



2025 | Delta Dental Plan of Oregon



Welcome to Delta Dental of Oregon

This is the place you come when you want more than a dental plan — because a healthy smile and better overall health are about so much more than just the plan details.



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Quality coverage for your smile

Healthy teeth are happy teeth. With the Delta Dental of Oregon plan, you'll have access to quality in-network dentists.

Dental benefit highlights

Our Delta Dental of Oregon plan connects you with great benefits. You can count on:

- Freedom to choose a dentist
- No waiting periods for preventive care
- Savings from in-network dentists
- Cleanings twice a year
- Predetermination of benefits if requested
- Fast and accurate claims payment
- Superior customer service

Our dental plan also includes useful online tools, resources and special programs for those of you who may need a little extra attention for your pearly whites.

Delta Dental networks go wherever you go

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

You can access the Delta Dental PPO or Delta Dental Premier network with your plan. However, your benefit dollar goes further on the Delta Dental PPO™ Network.

Delta Dental Premier® Network

- Broader choice of providers
- The largest dental network nationally and one of the largest in Oregon
- Access to more than 2,300 providers in Oregon and over 152,000 dentists nationwide



Save when you stay in network

In-network dentists agree to accept our contracted fees as full payment, which means they don't balance bill. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.


Delta Dental PPO™ Network

- More cost control
- One of the largest PPO networks in Oregon and nationwide
- Access to more than 1,200 participating dentists in Oregon and over 114,000 dentists nationwide

How do I find a dentist in the network?

To find a participating dentist in your area, visit Find Care on modahealth.com/pers.

Delta Dental of Oregon

Dental plan benefits		 Subject to balance billing
Providers/Network	Premier and PPO Delta Dental providers	Non-participating providers ¹
Member pays		
Calendar year deductible	\$25 per individual (deductible waived for preventive services)	
Calendar year benefit maximum	\$1,750 per individual ²	
Preventive care <i>available twice in a calendar year</i>		
Exams	Covered in full ²	Covered in full ²
Cleanings	Covered in full ²	Covered in full ²
Diagnostic	Covered in full ^{2, 3}	Covered in full ^{2, 3}
Basic services		
Restorative	20% after deductible ⁴	20% after deductible ⁴
Oral surgery (extractions)	20% after deductible ⁴	20% after deductible ⁴
Endodontic/periodontic	20% after deductible ⁴	20% after deductible ⁴
Major services		
Crowns	50% after deductible ⁴	50% after deductible ⁴
Cast restorations	50% after deductible ⁴	50% after deductible ⁴
Dentures/bridge work	50% after deductible ⁴	50% after deductible ⁴
Implants	50% after deductible ⁴	50% after deductible ⁴
Out-of-area coverage	Worldwide for emergency services only ⁴	

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

¹ For non-participating providers, the maximum amount is based on the PPO fee allowable. Non-participating providers may balance bill.

² Charges for preventive services do not apply to the calendar year benefit maximum.

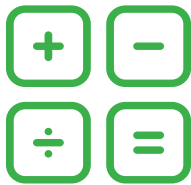
³ Some limitations apply.

⁴ There is a 12-month waiting period for basic and major services following enrollment unless you have had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

Please note that there are some common limitations and exclusions for our 2025 Delta Dental of Oregon plan. For a full list of limitations and exclusions, please see your member handbook.

Tools for your health journey

The Delta Dental of Oregon plan comes with tools and resources to help you manage your oral health and well-being. Once you are an active member, use these care resources to help you be your healthy best!



Cost Calculator

Learn the cost of dental care before the bill arrives. The Cost Calculator offers you a simple way to understand:

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

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



Member Dashboard

Your member dashboard is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, simply log in to your member dashboard at modahealth.com/pers to:

- Find in-network providers
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Download your member ID card



Extra care!

We want to make sure all our members receive the care they need. That's why we offer two special programs just for those who may need extra dental care.

Health through Oral Wellness®

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness® program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants, and periodontal maintenance.*

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify for extra benefits with the Health through Oral Wellness® Program:

1. Visit modahealth.com/pers to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.

2. Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and can let you know if you qualify.

3. To look for providers registered with the program, go to modahealth.com/pers and choose Find Care. Dental providers registered with Health through Oral Wellness will have a **badge icon** next to their name that looks like this:



Oral Health, Total Health

Seeing your dentist on a regular basis and keeping your mouth healthy are critical to keeping the rest of your body healthy. The Oral Health, Total Health program offers individuals diagnosed with diabetes additional cleanings throughout the year. To find out more, contact our dental customer service.



Healthcare lingo explained

Balance billing

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

Calendar year benefit maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care within a calendar year.

Coinsurance

The percentage members pay for a covered dental service after they meet their deductible, if any. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

Maximum plan allowance (MPA)

MPA is the maximum amount that we will reimburse providers. A non-contracted provider may bill a member for any amount over and above the MPA. This may leave members with a high out-of-pocket balance.

Out-of-pocket costs

What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles, coinsurance for covered expenses and cost of care after the calendar year benefit maximum has been reached.

PPO dentist

A dentist contracted in the Delta Dental PPO™ network. By choosing a PPO dentist, members' out-of-pocket expenses will be less. As PPO dentists contract with us at lower rates, the savings can be passed on to you.

Premier dentist

A dentist contracted with Delta Dental who has agreed that their charges will not exceed their contracted rate with Delta Dental.

Nondiscrimination notice

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

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

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

If you need any of the above, call:

Medicare Customer Service,
800-962-1533 (TDD/TTY 711)

Pharmacy Customer Service,
888-786-7509 (TDD/TTY 711)

Dental Customer Service,
844-827-7379 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

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

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

Moda Health Plan, Inc. is a PPO and PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

For benefits information, visit:

modahealth.com/pers

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

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

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

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

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

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

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

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

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

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

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

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

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

အသံထုတ်: ဤတမ်း (အပါအဝင် အခမဲ့ အပါအဝင် အခမဲ့) ဝါလီ ဝါ တီ အပါအဝင် တမား မာတီ ဝါ ဝါ မူလှီး မဟာယ ဝါ ဝါ ၁-၈၇၇-၆၀၅-၃၂၂၉ (TTY: 711) ဝါ ၃၀၅ ၃၀၅

ໄປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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

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

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

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

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

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

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

Questions? *We're here to help.*

Contact us toll free at 844-827-7379.
TTY users, please call 711.

modahealth.com/pers



Delta Dental of Oregon & Alaska