

# Health plans for every body

Groups of 1 – 50

*Plans available Jan. 1, 2015, through Dec. 31, 2015*

moda

Oregon

 DELTA DENTAL

 ODS

 moda  
HEALTH

Hello. Welcome to Moda Health and ODS, the place you go when you want more than a health plan – because good health is about so much more than just the plan details.

You know your group's health relies on quality plans, programs, online tools and, most important, partnerships that help each person along the way.

We have all of that and a little bit more – and we're excited to help your entire team start on a journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that the members of your group come ready to be the MVP of their health. Don't worry; we'll help inspire them.

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

## Resources for their health journey

When someone on your team is sick or injured, we're here to help them get well sooner – and live well the rest of the time. We even have special programs and clinical teams to support their individual health goals. Here are a few to inspire you.

### Get started with myModa

Your team members will love everything they can do at myModa, their personalized member website. It's simple to access on a computer or mobile device. As a member, they'll log in at modahealth.com to:

- › See and manage their benefits
- › Check claims and find claim forms
- › Review electronic explanations of benefits (EOBs)
- › View and download their member ID card
- › Use Be Better tools to get and stay healthy
- › Connect with health professionals
- › Look up medication prices before they buy
- › Access exclusive member savings

### Be Better tools

These handy resources come free to members with every health plan. Members use them to live better and create a healthier lifestyle. They simply log in to myModa to get started:

#### Momentum

This online healthy living dashboard makes it easy for members to keep tabs on their health. Through Momentum, powered by Moda Health, folks can identify health risks, set goals and see improvements. Just choose the access level that's right for your group: Basic, Activate or Calibrate. Each level offers more tools and functions. Members can use Momentum to:

- › Take a health assessment and learn their "health age"
- › Set activity goals and monitor progress using healthy lifestyle apps, like Steps Tracker, Weight Tracker and Calorie Tracker
- › Use Blood Pressure Tracker, Cholesterol Tracker and Blood Glucose Tracker to manage health conditions and check status
- › Research symptoms and conditions
- › List medications, look up side effects and turn on reminders
- › Create a Family Health Record
- › Find health content and resources

### Health coaching

When folks on your team need a hand with their health, we're there. Our health coaches use evidence-based practices to help members set goals and feel their best. They'll also get one-on-one support when they need it. Our care programs include:

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

### Care coordination and case management

When members are sick, need hospitalization or surgery, or are seriously injured, we'll take some of the work off their plate – so they can focus on healing. Our nurse case managers and care coordinators will help them:

- › Navigate the healthcare system
- › Communicate and work with providers to support their care plan
- › Understand their benefits
- › Arrange medically necessary, covered services ordered by their provider
- › Connect with community resources

### eDoc

For nonurgent health concerns, members can email a health professional using eDoc. All emails are private and personalized. They can connect with:

- › Board-certified physicians
- › Licensed psychologists
- › Pharmacists
- › Dentists
- › Dietitians
- › Fitness experts
- › eDocVoice – members leave a message for a provider and get a phone response within 24 hours

### Nurse line

Give your team access to quick health advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Members call toll-free at 866-321-7580 for guidance on:

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

### Quitting tobacco

Help your team members stop smoking or chewing tobacco for good. We connect members with programs that make kicking the habit a little easier. They'll get advice from a Quit Coach and a custom quit plan that works for them. Members ages 10 and over may also be eligible for Quit for Life™, an evidence-based tobacco cessation program from Alere\*.

Under the Affordable Care Act, coaching to help stop smoking is covered in full. All members can take advantage of these perks:

- > Phone, text and online support from Quit Coaches, 24 hours a day
- > Tips on dealing with cravings
- > Information about medications that can help folks quit
- > Free tobacco cessation medications prescribed by an in-network provider
- > Useful articles, videos and online tracking tools

## Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure your team members stay covered, no matter where they go. So, we've made it easy for them to find in-network coverage in their hometown and across the country.

### Connexus Network

Formerly ODS Plus, this is one of the largest PPO networks in Oregon. It includes thousands of primary care physicians and specialists working together with Moda Health to help keep members healthy.

### Community Care Network

This custom network serves Portland and Salem communities. It includes a select group of Legacy Health, Salem Health, Adventist Health and Oregon Health & Science University (OHSU) providers who work together to give members the best care. Members enjoy access if they live in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties.

### Rose City Network

This exclusive network includes Providence Health & Services as well as other physicians, clinics and facilities in the Portland metro area. Members can access these providers if they live in Multnomah, Washington, Clackamas and Yamhill counties.

### Travel with peace of mind\*

Away from home, care is never far. Our travel network comes with each medical plan in Oregon. When traveling outside of Oregon, members have access to the Connexus Network in Idaho and the PHCS Healthy Directions Network in all other states.

Eligible family members can also find in-network care if they live out of town. As long as they use PHCS Healthy Directions Network providers, they're covered.

### 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 also may bill for the difference between the maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

\*Not all plans have access to this program. Please check with your Moda Health-appointed agent or the Member Handbook for plan-specific tools and resources.

\*Traveling for the purpose of seeking care does not qualify for the travel network benefit.

## Lots of options they'll love

There's a lot to think about when choosing a group health plan for your team. That's why we've made it easy to compare plans. This section highlights our current plan categories. Read on to see plan benefit summary tables. If you have questions about any plan, please contact a Moda Health-appointed agent, or call us toll-free at 877-277-7073. TTY users, please call 711.

### PPO plans

These plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO provider.

PPO plans include:

- > Annual in-network deductibles ranging from \$500 to \$3,000
- > Copays as low as \$15 for in-network primary care, urgent care, chiropractic, acupuncture and naturopathic substances

### Oregon standard plans

Defined by the State of Oregon, Standard plans offer three alternatives to meet the choice and cost needs of our clients. A Standard plan is offered within each of our metallic tier levels: Gold, Silver and Bronze.

### Value PPO plans

If members want a PPO plan but also are looking for lower premiums, our Value PPO plans offer a broad range of higher deductibles. With higher copays and maximum out-of-pocket expenses, these plans provide the best combination of quality and value.

