



Hello.

Welcome to Moda Health Plan, Inc. and Delta Dental Plan of Oregon, 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.

To be your healthy best you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more – and we're excited to help you start on a journey to be better.

For our part, we'll provide networks of doctors and dentists, expert health coaches, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

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

Wellness resources

Explore the tools for your health journey.

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Medical plan details

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We take clinical quality seriously. In 2014, that commitment earned our Commercial and Marketplace PPO plans the National Committee for Quality Assurance (NCQA) "Accredited" rating.

Wellness resources

Member website

Online health tools

Special programs

Tools for your health journey

Moda Health and Delta Dental of Oregon are here to help you feel well so you can live better longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. As a member, log in at modahealth.com to:

- Find in-network providers
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access Be Better tools to get and stay healthy
- Look up medication prices
- Download your member ID card
- Pay your premium with eBill and set up recurring payments with AutoPay

Be Better tools

These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to myModa to get started. ➔



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health.

Log in to myModa and look for Momentum to:

- Take a health assessment and see your "health age"
- Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- Research conditions and medications
- Set goals and track progress
- Create a Family Health Record
- Find health content and resources



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best.

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 you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing.

We can help you:

- Understand your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to myModa to find medication cost estimates and generic options.



eDoc

Email a health professional about any health concern. eDoc keeps it private and customized to you.

You can connect with:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice – When you leave a message for a provider, you'll get a phone response within 24 hours.

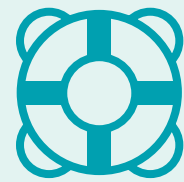


Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Call for guidance on:

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



Quitting tobacco

Stop smoking or chewing tobacco for good. We'll connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to help you stop smoking is covered in full when you see an in-network provider.

You can tap into:

- Tips for dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by your doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



MIDAS medical ID protection

Keep your health privacy safe with this free service.

As a Moda Health member, log in to myModa and follow the links to MIDAS to claim your benefit. It's an easy way to safeguard your medical record from fraud.



Medical plan details

Overview *page 8*

Networks *page 10*

Pharmacy *page 13*

Create more healthy moments

We love our health plans – and we hope you will, too. They are meant to help you find moments every day to be your healthy best. We call these “Moda moments” – times to connect, help, relax and play.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it’s easier to create healthy moments. As required under the Affordable Care Act (ACA), Moda Health medical plans cover most routine, in-network preventive care. These services may include:

- Periodic health exams
- Well-baby care
- Women’s annual exams
- Many immunizations
- Preventive cancer and other health screenings

Deciding on a plan

Plans vary by premiums, networks, deductibles, copays and coinsurance. Understanding these factors can help you pick the plan for you.

Generally, you’ll pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so you’ll pay less out of pocket for care. Metallic levels can help you narrow down what you pay each month for coverage.

Metallic levels

- **Gold plans** typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- **Silver plans** sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- **Bronze plans** provide a little less coverage – about 60 percent of the total average cost of care – but have lower monthly premiums.
- The **Catastrophic plan** offers our lowest level of coverage. To enroll, you must apply through the Marketplace, HealthCare.gov, and be under age 30 or meet some eligibility requirements as defined by the Marketplace.

	Cost of care	Monthly premium
Gold plans	\$	\$\$\$\$
Silver plans	\$\$	\$\$\$
Bronze plans	\$\$\$	\$\$
Catastrophic plan	\$\$\$\$	\$

Medical networks protect you, near and far

Health happens, whether you're at home or on the road. So, we've made it easy for you to find in-network coverage in your hometown and across the country.

All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

Eligible enrolled dependent children can also find in-network care if they live outside the network service area. As long as they use PHCS Healthy Directions Network providers, they're covered.

When you shop for a plan, pick one with a network that serves your area and has the providers you like. The maps on the next page show each network's coverage area. Check the plan benefit tables in this brochure to see a plan's network.

In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill members 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. Members can also review their Member Handbook for details.

Pediatric dental and vision care

In plans that offer it, embedded pediatric dental care is limited to members under age 19. Members can see any licensed dental care provider in Oregon or the country. However, choosing a Delta Dental Premier Network provider may save members money.

Embedded pediatric vision coverage comes with all Moda Health individual plans in Oregon. Vision care is limited to members under age 19. Members get the best benefit by seeing a licensed, in-network provider.

Is your provider in-network?

Find out by visiting modahealth.com and using Find Care. Choose a network and look for providers near you.

2016 provider networks

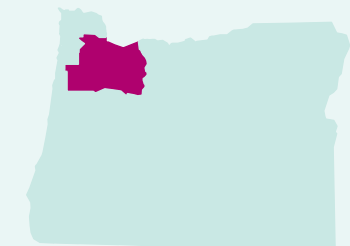
Beacon Network

This broad preferred provider organization (PPO) network spans the state of Oregon. It includes primary care providers and specialists working together with Moda Health to help keep members healthy. Individuals living anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington and Idaho.



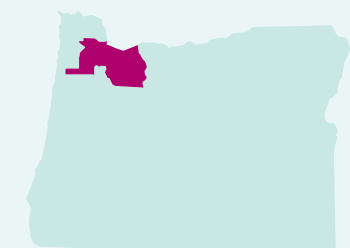
Community Care Network (CCN)

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. Individuals can choose a plan with this network if they live in Multnomah, Washington, Clackamas, Yamhill, Marion or Polk county.



Rose City Network

This network includes Providence Health & Services as well as other physicians, clinics and facilities in the Portland metro area. Individuals can choose a plan with this network if they live in Multnomah, Washington, Clackamas or Yamhill county.



Travel network – PHCS Healthy Directions

When members hit the road, care is never far. While traveling outside the network service area, members can receive emergency or urgent care through the PHCS Healthy Directions Network, which is paid at the in-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, members may access any provider for in-network emergency care. This care is subject to balance billing. All other care received outside the United States is not covered.





Expect quality pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Medication tiers offer ways to save

All Moda Health medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, brand and specialty. Each tier has a copay or coinsurance amount set by the plan.

To see medication-tier coverage amounts, check the plan benefit tables in this brochure. You can also visit modahealth.com/plans/individual and choose "Pharmacy" to find medications by tier.

Our pharmacy network

Members get the best benefit by using the Moda Health MedImpact pharmacy network. Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Walgreens.

