0/visit				50% after deductible			
Primary care provider (PCP) visit	\$20/visit	50% after deductible	30%	50%	\$30/visit				50% after deductible			
Specialist visit	\$40/visit	50% after deductible	30%	50%	\$60/visit				50% after deductible			
Urgent care visit	\$60/visit	50% after deductible	30%	50%	\$30/visit				50% after deductible			
Virtual care visit	\$20/visit	50% after deductible	30%	50%	\$20/visit				50% after deductible			
Outpatient diagnostic X-ray & lab	20% after deductible	50% after deductible	30%	50%	25%				50% after deductible			
Emergency room visit	20% after deductible	20% after deductible	\$250/30%/visit	\$250/30%/visit	\$300/25%/visit				\$300/25%/visit			
Ambulance	20% after deductible	20% after deductible	30%	30%	25% after deductible				25% after deductible			
Inpatient/outpatient care	20% after deductible	50% after deductible	30%	50%	25% after deductible				50% after deductible			
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	30%	50%	\$30/visit				50% after deductible			
Physical, speech or occupational therapy visit	\$20/visit	50% after deductible	30%	50%	\$60/visit				50% after deductible			
Acupuncture and spinal manipulation services	Not covered	Not covered	30%	50%	\$30/visit				50% after deductible			
Pediatric vision exam	0%/visit	50% after deductible	30%	50%	\$30/visit				50% after deductible			
Pediatric vision hardware	0%	50% after deductible	30%	50%	25%				50% after deductible			
<b>Prescription medications<sup>1</sup></b>												
Value	\$10	\$10	\$2	\$2	\$2				\$2			
Select	\$10	\$10	30%	30%	\$10				\$10			
Preferred	\$30	\$30	30%	30%	\$40				\$40			
Non-Preferred	50%	50%	50%	50%	50%				50%			
Preferred Specialty	50% <sup>2</sup>	Not covered	50%	50%	25%				Not covered			
Non-Preferred Specialty	50% <sup>2</sup>	Not covered	50%	Not covered	50%				Not covered			
<b>Features</b>												
Metallic level	● Gold		● Gold		● Gold				● Gold			
Small business health care tax credit eligible	No		No		No				No			
Medicare Part D creditable	Yes		Yes		Yes				Yes			
Network options	Connexus Network		Connexus Network		Connexus & Synergy				Connexus & Synergy			
Travel network	First Health Network		First Health Network		First Health Network				First Health Network			
Service area	Statewide		Statewide		Statewide				Statewide			

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- <sup>1</sup> Copay amounts are per 30-day supply.
- <sup>2</sup> \$500 maximum per 30-day specialty prescription fill



# 2021 Medical plan benefit table

	Moda Health Oregon Standard Silver		Silver								
			Silver 2500		Silver 3000		Silver 4000		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	
<b>Calendar year costs</b>											
Deductible per person	\$3,650	\$10,950	\$2,500	\$7,500	\$3,000	\$9,000	\$4,000	\$12,000	\$5,000	\$15,000	
Deductible per family	\$7,300	\$21,900	\$5,000	\$15,000	\$6,000	\$18,000	\$8,000	\$24,000	\$10,000	\$30,000	
Out-of-pocket max per person	\$8,550	\$25,650	\$8,550	\$25,650	\$8,550	\$25,650	\$8,550	\$25,650	\$8,550	\$25,650	
Out-of-pocket max per family	\$17,100	\$51,300	\$17,100	\$51,300	\$17,100	\$51,300	\$17,100	\$51,300	\$17,100	\$51,300	
<b>Care &amp; services</b>											
Preventive care visit	\$0/visit	50% after deductible					\$0/visit	50% after deductible			
Primary care provider (PCP) visit	\$40/visit	50% after deductible					\$40/visit	50% after deductible			
Specialist visit	\$80/visit	50% after deductible					\$80/visit	50% after deductible			
Urgent care visit	\$70/visit	50% after deductible					\$40/visit	50% after deductible			
Virtual care visit	\$40/visit	50% after deductible					\$30/visit	50% after deductible			
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible					35%	50% after deductible			
Emergency room visit	30% after deductible	30% after deductible					\$400/35% after deductible	\$400/35% after deductible			
Ambulance	30% after deductible	30% after deductible					35% after deductible	35% after deductible			
Inpatient/outpatient care	30% after deductible	50% after deductible					35% after deductible	50% after deductible			
Outpatient mental health/chemical dependency visit	\$40/visit	50% after deductible					\$40/visit	50% after deductible			
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible					\$80/visit	50% after deductible			
Acupuncture and spinal manipulation services	Not covered	Not covered					\$40/visit	50% after deductible			
Pediatric vision exam	\$0/visit	50% after deductible					\$40/visit	50% after deductible			
Pediatric vision hardware	\$0	50% after deductible					35%	50% after deductible			
<b>Prescription medications<sup>1</sup></b>											
Value	\$15	\$15					\$2	\$2			
Select	\$15	\$15					\$20	\$20			
Preferred	\$60	\$60					\$60	\$60			
Non-Preferred	50%	50%					50%	50%			
Preferred Specialty	50%	Not covered					25% after deductible	Not covered			
Non-Preferred Specialty	50%	Not covered					50% after deductible	Not covered			
<b>Features</b>											
Metallic level	● Silver				● Silver						
Small business health care tax credit eligible	No				No						
Medicare Part D creditable	Yes				Yes						
Network options	Connexus Network				Connexus & Synergy						
Travel network	First Health Network				First Health Network						
Service area	Statewide				Statewide						

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<sup>1</sup> Copay amounts are per 30-day supply.

