

Choose a better  
experience with your  
***health insurance***



Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



# Proven

with nearly **70 years** of offering insurance plans in the Pacific Northwest

# Easy

with **no referrals** required for specialists

# Convenient

with **modern ways** to stay healthy, like texting a doctor and virtual appointments



## Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care and many immunizations and screenings.



## Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: [modahealth.com/pdl](https://modahealth.com/pdl)



## Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



[modahealth.com](https://modahealth.com)

# Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service**.

Moda has

**430,000+**

members in our  
**medical plans**

More than

**750,000**

members in our standalone  
**pharmacy segment**



“

Not once has it felt that the Oregon Fire Chiefs Association was just another number with Moda. The team we have the pleasure to work with goes the extra mile to ensure the plan meets the group’s needs, which include a variety of collective bargaining agreements that are not all uniform.

– Redmond Fire & Rescue



We know your  
time is valuable.

## Quick links

2024 Medical plans

---

2024 Dental plans



Networks

---

Enrollment, made easy

---

Member perks

---

Contact us



# Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



## Enrollment, made easy

### 1 Confirm client's eligibility Your client's business must:

- Be in Oregon
- Have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least one employee enrolled on the first day of the plan year

### 2 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. Late enrollment can be accommodated upon request.

### 3 Choose an employee eligibility waiting period

It cannot exceed 90 days for integrated dental / medical or medical only plans.

### 4 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.

## Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

### *It's self-service, easy-to-use and available 24/7.*

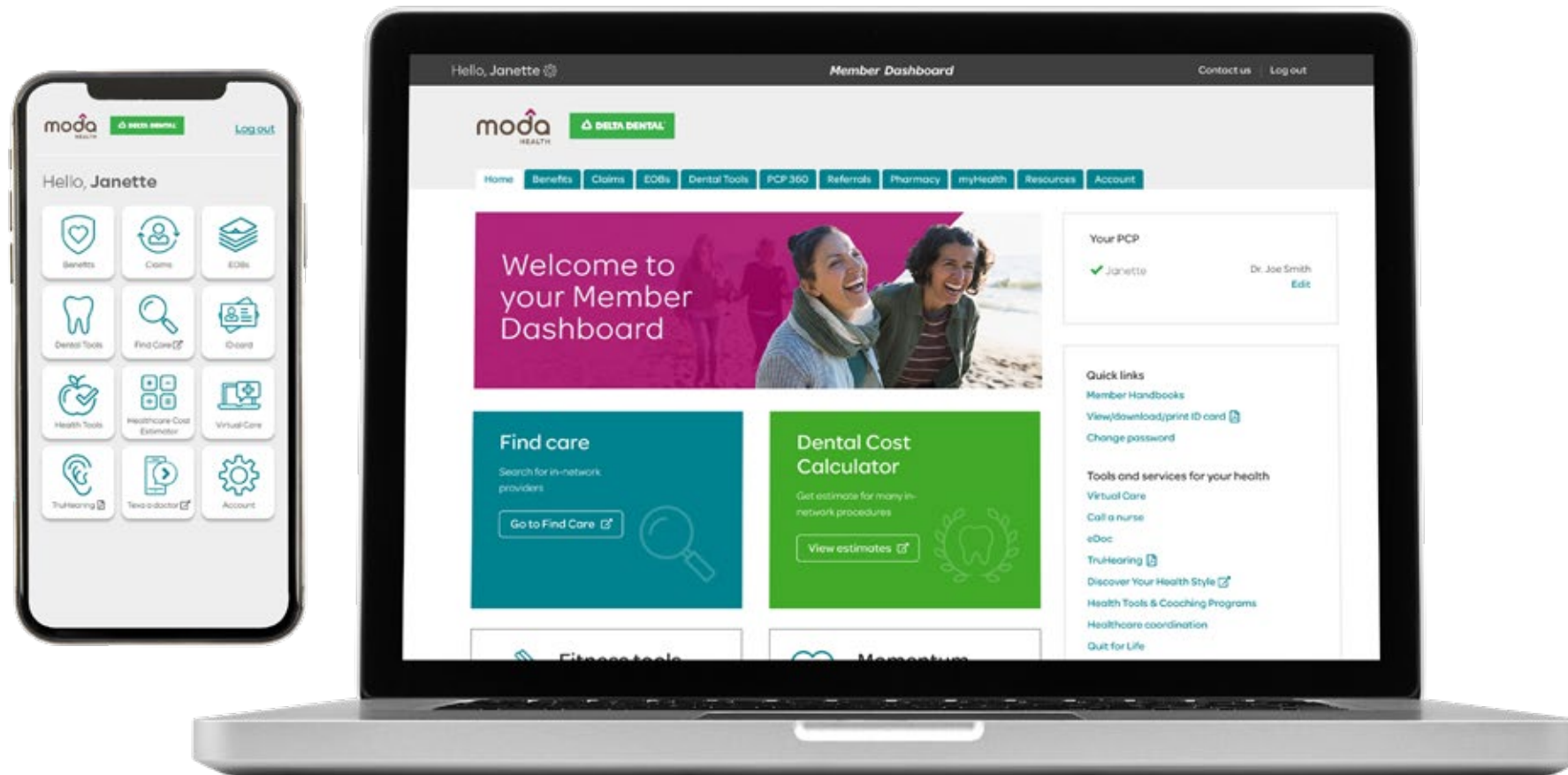
- Review employee enrollment information and history
- Generate an enrollment census of covered employees and / or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards





To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 800-578-1402*

# Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.






