

# Dental plans to smile about

Groups of 1 – 50

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

Oregon

 DELTA DENTAL



moda  
HEALTH

moda

Hello. Welcome to Moda Health and ODS, the place you go for great dental care – because good oral health is good for the whole body.

Since 1955, we've offered quality dental plans. Today, partnering with Delta Dental, we continue to make dental care affordable and accessible for all Oregonians.

As members, your team will find useful online tools, resources and special programs that provide a little extra attention for their pearly whites. When they need a dentist, they'll just tap into the extensive Delta Dental Network for care, near or far.

We're excited to support your group on the journey to better health. Because together, we can be more. We can be better.

## 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 more than 100,000 licensed dental professionals and approximately 231,000 locations.

Our plans also include useful online tools, resources and special programs to help members protect their smile.

### 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 that 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 screenings, 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



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

## 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

## 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>Dental-only coverage</b>				
5 – 9	50%	0%	75%	75%
10 – 50	50%	0%	75%	75%

<sup>1</sup> A person can waive 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.

### Deadline for new groups

We must receive new group 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 group administrators need to completely fill out and sign a Group Profile Form before obtaining 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 [benefithelpsolutions.com](http://benefithelpsolutions.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.

### 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.

### 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, 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. 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 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.

## 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 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, for Direct Option plans and for plans with an orthodontia rider)
- › 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 800-578-1402. TTY users, please call 711.

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