Value PPO plans include:

- > Annual, in-network deductible choices ranging from \$1,500 to \$3,500
- > \$35 copays for chiropractic, acupuncture and naturopathic substances

### Beneficial PPO plans

Our Beneficial PPO plans are another great option for people who want lower premium costs with higher deductibles and office visit copay limitations.

Beneficial PPO plans include:

- > Annual, in-network deductible choices ranging from \$1,500 to \$5,000

### HSA plans

Our HSA-qualified, high-deductible plan allows members to use tax-free funds for eligible healthcare expenses. Members simply check to see if their bank has an HSA option.

### Focus plans

Our Focus plans encourage your employees to take charge of their health. Members who seek care within our Community Care Network enjoy better benefits and high-quality, individualized care from an interconnected group of providers.

Focus plans include:

- > Annual, in-network deductible choices of \$2,000 or \$5,000

### Focus – Rose City plans

These plans are similar to our Focus plans but utilize Rose City Network. Our Rose City plans are only available through the federal Marketplace.

Focus – Rose City plans include:

- > Annual, in-network deductible choices of \$2,000 and \$5,000



### Quality you can trust

We're committed to giving your employees the highest quality of care. That commitment has earned our PPO plans National Committee for Quality Assurance (NCQA) accreditation.

NCQA is a private, nonprofit organization dedicated to improving healthcare quality. Accreditation is based on all aspects of our plan offerings, including preventive health services, member satisfaction, physician credentialing and quality improvement.





When it comes to better healthcare, we think we can do more together.

> Plan tiers

## Which tier is right for you?

Not sure where to start? Whatever your team's needs, we're confident you'll find the plans that fit just right. Plan tiers can help narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

### Plan tier categories

Our medical plans fall into one of three tiers: Gold, Silver or Bronze.

Gold plans cost a little more, but they cover more, too. Silver plans land somewhere in the middle. Bronze plans provide a little

less coverage, but members will save money on monthly premiums. Knowing about these tiers may help you advise employees on the best plan for them.

	What members pay for care (deductible and copay)	What members pay each month (monthly rate/premium)
<b>Gold plans</b> <a href="#">page 12</a>	<b>\$</b>	<b>\$\$\$\$</b>
<ul style="list-style-type: none"> <li>&gt; PPO 500</li> <li>&gt; PPO 1000A</li> </ul>	<ul style="list-style-type: none"> <li>&gt; PPO 1000B</li> <li>&gt; PPO 1500</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Oregon Standard Gold</li> </ul>
<b>Silver plans</b> <a href="#">page 14</a>	<b>\$\$</b>	<b>\$\$\$</b>
<ul style="list-style-type: none"> <li>&gt; PPO 2000</li> <li>&gt; PPO 3000</li> <li>&gt; Value 1500</li> <li>&gt; Value 2000</li> <li>&gt; Value 2500</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Value 3000</li> <li>&gt; Value 3500</li> <li>&gt; Beneficial 1500</li> <li>&gt; Beneficial 2000</li> <li>&gt; HSA 1500</li> </ul>	<ul style="list-style-type: none"> <li>&gt; HSA 2000</li> <li>&gt; Focus 2000</li> <li>&gt; Focus 2000 – Rose City</li> <li>&gt; Oregon Standard Silver</li> </ul>
<b>Bronze plans</b> <a href="#">page 20</a>	<b>\$\$\$</b>	<b>\$\$</b>
<ul style="list-style-type: none"> <li>&gt; Beneficial 3500</li> <li>&gt; Beneficial 4000</li> <li>&gt; Beneficial 4500</li> <li>&gt; Beneficial 5000</li> </ul>	<ul style="list-style-type: none"> <li>&gt; HSA 3000</li> <li>&gt; HSA 4000</li> <li>&gt; HSA 5000</li> <li>&gt; Focus 5000</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Focus 5000 – Rose City</li> <li>&gt; Oregon Standard Bronze</li> </ul>

# Gold tier plans

	PPO 500		PPO 1000A		PPO 1000B		PPO 1500		Oregon Standard Gold	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>										
Deductible per person	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000	\$1,300	\$2,600
Deductible per family	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$3,000	\$6,000	\$2,600	\$5,200
Out-of-pocket max per person	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$6,350	\$12,700
Out-of-pocket max per family	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000	\$16,000	\$12,700	\$25,400
<b>Care &amp; services</b>										
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Specialist office visit <sup>3</sup>	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$40/visit <sup>1</sup>	50%
Urgent care visit	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%
Inpatient/outpatient care	20%	50%	20%	50%	20%	50%	20%	50%	10%	50%
Outpatient diagnostic X-ray & lab	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	10%	50%
Outpatient mental health/chemical dependency	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Emergency room	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	10%	10%
Ambulance	20%	20%	20%	20%	20%	20%	20%	20%	10%	10%
Physical, speech or occupational therapy	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$30/visit <sup>1</sup>	50%	\$20/visit <sup>1</sup>	50%
Alternative care <sup>4</sup>	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	Not covered	Not covered
Pediatric vision exam	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$15/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Pediatric vision hardware	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>
Select	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>	\$10 <sup>1</sup>
Preferred	\$30 <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>	\$45 <sup>1</sup>	\$45 <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>	\$30 <sup>1</sup>
Brand	\$60 <sup>1</sup>	\$60 <sup>1</sup>	\$60 <sup>1</sup>	\$60 <sup>1</sup>	\$75 <sup>1</sup>	\$75 <sup>1</sup>	\$60 <sup>1</sup>	\$60 <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>5</sup>	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>										
Plan tier	Gold		Gold		Gold		Gold		Gold	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Connexus		Connexus		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Includes naturopathic office visits

<sup>4</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>5</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