## Discounts

- Gym memberships 
- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams 
- Popular health and fitness brands (*Vitamix® and Garmin®*)





## Tools

- Health assessments 
- Prescription price check
- Text a doctor 24/7 
- Employee Assistance Program 
- Identity protection services




## Coaching and care

- Health coaching 
- Care coordination 
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling
- Kidney care

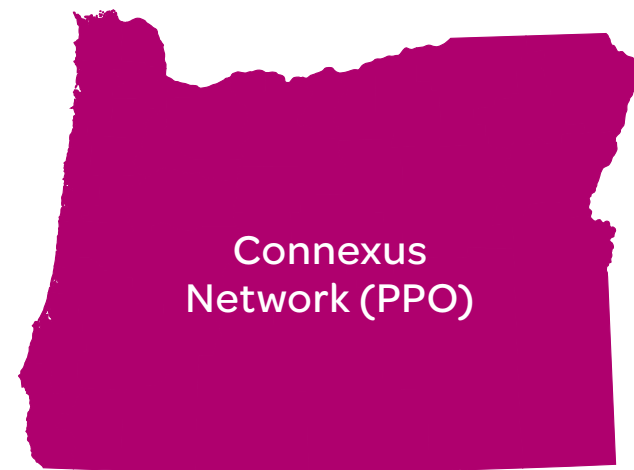


## Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone 

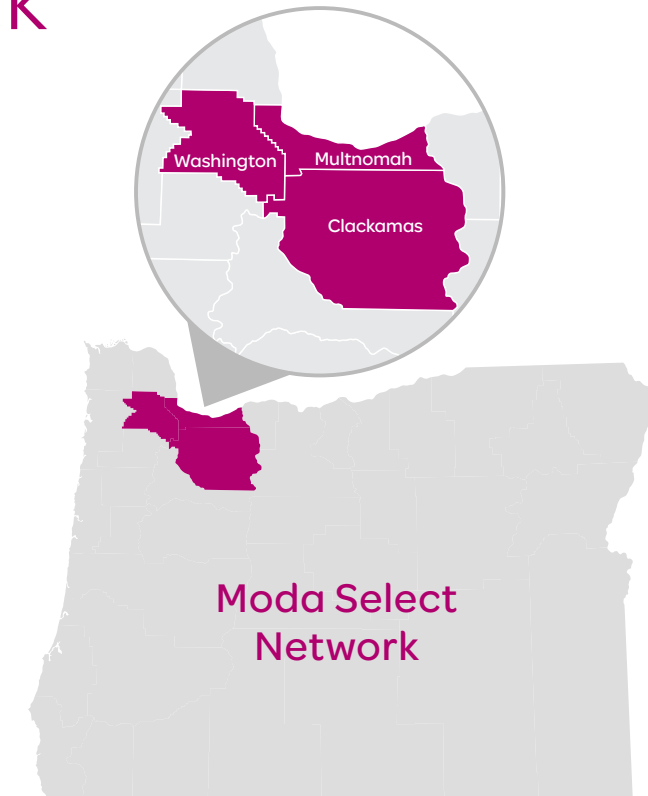
# Life's *better* in the network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



## Connexus Network (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.



## Moda Select Network

Helps employees residing in these counties manage their health in close partnership with their primary care provider (PCP) and the rest of their care team. In addition to OHSU, **Moda Select** gives members access to a community of quality providers, including Hillsboro Medical Center and Adventist Health Portland.



- Adventist Health Portland • Asante • Bay Area Hospital • Blue Mountain Hospital District
- CHI St. Anthony Hospital • Columbia Memorial Hospital • Good Shepherd Healthcare System
- Grande Ronde Hospital • Harney District Hospital • Hillsboro Medical Center
- Kadlec Regional Medical Center • Lake Health District Hospital • Legacy Silverton Hospital
- Pioneer Memorial Hospital - Heppner • Samaritan Health Services • Santiam Hospital
- Sky Lakes Medical Center • St. Luke's Hospital • Tillamook Regional Medical Center • Trios Health
- Wallowa County Healthcare District • Willamette Valley Medical Center



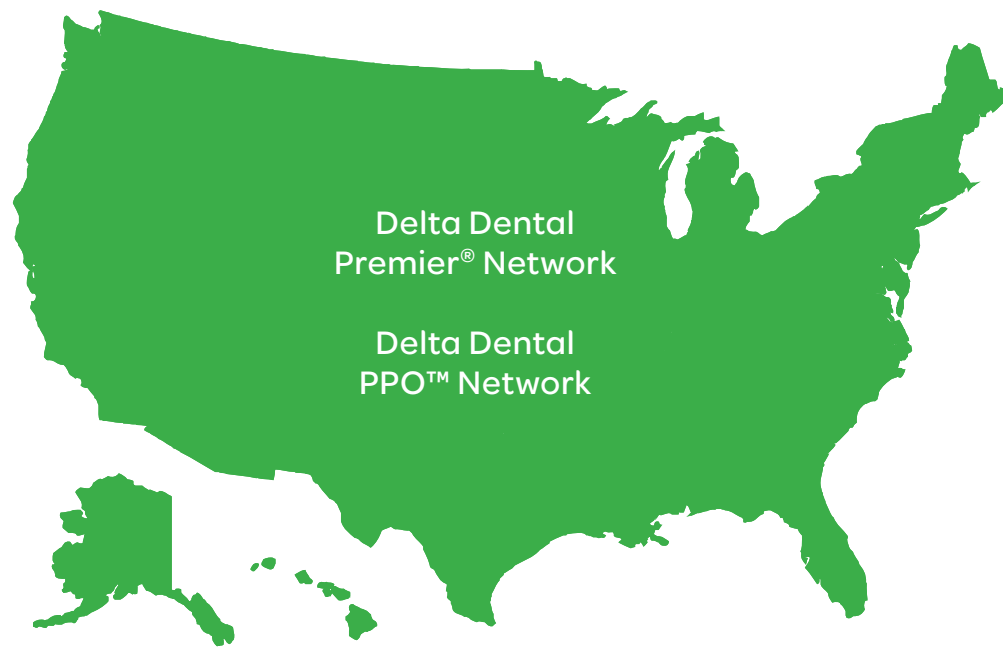
### Aetna® PPO Network through Aetna Signature Administrators®