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

Find an in-network pharmacy

Visit modahealth.com and use Find Care. Choose the Moda Health MedImpact pharmacy network to see what's nearby.

Other handy pharmacy features

Along with great benefits, members get tools that make finding medications a little easier.

The "prescription price check" lets members look up estimated medication prices online. They just log in to myModa and enter a medication name to find cost estimates by medication tier. Members can also compare pricing estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with their doctor.

Picking a medical plan

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How to enroll *page 15*

Benefit tables *page 16*

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- › Bronze plans *page 20*
- › HSA plan *page 22*
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- › Limitations and exclusions *page 25*

Choose and enroll in your plan

Not sure where to start? Whatever your needs, we're confident you'll find the medical plan that fits just right.

How open enrollment works

Open enrollment for 2016 individual and family medical plans is Nov. 1, 2015, through Jan. 31, 2016. You can enroll in a plan or switch to a different plan during that time.

If you miss open enrollment and experience a life change, you might qualify for special enrollment. For example, having a baby, getting married or divorced, losing health coverage or moving to a new state could make you and those you want to cover eligible.

Visit the Learning Center at choosemoda.com to learn more about open and special enrollment.

After you enroll

Once you're enrolled, you'll receive a welcome letter that confirms your plan and includes your subscriber ID number. Your ID card will arrive in a separate mailing. Use your ID number to log in to myModa at modahealth.com. Then find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first invoice is ready, you can also manage billing and payment options through myModa.

Questions?

Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m. Pacific Time. TTY users, please call 711.

Follow these simple steps to enroll



Confirm your eligibility

You must be an Oregon resident and live in Oregon at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Individuals who are enrolled in Medicare (Part A and Part B) or Medicare Advantage cannot enroll in a Moda Health individual medical plan, regardless of age. Learn more about Medicare at cms.gov, or visit modahealth.com/medicare to see our Medicare options available in Oregon.

Find the plan you like

Browse and compare our 2016 medical plans in this brochure or at choosemoda.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look! For free print copies of plan summaries of benefits and coverage, please call us.

When deciding on a plan, be sure to pick one with the provider network you prefer.

Enroll at choosemoda.com

Starting Nov. 1, 2015, visit choosemoda.com to enroll in 2016 Moda Health medical plans. If you qualify for federal financial assistance, we'll show you how to apply through the Marketplace, HealthCare.gov.

2016 Medical plan benefit table

	Moda Health Beacon Be Protected		Moda Health Oregon Standard Gold (Beacon)		Moda Health CCN Be Integrated		Moda Health Rose City Be Integrated	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$1,000	\$2,000	\$1,250	\$2,500	\$500	\$1,000	\$500	\$1,000
Deductible per family	\$2,000	\$4,000	\$2,500	\$5,000	\$1,000	\$2,000	\$1,000	\$2,000
Out-of-pocket max per person	\$5,500	\$11,000	\$6,350	\$12,700	\$5,500	\$11,000	\$5,500	\$11,000
Out-of-pocket max per family	\$11,000	\$22,000	\$12,700	\$25,400	\$11,000	\$22,000	\$11,000	\$22,000
Care & services								
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$15/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$15/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$15/visit	50% after deductible	\$60/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Inpatient/outpatient care	15% after deductible	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	15% after deductible	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$15/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Emergency room visit	15% after deductible	15% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Ambulance	15% after deductible	15% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Physical, speech or occupational therapy visit	\$15/visit	50% after deductible	\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit ²	\$15/visit	50% after deductible	Not covered		Not covered		Not covered	
Embedded pediatric dental care	Included for members under age 19; deductible waived for preventive services		Not covered		Not covered		Not covered	
Embedded pediatric vision exam	\$15/visit	50% after deductible	\$0/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Embedded pediatric vision hardware	15% after deductible	50% after deductible	\$0/visit	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Accident benefit	No cost share for the first \$1,000; services must be completed within 90 days of the injury		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
Prescription medications³								
Value	\$2	\$2	\$10	\$10	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred	40%	40%	\$30	\$30	40%	40%	40%	40%
Brand	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Features								
Metallic level	● Gold		● Gold		● Gold		● Gold	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Through HealthCare.gov only	
Provider network	Beacon Network		Beacon Network		Community Care Network (CCN) ⁴		Rose City Network ⁴	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

¹ For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out of network.

² Medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,000 per calendar year.

³ 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

⁴ To be eligible, you have to live in Multnomah, Washington, Clackamas, Yamhill, Marion or Polk county for CCN network and Multnomah, Washington, Clackamas or Yamhill county for Rose City network.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2016 Medical plan benefit table

	Moda Health Beacon Be Prepared		Moda Health Oregon Standard Silver (Beacon)		Moda Health Beacon Be Steady		Moda Health CCN Be Supported		Moda Health Rose City Be Supported	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs										
Deductible per person	\$1,550	\$3,100	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000	\$2,500	\$5,000
Deductible per family	\$3,100	\$6,200	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,350	\$12,700	\$6,500	\$13,000	\$6,500	\$13,000	\$6,500	\$13,000
Out-of-pocket max per family	\$13,700	\$27,400	\$12,700	\$25,400	\$13,000	\$26,000	\$13,000	\$26,000	\$13,000	\$26,000
Care & services										
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$30/visit	50% after deductible	\$35/visit	50% after deductible	25%	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Specialist office visit	\$30/visit	50% after deductible	\$70/visit	50% after deductible	25%	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$30/visit	50% after deductible	\$90/visit	50% after deductible	25%	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$30/visit	50% after deductible	\$35/visit	50% after deductible	25%	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Physical, speech or occupational therapy visit	\$30/visit	50% after deductible	\$35/visit	50% after deductible	25%	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit ²	\$30/visit	50% after deductible	Not covered		25%	50% after deductible	Not covered		Not covered	
Embedded pediatric dental care	Included for members under age 19; deductible waived for preventive services		Not covered		Not covered		Not covered		Not covered	
Embedded pediatric vision exam	\$30/visit	50% after deductible	\$0/visit	50% after deductible	25%	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Embedded pediatric vision hardware	30% after deductible	50% after deductible	\$0/visit	50% after deductible	30% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Accident benefit	No cost share for the first \$1,000; services must be completed within 90 days of the injury		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
Prescription medications³										
Value	\$2	\$2	\$15	\$15	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$15	\$15	\$20	\$20	\$10	\$10	\$10	\$10
Preferred	40%	40%	\$50	\$50	40%	40%	40%	40%	40%	40%
Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Features										
Metallic level	● Silver		● Silver		● Silver		● Silver		● Silver	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Through HealthCare.gov only	
Provider network	Beacon Network		Beacon Network		Beacon Network		Community Care Network (CCN) ⁴		Rose City Network ⁴	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

¹ For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out of network.

² Medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,000 per calendar year.

³ 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

⁴ To be eligible, you have to live in Multnomah, Washington, Clackamas, Yamhill, Marion or Polk county for CCN network and Multnomah, Washington, Clackamas or Yamhill county for Rose City network.

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2016 Medical plan benefit table

	Moda Health Oregon Standard Bronze (Beacon)		Moda Health Beacon Be Resilient		Moda Health Beacon Be Lively		Moda Health CCN Be Lively		Moda Health Rose City Be Lively	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs										
Deductible per person	\$5,000	\$10,000	\$6,500	\$13,000	\$5,500	\$11,000	\$5,500	\$11,000	\$5,500	\$11,000
Deductible per family	\$10,000	\$20,000	\$13,000	\$26,000	\$11,000	\$22,000	\$11,000	\$22,000	\$11,000	\$22,000
Out-of-pocket max per person	\$6,350	\$12,700	\$6,500	\$13,000	\$6,850	\$13,700	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$12,700	\$25,400	\$13,000	\$26,000	\$13,700	\$27,400	\$13,700	\$27,400	\$13,700	\$27,400
Care & services										
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	0% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$60 after deductible	50% after deductible	0% after deductible	0% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Specialist office visit	\$100 after deductible	50% after deductible	0% after deductible	0% after deductible	\$100/visit	50% after deductible	\$100/visit	50% after deductible	\$100/visit	50% after deductible
Urgent care visit	\$120 after deductible	50% after deductible	0% after deductible	0% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$60 after deductible	50% after deductible	0% after deductible	0% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Emergency room visit	50% after deductible	50% after deductible	0% after deductible	0% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Ambulance	50% after deductible	50% after deductible	0% after deductible	0% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Physical, speech or occupational therapy visit	\$60 after deductible	50% after deductible	0% after deductible	0% after deductible	\$100/visit	50% after deductible	\$100/visit	50% after deductible	\$100/visit	50% after deductible
Alternative care visit ²	Not covered		Not covered		40%	50% after deductible	40%	50% after deductible	40%	50% after deductible
Embedded pediatric dental care	Not covered		Not covered		Not covered		Not covered		Not covered	
Embedded pediatric vision exam	\$0/visit	50% after deductible	0% after deductible	0% after deductible	40%	50% after deductible	40%	50% after deductible	40%	50% after deductible
Embedded pediatric vision hardware	\$0/visit	50% after deductible	0% after deductible	0% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Accident benefit	Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	
Prescription medications³										
Value	\$20 after deductible	\$20 after deductible	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20 after deductible	\$20 after deductible	\$10	\$10	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Preferred	\$80 after deductible	\$80 after deductible	0% after deductible	0% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Brand	50% after deductible	50% after deductible	0% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered	0% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features										
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze		● Bronze	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov		Through HealthCare.gov only	
Provider network	Beacon Network		Beacon Network		Beacon Network ⁴		Community Care Network (CCN) ⁵		Rose City Network ⁵	
Travel network	PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network		PHCS Healthy Directions Network	

¹ For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out of network.
² Medically necessary spinal manipulations, acupuncture care and naturopathic substances, up to \$1,000 per calendar year.

³ 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
⁴ If you live in Multnomah, Washington, Clackamas, Yamhill, Marion or Polk county, you are not eligible to purchase this plan.

⁵ To be eligible, you have to live in Multnomah, Washington, Clackamas, Yamhill, Marion or Polk county for CCN network and Multnomah, Washington, Clackamas or Yamhill county for Rose City network.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Be a better saver with an HSA

Our health savings account (HSA)–compliant, high-deductible PPO health plan gives you flexibility and choice.

You have the freedom to use any financial institution for your HSA plan. You may use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. Enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA plan, you must:

- Use a financial institution that has an HSA option
- Be covered by a qualified high-deductible health plan
- Not be covered under another non-HSA–compliant medical plan (including your spouse’s plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

Calendar year costs

The deductible works differently in the HSA plan than in our other plans. And if you have a 2015 HSA plan, please note there are some changes to the out-of-pocket maximum.

Deductible

If you have subscriber-only coverage, you must meet the per-person deductible. If your plan covers more than one person, your family must meet the entire family deductible before benefits are payable.

Out-of-pocket maximum

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

2016 Medical plan benefit table

	Moda Health Beacon HSA	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person (subscriber-only coverage)	\$3,250	\$6,500
Deductible per family (two or more enrollees)	\$6,500	\$13,000
Out-of-pocket max per person	\$6,550	\$13,100
Out-of-pocket max per family	\$13,100	\$26,200
Care & services		
Preventive care visit ¹	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible
Emergency room visit	50% after deductible	50% after deductible
Ambulance	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible
Alternative care visit		Not covered
Embedded pediatric dental care		Not covered
Embedded pediatric vision exam	50% after deductible	50% after deductible
Embedded pediatric vision hardware	50% after deductible	50% after deductible
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications²		
Value	\$2	\$2
Select	50% after deductible	50% after deductible
Preferred	50% after deductible	50% after deductible
Brand	50% after deductible	50% after deductible
Specialty	50% after deductible	Not covered
Features		
Metallic level	● Bronze	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov	
Provider network	Beacon Network	
Travel network	PHCS Healthy Directions Network	

¹ For services as required under the Affordable Care Act

² 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2016 Medical plan benefit table

	Moda Health Beacon Be Bold	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$6,850	\$13,700
Deductible per family	\$13,700	\$27,400
Out-of-pocket max per person	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400
Care & services		
Preventive care visit ¹	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	\$45/visit for first 3 visits; 0% after deductible for subsequent visits	0% after deductible
Specialist office visit	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible
Alternative care visit	Not covered	
Embedded pediatric dental care	Not covered	
Embedded pediatric vision exam	0% after deductible	0% after deductible
Embedded pediatric vision hardware	0% after deductible	0% after deductible
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications²		
Value	0% after deductible	0% after deductible
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Brand	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered
Features		
Metallic level	● Catastrophic	
Plan enrollment options	Through HealthCare.gov only	
Provider network	Beacon Network	
Travel network	PHCS Healthy Directions Network	

¹ For services as required under the Affordable Care Act. Only mammograms, women's exams, Pap tests, prostate exams and PSA tests are covered out of network.