# Silver tier plans

	PPO 2000		PPO 3000		Value 1500		Value 2000		Value 2500	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>										
Deductible per person	\$2,000	\$4,000	\$3,000	\$6,000	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family	\$4,000	\$8,000	\$6,000	\$12,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-pocket max per person	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400
<b>Care &amp; services</b>										
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$25/visit <sup>1</sup>	50%	\$25/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Specialist office visit <sup>3</sup>	\$45/visit <sup>1</sup>	50%	\$45/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%
Urgent care visit	\$25/visit <sup>1</sup>	50%	\$25/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Inpatient/outpatient care	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%
Outpatient diagnostic X-ray & lab	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	30% <sup>1</sup>	50%	30% <sup>1</sup>	50%	30% <sup>1</sup>	50%
Outpatient mental health/chemical dependency	\$25/visit <sup>1</sup>	50%	\$25/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Emergency room	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 20%/visit <sup>1</sup>	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit
Ambulance	20%	20%	20%	20%	30%	30%	30%	30%	30%	30%
Physical, speech or occupational therapy	\$45/visit <sup>1</sup>	50%	\$45/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%
Alternative care <sup>4</sup>	\$25/visit <sup>1</sup>	50%	\$25/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Pediatric vision exam	\$25/visit <sup>1</sup>	50%	\$25/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Pediatric vision hardware	20% <sup>1</sup>	50%	20% <sup>1</sup>	50%	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>
Select	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>
Brand	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>5</sup>	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>										
Plan tier	Silver		Silver		Silver		Silver		Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Moda Health only		Moda Health only		Moda Health only		Moda Health only	
Provider network	Connexus		Connexus		Connexus		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Includes naturopathic office visits

<sup>4</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>5</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.



## Silver tier plans (continued)

	Value 3000		Value 3500		Beneficial 1500		Beneficial 2000	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>								
Deductible per person	\$3,000	\$6,000	\$3,500	\$7,000	\$1,500	\$3,000	\$2,000	\$4,000
Deductible per family	\$6,000	\$12,000	\$7,000	\$14,000	\$3,000	\$6,000	\$4,000	\$8,000
Out-of-pocket max per person	\$6,600	\$13,200	\$6,600	\$13,200	\$5,500	\$11,000	\$5,500	\$11,000
Out-of-pocket max per family	\$13,200	\$26,400	\$13,200	\$26,400	\$11,000	\$22,000	\$11,000	\$22,000
<b>Care &amp; services</b>								
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%
Specialist office visit <sup>4</sup>	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	30%	50%	30%	50%
Urgent care visit	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%
Inpatient/outpatient care	30%	50%	30%	50%	30%	50%	30%	50%
Outpatient diagnostic X-ray & lab	30% <sup>1</sup>	50%	30% <sup>1</sup>	50%	30%	50%	30%	50%
Outpatient mental health/ chemical dependency	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	30%	50%	30%	50%
Emergency room	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit
Ambulance	30%	30%	30%	30%	30%	30%	30%	30%
Physical, speech or occupational therapy	\$60/visit <sup>1</sup>	50%	\$60/visit <sup>1</sup>	50%	30%	50%	30%	50%
Alternative care <sup>5</sup>	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Pediatric vision exam	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%
Pediatric vision hardware	35% <sup>1</sup>	50%	35% <sup>1</sup>	50%	30% <sup>1</sup>	50%	30% <sup>1</sup>	50%
<b>Prescription medications</b>								
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>
Select	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>
Brand	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>6</sup>	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>								
Plan tier	Silver		Silver		Silver		Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Moda Health only		Moda Health only		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Connexus		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Plan pays for first five office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Includes naturopathic office visits

<sup>5</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>6</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

## Silver tier plans (continued)

	HSA 1500*		HSA 2000*		Focus 2000		Focus – Rose City 2000		Oregon Standard Silver	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>										
Deductible per person	\$1,500	\$3,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family	\$3,000	\$6,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-pocket max per person	\$5,250	\$10,500	\$5,250	\$10,500	\$6,600	\$13,200	\$6,600	\$13,200	\$6,350	\$12,700
Out-of-pocket max per family	\$10,500	\$21,000	\$10,500	\$21,000	\$13,200	\$26,400	\$13,200	\$26,400	\$12,700	\$25,400
<b>Care &amp; services</b>										
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	20%	50%	20%	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35/visit <sup>1</sup>	50%
Specialist office visit <sup>4</sup>	20%	50%	20%	50%	30%	50%	30%	50%	\$70/visit <sup>1</sup>	50%
Urgent care visit	20%	50%	20%	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35 for first 5 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$90/visit <sup>1</sup>	50%
Inpatient/outpatient care	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%
Outpatient diagnostic X-ray & lab	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%
Outpatient mental health/ chemical dependency	20%	50%	20%	50%	30%	50%	30%	50%	\$35/visit <sup>1</sup>	50%
Emergency room	20%	20%	20%	20%	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	\$200 copay + 30%/visit	30%	30%
Ambulance	20%	20%	20%	20%	30%	30%	30%	30%	30%	30%
Physical, speech or occupational therapy	20%	50%	20%	50%	30%	50%	30%	50%	\$35/visit <sup>1</sup>	50%
Alternative care <sup>5</sup>	20%	50%	20%	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	Not covered	Not covered
Pediatric vision exam	20%	50%	20%	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Pediatric vision hardware	20%	50%	20%	50%	30% <sup>1</sup>	50%	30% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Select	30%	30%	30%	30%	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred	30%	30%	30%	30%	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	40% <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>
Brand	50%	50%	50%	50%	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>
Specialty <sup>6</sup>	50%	Not covered	50%	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered	50% <sup>1</sup>	Not covered
<b>Features</b>										
Plan tier	Silver		Silver		Silver		Silver		Silver	
Plan enrollment options	Moda Health only		Moda Health only		Moda Health only		Health Insurance Marketplace only		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Connexus		Community Care Network (CCN)		Rose City		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Plan pays for first five office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Includes naturopathic office visits

<sup>5</sup> Covers medically necessary acupuncture, chiropractic services and naturopathic substances

<sup>6</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

\*This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any financial institution for their HSA plan.