For care outside of Oregon, members can see providers in the Aetna® PPO Network.



# Delta Dental networks *go where you go*

With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



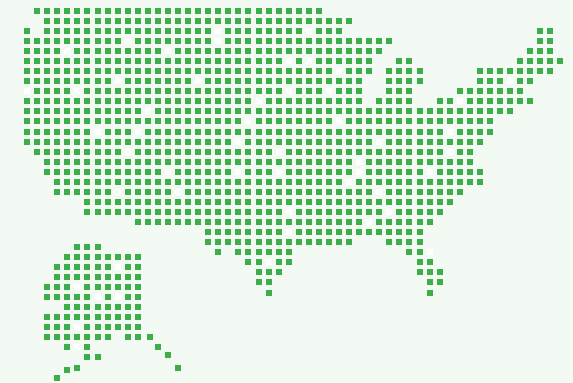
### Delta Dental Direct Option with Willamette Dental Group

We partner with Willamette Dental Group and offer a Direct Option plan that includes a network of Willamette Dental Group providers. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone.

### Delta Dental **PPO**™ Network

Potential savings in-network = \$\$\$

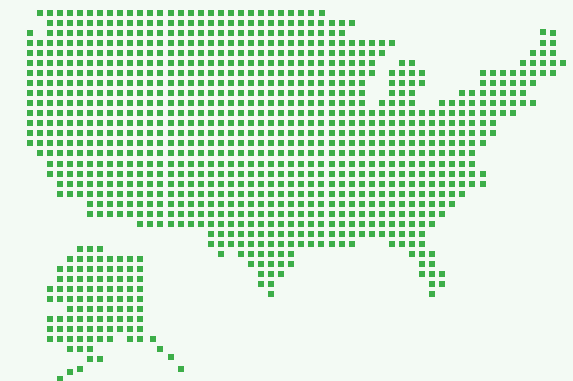
Choose from a large selection of dentists



### Delta Dental **Premier**® Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Oregon







# Quality coverage for your smile

When all you need is dental insurance, we've got you covered.

With Delta Dental of Oregon plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every six months

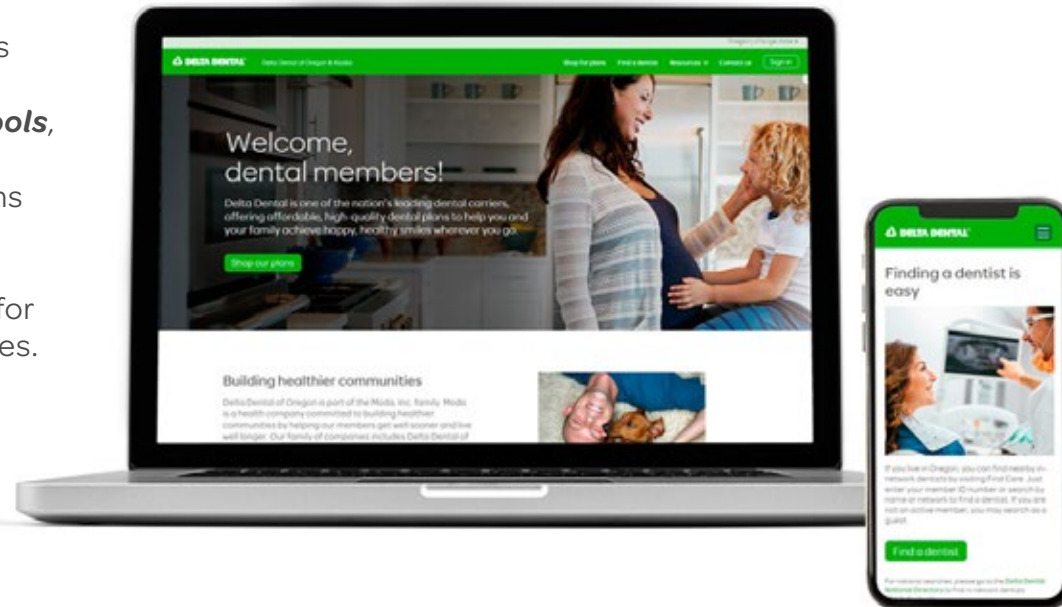


Superior customer service



Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



# 2024 *Medical plan* benefit table

No referrals needed. Employee Assistance Program available with all plans.