² 30-day supply when filled at a retail or specialty pharmacy and 90-day supply when filled by mail order. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 2016 Moda Health individual and family medical plans. For a full list of limitations and exclusions per plan or for copies of plan summaries of benefits and coverage (SBCs), please call us at 855-718-1767.

Limitations

- Alternative care is subject to an annual dollar maximum. 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 are 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 a 30-day lifetime maximum and up to five consecutive days.
- Prescriptions are limited to a maximum 30-day supply for retail and specialty pharmacy and 90 days for mail order medications.
- Prescriptions - If using a brand tier medication when a generic tier equivalent is available, the member will be responsible for the brand tier cost sharing plus the difference in cost between the generic and brand tier medication.
- 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.
- All medical plans include one vision exam and standard lens and frame or contact lenses every 12 months for those under age 19.

Exclusions

- Alternative care on some plans
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury and for pediatric care on the Be Protected and Be Prepared plans)
- 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
- 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
- Injury resulting from practicing for or participating in professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided or ordered by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

Dental plan details

Overview *page 26*

Networks *page 27*

Benefit tables *page 28*

Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental Plan of Oregon plans, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- No waiting periods for Class 1 services
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

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

Coverage options

We offer a variety of plans so you can find the right fit for you. Choose from four types of dental plans.

Delta Dental Premier plan

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental PPO plan

This plan offers a broad range of both services and providers. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. This plan also gives members the flexibility of seeing a Premier or noncontracted dentist under the out-of-network benefits. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Exclusive PPO plan

This plan gives members a higher level of benefits than the PPO plan, but they must see Delta Dental PPO-contracted providers to receive a benefit. This exclusive provider option does not pay for services provided from a Premier or noncontracted dentist. Care from providers outside this network is not covered.

Delta Dental PPO Bright Smiles plan

This PPO plan is available for all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover children under age 19. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Enroll anytime

You can enroll in dental coverage year-round. Visit choosemoda.com to pick the dental plan you like. You can enroll through the Marketplace, HealthCare.gov, only if you are also enrolling in a medical plan at the same time and/or if you qualify for federal financial assistance.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and the country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance bill – the difference between the allowed amount and the dentist's fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Is my dentist in the network?

To find out, visit modahealth.com and use Find Care. Choose a dental network and look for participating dentists in your area.

2016 dental networks

Delta Dental Premier Network

This is the largest dental network in Oregon and nationally. It includes more than 2,300 providers in Oregon and over 151,000 Delta Dental Premier dentists nationwide.

Delta Dental PPO Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,100 participating providers in Oregon and offers access to over 99,000 Delta Dental PPO dentists nationwide.

2016 Dental plan benefit table

	Delta Dental Premier		Delta Dental PPO				Delta Dental Exclusive PPO				Delta Dental PPO Bright Smiles			
	Under age 19	Ages 19+	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19		Ages 19+	
			In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs														
Deductible per person	\$50		\$0				\$0				\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members in-network only				\$350 for one member; \$700 for two or more members				\$350 for one member; \$700 for two or more members in-network only			
Annual benefit max (age 19+)	\$1,000		\$1,000				\$1,500				N/A			
Class 1														
Exams and X-rays	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Cleanings	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Periodontal maintenance	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Sealants	0%	0%	25%	50%	25%	50%	0%	Not covered	0%	Not covered	25%	50%	Not covered	
Topical fluoride	0%	0% ¹	25%	50%	25% ¹	50% ¹	0%	Not covered	0% ¹	Not covered	25%	50%	Not covered	
Class 2														
Space maintainers	30% after deductible	Not covered	40%	50%	Not covered	Not covered	20%	Not covered	Not covered	Not covered	40%	50%	Not covered	
Restorative fillings ²	30% after deductible	30% after deductible	40%	50%	40%	50%	20%	Not covered	20%	Not covered	40%	50%	Not covered	
Class 3														
Oral surgery ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Endodontics ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Periodontics ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Restorative crowns ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Bridges ³	Not covered	50% after deductible	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Anesthesia ³	50% after deductible	50% after deductible	50%	50%	50%	50%	50%	Not covered	50%	Not covered	50%	50%	Not covered	
Orthodontia ⁴	50% after deductible	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	50%	50%	Not covered	
Features														
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov				Direct through choosemoda.com or through HealthCare.gov				Direct through choosemoda.com only			
Provider network	Delta Dental Premier 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	N/A	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Yes	

¹ Only covered once in a 12-month period if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment
² Six-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
³ 12-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
⁴ Only covered to treat cleft palate, with or without cleft lip

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2016 Delta Dental of Oregon individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us at 855-718-1767.