# Bronze tier plans

	Beneficial 3500		Beneficial 4000		Beneficial 4500		Beneficial 5000		HSA 3000*	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>										
Deductible per person	\$3,500	\$7,000	\$4,000	\$8,000	\$4,500	\$9,000	\$5,000	\$10,000	\$3,000	\$6,000
Deductible per family	\$7,000	\$14,000	\$8,000	\$16,000	\$9,000	\$18,000	\$10,000	\$20,000	\$6,000	\$12,000
Out-of-pocket max per person	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200	\$6,600	\$13,200	\$6,450	\$12,900
Out-of-pocket max per family	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400	\$13,200	\$26,400	\$12,900	\$25,800
<b>Care &amp; services</b>										
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	30%	50%
Specialist office visit <sup>4</sup>	50%	50%	50%	50%	50%	50%	50%	50%	30%	50%
Urgent care visit	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	30%	50%
Inpatient/outpatient care	50%	50%	50%	50%	50%	50%	50%	50%	30%	50%
Outpatient diagnostic X-ray & lab	50%	50%	50%	50%	50%	50%	50%	50%	30%	50%
Outpatient mental health/ chemical dependency	50%	50%	50%	50%	50%	50%	50%	50%	30%	50%
Emergency room	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	30%	30%
Ambulance	50%	50%	50%	50%	50%	50%	50%	50%	30%	30%
Physical, speech or occupational therapy	50%	50%	50%	50%	50%	50%	50%	50%	30%	50%
Alternative care	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	30%	50%
Pediatric vision hardware	50% <sup>1</sup>	50%	50% <sup>1</sup>	50%	50% <sup>1</sup>	50%	50% <sup>1</sup>	50%	30%	50%
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>
Select	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Preferred	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty <sup>5</sup>	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
<b>Features</b>										
Plan tier	Bronze		Bronze		Bronze		Bronze		Bronze	
Plan enrollment options	Health Insurance Marketplace or Moda Health		Moda Health only		Moda Health only		Moda Health only		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Connexus		Connexus		Connexus		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived  
<sup>2</sup> For services as required under the Affordable Care Act  
<sup>3</sup> Plan pays for first three office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.  
<sup>4</sup> Includes naturopathic office visits  
<sup>5</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

\*This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any financial institution for their HSA plan.

## Bronze tier plans (continued)

	HSA 4000*		HSA 5000*		Focus 5000		Focus – Rose City 5000		Oregon Standard Bronze	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>										
Deductible per person	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Deductible per family	\$8,000	\$16,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
Out-of-pocket max per person	\$6,450	\$12,900	\$6,450	\$12,900	\$6,600	\$13,200	\$6,600	\$13,200	\$6,350	\$12,700
Out-of-pocket max per family	\$12,900	\$25,800	\$12,900	\$25,800	\$13,200	\$26,400	\$13,200	\$26,400	\$12,700	\$25,400
<b>Care &amp; services</b>										
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Primary care physician (PCP) office visit	30%	50%	30%	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$60	50%
Specialist office visit <sup>4</sup>	30%	50%	30%	50%	50%	50%	50%	50%	\$100	50%
Urgent care visit	30%	50%	30%	50%	\$35 for first 3 visits <sup>1</sup> ; 30% subsequent visits <sup>3</sup>	50%	\$35 for first 3 visits <sup>1</sup> ; 50% subsequent visits <sup>3</sup>	50%	\$120	50%
Inpatient/outpatient care	30%	50%	30%	50%	50%	50%	50%	50%	50%	50%
Outpatient diagnostic X-ray & lab	30%	50%	30%	50%	50%	50%	50%	50%	50%	50%
Outpatient mental health/ chemical dependency	30%	50%	30%	50%	50%	50%	50%	50%	\$60	50%
Emergency room	30%	30%	30%	30%	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	\$200 copay + 50%/visit	50%	50%
Ambulance	30%	30%	30%	30%	50%	50%	50%	50%	50%	50%
Physical, speech or occupational therapy	30%	50%	30%	50%	50%	50%	50%	50%	\$60	50%
Alternative care	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric vision exam	30%	50%	30%	50%	\$35/visit <sup>1</sup>	50%	\$35/visit <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
Pediatric vision hardware	30%	50%	30%	50%	50% <sup>1</sup>	50%	50% <sup>1</sup>	50%	\$0/visit <sup>1</sup>	50%
<b>Prescription medications</b>										
Value	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$2 <sup>1</sup>	\$20	\$20
Select	40%	40%	40%	40%	40%	40%	40%	40%	\$20	\$20
Preferred	40%	40%	40%	40%	40%	40%	40%	40%	\$80	\$80
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty <sup>5</sup>	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
<b>Features</b>										
Plan tier	Bronze		Bronze		Bronze		Bronze		Bronze	
Plan enrollment options	Moda Health only		Health Insurance Marketplace or Moda Health		Moda Health only		Health Insurance Marketplace only		Health Insurance Marketplace or Moda Health	
Provider network	Connexus		Connexus		Community Care Network (CCN)		Rose City		Connexus	
Travel network	PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions		PHCS Healthy Directions	

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> Plan pays for first three office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Includes naturopathic office visits

<sup>5</sup> Specialty medications must be accessed through our exclusive specialty pharmacy provider and require prior authorization.

\*This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled. Members have the freedom to use any financial institution for their HSA plan.



A healthy body can do wonders for your peace of mind.



> Vision plans

## Bringing it all into focus

Seeing is believing when it comes to better health. These medical plan riders ensure that your team members can focus on feeling well. Our vision riders are available to adults and eligible dependents age 19 and over.

Vision plans	VEO	V100	V1003
Calendar year			
Benefit maximum	\$200	\$200	\$300
What members pay			
Eye examinations (including refraction)	0%	0%	0%
Lenses	Not covered	0%	0%
Frames	Not covered	0%	0%

### Limitations and exclusions

- > Vision exam and hardware benefits are all subject to the calendar-year benefit maximum.
- > Percentages shown reflect what members pay for covered vision exam, frames and lenses.
- > Noncovered, excluded services are the member's responsibility and do not apply toward the calendar-year benefit maximum.

For more limitations and exclusions, visit [modahealth.com](http://modahealth.com), choose the Employers tab and then medical plans to view plan summaries of benefits.



## Trust the dental plan experts

Healthy teeth are happy teeth. With our small group dental coverage, your team has access to Delta Dental, the nation's largest dental network.

Moda Health began as ODS in 1955, providing dental plans to folks in the Northwest. In 1966, we were a founding member of the Delta Dental Plans Association. Today, through ODS we're still proud to offer affordable, quality Delta Dental plans.

Through Delta Dental, our members access the largest network of dentists in the nation, with more than 100,000 licensed dental professionals and approximately 231,000 locations.