# 2021 Medical plan benefit table

	Moda Health Oregon Standard Bronze		Bronze			
			Bronze 5500		Bronze 8550	
	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
<b>Calendar year costs</b>						
Deductible per person	\$8,550	\$25,650	\$5,500	\$16,500	\$8,550	\$25,650
Deductible per family	\$17,100	\$51,300	\$11,000	\$33,000	\$17,100	\$51,300
Out-of-pocket max per person	\$8,550	\$25,650	\$8,550	\$25,650	\$8,550	\$25,650
Out-of-pocket max per family	\$17,100	\$51,300	\$17,100	\$51,300	\$17,100	\$51,300
<b>Care &amp; services</b>						
Preventive care visit	\$0/visit	0% after deductible	\$0/visit	50% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) visit	\$50/visit	0% after deductible	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Specialist visit	\$100/visit	0% after deductible	\$120/visit	50% after deductible	0% after deductible	0% after deductible
Urgent care visit	\$100/visit	0% after deductible	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Virtual care visit	\$50/visit	0% after deductible	\$50/visit	50% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	\$50/visit	0% after deductible	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	\$50/visit	0% after deductible	\$120/visit	50% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	Not covered	Not covered	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Pediatric vision exam	0%/visit	0% after deductible	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Pediatric vision hardware	0%	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>Prescription medications<sup>1</sup></b>						
Value	\$20	\$20	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$25	\$25	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered	50% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered	50% after deductible	Not covered	0% after deductible	Not covered
<b>Features</b>						
Metallic level	● Bronze		● Bronze		● Bronze	
Small business health care tax credit eligible	No		No		No	
Medicare Part D creditable	No		No		No	
Network	Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network	
Service area	Statewide		Statewide		Statewide	

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.

<sup>1</sup> Copay amounts are per 30-day supply.





## Tax advantages with an HDHP

Our health savings account (HSA)-compatible, 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

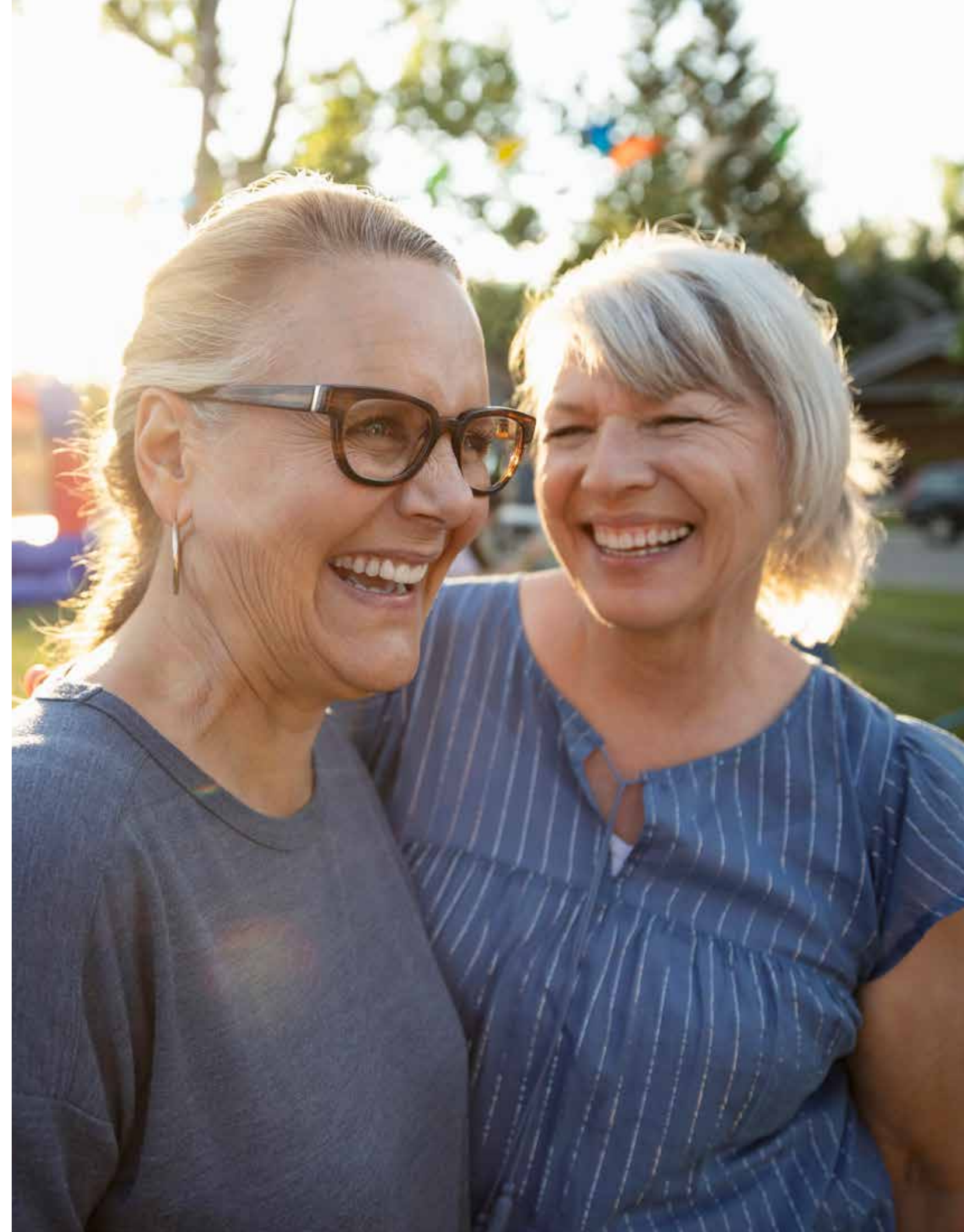
After members meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