Limitations

Class 1

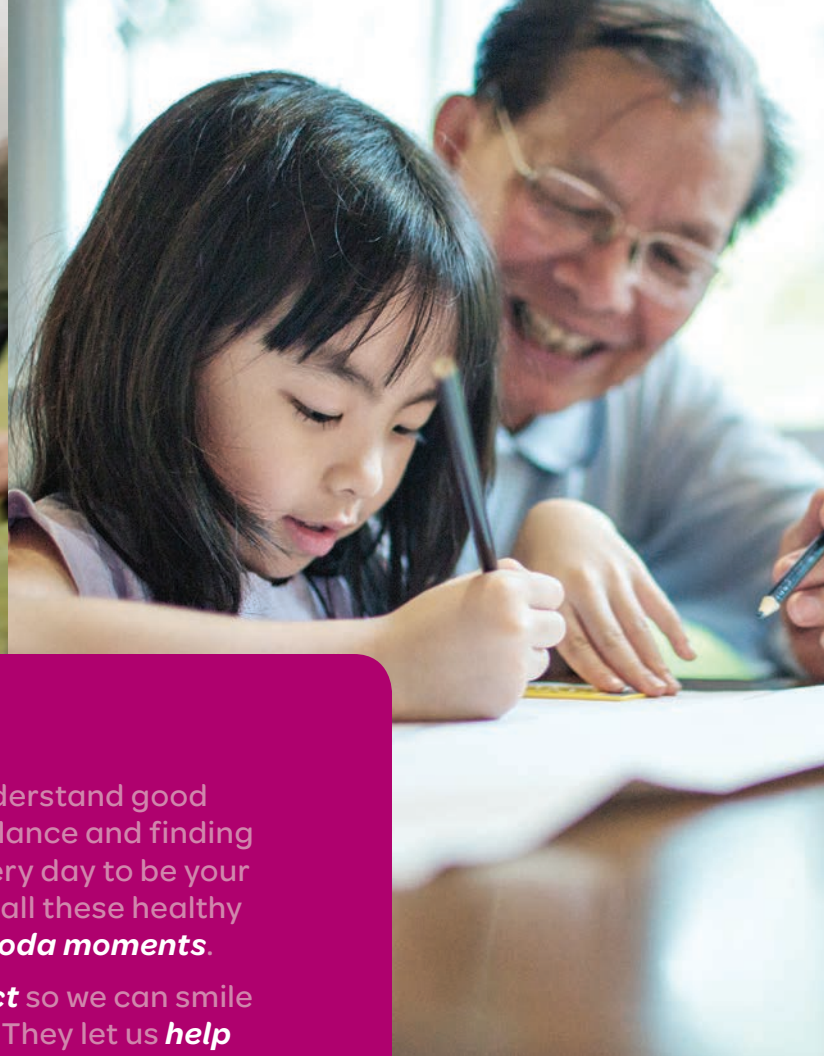
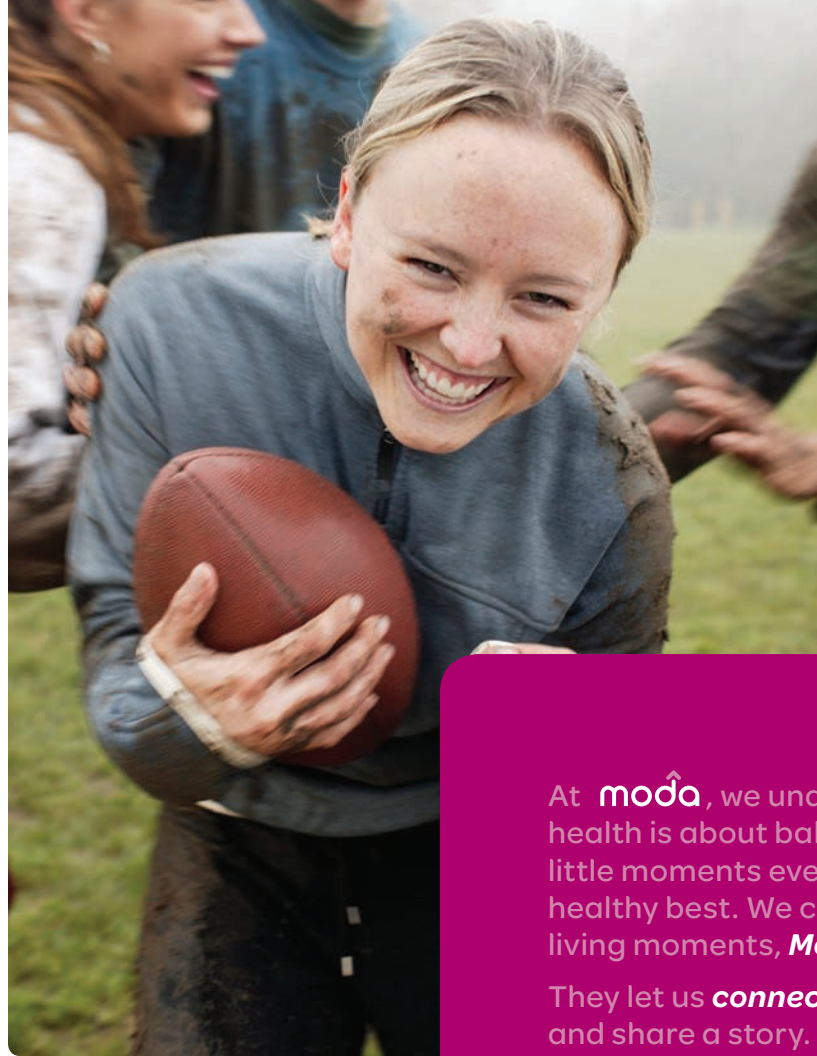
- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period
- Fluoride once in a six-month period under age 19
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period
- Nightguards once in a five-year period, up to \$150 maximum.

Class 2 and Class 3

- Bridges and dentures once in a seven-year period
- Bridges not covered 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
- 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
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Out-of-network providers on the Exclusive PPO plan
- 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



At **moda**, we understand good health is about balance and finding little moments every day to be your healthy best. We call these healthy living moments, **Moda moments**.

They let us **connect** so we can smile and share a story. They let us **help** so we can reach out and spread some love. They let us **relax** so we can recharge and rewind. And they let us **play** because we should always find time for fun.

#modamoment



Plan premiums

What you pay *page 32*

Medical premiums *page 34*

› Rating Area 1 *page 34*

› Rating Area 2 *page 36*

› Rating Area 3 *page 38*

› Rating Area 4 *page 40*

› Rating Area 5 *page 42*

› Rating Area 6 *page 44*

› Rating Area 7 *page 46*

Dental premiums *page 48*

Premium worksheet *page 49*

Calculate what you pay each month

Our plans offer competitive premiums – the amount you pay each month for coverage. If you want great benefits and value, you're in good hands.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. In medical plans, your rating area, or where you live, also matters. The maps on the next page show the rating area locations and list the counties in each rating area.

Ready to find your premium? Just follow the steps on page 49 to calculate it.

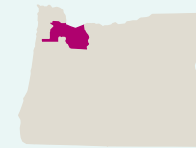
How your premium could change

2016 premiums are effective Jan. 1, 2016, through Dec. 31, 2016. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

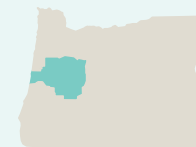
Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice 90 days prior to the new plan effective date explaining any updates.



Rating Area 1 *page 34*

This area includes Clackamas, Multnomah, Washington and Yamhill counties.



Rating Area 2 *page 36*

This area includes Benton, Lane and Linn counties.



Rating Area 3 *page 38*

This area includes Marion and Polk counties.