| Plan name  | Calendar year costs                   |             |  | Care & services                                       |                         |                      |                                 |  |                           |  | Prescription medication <sup>2</sup> |                      |                      |                      |                      |                         |
|--|---------------------------------------|-------------|--|---|-------------------------|----------------------|---------------------------------|--|---------------------------|--|--------------------------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|
|  | Annual deductible per person / family | Coinsurance | Annual OOP maximum per person / family | Primary care provider (PCP) office visit <sup>1</sup> | Specialist office visit | Emergency room visit | Virtual care visit <sup>1</sup> | Mental health and substance use disorder office visit <sup>1</sup> | Outpatient rehabilitation | Acupuncture and spinal manipulation services | Value                                | Select               | Preferred            | Non-preferred        | Preferred specialty  | Non-preferred specialty |
|  | In-network members pay                |             |  | In-network members pay                                |                         |                      |                                 |  |                           |  | In-network members pay               |                      |                      |                      |                      |                         |
| ● <a href="#">Connexus Platinum 250</a>              | \$250 / \$500                         | 10%         | \$4,000 / \$8,000                      | \$15 per visit  | \$30 per visit          | \$250 per visit      | \$15 per visit                  | \$15 per visit   | \$15 per visit            | \$15 per visit                               | \$2                                  | \$10                 | \$30                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Platinum 500</a>              | \$500 / \$1,000                       | 10%         | \$3,000 / \$6,000                      | \$15 per visit  | \$30 per visit          | \$250 per visit      | \$15 per visit                  | \$15 per visit   | \$15 per visit            | \$15 per visit                               | \$2                                  | \$10                 | \$30                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Gold 500</a>                  | \$500 / \$1,000                       | 25%         | \$8,900 / \$17,800                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2                                  | \$10                 | \$50                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Gold 1000</a>                 | \$1,000 / \$2,000                     | 20%         | \$8,550 / \$17,100                     | \$40 per visit  | \$60 per visit          | \$300 per visit      | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$2                                  | \$10                 | \$40                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Gold 1500</a>                 | \$1,500 / \$3,000                     | 25%         | \$8,550 / \$17,100                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2                                  | \$10                 | \$50                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Gold 2000</a>                 | \$2,000 / \$4,000                     | 25%         | \$7,000 / \$14,000                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2                                  | \$10                 | \$50                 | 50%                  | 25%                  | 50%                     |
| ● <a href="#">Connexus Gold 2500</a>                 | \$2,500 / \$5,000                     | 30%         | \$6,500 / \$13,000                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2                                  | \$20                 | \$50                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver 3500</a>               | \$3,500 / \$7,000                     | 40%         | \$9,100 / \$18,200                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2                                  | \$20                 | \$70                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver 3750</a>               | \$3,750 / \$7,500                     | 35%         | \$9,200 / \$18,400                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2                                  | \$20                 | \$70                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver 4500</a>               | \$4,500 / \$9,000                     | 35%         | \$9,100 / \$18,200                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2                                  | \$20                 | \$80                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver 5500</a>               | \$5,500 / \$11,000                    | 50%         | \$9,000 / \$18,000                     | \$40 per visit  | \$60 per visit          | \$400 per visit      | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$2                                  | \$20                 | \$60                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver 7000</a>               | \$7,000 / \$14,000                    | 50%         | \$8,750 / \$17,500                     | \$40 per visit  | \$60 per visit          | \$400 per visit      | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$2                                  | \$20                 | \$60                 | 50%                  | 25% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Bronze 8550</a>               | \$8,550 / \$17,100                    | 0%          | \$8,550 / \$17,100                     | 0% after deductible                                   | 0% after deductible     | 0% after deductible  | 0% after deductible             | 0% after deductible  | 0% after deductible       | 0% after deductible                          | \$2                                  | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible     |
| ● <a href="#">Moda Health Oregon Standard Gold</a>   | \$1,800 / \$3,600                     | 20%         | \$7,550 / \$15,100                     | \$20 per visit  | \$40 per visit          | 20% after deductible | \$20 per visit                  | \$20 per visit   | \$20 per visit            | \$20 per visit                               | \$10                                 | \$10                 | \$30                 | 50%                  | 50% <sup>3</sup>     | 50% <sup>3</sup>        |
| ● <a href="#">Moda Health Oregon Standard Silver</a> | \$5,500 / \$11,000                    | 30%         | \$9,450 / \$18,900                     | \$40 per visit  | \$80 per visit          | 30% after deductible | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$15                                 | \$15                 | \$60                 | 50%                  | 50%                  | 50%                     |
| ● <a href="#">Moda Health Oregon Standard Bronze</a> | \$9,450 / \$18,900                    | 0%          | \$9,450 / \$18,900                     | \$50 per visit  | \$150 per visit         | 0% after deductible  | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$25                                 | \$25                 | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible     |
| ● <a href="#">Connexus Gold HDHP 1600</a>            | \$1,600 / \$3,200                     | 20%         | \$4,150 / \$8,050                      | 20% after deductible                                  | 20% after deductible    | 20% after deductible | 20% after deductible            | 20% after deductible   | 20% after deductible      | 20% after deductible                         | \$2                                  | 25% after deductible | 25% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver HDHP 3000</a>          | \$3,000 / \$6,000                     | 30%         | \$6,250 / \$12,500                     | 30% after deductible                                  | 30% after deductible    | 30% after deductible | 30% after deductible            | 30% after deductible   | 30% after deductible      | 30% after deductible                         | \$2                                  | 30% after deductible | 30% after deductible | 50% after deductible | 40% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Silver HDHP 3500</a>          | \$3,500 / \$7,000                     | 25%         | \$7,500 / \$15,000                     | 25% after deductible                                  | 25% after deductible    | 25% after deductible | 25% after deductible            | 25% after deductible   | 25% after deductible      | 25% after deductible                         | \$2                                  | 25% after deductible | 35% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Bronze HDHP 5500</a>          | \$5,500 / \$11,000                    | 50%         | \$7,200 / \$14,400                     | 50% after deductible                                  | 50% after deductible    | 50% after deductible | 50% after deductible            | 50% after deductible   | 50% after deductible      | 50% after deductible                         | \$2                                  | 50% after deductible | 50% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |
| ● <a href="#">Connexus Bronze HDHP 7500</a>          | \$7,500 / \$15,000                    | 0%          | \$7,500 / \$15,000                     | 0% after deductible                                   | 0% after deductible     | 0% after deductible  | 0% after deductible             | 0% after deductible  | 0% after deductible       | 0% after deductible                          | \$2                                  | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible     |