### Eligibility

When clients offer a Moda Health HDHP, any of their eligible employees can enroll, even if they do not have an HSA.

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 page 22:
  - Connexus Gold HDHP 3000
  - Connexus Silver HDHP 3000
  - Connexus Bronze HDHP 6000
- Not be covered under another non-HSA-compatible medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return





# 2021 Medical HDHP plan benefit table

	Gold HDHP 3000		Connexus Silver HDHP 3000		Bronze HDHP 6000	
	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
<b>Calendar year costs</b>						
Deductible per person	\$3,000	\$9,000	\$3,000	\$9,000	\$6,000	\$18,000
Deductible per family	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
Out-of-pocket max per person	\$3,000	\$9,000	\$6,000	\$18,000	\$6,900	\$20,700
Out-of-pocket max per family	\$6,000	\$18,000	\$12,000	\$36,000	\$13,800	\$41,400
<b>Care &amp; services</b>						
Preventive care visit	\$0/visit	0% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Virtual care visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	0% after deductible	0% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Ambulance	0% after deductible	0% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Acupuncture and spinal manipulation services	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Pediatric vision exam	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Pediatric vision hardware	0% after deductible	0% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Prescription medications<sup>1</sup></b>						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	0% after deductible	0% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Preferred	0% after deductible	0% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Non-Preferred	0% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	0% after deductible	Not covered	40% after deductible	Not covered	50% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>						
Metallic level	● Gold		● Silver		● Bronze	
Small business health care tax credit eligible	No		No		No	
Medicare Part D creditable	No		No		No	
Network	Connexus Network		Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network		First Health Network	
Service area	Statewide		Statewide		Statewide	

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.

<sup>1</sup> Copay amounts are per 30-day supply.



## Limitations and exclusions for medical plans

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

### Limitations

- Acupuncture and spinal manipulation is limited to \$2,000 annual maximum when covered
- Ambulance transportation is limited to 6 trips per year (except on Standard Metal 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
- Brand tier medications – If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication.
- Coordination of Benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 3 years
- Hospice respite care is limited to 30 days lifetime maximum and up to five days consecutive
- 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.
- Infusion therapy – some medications require use of an authorized provider and/or supplier to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply for standard retail and most specialty pharmacy and 90-day supply for mail order and participating retail pharmacy
- Preventive care – cost sharing may apply to services not required under the Affordable Care Act. Most services are not covered out-of-network.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for up to 60 days after acute head or spinal cord injury (except for Standard Metal plans) or 60 outpatient sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habilitative services.
- Skilled nursing facility is limited to 60 days per year
- Transplants must be performed at a Center of Excellence to be eligible for coverage
- Vision exam and glasses or contacts are covered once per year for members under age 19

### Exclusions

- Acupuncture (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)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- 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, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Spinal manipulation (on some plans)
- 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.





# Quality coverage for your *smile*

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

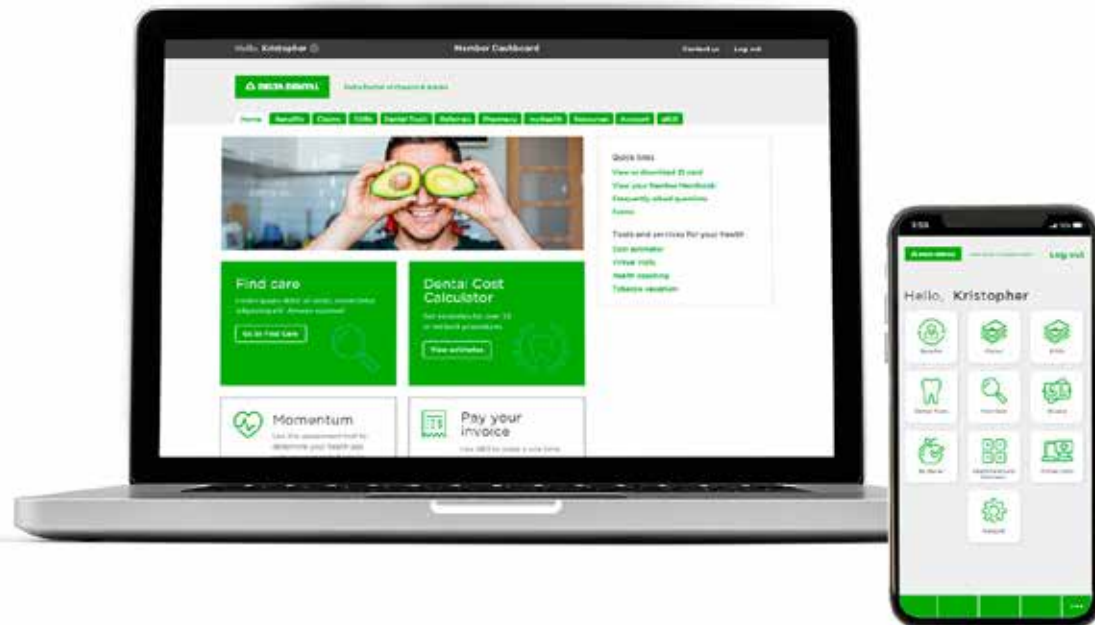
Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