Rating Area 4 *page 40*

This area includes Deschutes, Klamath and Lake counties.



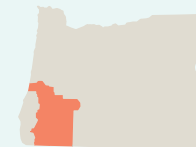
Rating Area 5 *page 42*

This area includes Clatsop, Columbia, Coos, Curry, Lincoln and Tillamook counties.



Rating Area 6 *page 44*

This area includes Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler counties.

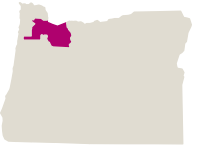


Rating Area 7 *page 46*

This area includes Douglas, Jackson and Josephine counties.

Medical plan premiums for Rating Area 1

This area includes Clackamas, Multnomah, Washington and Yamhill counties.



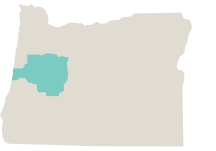
Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$183	\$289	\$289	\$289	\$289	\$290	\$296	\$302	\$314	\$323	\$328	\$334	\$341	\$346	\$350	\$353	\$355	\$357	\$360	\$364	\$369	\$376
● Moda Health CCN Be Integrated	\$179	\$282	\$282	\$282	\$282	\$283	\$289	\$296	\$307	\$316	\$320	\$327	\$334	\$338	\$342	\$345	\$347	\$349	\$352	\$356	\$361	\$367
● Moda Health Rose City Be Integrated	\$170	\$268	\$268	\$268	\$268	\$269	\$274	\$281	\$291	\$300	\$304	\$310	\$317	\$321	\$325	\$327	\$330	\$332	\$334	\$338	\$342	\$349
● Moda Health Oregon Standard Gold (Beacon)	\$182	\$287	\$287	\$287	\$287	\$288	\$294	\$301	\$312	\$321	\$326	\$333	\$340	\$344	\$349	\$351	\$353	\$355	\$358	\$362	\$367	\$374
● Moda Health Beacon Be Prepared	\$161	\$254	\$254	\$254	\$254	\$255	\$260	\$266	\$276	\$284	\$288	\$294	\$300	\$304	\$308	\$310	\$312	\$314	\$316	\$320	\$324	\$330
● Moda Health CCN Be Supported	\$143	\$226	\$226	\$226	\$226	\$227	\$231	\$237	\$245	\$253	\$256	\$262	\$267	\$270	\$274	\$276	\$278	\$279	\$281	\$285	\$288	\$294
● Moda Health Rose City Be Supported	\$136	\$215	\$215	\$215	\$215	\$216	\$220	\$225	\$233	\$240	\$244	\$249	\$254	\$257	\$261	\$262	\$264	\$266	\$267	\$271	\$274	\$280
● Moda Health Beacon Be Steady	\$145	\$229	\$229	\$229	\$229	\$230	\$234	\$240	\$249	\$256	\$260	\$265	\$271	\$274	\$278	\$280	\$282	\$283	\$285	\$289	\$293	\$298
● Moda Health Oregon Standard Silver (Beacon)	\$152	\$240	\$240	\$240	\$240	\$241	\$246	\$251	\$261	\$269	\$272	\$278	\$284	\$287	\$291	\$293	\$295	\$297	\$299	\$303	\$307	\$312
● Moda Health CCN Be Lively	\$120	\$188	\$188	\$188	\$188	\$189	\$193	\$197	\$205	\$211	\$214	\$218	\$223	\$225	\$229	\$230	\$232	\$233	\$235	\$238	\$241	\$245
● Moda Health Rose City Be Lively	\$113	\$178	\$178	\$178	\$178	\$179	\$183	\$187	\$194	\$200	\$202	\$207	\$211	\$214	\$217	\$218	\$219	\$221	\$222	\$225	\$228	\$232
● Moda Health Beacon Be Resilient	\$122	\$192	\$192	\$192	\$192	\$193	\$197	\$201	\$209	\$215	\$218	\$223	\$227	\$230	\$233	\$235	\$236	\$238	\$239	\$243	\$246	\$250
● Moda Health Oregon Standard Bronze (Beacon)	\$125	\$197	\$197	\$197	\$197	\$198	\$201	\$206	\$214	\$220	\$223	\$228	\$233	\$236	\$239	\$240	\$242	\$244	\$245	\$248	\$251	\$256
● Moda Health Beacon HSA	\$134	\$212	\$212	\$212	\$212	\$212	\$217	\$222	\$230	\$237	\$240	\$245	\$250	\$254	\$257	\$259	\$260	\$262	\$264	\$267	\$270	\$276
● Moda Health Beacon Be Bold	\$98	\$154	\$154	\$154	\$154	\$154	\$157	\$161	\$167	\$172	\$174	\$178	\$182	\$184	\$187	\$188	\$189	\$190	\$191	\$194	\$196	\$200