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

### Get dental coverage your way

Choose from four types of ODS dental plans: Delta Dental Premier, Delta Dental PPO, Delta Dental PPO MAC and Direct Option plans. Just pick the benefit level that best fits your team's needs. Our extensive options let you customize the coverage and price to suit you.

### Direct Option (Willamette Dental) plans

These plans work well for folks seeking low out-of-pocket costs. Groups choose one of our Delta Dental plans to pair with a specific Direct Option plan, which requires dental treatment be provided by a Willamette Dental facility.

### Enjoy total cost control

We do things differently. We set limits for what dentists can charge for certain services. This helps our members save on out-of-pocket costs.

Members with a Delta Dental PPO or Delta Dental PPO MAC plan save the most when they see providers in our Delta Dental PPO Network. These dentists have agreed to accept our contracted fees as full payment. They also don't balance bill — the difference between what we pay and the dentist's fee.

### Dental Optimizer puts oral health on their radar

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

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

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

### Dental plan and network highlights

Our dental plans offer great benefits and access to quality in-network dentists. Members can count on:

- > Freedom to choose a dentist
- > No waiting periods for most services
- > Filed-fee savings from in-network dentists
- > Cleanings every six months
- > Predetermination of benefits if requested in a pretreatment plan
- > No claim forms
- > Prompt and accurate claims payment
- > Superior customer service

### Delta Dental PPO Network

This is the largest preferred provider organization (PPO) dental network in Oregon and across the country. It includes more than 1,100 participating providers in Oregon. Our members who have a Delta Dental PPO plan enjoy better benefits by seeing dentists in the Delta Dental PPO Network.

### Delta Dental Premier Network

This is the largest dental network in Oregon and nationally. It includes more than 2,300 providers in Oregon. Members with a Delta Dental PPO plan can save money by seeing dentists in the Premier Network for out-of-network care.

### Smarter benefits with 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 who 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 screening, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

# Dental plans

	Delta Dental Premier Plan C3x501		Delta Dental Premier Plan B3x501   B3x50		Delta Dental Premier Plan B3x25		Delta Dental PPO Plan BPax501			
<b>Calendar year costs</b>										
Deductible	\$50 per person / \$150 family		\$50 per person / \$150 family <sup>1</sup>		\$25 per person (members age 19+) / \$75 family (three or more members age 19+); \$50 per person (members under age 19) / \$150 family (three or more members under age 19) <sup>1</sup>		\$50 per person / \$150 family <sup>1</sup>			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members			
Annual maximum (age 19+)	\$1,000		\$1,000   \$1,500		\$1,500		\$1,000 (also applies to out-of-network under age 19)			
	<b>What members pay</b>		<b>What members pay</b>		<b>What members pay</b>		<b>In-network, members pay</b>		<b>Out-of-network, members pay</b>	
<b>Class 1</b>	<b>Under age 19<sup>1</sup></b>	<b>Ages 19+</b>	<b>Under age 19</b>	<b>Ages 19+</b>	<b>Under age 19</b>	<b>Ages 19+</b>	<b>Under age 19</b>	<b>Ages 19+</b>	<b>Under age 19</b>	<b>Ages 19+</b>
Exams & X-rays	0%	20%	0%		0%		0%		0%	10%
Cleanings	0%	20%	0%		0%		0%		0%	10%
Sealants	0%	20%	0%		0%		0%		0%	10%
Topical fluoride	0%	20%	0%		0%		0%		0%	10%
Space maintainers	0%	20%	0%		0%		0%		0%	10%
<b>Class 2</b>										
Restorative fillings	40%	20%	40%	20%	40%	20%	40%	10%	30%	
Oral surgery	40%	20%	40%	20%	40%	20%	40%	10%	30%	
Endodontics	40%	20%	40%	20%	40%	20%	40%	10%	30%	
Periodontics	40%	20%	40%	20%	40%	20%	40%	10%	30%	
Anesthesia	40%	20%	40%	20%	40%	20%	40%	10%	30%	
<b>Class 3</b>										
Restorative crowns	50%		50%		50%		50%		50%	
Partial and complete dentures	50%		50%		50%		50%		50%	
Implants	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%
Orthodontia	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered
<b>Features</b>										
Plan enrollment options	Moda Health only		Moda Health only		Moda Health only		Moda Health only			
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		All other providers	
Balance bill	Participating dentists: no Nonparticipating dentists: yes		Participating dentists: no Nonparticipating dentists: yes		Participating dentists: no Nonparticipating dentists: yes		No		Delta Dental Premier Network: no Nonparticipating: yes	
Direct Option plan match	Direct Option 4D		Direct Option 3D   Direct Option 1D		Direct Option 1D		Direct Option 4D			