### Dental tools

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 their Member Dashboard at [DeltaDentalOR.com](http://DeltaDentalOR.com) and look for Dental Tools. With dental tools, members can:

- View their benefits dashboard
- Use a cost calculator
- Discover personal dental risks
- Schedule dental appointments
- (New!) Schedule a teledentistry visit





## 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.

## Health through Oral Wellness® program

All plans include access to the Health through Oral Wellness program. This program uses an oral health assessment to find out a member's risk of tooth decay, gum disease and oral cancer. Based on their risk score, they may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

## 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 2,400 providers in Oregon and over 155,000 Delta Dental Premier dentists nationwide.

#### Delta Dental PPO<sup>SM</sup> 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 114,000 Delta Dental PPO dentists nationwide.

### Is a dentist in-network?

To find out, members can log into their Member Dashboard or visit [deltadentalOR.com](http://deltadentalOR.com) and use Find Care.

Dental plan options



# Customize your coverage

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

Delta Dental of Oregon small group plans come with a Direct Option plan match with access to Willamette Dental providers for qualifying groups. These plans work well for employees that prefer copay plans and are open to seeing Willamette Dental providers. Groups with 4 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. Almost 90 percent of dentists participate.

Groups with these plans give their employees the freedom to choose their own dentist. When they see Premier Network providers, there is no balance billing and they enjoy:

- A broad choice of providers
- Cost savings by seeing a Premier Network provider

### Delta Dental PPO<sup>SM</sup> 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. Almost 50 percent of 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 will be no additional balance billing charge.

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 EPO plans

These plans give your clients and their employees a high level of benefits but members must see Delta Dental PPO contracted providers to receive benefits. This exclusive provider option does not pay for services provided from a Premier or non-contracted dentist. Care from providers outside this network is not covered, except for emergency services.

### Preventive First plans

These plans provide an option for your clients to help their employees prevent serious and expensive dental services down the road. Under these plans, preventive services do not apply to the member's annual maximum. By saving on preventive care, members can use their annual maximum for other services.

### 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 for groups with 2 or more enrolled employees. Groups of 4 or more enrolled employees may pair a Direct Option plan with a Delta Dental 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 44 to see the matches.

### Delta Dental pediatric plan

Our Delta Dental Premier Shining Smiles<sup>SM</sup> 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. Voluntary plans provide:

- Versatility to attract and retain staff
- Choice of Delta Dental or Direct Option (Willamette Dental) plans

### Questions?

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

# 2021 Dental plan benefit table

	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, 50		Delta Dental Premier®, 1000, 80/80/50, 50		Delta Dental EPO, 1000, 100*/80/50, 50 Delta Dental EPO, 1500, 100*/80/50, 50			
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 1H-HK (\$1,500, 25   \$2,000) Direct Option DO3H-HK (\$1500, 50)		Direct Option 7H-HK		Direct Option 7H-HK (\$1,000) Direct Option 5H-HK (\$1,500)			
<b>Calendar year costs</b>								
Deductible	\$25 per person / \$75 per family or \$50 per person / \$150 per family		\$50 per person / \$150 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		\$350 for one member; \$700 for two or more members			
Annual maximum (age 19+)	\$1,000   \$1,500   \$2,000		\$1,000		\$1,000   \$1,500			
Minimum number of subscribers	10 for \$2,000 plans		N/A		N/A			
<b>Class 1</b>	What employees pay		What employees pay		In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%	10%	20% after deductible	0%	0%	Not covered	
Cleanings	10%	0%	10%	20% after deductible	0%	0%	Not covered	
Sealants	10%	0%	10%	20% after deductible	0%	0%	Not covered	
Topical fluoride	10%	0% <sup>1</sup>	10%	20% after deductible <sup>1</sup>	0%	0% <sup>1</sup>	Not covered	
Space maintainers	10%	Not covered	10%	Not covered	0%	Not covered	Not covered	
<b>Class 2</b>								
Restorative fillings	30% after deductible	20% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	Not covered	
Oral surgery	30% after deductible	20% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	Not covered	
Endodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	Not covered	
Periodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	Not covered	
Anesthesia	30% after deductible	20% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	Not covered	
<b>Class 3</b>								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	Not covered	
<b>Features</b>								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental PPO Network: no		Yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.  
<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

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# 2021 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , 1000A, 100*/90/50, 50 Delta Dental PPO <sup>SM</sup> , 1500A, 100*/90/50, 50				Delta Dental PPO <sup>SM</sup> , 1000B, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , 1500B, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , 2000B, 100*/80/50, 50			
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)				Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500   \$2,000)			
<b>Calendar year costs</b>								
Deductible (under age 19)	\$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 (age 19+)	\$1,000   \$1,500				\$1,000   \$1,500   \$2,000			
Minimum number of subscribers	N/A				10 for \$2,000 plans			
<b>Class 1</b>	In-network, employees pay		Out-of-network, employees pay		In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	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% <sup>1</sup>	20%	10% <sup>1</sup>	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered
<b>Class 2</b>								
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
<b>Class 3</b>								
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 & 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 & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating: yes		Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating: yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.  
<sup>2</sup> 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.