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$382	\$392	\$403	\$417	\$433	\$451	\$472	\$492	\$515	\$538	\$563	\$589	\$616	\$644	\$673	\$703	\$735	\$751	\$783	\$811	\$829	\$852	\$866
● Moda Health CCN Be Integrated	\$374	\$383	\$394	\$407	\$423	\$441	\$461	\$481	\$504	\$526	\$551	\$576	\$602	\$629	\$658	\$688	\$719	\$734	\$766	\$793	\$811	\$833	\$846
● Moda Health Rose City Be Integrated	\$355	\$364	\$374	\$387	\$402	\$419	\$438	\$457	\$478	\$500	\$523	\$546	\$572	\$597	\$625	\$653	\$683	\$697	\$727	\$753	\$770	\$791	\$804
● Moda Health Oregon Standard Gold (Beacon)	\$380	\$390	\$401	\$415	\$431	\$449	\$469	\$490	\$513	\$535	\$560	\$586	\$613	\$640	\$670	\$700	\$732	\$747	\$779	\$807	\$825	\$848	\$861
● Moda Health Beacon Be Prepared	\$336	\$344	\$354	\$366	\$380	\$396	\$415	\$433	\$453	\$473	\$495	\$517	\$542	\$566	\$592	\$618	\$646	\$660	\$688	\$713	\$729	\$749	\$761
● Moda Health CCN Be Supported	\$299	\$306	\$315	\$326	\$339	\$353	\$369	\$385	\$403	\$421	\$441	\$460	\$482	\$503	\$527	\$550	\$575	\$588	\$613	\$634	\$648	\$666	\$677
● Moda Health Rose City Be Supported	\$284	\$291	\$300	\$310	\$322	\$336	\$351	\$366	\$383	\$400	\$419	\$438	\$458	\$479	\$501	\$523	\$547	\$559	\$583	\$603	\$617	\$634	\$644
● Moda Health Beacon Be Steady	\$303	\$311	\$320	\$331	\$343	\$358	\$374	\$391	\$409	\$427	\$447	\$467	\$489	\$511	\$534	\$558	\$583	\$596	\$621	\$643	\$658	\$676	\$687
● Moda Health Oregon Standard Silver (Beacon)	\$318	\$326	\$335	\$347	\$360	\$375	\$392	\$409	\$429	\$448	\$468	\$490	\$512	\$535	\$560	\$585	\$611	\$625	\$651	\$674	\$689	\$708	\$720
● Moda Health CCN Be Lively	\$249	\$255	\$263	\$272	\$282	\$294	\$308	\$321	\$336	\$351	\$367	\$384	\$402	\$420	\$439	\$459	\$480	\$490	\$511	\$529	\$541	\$556	\$564
● Moda Health Rose City Be Lively	\$236	\$242	\$249	\$258	\$268	\$279	\$292	\$304	\$319	\$333	\$348	\$364	\$381	\$398	\$416	\$435	\$454	\$464	\$484	\$501	\$512	\$527	\$534
● Moda Health Beacon Be Resilient	\$255	\$261	\$268	\$278	\$288	\$300	\$314	\$328	\$343	\$358	\$375	\$392	\$410	\$429	\$448	\$468	\$490	\$500	\$522	\$540	\$552	\$567	\$576
● Moda Health Oregon Standard Bronze (Beacon)	\$261	\$267	\$275	\$284	\$295	\$308	\$322	\$336	\$351	\$367	\$384	\$401	\$420	\$439	\$459	\$480	\$501	\$512	\$534	\$553	\$565	\$581	\$590
● Moda Health Beacon HSA	\$280	\$287	\$296	\$306	\$317	\$331	\$346	\$361	\$378	\$395	\$413	\$432	\$452	\$472	\$494	\$516	\$539	\$551	\$574	\$595	\$608	\$625	\$635
● Moda Health Beacon Be Bold	\$204	\$208	\$215	\$222	\$230	\$240	\$251	\$262	\$274	\$287	\$300	\$313	\$328	\$343	\$358	\$374	\$391	\$400	\$417	\$432	\$441	\$454	\$461

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Medical plan premiums for Rating Area 2

This area includes Benton, Lane and Linn counties.



Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$177	\$278	\$278	\$278	\$278	\$280	\$285	\$292	\$303	\$312	\$316	\$323	\$329	\$334	\$338	\$340	\$343	\$345	\$347	\$351	\$356	\$363
● Moda Health Oregon Standard Gold (Beacon)	\$176	\$277	\$277	\$277	\$277	\$278	\$284	\$290	\$301	\$310	\$314	\$321	\$328	\$332	\$336	\$339	\$341	\$343	\$345	\$350	\$354	\$361
● Moda Health Beacon Be Prepared	\$155	\$245	\$245	\$245	\$245	\$246	\$251	\$257	\$266	\$274	\$278	\$284	\$290	\$293	\$297	\$299	\$301	\$303	\$305	\$309	\$313	\$319
● Moda Health Beacon Be Steady	\$140	\$221	\$221	\$221	\$221	\$222	\$226	\$232	\$240	\$247	\$251	\$256	\$261	\$265	\$268	\$270	\$272	\$274	\$275	\$279	\$282	\$288
● Moda Health Oregon Standard Silver (Beacon)	\$147	\$232	\$232	\$232	\$232	\$232	\$237	\$243	\$252	\$259	\$263	\$268	\$274	\$277	\$281	\$283	\$285	\$287	\$289	\$292	\$296	\$301
● Moda Health Beacon Be Lively	\$120	\$189	\$189	\$189	\$189	\$189	\$193	\$198	\$205	\$211	\$214	\$219	\$223	\$226	\$229	\$230	\$232	\$233	\$235	\$238	\$241	\$246
● Moda Health Beacon Be Resilient	\$118	\$185	\$185	\$185	\$185	\$186	\$190	\$194	\$202	\$208	\$210	\$215	\$219	\$222	\$225	\$227	\$228	\$230	\$231	\$234	\$237	\$241
● Moda Health Oregon Standard Bronze (Beacon)	\$121	\$190	\$190	\$190	\$190	\$191	\$194	\$199	\$206	\$212	\$216	\$220	\$225	\$227	\$231	\$232	\$234	\$235	\$237	\$240	\$243	\$247
● Moda Health Beacon HSA	\$130	\$204	\$204	\$204	\$204	\$205	\$209	\$214	\$222	\$229	\$232	\$237	\$242	\$245	\$248	\$250	\$251	\$253	\$254	\$258	\$261	\$266
● Moda Health Beacon Be Bold	\$94	\$148	\$148	\$148	\$148	\$149	\$152	\$155	\$161	\$166	\$168	\$172	\$175	\$178	\$180	\$181	\$182	\$184	\$185	\$187	\$189	\$193