<sup>1</sup> Deductible waived for Class 1 services

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages 18 and under

# Dental plans (continued)

	Delta Dental PPO Plan BP3x501				Delta Dental PPO Plan BP3x50				Delta Dental PPO Plan MAC – Low				Delta Dental PPO Plan MAC – High				Delta Dental PPO Family Plan – Low			
Calendar year costs																				
Deductible	\$50 per person / \$150 family <sup>1</sup>				\$50 per person / \$150 family <sup>1</sup>				\$50 per person / \$150 family <sup>1</sup>				\$50 per person / \$150 family <sup>1</sup>				\$50 per person / \$150 family <sup>1</sup>			
Out-of-pocket maximum (under age 19)	\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members			
Annual maximum (age 19+)	\$1,000 (also applies to out-of-network under age 19)				\$1,500 (also applies to out-of-network under age 19)				\$1,000 (also applies to out-of-network under age 19)				\$1,500 (also applies to out-of-network under age 19)				\$1,000 (also applies to out-of-network under age 19)			
	In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay		In-network, members pay		Out-of-network, members pay	
Class 1	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%		20%		0%		20%		30%		40%		0%		20%		30%		40%	
Cleanings	0%		20%		0%		20%		30%		40%		0%		20%		30%		40%	
Sealants	0%		20%		0%		20%		30%		40%		0%		20%		30%		40%	
Topical fluoride	0%		20%		0%		20%		30%		40%		0%		20%		30%		40%	
Space maintainers	0%		20%		0%		20%		30%		40%		0%		20%		30%		40%	
Class 2																				
Restorative fillings	40%	20%	40%	40%	20%	40%	40%	20%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%
Oral surgery	40%	20%	40%	40%	20%	40%	40%	20%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%
Endodontics	40%	20%	40%	40%	20%	40%	40%	20%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%
Periodontics	40%	20%	40%	40%	20%	40%	40%	20%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%
Anesthesia	40%	20%	40%	40%	20%	40%	40%	20%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%
Class 3																				
Restorative crowns	50%		50%		50%		50%		50%		50%		50%		50%		50%		50%	
Partial and complete dentures	50%		50%		50%		50%		50%		50%		50%		50%		50%		50%	
Implants	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%
Orthodontia	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered
Features																				
Plan enrollment options	Moda Health only				Moda Health only				Moda Health only				Moda Health only				Health Insurance Marketplace or Moda Health			
Provider network	Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers		Delta Dental PPO Network		All other providers	
Balance bill	No		Delta Dental Premier Network: no Nonparticipating: yes		No		Delta Dental Premier Network: no Nonparticipating: yes		No		Delta Dental Premier Network: Members pay the difference between the Delta Dental negotiated fee and Delta Dental PPO fee. Nonparticipating: yes		No		Delta Dental Premier Network: Members pay the difference between the Delta Dental negotiated fee and Delta Dental PPO fee. Nonparticipating: yes		No		Delta Dental Premier Network: no Nonparticipating: yes	
Direct Option plan match	Direct Option 4D				Direct Option 3D				Direct Option 8D				Direct Option 7D				Direct Option 7D			

<sup>1</sup> Deductible waived for Class 1 services

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages 18 and under



## Dental plans (continued)

	Delta Dental PPO Family Plan – High				Delta Dental Pediatric Plan	
<b>Calendar year costs</b>						
Deductible	\$50 per person / \$150 family <sup>1</sup>				\$50 per person / \$150 family <sup>1</sup>	
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	
Annual maximum (age 19+)	\$1,000 (also applies to out-of-network under age 19)				NA	
	In-network, members pay		Out-of-network, members pay		What members pay	
<b>Class 1</b>	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams & X-rays	0%		20%		0%	100%
Cleanings	0%		20%		0%	100%
Sealants	0%		20%		0%	100%
Topical fluoride	0%		20%		0%	100%
Space maintainers	0%		20%		0%	100%
<b>Class 2</b>						
Restorative fillings	40%		50%		40%	100%
Oral surgery	40%		50%		40%	100%
Endodontics	40%		50%		40%	100%
Periodontics	40%		50%		40%	100%
Anesthesia	40%		50%		40%	100%
<b>Class 3</b>						
Restorative crowns	50%		50%		50%	100%
Partial and complete dentures	50%		50%		50%	100%
Implants	Not covered	50%	Not covered	50%	Not covered	100%
Orthodontia	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered	50% <sup>2</sup>	Not covered
<b>Features</b>						
Plan enrollment options	Health Insurance Marketplace or Moda Health				Moda Health only	
Provider network	Delta Dental PPO Network		All other providers		Delta Dental Premier Network	
Balance bill	No		Delta Dental Premier Network: no Nonparticipating: yes		Participating dentists: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5D				NA	

<sup>1</sup> Deductible waived for Class 1 services

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages 18 and under

From everyday life to once-in-a-lifetime adventures, care is never far from where you are.

## Dental plans (continued)

	Direct Option 1D and 1DK		Direct Option 2D and 2DK		Direct Option 3D and 3DK		Direct Option 4D and 4DK		Direct Option 5D and 5DK	
Plan enrollment options	Moda Health only		Moda Health only		Moda Health only		Moda Health only		Moda Health only	
Annual maximum	No annual maximum		No annual maximum		No annual maximum		No annual maximum		No annual maximum	
Deductible	No deductible		No deductible		No deductible		No deductible		No deductible	
Annual out-of-pocket limit	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members	
General office visit	\$20 per visit for members under age 19; \$10 per visit for members age 19+		\$20 per visit for members under age 19; \$10 per visit for members age 19+		\$20 per visit for members under age 19; \$15 per visit for members age 19+		\$20 per visit for members under age 19; \$20 per visit for members age 19+		\$20 per visit for members under age 19; \$25 per visit for members age 19+	
	What members pay		What members pay		What members pay		What members pay		What members pay	
<b>Diagnostic &amp; preventive services</b>	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and emergency exams	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%	\$5	0%	\$5	0%	\$5	0%
Head and neck cancer screening	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Restorative dentistry &amp; prosthodontics</b>										
Fillings (amalgam)	\$25	0%	\$25	0%	\$25	0%	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$100	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Complete upper or lower denture	\$150	\$75	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Bridge (per tooth)	\$100	\$100	\$150	\$150	\$150	\$150	\$150	\$150	\$200	\$200
<b>Endodontics &amp; periodontics</b>										
Root canal therapy – anterior	\$75	\$50	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$90
Root canal therapy – bicuspid	\$150	\$90	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$200
Root canal therapy – molar	\$225	\$140	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$275
Osseous surgery (per quadrant)	\$75	\$75	\$150	\$150	\$150	\$150	\$150	\$150	\$200	\$200
Root planing (per quadrant)	\$40	\$75	\$40	\$120	\$40	\$120	\$40	\$120	\$40	\$120
<b>Oral surgery</b>										
Routine extraction (single tooth)	\$40	0%	\$40	0%	\$40	0%	\$40	0%	\$40	0%
Surgical extraction	\$120	\$75	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$150
<b>Orthodontia treatment</b>										
Pre-orthodontia services	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Comprehensive orthodontic services	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800
<b>Miscellaneous</b>										
Local anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

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

<sup>2</sup> Copayment for comprehensive orthodontic services provided for treatment of cleft palate with or without cleft lip is \$1,000 for members 18 and under. Orthodontic services for all other purposes is \$2,800 and is not included in the annual out-of-pocket limit.