# 2021 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , 1000, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , 1500, 100*/80/50, 50				Delta Dental Premier <sup>®</sup> Shining Smiles		Delta Dental Premier <sup>®</sup> , PF, 1000, 100*/80/50, 50 Delta Dental Premier <sup>®</sup> , PF, 1500, 100*/80/50, 50	
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)				N/A		Direct Option 3H-HK (\$1,000) Direct Option 1H-HK (\$1,500)	
<b>Calendar year costs</b>								
Deductible (under age 19)	\$50 per person / \$150 per family				\$50 per person / \$150 per family		\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members		\$350 for one member / \$700 for two or more members	
Annual maximum (age 19+)	\$1,000   \$1,500				NA		\$1,000   \$1,500 Class 1 does not apply to max	
Minimum number of subscribers	N/A				NA		N/A	
<b>Class 1</b>	In-network, employees pay		Out-of-network, employees pay		What employees pay		In-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	20%	10%	Not covered	10%	0%
Cleanings	0%	0%	20%	20%	10%	Not covered	10%	0%
Sealants	0%	0%	20%	20%	10%	Not covered	10%	0%
Topical fluoride	0%	0% <sup>1</sup>	20%	20% <sup>1</sup>	10%	Not covered	10%	0% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered	10%	Not covered	10%	Not covered
<b>Class 2</b>								
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	40% after deductible	30% after deductible	Not covered	30% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	40% after deductible	30% after deductible	Not covered	30% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible	30% after deductible	Not covered	30% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible	30% after deductible	Not covered	30% after deductible	20% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	40% after deductible	30% after deductible	Not covered	30% after deductible	20% after deductible
<b>Class 3</b>								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	Not covered	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible <sup>1</sup>	Not covered	50% after deductible	Not covered
<b>Features</b>								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.  
<sup>2</sup> 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.

# 2021 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , PF, 1000A, 100*/90/50, 50 Delta Dental PPO <sup>SM</sup> , PF, 1500A, 100*/90/50, 50				Delta Dental PPO <sup>SM</sup> , PF, 1000B, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , PF, 1500B, 100*/80/50, 50			
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)				Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)			
<b>Calendar year costs</b>								
Deductible (under age 19)	\$50 per person / \$150 family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500 Class 1 does not apply to max				\$1,000   \$1,500 Class 1 does not apply to max			
Minimum number of subscribers	N/A				N/A			
<b>Class 1</b>	In-network, employees pay		Out-of-network, employees pay		In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	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% <sup>1</sup>	20%	10% <sup>1</sup>	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered
<b>Class 2</b>								
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
<b>Class 3</b>								
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 & 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 & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> 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.



# 2021 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , PF, 1000, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , PF, 1500, 100*/80/50, 50				Delta Dental PPO <sup>SM</sup> MAC, 1500, 100*/60/50, 50			
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)				Direct Option 7H-HK			
<b>Calendar year costs</b>								
Deductible (under age 19)	\$50 per person / \$150 family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500 Class 1 does not apply to max				\$1,500			
Minimum number of subscribers	N/A				N/A			
<b>Class 1</b>	In-network, employees pay		Out-of-network, employees pay		In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	20%	0%	0%	20%	20%
Cleanings	0%	0%	20%	20%	0%	0%	20%	20%
Sealants	0%	0%	20%	20%	0%	0%	20%	20%
Topical fluoride	0%	0% <sup>1</sup>	20%	20% <sup>1</sup>	0%	0% <sup>1</sup>	20%	20% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered	20%	Not covered	20%	Not covered
<b>Class 2</b>								
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% 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	40% after deductible	50% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
<b>Class 3</b>								
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 & 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 & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible <sup>2</sup>	Not covered	50% after deductible <sup>2</sup>	Not covered
<b>Features</b>								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental PPO dentists: no		Delta Dental Premier dentists: yes Nonparticipating: yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.  
<sup>2</sup> 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 at least 15 enrolled employees, 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% <sup>1</sup>	50% <sup>1</sup>	50%	50%

<sup>1</sup> Treatment must start prior to child's 17th birthday.