<sup>1</sup> All plans except HDHP: First 3 visits are \$5 (includes PCP and behavioral health visits, in-office and virtual). For HDHPs: First 3 visits are \$0 after deductible (includes PCP and behavioral health visits, in-office and virtual) <sup>2</sup> One copay per 30-day supply. \$85 maximum per 30-day supply for insulin <sup>3</sup> \$500 maximum per 30-day specialty prescription fill

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines.

## 2024 *Medical plan* benefit table

| Plan name                                      | Calendar year costs                   |             |  | Care & services                                       |                         |                      |                                 |  |                           |  |       | Prescription medication <sup>2</sup> |                      |                      |                      |                         |  |
|--|---------------------------------------|-------------|--|---|-------------------------|----------------------|---------------------------------|--|---------------------------|--|-------|--------------------------------------|----------------------|----------------------|----------------------|-------------------------|--|
|  | Annual deductible per person / family | Coinsurance | Annual OOP maximum per person / family | Primary care provider (PCP) office visit <sup>1</sup> | Specialist office visit | Emergency room visit | Virtual care visit <sup>1</sup> | Mental health and substance use disorder office visit <sup>1</sup> | Outpatient rehabilitation | Acupuncture and spinal manipulation services | Value | Select                               | Preferred            | Non-preferred        | Preferred specialty  | Non-preferred specialty |  |
|  | In-network members pay                |             |  | In-network members pay                                |                         |                      |                                 |  |                           |  |       | In-network members pay               |                      |                      |                      |                         |  |
| ● <a href="#">Moda Select Platinum 500</a>     | \$500 / \$1,000                       | 20%         | \$3,000 / \$6,000                      | \$10 per visit  | \$30 per visit          | \$250 per visit      | \$10 per visit                  | \$10 per visit   | \$10 per visit            | \$10 per visit                               | \$2   | \$10                                 | \$30                 | 50%                  | 20%                  | 50%                     |  |
| ● <a href="#">Moda Select Gold 500</a>         | \$500 / \$1,000                       | 30%         | \$8,550 / \$17,100                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2   | \$10                                 | \$50                 | 50%                  | 20%                  | 50%                     |  |
| ● <a href="#">Moda Select Gold 1000</a>        | \$1,000 / \$2,000                     | 20%         | \$8,550 / \$17,100                     | \$40 per visit  | \$60 per visit          | \$300 per visit      | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$2   | \$10                                 | \$60                 | 50%                  | 20%                  | 50%                     |  |
| ● <a href="#">Moda Select Gold 1500</a>        | \$1,500 / \$3,000                     | 30%         | \$8,550 / \$17,100                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2   | \$10                                 | \$50                 | 50%                  | 20%                  | 50%                     |  |
| ● <a href="#">Moda Select Gold 2500</a>        | \$2,500 / \$5,000                     | 30%         | \$7,500 / \$15,000                     | \$30 per visit  | \$50 per visit          | \$300 per visit      | \$30 per visit                  | \$30 per visit   | \$30 per visit            | \$30 per visit                               | \$2   | \$10                                 | \$50                 | 50%                  | 20%                  | 50%                     |  |
| ● <a href="#">Moda Select Silver 3500</a>      | \$3,500 / \$7,000                     | 40%         | \$8,850 / \$17,700                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2   | \$30                                 | \$70                 | 50%                  | 20% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Silver 3750</a>      | \$3,750 / \$7,500                     | 35%         | \$9,200 / \$18,400                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2   | \$20                                 | \$70                 | 50%                  | 25% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Silver 5000</a>      | \$5,000 / \$10,000                    | 35%         | \$8,850 / \$17,700                     | \$50 per visit  | \$70 per visit          | \$400 per visit      | \$50 per visit                  | \$50 per visit   | \$50 per visit            | \$50 per visit                               | \$2   | \$30                                 | \$70                 | 50%                  | 20% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Silver 5500</a>      | \$5,500 / \$11,000                    | 50%         | \$8,150 / \$16,300                     | \$40 per visit  | \$60 per visit          | \$400 per visit      | \$40 per visit                  | \$40 per visit   | \$40 per visit            | \$40 per visit                               | \$2   | \$30                                 | \$60                 | 50%                  | 20% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Bronze 7500</a>      | \$7,500 / \$15,000                    | 30%         | \$8,550 / \$17,100                     | 30% after deductible                                  | 30% after deductible    | 30% after deductible | 30% after deductible            | 30% after deductible   | 30% after deductible      | 30% after deductible                         | \$2   | \$25                                 | 25% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Silver HDHP 3500</a> | \$3,500 / \$7,000                     | 20%         | \$6,900 / \$13,800                     | 20% after deductible                                  | 20% after deductible    | 20% after deductible | 20% after deductible            | 20% after deductible   | 20% after deductible      | 20% after deductible                         | \$2   | \$25                                 | 35% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |  |
| ● <a href="#">Moda Select Silver HDHP 5100</a> | \$5,100 / \$10,200                    | 0%          | \$5,100 / \$10,200                     | 0% after deductible                                   | 0% after deductible     | 0% after deductible  | 0% after deductible             | 0% after deductible  | 0% after deductible       | 0% after deductible                          | \$2   | 0% after deductible                  | 0% after deductible  | 0% after deductible  | 0% after deductible  | 0% after deductible     |  |
| ● <a href="#">Moda Select Bronze HDHP 5500</a> | \$5,500 / \$11,000                    | 50%         | \$7,500 / \$15,000                     | 50% after deductible                                  | 50% after deductible    | 50% after deductible | 50% after deductible            | 50% after deductible   | 50% after deductible      | 50% after deductible                         | \$2   | 50% after deductible                 | 50% after deductible | 50% after deductible | 20% after deductible | 50% after deductible    |  |