## Dental plans (continued)

	Direct Option 6D and 6DK		Direct Option 7D and 7DK		Direct Option 8D and 8DK	
Plan enrollment options	Moda Health only		Moda Health only		Moda Health only	
Annual maximum	No annual maximum		No annual maximum		No annual maximum	
Deductible	No deductible		No deductible		No deductible	
Annual out-of-pocket limit	\$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	
General office visit	\$20 per visit for members under age 19; \$30 per visit for members age 19+		\$20 per visit for members under age 19; \$30 per visit for members age 19+		\$20 per visit for members under age 19; \$30 per visit for members age 19+	
	What members pay		What members pay		What members pay	
Diagnostic & preventive services	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Routine and emergency exams	0%	0%	0%	0%	0%	0%
Routine X-rays	0%	0%	0%	0%	0%	0%
Teeth cleaning	0%	0%	0%	0%	0%	0%
Fluoride treatment	\$5	0%	\$5	0%	\$5	0%
Sealants (per tooth)	\$5	0%	\$5	0%	\$5	0%
Head and neck cancer screening	0%	0%	0%	0%	0%	0%
Oral hygiene instruction	0%	0%	0%	0%	0%	0%
Periodontal charting	0%	0%	0%	0%	0%	0%
Periodontal evaluation	0%	0%	0%	0%	0%	0%
Restorative dentistry & prosthodontics						
Fillings (amalgam)	\$25	0%	\$25	0%	\$25	0%
Porcelain-metal crown	\$150	\$300	\$150	\$300	\$150	\$425
Complete upper or lower denture	\$150	\$500	\$150	\$450	\$150	\$500
Bridge (per tooth)	\$300	\$300	\$300	\$300	\$425	\$425
Endodontics & periodontics						
Root canal therapy – anterior	\$75	\$150	\$75	\$125	\$75	\$150
Root canal therapy – bicuspid	\$150	\$300	\$150	\$225	\$150	\$300
Root canal therapy – molar	\$225	\$400	\$225	\$325	\$225	\$400
Osseous surgery (per quadrant)	\$400	\$400	\$350	\$350	\$400	\$400
Root planing (per quadrant)	\$40	\$200	\$40	\$150	\$40	\$150
Oral surgery						
Routine extraction (single tooth)	\$40	0%	\$40	0%	\$40	0%
Surgical extraction	\$120	\$190	\$120	\$175	\$120	\$190
Orthodontia treatment						
Pre-orthodontia services	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Comprehensive orthodontic services	\$2,800 <sup>2</sup>	\$2,800	\$2,800 <sup>2</sup>	\$2,800	\$3,000 <sup>3</sup>	\$3,000
Miscellaneous						
Local anesthesia	0%	0%	0%	0%	0%	0%
Dental lab fees	0%	0%	0%	0%	0%	0%
Nitrous oxide	\$40	\$40	\$40	\$40	\$40	\$40
Specialty office visit	\$30	\$30	\$30	\$30	\$30	\$30
Out-of-area emergency care reimbursement	Member pays charges in excess of \$100		Member pays charges in excess of \$100		Member pays charges in excess of \$100	

<sup>1</sup> Copayment is credited toward the comprehensive orthodontic service copayment if patient accepts treatment plan.  
<sup>2</sup> Copayment for comprehensive orthodontic services provided for treatment of cleft palate with or without cleft lip is \$1,000 for members 18 and under. Orthodontic services for all other purposes is \$2,800 and is not included in the annual out-of-pocket limit.  
<sup>3</sup> Copayment for comprehensive orthodontic services provided for treatment of cleft palate with or without cleft lip is \$1,000 for members 18 and under. Orthodontic services for all other purposes is \$3,000 and is not included in the annual out-of-pocket limit.

### Orthodontia riders

## Got braces?

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

Orthodontia riders	AC1500	AC1000
Lifetime maximum	\$1,500	\$1,000
	What members pay	
Eligible employees	50%	50%
Dependent children	50%	50%

Orthodontia riders (continued)	C1000	C1500
Lifetime maximum	\$1,000	\$1,500
	What members pay	
Eligible employees	Not covered	Not covered
Dependent children	50% <sup>1</sup>	50% <sup>1</sup>

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

## Employer contribution and participation

Keeping your group healthy is an investment that pays dividends. After all, when members feel good, they're more apt to hit a few home runs for the team. And, we believe healthy team spirit brings out the best in everybody.

Group size	Minimum employer contribution		Minimum participation <sup>1</sup>	
	For employees	For dependents	For employees	For dependents
<b>Medical-only coverage</b>				
1 – 4	50%	0%	100%	100%
5 – 50	50%	0%	75%	25%
<b>Medical/dental coverage</b>				
1 – 4 <sup>2</sup>	50%	0%	100%	100%
5 – 50	50%	0%	75%	25%
<b>Dental-only coverage</b>				
5 – 9	50%	0%	75%	75%
10 – 50	50%	0%	75%	75%

<sup>1</sup> A person can waive ModaHealth/ODS coverage for other group coverage, individual coverage, Medicaid, Medicare, TRICARE, Indian Health Service or a publicly sponsored or subsidized health plan, including but not limited to the Oregon Health Plan, and it will not count against the group's overall participation.  
<sup>2</sup> Enrollment in the ODS dental plan must match enrollment in the group medical plan.

### Deadline for new groups

We must receive new group medical and/or dental enrollment information no later than the 10th of the month prior to the desired effective date.

### Business requirements

Here are some of the finer points about enrolling your small employer group in our plans. To learn more, contact a Moda Health-appointed agent for details.

- > All groups need to completely fill out and sign a Group Profile Form before obtaining group coverage.
- > Medical and medical/dental groups must have one or more employees working 17.5 hours a week to be considered for group coverage.
- > Dental stand-alone groups must have five or more employees enrolling in the plan to obtain group coverage.

- > If more than 51 percent of a group's employees work outside of Oregon, the organization is not a small employer by definition in Oregon and is not subject to small employer rating requirements in Oregon. The group is, however, a small employer by federal law and does have access to the same guaranteed issued products, on a different rating basis.
- > Changes to plans must be made on the policy effective date or upon renewal. This includes, but is not limited to, eligibility waiting periods, adding or changing domestic partner coverage, employer eligibility changes, and contribution or participation changes.
- > Eligibility waiting periods can be used only for the date of hire or 30 days or 60 days following the date of hire.