# 2021 Direct Option plan benefit table

	Direct Option 1H-HK		Direct Option 3H-HK	
	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Annual maximum	No annual maximum	No annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible	No deductible	No deductible
Annual out-of-pocket limit	\$350 for one child; \$700 for two or more children	Not applicable	\$350 for one child; \$700 for two or more children	Not applicable
General office visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
<b>Diagnostic &amp; preventive services</b>				
Routine and emergency exams	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Routine X-rays	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Teeth cleaning	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Fluoride treatment	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Sealants (per tooth)	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Head and neck cancer screening	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Oral hygiene instruction	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal charting	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal evaluation	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
<b>Restorative dentistry &amp; prosthodontics</b>				
Fillings	\$15	\$15	\$20	\$20
Porcelain-metal crown	\$100	\$100	\$150	\$150
Complete upper or lower denture	\$75	\$75	\$150	\$150
Bridge (per tooth)	\$100	\$100	\$150	\$150
Dental implant surgery <sup>1</sup>	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500
<b>Endodontics &amp; periodontics</b>				
Root canal therapy – anterior	\$100	\$100	\$125	\$125
Root canal therapy – bicuspid	\$125	\$125	\$175	\$175
Root canal therapy – molar	\$175	\$175	\$225	\$225
Osseous surgery (per quadrant)	\$75	\$75	\$150	\$150
Root planing (per quadrant)	\$75	\$75	\$120	\$120
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$15	\$15	\$20	\$20
Surgical extraction	\$75	\$75	\$120	\$120
<b>Orthodontia treatment</b>				
Pre-orthodontia services <sup>2</sup>	\$150	\$150	\$150	\$150
Comprehensive orthodontic services	\$2,400 <sup>3</sup>	\$2,400	\$2,800 <sup>3</sup>	\$2,800
<b>Miscellaneous</b>				
Local anesthesia	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Dental lab fees	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Nitrous oxide	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100

<sup>1</sup> Limited to one dental implant surgery per calendar year with an annual dental implant benefit maximum of \$1,500.  
<sup>2</sup> Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.  
<sup>3</sup> Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.



Delta Dental of Oregon & Alaska



	Direct Option 5H-HK		Direct Option 7H-HK	
	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Annual maximum	No annual maximum	No annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible	No deductible	No deductible
Annual out-of-pocket limit	\$350 for one child; \$700 for two or more children	Not applicable	\$350 for one child; \$700 for two or more children	Not applicable
General office visit	\$25 per visit	\$25 per visit	\$30 per visit	\$30 per visit
<b>Diagnostic &amp; preventive services</b>				
Routine and emergency exams	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Routine X-rays	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Teeth cleaning	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Fluoride treatment	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Sealants (per tooth)	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Head and neck cancer screening	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Oral hygiene instruction	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal charting	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal evaluation	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
<b>Restorative dentistry &amp; prosthodontics</b>				
Fillings	\$25	\$25	\$30	\$30
Porcelain-metal crown	\$200	\$200	\$300	\$300
Complete upper or lower denture	\$200	\$200	\$350	\$450
Bridge (per tooth)	\$200	\$200	\$300	\$300
Dental implant surgery <sup>1</sup>	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500
<b>Endodontics &amp; periodontics</b>				
Root canal therapy – anterior	\$150	\$150	\$175	\$175
Root canal therapy – bicuspid	\$200	\$200	\$225	\$225
Root canal therapy – molar	\$275	\$275	\$325	\$325
Osseous surgery (per quadrant)	\$200	\$200	\$350	\$350
Root planing (per quadrant)	\$120	\$120	\$150	\$150
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$25	\$25	\$30	\$30
Surgical extraction	\$150	\$150	\$175	\$175
<b>Orthodontia treatment</b>				
Pre-orthodontia services <sup>2</sup>	\$150	\$150	\$150	\$150
Comprehensive orthodontic services	\$2,800 <sup>3</sup>	\$2,800	\$2,800 <sup>3</sup>	\$2,800
<b>Miscellaneous</b>				
Local anesthesia	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Dental lab fees	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Nitrous oxide	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100

<sup>1</sup> Limited to one dental implant surgery per calendar year with an annual dental implant benefit maximum of \$1,500.

<sup>2</sup> Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

<sup>3</sup> Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.



Delta Dental of Oregon & Alaska

# 2021 Delta Dental voluntary plan benefit table

	Delta Dental Premier <sup>®</sup> , Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier <sup>®</sup> , Voluntary, 1500, 100*/80/50, 50		Delta Dental Premier <sup>®</sup> , Voluntary, 1000, 80/80/50, 50 Delta Dental Premier <sup>®</sup> , Voluntary, 1500, 80/80/50, 50		Delta Dental PPO <sup>SM</sup> , Voluntary, 1000, 100*/90/50, 50 Delta Dental PPO <sup>SM</sup> , Voluntary, 1500, 100*/90/50, 50			
Direct Option plan match	Direct Option 5H-HK (\$1,000) Direct Option 3H-HK (\$1,500)		Direct Option 7H-HK		Direct Option 7H-HK (\$1,000) Direct Option 5H-HK (\$1,500)			
<b>Calendar year costs</b>								
Deductible	\$50 per person / \$150 per family		\$50 per person / \$150 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)			
Annual maximum (age 19+)	\$1,000   \$1,500		\$1,000   \$1,500		\$1,000   \$1,500			
Minimum number of subscribers	10		10		10			
<b>Class 1</b>	What members pay		What members pay		In-network, members pay		Out-of-network, members pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%	10%	20% after deductible	0%	0%	20%	10%
Cleanings	10%	0%	10%	20% after deductible	0%	0%	20%	10%
Sealants	10%	0%	10%	20% after deductible	0%	0%	20%	10%
Topical fluoride	10%	0% <sup>1</sup>	10%	20% after deductible <sup>1</sup>	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	10%	Not covered	10%	Not covered	0%	Not covered	20%	Not covered
<b>Class 2</b>								
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
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
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
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
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
<b>Class 3</b>								
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 & 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 & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