Moda Select Network

<sup>1</sup> All plans except HDHP: First 3 visits are \$5 (includes PCP and behavioral health visits, in-office and virtual). For HDHPs: First 3 visits are \$0 after deductible (includes PCP and behavioral health visits, in-office and virtual) <sup>2</sup> One copay per 30-day supply. \$85 maximum per 30-day supply for insulin

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines.

## 2024 *Vision plan* benefit table

|                                  | Vision \$200 max | Vision \$300 max | Vision \$400 max |
|----------------------------------|------------------|------------------|------------------|
| Benefit maximum                  | \$200            | \$300            | \$400            |
|                                  | What members pay |                  |                  |
| Eye exams (including refraction) | 0%               | 0%               | 0%               |
| Lenses                           | 0%               | 0%               | 0%               |
| Frames                           | 0%               | 0%               | 0%               |

\* Vision benefits are for 19+

## 2024 *Dental plan* benefit table

| Plan name  | Calendar year costs |                                       |                                      | Class 1   |           | Class 2              |              |            | Class 3              |                               |                                   |             | Direct Option |
|--|---------------------|---------------------------------------|--------------------------------------|---|-----------|----------------------|--------------|------------|----------------------|-------------------------------|-----------------------------------|-------------|---------------|
|  | Deductible          | Out-of-pocket maximum per person      | Annual maximum                       | Exams & X-rays                                    | Cleanings | Restorative fillings | Oral surgery | Anesthesia | Restorative crowns   | Partial and complete dentures | Implants                          | Orthodontia |               |
|  | per person / family | Under age 19<br>1 member / 2+ members | Age 19+                              | Under age 19, members pay / Ages 19+, members pay |           |                      |              |            |                      |                               |                                   |             |               |
| <a href="#">Delta Dental Premier, 1500, Incentive (70-100), 0</a>    | \$0 / \$0           | \$400 / \$800                         | \$1,500                              | 10%   |           | 30%                  |              |            | 50%                  | Not covered                   | 50% <sup>1</sup>                  | 3K-3KK      |               |
| <a href="#">Delta Dental Premier, 2000, Incentive (70-100), 0</a>    | \$0 / \$0           | \$400 / \$800                         | \$2,000                              | 10%   |           | 30%                  |              |            | 50%                  | Not covered                   | 50% <sup>1</sup>                  | 1K-1KK      |               |
| <a href="#">Delta Dental Premier, 1500, Incentive (70-100), 50</a>   | \$50 / \$150        | \$400 / \$800                         | \$1,500                              | 0%  |           | 40% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 3K-3KK      |               |
| <a href="#">Delta Dental Premier, 1000, 100/80/50, 25</a>            | \$25 / \$75         | \$400 / \$800                         | \$1,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, 1500, 100/80/50, 25</a>            | \$25 / \$75         | \$400 / \$800                         | \$1,500                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 3K-3KK      |               |
| <a href="#">Delta Dental Premier, 1000, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$1,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, 1500, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$1,500                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 3K-3KK      |               |
| <a href="#">Delta Dental Premier, 2000, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$2,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 1K-1KK      |               |
| <a href="#">Delta Dental Premier, 2500, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$2,500                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | K           |               |
| <a href="#">Delta Dental Premier, 1000, 80/80/50, 50</a>             | \$50 / \$150        | \$400 / \$800                         | \$1,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, PF, 1000, 100/80/50, 50</a>        | \$50 / \$150        | \$400 / \$800                         | \$1000 Class 1 does not apply to max | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, PF, 1500, 100/80/50, 50</a>        | \$50 / \$150        | \$400 / \$800                         | \$1500 Class 1 does not apply to max | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 3K-3KK      |               |
| <a href="#">Delta Dental Premier Shining Smiles</a>                  | \$50 / \$150        | \$400 / \$800                         | N/A                                  | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | N/A         |               |
| <a href="#">Delta Dental Premier, Voluntary, 1500, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,500                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 3K-3KK      |               |
| <a href="#">Delta Dental Premier, Voluntary, 1500, 80/80/50, 50</a>  | \$50 / \$150        | \$400 / \$800                         | \$1,500                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, Voluntary, 1000, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |
| <a href="#">Delta Dental Premier, Voluntary, 1000, 80/80/50, 50</a>  | \$50 / \$150        | \$400 / \$800                         | \$1,000                              | 10%   |           | 30% after deductible |              |            | 50% after deductible | Not covered                   | 50% after deductible <sup>1</sup> | 7K-7KK      |               |

Delta Dental Premier® Network

<sup>1</sup> Only medically necessary orthodontia to treat cleft palate is covered. <sup>2</sup> Under this plan, if the member visits the dentist at least once during the year, benefit payments will increase by 10% the following year. If the member does not visit the dentist at least once during the year, benefit payments will decrease by 10% the following year, but never fall below 70%.