## We're here to help

You can find detailed information about our health plans – along with helpful tools and resources – online at [modahealth.com](http://modahealth.com).

### Faster benefits administration

Taking care of group benefits can be tedious. To save you time, we give you convenient access to your team's coverage anytime, anywhere.

### Employer Online Services

Employer Online Services (EOS) is a free service that gives group administrators direct access to our eligibility system, 24 hours a day, seven days a week.

- > Enroll members
- > Order ID cards
- > Update address and personal information
- > Terminate coverage
- > View eligibility
- > Update pharmacy eligibility for same-day pharmacy pickup
- > Use eBill to view and pay your bill

### Third-party administration

With so many intricate policies and regulations, you may need a personal guide to help you get the most from your benefits. BenefitHelp Solutions, a Moda Health company, does just that. BenefitHelp Solutions can assist you with:

- > COBRA administration
- > Premium administration
- > Flexible spending account (FSA) administration

To learn more, call 888-387-5440 or visit [benefithelp.com](http://benefithelp.com).

### Sales and service offices in Oregon

If you have additional questions or need to request marketing materials, please contact one of our sales offices:

#### Medford

310 Crater Lake Ave., Suite 101  
 Medford, OR 97504-6806  
 541-772-5360

#### Portland (corporate headquarters)

601 S.W. Second Ave.  
 Portland, OR 97204-3156  
 503-243-3948 or 800-578-1402

## Healthcare lingo explained

We realize that health plan brochures can be confusing, even to the trained eye. We've made you a cheat sheet, so you can be on your way to choosing the best plan for your group.

### Alternative care

This includes acupuncture, chiropractic services and naturopathic substances.

### Balance billing

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

### Brand tier medications

Brand and specialty brand name medications that have been reviewed by Moda Health and found not to have significant therapeutic advantage over their preferred tier counterparts. Generally the select and preferred tiers offer safe and effective alternatives.

### Coinsurance

The percentage of allowable charges the patient is responsible for paying.

### Copay

The fixed amount a member pays for a specific covered healthcare service, product or treatment, usually at the time of receiving it.

### Deductible

The amount a member pays for covered healthcare services in a calendar year before the health plan starts paying for treatment. Fixed dollar copayments, prescription medications, out-of-pocket costs and disallowed charges may not apply toward the deductible.

### Marketplace

Also called an "exchange," a health plan Marketplace is an online hub where folks can buy affordable health coverage and apply for federal financial assistance. The federal Marketplace is HealthCare.gov. This is the Marketplace used by Oregon and Alaska. In Washington, the Marketplace is Washington Healthplanfinder, and in California it's Covered California. Contact a Moda Health-appointed agent to learn more.

### Out-of-pocket maximum

The most an individual pays in a calendar year for covered healthcare services before benefits are paid in full. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing amounts for out-of-network providers.

### Preferred tier medications

Brand and specialty brand name medications that have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same category. This tier may also include generic medications that have been found to have the same clinical outcomes as their more cost-effective generic counterparts.

### Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

### Preferred provider option (PPO)

A preferred provider option (PPO) is a type of ODS (Delta Dental) dental or Moda Health medical plan. PPO members have in-network coverage when receiving care from a provider contracted on a PPO Network panel. Providers contracted under this panel cannot balance bill.

### Preferred provider organization (PPO)

A PPO can also refer to "preferred provider organization." This is a network of medical or dental providers contracted under Moda Health or ODS to provide in-network coverage at agreed-upon rates, with no balance billing. Members maximize their benefits by seeing PPO providers.

### Primary care provider (PCP)

The main doctor who treats you or coordinates your healthcare to keep you healthy. A PCP can be an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician's assistant. These providers practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology and women's health.

### Select tier medications

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

### Specialist

A medical provider specializing in a specific type of health condition or care. Specialists can include cardiologists, dermatologists, naturopaths, oncologists, urologists and many others.

### Specialty tier medications

Members with complex chronic health conditions may need to take specialty medications. These medications often require special handling, administration and ordering. Members must have prior authorization to get these medications.

### Tax credit

Also known as an advance premium tax credit (APTC). This is a type of financial assistance used to help pay for medical coverage. Folks must apply through the Marketplace and qualify based on household size and income. Contact a Moda Health-appointed agent to learn more.

### Value tier medications

Commonly prescribed medications used to treat chronic medical conditions and preserve health.

## Limitations and exclusions for medical plans

### Limitations

- Alternative care is subject to an annual dollar maximum of \$1,000 for Focus, Beneficial and Value plans. Alternative care is subject to an annual dollar maximum of \$1,500 for PPO and HSA plans. This benefit is not available on some plans.
- Ambulance transportation is limited to six trips per calendar year.
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications.
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches or urinary incontinence.
- Coordination of Benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- Hearing aids and related services are covered once every 48 months for members under age 26.
- Hospice respite care is limited to 30 days lifetime maximum and up to five days consecutive.
- Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90-day supply for mail order pharmacy.
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 30 outpatient sessions per calendar year. Members may be eligible for up to 60 days or sessions for treatment of neurologic conditions.
- Skilled nursing facility is limited to 60 days per year.
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage.
- Vision exam and glasses or contacts are covered once per year for members under age 19.

### Exclusions

- Alternative care on some plans
- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered services, except as required under Oregon statute
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Intellectual disability for members over age 18
- Massage or massage therapy
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient or a member of the patient's immediate family
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

## Limitations and exclusions for dental plans

### Limitations\*

#### Diagnostic and preventive

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period
- Fluoride once in a six-month period under age 19
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

#### Basic and major

- Bridges and dentures once in a seven-year period age 19 and over
- Dentures once in a 10-year period under age 19
- Crowns and other cast restorations once in a seven-year period
- Crown-over-implant once per lifetime per tooth space.
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

### Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Bridges not covered under age 19 (except for Direct Option plans)
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants under age 19 or for members with Direct Option plans
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Nightguards
- Orthodontia (exception for treatment of cleft palate under age 19 and for Direct Option plans)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

\*Direct Option plan frequency limits are determined by the dentist

For cost and further details of coverage, including exclusions, any reduction or limitations, and the terms under which the policy may be continued in force, contact the agent or Moda Health.



## Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 877-277-7073. TTY users, please call 711.

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