	Delta Dental PPO <sup>SM</sup> , Voluntary, 1000, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , Voluntary, 1500, 100*/80/50, 50				Delta Dental EPO, Voluntary, 1000, 100*/80/50, 50			
Direct Option plan match	Direct Option 7H-HK (\$1,000) Direct Option 5H-HK (\$1,500)				Direct Option 7H-HK			
<b>Calendar year costs</b>								
Deductible	\$50 per person / \$150 per family				\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500				\$1,000			
Minimum number of subscribers	10				N/A			
<b>Class 1</b>	In-network, members pay		What members pay		In-network, members pay		Out-of-network, members pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	10%	0%	0%	Not covered	
Cleanings	0%	0%	20%	10%	0%	0%	Not covered	
Sealants	0%	0%	20%	10%	0%	0%	Not covered	
Topical fluoride	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>	0%	0% <sup>1</sup>	Not covered	
Space maintainers	0%	Not covered	20%	Not covered	0%	Not covered	Not covered	
<b>Class 2</b>								
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	Not covered	
Oral surgery	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	Not covered	
Endodontics	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	Not covered	
Periodontics	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	Not covered	
Anesthesia	40% after deductible	20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	Not covered	
<b>Class 3</b>								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	Not covered	
<b>Features</b>								
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental PPO Network: no		Yes	



# 2021 Voluntary Direct Option plan benefit table

	Voluntary Direct Option 1H-HK		Voluntary Direct Option 2H-HK	
	What members pay		What members pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Annual maximum	No annual maximum	No annual maximum	No annual maximum	No annual maximum
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	Not applicable	\$350 for one child; \$700 for two or more children	Not applicable
General office visit	\$15 per visit	\$15 per visit	\$25 per visit	\$25 per visit
<b>Diagnostic &amp; preventive services</b>				
Routine and emergency exams	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Routine X-rays	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Teeth cleaning	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Fluoride treatment	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Sealants (per tooth)	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Head and neck cancer screening	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Oral hygiene instruction	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal charting	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal evaluation	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
<b>Restorative dentistry &amp; prosthodontics</b>				
Fillings	\$15	\$15	\$20	\$20
Porcelain-metal crown	\$350	\$375	\$350	\$375
Complete upper or lower denture	\$350	\$500	\$350	\$500
Bridge (per tooth)	\$375	\$375	\$375	\$375
Dental implant surgery <sup>1</sup>	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500
<b>Endodontics &amp; periodontics</b>				
Root canal therapy – anterior	\$125	\$125	\$125	\$125
Root canal therapy – bicuspid	\$200	\$200	\$200	\$200
Root canal therapy – molar	\$250	\$250	\$250	\$250
Osseous surgery (per quadrant)	\$175	\$175	\$175	\$175
Root planing (per quadrant)	\$100	\$100	\$100	\$100
<b>Oral surgery</b>				
Routine extraction (single tooth)	\$15	\$15	\$20	\$20
Surgical extraction	\$175	\$175	\$175	\$175
<b>Orthodontia treatment</b>				
Pre-orthodontia services <sup>2</sup>	\$150	\$150	\$150	\$150
Comprehensive orthodontic services	\$2,200 <sup>3</sup>	\$2,200	\$2,200 <sup>3</sup>	\$2,200
<b>Miscellaneous</b>				
Local anesthesia	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Dental lab fees	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Nitrous oxide	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100	You pay charges in excess of \$100

<sup>1</sup> Limited to one dental implant surgery per calendar year with an annual dental implant benefit maximum of \$1,500.  
<sup>2</sup> Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.  
<sup>3</sup> 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.



Delta Dental of Oregon & Alaska

## Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2021 small group Delta Dental plans. Questions? Please contact your sales and service representative. See back cover for contact information.

### Limitations

#### Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- 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+
- Full-mouth or panoramic X-rays once in a five-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 3 months of interim caries arresting medicament application.
- 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.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period except for evidence of clinical failure

#### Class 2 and Class 3

- Athletic mouth guard limited to once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Bridges once in a seven-year period age 19 and over
- Crowns and other cast restorations once in a seven-year period
- Crown-over-implant once per lifetime per tooth space
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 100% once in a five year period, up to \$150 maximum
- Oral anesthesia medication permitted for members under age 19 when used during an in-office procedure
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a two-year period

### Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- 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 or records
- 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 and for groups that purchased the orthodontia rider).
- Over-the-counter athletic mouth guards and night guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (TMJ)
- Treatment before coverage begins or after coverage ends
- 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 veneers and TMJ.

## Enrollment 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 client's 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.

### Delta enrollment guidelines

Groups with 4-50 employees are eligible for Delta Dental with Direct Option matched plans. At least 70% of eligible employees and 25% of eligible dependents must participate. For groups of 4-5 employees, a minimum of 2 employees must enroll in each plan.

Groups of 2-5 employees without 2 enrolled in each plan are eligible for either a Delta Dental or Direct Option plan. 100% of eligible employees and eligible dependents must participate.

### 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 two or more enrolled employees can select a voluntary plan. Voluntary Delta Dental with Direct Option matched plans are available for groups with at least 2 employees enrolled in each plan. Minimum participation is 25% of eligible employees.

# wellbeing

We're here to help your clients take care of their whole health. That's why we created Moda Wellbeing – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Wellbeing makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals. Digital tools are self-serve and available 24/7.