These benefits and Delta Dental Plan 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. Limitations and exclusions apply. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

## 2024 *Dental plan* benefit table

| Plan name  | Calendar year costs |                                       |                                       | Class 1   |           | Class 2              |              |            | Class 3              |                               |             |                                   | Direct Option |
|--|---------------------|---------------------------------------|---------------------------------------|---|-----------|----------------------|--------------|------------|----------------------|-------------------------------|-------------|-----------------------------------|---------------|
|  | Deductible          | Out-of-pocket maximum per person      | Annual maximum                        | Exams & X-rays                                    | Cleanings | Restorative fillings | Oral surgery | Anesthesia | Restorative crowns   | Partial and complete dentures | Implants    | Orthodontia                       |               |
|  | per person / family | Under age 19<br>1 member / 2+ members | Age 19+                               | Under age 19, members pay / Ages 19+, members pay |           |                      |              |            |                      |                               |             |                                   |               |
| <a href="#">Delta Dental PPO, 1000A, 100/90/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$1,000                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, 1500A, 100/90/50, 25</a>     | \$25 / \$75         | \$400 / \$800                         | \$1,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, 1500B, 100/80/50, 25</a>     | \$25 / \$75         | \$400 / \$800                         | \$1,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, 1500A, 100/90/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$1,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, 2000A, 100/90/50, 25</a>     | \$25 / \$75         | \$400 / \$800                         | \$2,000                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 1K-1KK        |
| <a href="#">Delta Dental PPO, 2500A, 100/90/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$2,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | K             |
| <a href="#">Delta Dental PPO, 1000B, 100/80/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$1,000                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, 1500B, 100/80/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$1,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, 2000B, 100/80/50, 50</a>     | \$50 / \$150        | \$400 / \$800                         | \$2,000                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 1K-1KK        |
| <a href="#">Delta Dental PPO, 1000, 100/80/50, 50</a>      | \$50 / \$150        | \$400 / \$800                         | \$1,000                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, 1500, 100/80/50, 50</a>      | \$50 / \$150        | \$400 / \$800                         | \$1,500                               | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |
| <a href="#">Delta Dental PPO, 1500, 80/80/50, 50</a>       | \$50 / \$150        | \$400 / \$800                         | \$1,500                               | 10%   |           | 30% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |
| <a href="#">Delta Dental PPO, PF, 1500B, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,500 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, PF, 1000B, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO PF, 1500, 100/80/50, 50</a>   | \$50 / \$150        | \$400 / \$800                         | \$1,500 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, PF, 1000, 100/80/50, 50</a>  | \$50 / \$150        | \$400 / \$800                         | \$1,000 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, PF, 1500A, 100/90/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,500 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO, PF, 1000A, 100/90/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000 Class 1 does not apply to max | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |

Delta Dental PPO™ Network

<sup>1</sup> Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental Plan 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. Limitations and exclusions apply. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

## 2024 *Dental plan* benefit table

| Plan name  | Calendar year costs |                                       |                | Class 1   |           | Class 2              |              |            | Class 3              |                               |             |                                   | Direct Option |
|--|---------------------|---------------------------------------|----------------|---|-----------|----------------------|--------------|------------|----------------------|-------------------------------|-------------|-----------------------------------|---------------|
|  | Deductible          | Out-of-pocket maximum per person      | Annual maximum | Exams & X-rays                                    | Cleanings | Restorative fillings | Oral surgery | Anesthesia | Restorative crowns   | Partial and complete dentures | Implants    | Orthodontia                       |               |
|  | per person / family | Under age 19<br>1 member / 2+ members | Age 19+        | Under age 19, members pay / Ages 19+, members pay |           |                      |              |            |                      |                               |             |                                   |               |
| <a href="#">Delta Dental PPO MAC, 1000, 75/60/50, 50</a>         | \$50 / \$150        | \$400 / \$800                         | \$1,000        | 25%   |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO MAC, 1500, 100/60/50, 50</a>        | \$50 / \$150        | \$400 / \$800                         | \$1,500        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, Voluntary, 1000, 100/90/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, Voluntary, 1500, 100/90/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,500        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |
| <a href="#">Delta Dental PPO, Voluntary, 1000, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO, Voluntary, 1500, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,500        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |
| <a href="#">Delta Dental PPO Plus 1100</a>                       | \$25 / \$75         | \$400 / \$800                         | N/A            | 0%  |           | 20% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental PPO Plus 1600</a>                       | \$25 / \$75         | \$400 / \$800                         | N/A            | 0%  |           | 20% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 3K-3KK        |
| <a href="#">Delta Dental PPO Plus 2100</a>                       | \$25 / \$75         | \$400 / \$800                         | N/A            | 0%  |           | 20% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 1K-1KK        |
| <a href="#">Delta Dental PPO Plus 2600</a>                       | \$25 / \$75         | \$400 / \$800                         | N/A            | 0%  |           | 20% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 1K-1KK        |
| <a href="#">Delta Dental PPO Plus 3100</a>                       | \$25 / \$75         | \$400 / \$800                         | N/A            | 0%  |           | 20% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 1K-1KK        |
| <a href="#">Delta Dental EPO, 1500, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$1,500        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 5K-5KK        |
| <a href="#">Delta Dental EPO, 1000, 100/80/50, 50</a>            | \$50 / \$150        | \$400 / \$800                         | \$1,000        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |
| <a href="#">Delta Dental EPO, Voluntary, 1000, 100/80/50, 50</a> | \$50 / \$150        | \$400 / \$800                         | \$1,000        | 0%  |           | 40% after deductible |              |            | 50% after deductible |                               | Not covered | 50% after deductible <sup>1</sup> | 7K-7KK        |