## Moda Wellbeing includes:



### Member support

Assistance getting the most out of your benefits and managing your plan



### Care management

Support accessing care and managing care needs



### Condition and disease management

Special support for acute and chronic conditions



### Wellness management

Everything needed to maintain and improve health



### Financial management

Access to tools to help control healthcare costs and protect identity



### Custom services

Programs created specifically to meet the unique needs of your population



# Member support

Assistance getting the most out of your benefits and managing your plan



## Services

### Claims and appeals support

If you have questions about how your claim was paid just contact us for help.

### Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

## Self-serve tools

### Pharmacy locator

Members can access our Find Care tool to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

### Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, dental, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

# Care management

Support accessing care and managing care needs



## Services

### Call a nurse

Members can use our Registered Nurse Advice Line to talk to a registered nurse toll-free. Get answers and advice about non-critical medical issues. Nurses are available 24/7, 365 days a year.

### Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

## Services (cont.)

### Dental health management

● Provided by Delta Dental

Dental members can access Dental Tools to easily manage their dental health in one location. They can use this online service to:

- Have an emergency virtual consult
- Get a virtual checkup
- See their benefits dashboard
- Get dental cost estimates
- Ask a dentist questions
- Take a dental risk assessment

### Text a doctor, 24/7

Have a question for a doctor? Members can use 24/7 text-a-doc with CirrusMD. They will get an immediate response.

### Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. Depending on their plan, they can use a Virtual Visit or telehealth when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy/oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

# Condition and disease management

Special support for acute and chronic conditions



## Programs

### Counseling

Now medical members can get therapy on their smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential and fast access to evidence-based treatment through smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help you learn how to recover from stress quickly

## Programs (cont.)

### Extra dental care – Health through Oral Wellness®

● Provided by Delta Dental

If members are at greater risk for oral diseases, they can get extra care with our Health through Oral Wellness® program. Benefits and care include additional cleanings, fluoride treatments, sealants and periodontal maintenance.

### Extra dental care – Oral Health, Total Health

● Provided by Delta Dental

If members have diabetes or are pregnant in their third trimester, they can get extra dental care through our Oral Health, Total Health program.

### Health coaching

When members need a hand with their health our health coaches use evidence-based practices to help them set goals and feel their best. Our care programs include:

- Cardiac care
- Behavioral health
- Dental care
- Depression care
- Diabetes care
- Kidney care
- Lifestyle coaching
- Women's health & maternity care
- Respiratory care
- Spine & joint care
- Weight care
- Quitting tobacco

## Self-serve tools

### Medication interaction finder

Some medications should not be used together. Members can protect themselves from possible harmful effects. It's easy to find out how different medications interact with each other. Just use our online tool, MEDCounselor.

### Prescription history finder

We offer PersonalHealthRX as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.



# Wellness management

Everything members need to maintain and improve health



## Services

### Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Join Fitbit Care™ for Moda Health now to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can redeem a discounted Fitbit device to help kickstart their wellbeing journey. Members will enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost their energy

## Services (cont.)

### Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, you have access to:

- 11,000+ fitness centers across the country
- The option to switch fitness centers to make sure you find the right one
- 1,500+ digital workout videos so you can work out at home or on-the-go
- Activity tracking from a variety of wearable fitness devices and apps

### ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes

### Hearing aid discounts

Get a routine hearing aid exam and hearing aid coverage from TruHearing. Medical members can enjoy:

- The latest advances in hearing technology
- Expert care from a team of helpful professionals in their area
- A hearing exam plus three follow-up visits for fitting and adjustments
- A worry-free purchase with a 45-day trial and three-year warranty
- 48 free batteries per aid included with non-rechargeable models

## Programs

### Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our Employee Assistance Program (EAP).

### Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results. And research health conditions and learn about topics that are important to them.

# Financial management

Access to tools to help control healthcare costs and protect identity



## Self-serve tools

### Healthcare cost estimates

Members can see an estimate of what they will pay for medical services before they have them – not after the bill arrives. Use our Healthcare Cost Estimator to:

- See procedure costs
- Compare costs across providers
- See their specific out-of-pocket costs

### Prescription price checker

Members can find out what they will pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

## Services

### Identity protection

Members can keep their information safe with complete identity protection through IDX™ Identity. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in IDX Identity for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.





## We're here to *help*

To learn more about our health plans and resources, visit [modahealth.com](http://modahealth.com). Choose the tab for employers and explore group plans. We're also available to guide your clients through the plan selection and administration process.

### Faster benefits administration with Employer dashboard

The employer dashboard was created to help your clients quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7.

With the employer dashboard, all employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Order ID cards

Employers who do not submit Electronic Eligibility can:

- Enroll employees and dependents
- Make coverage changes
- Update employee contact information

### 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.

See back cover for contact information.



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!*



# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

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

**If you need help filing a complaint, please call Customer Service.**

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](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

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)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nesseler-Cass coordinates our nondiscrimination work:**

Dave Nesseler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto: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).

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)

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）

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)

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

اردو (URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سبھی سہولتیں آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

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

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ຄ່າ. ໂທ 1-877-605-3229 (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)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ក្រោយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ 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.

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

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)

Individual & family

Medicare



Small group

Large group

**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

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Delta Dental of Oregon & Alaska

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