<sup>1</sup> Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental Plan 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. Limitations and exclusions apply. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

## 2024 *Direct option* benefit table



|               | Plan name   | Calendar year costs |                   |                            | Care & services                                   |                |                |          |                       |                                 |                       |  |                                   |                      |
|---------------|---|---------------------|-------------------|----------------------------|---|----------------|----------------|----------|-----------------------|---------------------------------|-----------------------|--|-----------------------------------|----------------------|
|               |   | Deductible          | Annual maximum    | Annual out-of-pocket limit | General office visit                              | Exams & X-rays | Teeth cleaning | Fillings | Porcelain-metal crown | Complete upper or lower denture | Bridge (per tooth)    | Root canal therapy anterior / bicuspid / molar | Routine extraction (single tooth) | Surgical extraction  |
|               |   |                     |                   | 1 child / 2+ children      | Under age 19, members pay / Ages 19+, members pay |                |                |          |                       |                                 |                       |  |                                   |                      |
| Direct Option | <a href="#">Willamette Dental Direct Option 1</a>           | No deductible       | No annual maximum | \$375 / \$750              | \$15 per visit                                    | 0%             | \$15           | \$100    | \$75                  | \$100                           | \$100 / \$125 / \$175 | \$15   | \$75                              | \$2,400 <sup>1</sup> |
|               | <a href="#">Willamette Dental Direct Option 3</a>           | No deductible       | No annual maximum | \$375 / \$750              | \$15 per visit                                    | 0%             | \$20           | \$150    | \$150                 | \$150                           | \$125 / \$175 / \$225 | \$20   | \$120                             | \$2,800 <sup>1</sup> |
|               | <a href="#">Willamette Dental Direct Option 5</a>           | No deductible       | No annual maximum | \$375 / \$750              | \$25 per visit                                    | 0%             | \$25           | \$200    | \$200                 | \$200                           | \$150 / \$200 / \$275 | \$25   | \$150                             | \$2,800 <sup>1</sup> |
|               | <a href="#">Willamette Dental Direct Option 7</a>           | No deductible       | No annual maximum | \$375 / \$750              | \$30 per visit                                    | 0%             | \$30           | \$300    | \$350 / \$450         | \$300                           | \$175 / \$225 / \$325 | \$30   | \$175                             | \$2,800 <sup>1</sup> |
| Voluntary     | <a href="#">Willamette Dental Voluntary Direct Option 1</a> | No deductible       | No annual maximum | \$375 / \$750              | \$15 per visit                                    | 0%             | \$15           | \$350    | \$350 / \$500         | \$375                           | \$125 / \$200 / \$250 | \$15   | \$175                             | \$2,200 <sup>1</sup> |
|               | <a href="#">Willamette Dental Voluntary Direct Option 2</a> | No deductible       | No annual maximum | \$375 / \$750              | \$25 per visit                                    | 0%             | \$20           | \$350    | \$350 / \$500         | \$375                           | \$125 / \$200 / \$250 | \$20   | \$175                             | \$2,200 <sup>1</sup> |
|               | <a href="#">Willamette Dental Voluntary Direct Option 3</a> | No deductible       | No annual maximum | \$375 / \$750              | \$15 per visit                                    | 0%             | \$20           | \$150    | \$150                 | \$150                           | \$125 / \$175 / \$225 | \$20   | \$120                             | \$2,800 <sup>1</sup> |
|               | <a href="#">Willamette Dental Voluntary Direct Option 5</a> | No deductible       | No annual maximum | \$375 / \$750              | \$15 per visit                                    | 0%             | \$25           | \$200    | \$200                 | \$200                           | \$150 / \$200 / \$275 | \$25   | \$150                             | \$2,800 <sup>1</sup> |
|               | <a href="#">Willamette Dental Voluntary Direct Option 7</a> | No deductible       | No annual maximum | \$375 / \$750              | \$30 per visit                                    | 0%             | \$30           | \$300    | \$350 / \$450         | \$300                           | \$175 / \$225 / \$325 | \$30   | \$175                             | \$2,800 <sup>1</sup> |

<sup>1</sup> Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members age 18 and under. Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan. Orthodontic Services for all other purposes is not included in the Annual Out of Pocket Limit.

These benefits and Delta Dental Plan 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. Limitations and exclusions apply. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

## 2024 *Orthodontia plan* riders

|                      | 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.



# Ready to choose better health *for your clients?*

## Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

800-578-1402 | TTY users, please call 711

ModaHealth.com | DeltaDentalOR.com

Portland office (corporate headquarters)  
601 SW Second Ave., Portland, OR 97204-3156

These benefits and Moda Health / Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.