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$369	\$378	\$389	\$402	\$418	\$435	\$455	\$475	\$497	\$519	\$544	\$568	\$595	\$621	\$650	\$679	\$710	\$725	\$756	\$783	\$800	\$822	\$834
● Moda Health Oregon Standard Gold (Beacon)	\$367	\$376	\$387	\$400	\$416	\$433	\$453	\$473	\$495	\$517	\$541	\$565	\$592	\$618	\$646	\$675	\$706	\$721	\$752	\$779	\$796	\$818	\$831
● Moda Health Beacon Be Prepared	\$324	\$332	\$342	\$353	\$367	\$383	\$400	\$418	\$437	\$457	\$478	\$499	\$523	\$546	\$571	\$597	\$624	\$637	\$664	\$688	\$703	\$723	\$734
● Moda Health Beacon Be Steady	\$293	\$300	\$309	\$319	\$331	\$345	\$361	\$377	\$395	\$412	\$431	\$451	\$472	\$493	\$515	\$538	\$563	\$575	\$600	\$621	\$635	\$652	\$663
● Moda Health Oregon Standard Silver (Beacon)	\$307	\$314	\$323	\$334	\$347	\$362	\$379	\$395	\$414	\$432	\$452	\$472	\$494	\$516	\$540	\$564	\$590	\$603	\$628	\$651	\$665	\$684	\$695
● Moda Health Beacon Be Lively	\$250	\$256	\$263	\$272	\$283	\$295	\$308	\$322	\$337	\$352	\$368	\$385	\$403	\$421	\$440	\$460	\$481	\$491	\$512	\$530	\$542	\$557	\$566
● Moda Health Beacon Be Resilient	\$246	\$252	\$259	\$268	\$278	\$290	\$303	\$316	\$331	\$346	\$362	\$378	\$396	\$414	\$433	\$452	\$473	\$483	\$503	\$521	\$533	\$547	\$555
● Moda Health Oregon Standard Bronze (Beacon)	\$252	\$258	\$265	\$274	\$285	\$297	\$310	\$324	\$339	\$354	\$371	\$387	\$405	\$423	\$443	\$463	\$484	\$494	\$515	\$534	\$546	\$561	\$570
● Moda Health Beacon HSA	\$271	\$277	\$285	\$295	\$306	\$319	\$334	\$348	\$365	\$381	\$399	\$417	\$436	\$455	\$476	\$498	\$520	\$532	\$554	\$574	\$587	\$603	\$612
● Moda Health Beacon Be Bold	\$196	\$201	\$207	\$214	\$222	\$232	\$242	\$253	\$265	\$277	\$289	\$302	\$317	\$331	\$346	\$361	\$378	\$386	\$402	\$417	\$426	\$438	\$444

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Medical plan premiums for Rating Area 3

This area includes Marion and Polk counties.



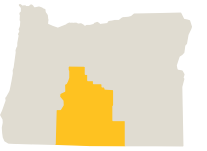
Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$177	\$278	\$278	\$278	\$278	\$280	\$285	\$292	\$303	\$312	\$316	\$323	\$329	\$334	\$338	\$340	\$343	\$345	\$347	\$351	\$356	\$363
● Moda Health CCN Be Integrated	\$173	\$272	\$272	\$272	\$272	\$273	\$279	\$285	\$296	\$305	\$309	\$316	\$322	\$326	\$330	\$333	\$335	\$337	\$339	\$344	\$348	\$354
● Moda Health Oregon Standard Gold (Beacon)	\$176	\$277	\$277	\$277	\$277	\$278	\$284	\$290	\$301	\$310	\$314	\$321	\$328	\$332	\$336	\$339	\$341	\$343	\$345	\$350	\$354	\$361
● Moda Health Beacon Be Prepared	\$155	\$245	\$245	\$245	\$245	\$246	\$251	\$257	\$266	\$274	\$278	\$284	\$290	\$293	\$297	\$299	\$301	\$303	\$305	\$309	\$313	\$319
● Moda Health CCN Be Supported	\$138	\$218	\$218	\$218	\$218	\$219	\$223	\$228	\$237	\$244	\$247	\$252	\$258	\$261	\$264	\$266	\$268	\$270	\$271	\$275	\$278	\$284
● Moda Health Beacon Be Steady	\$140	\$221	\$221	\$221	\$221	\$222	\$226	\$232	\$240	\$247	\$251	\$256	\$261	\$265	\$268	\$270	\$272	\$274	\$275	\$279	\$282	\$288
● Moda Health Oregon Standard Silver (Beacon)	\$147	\$232	\$232	\$232	\$232	\$232	\$237	\$243	\$252	\$259	\$263	\$268	\$274	\$277	\$281	\$283	\$285	\$287	\$289	\$292	\$296	\$301
● Moda Health CCN Be Lively	\$115	\$182	\$182	\$182	\$182	\$182	\$186	\$190	\$197	\$203	\$206	\$211	\$215	\$218	\$221	\$222	\$223	\$225	\$226	\$229	\$232	\$236
● Moda Health Beacon Be Resilient	\$118	\$185	\$185	\$185	\$185	\$186	\$190	\$194	\$202	\$208	\$210	\$215	\$219	\$222	\$225	\$227	\$228	\$230	\$231	\$234	\$237	\$241
● Moda Health Oregon Standard Bronze (Beacon)	\$121	\$190	\$190	\$190	\$190	\$191	\$194	\$199	\$206	\$212	\$216	\$220	\$225	\$227	\$231	\$232	\$234	\$235	\$237	\$240	\$243	\$247
● Moda Health Beacon HSA	\$130	\$204	\$204	\$204	\$204	\$205	\$209	\$214	\$222	\$229	\$232	\$237	\$242	\$245	\$248	\$250	\$251	\$253	\$254	\$258	\$261	\$266
● Moda Health Beacon Be Bold	\$94	\$148	\$148	\$148	\$148	\$149	\$152	\$155	\$161	\$166	\$168	\$172	\$175	\$178	\$180	\$181	\$182	\$184	\$185	\$187	\$189	\$193

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$369	\$378	\$389	\$402	\$418	\$435	\$455	\$475	\$497	\$519	\$544	\$568	\$595	\$621	\$650	\$679	\$710	\$725	\$756	\$783	\$800	\$822	\$834
● Moda Health CCN Be Integrated	\$361	\$369	\$380	\$393	\$408	\$426	\$445	\$464	\$486	\$508	\$531	\$555	\$581	\$607	\$635	\$663	\$694	\$709	\$739	\$765	\$782	\$804	\$816
● Moda Health Oregon Standard Gold (Beacon)	\$367	\$376	\$387	\$400	\$416	\$433	\$453	\$473	\$495	\$517	\$541	\$565	\$592	\$618	\$646	\$675	\$706	\$721	\$752	\$779	\$796	\$818	\$831
● Moda Health Beacon Be Prepared	\$324	\$332	\$342	\$353	\$367	\$383	\$400	\$418	\$437	\$457	\$478	\$499	\$523	\$546	\$571	\$597	\$624	\$637	\$664	\$688	\$703	\$723	\$734
● Moda Health CCN Be Supported	\$289	\$296	\$304	\$315	\$327	\$340	\$356	\$372	\$389	\$406	\$425	\$444	\$465	\$486	\$508	\$531	\$555	\$567	\$591	\$612	\$626	\$643	\$653
● Moda Health Beacon Be Steady	\$293	\$300	\$309	\$319	\$331	\$345	\$361	\$377	\$395	\$412	\$431	\$451	\$472	\$493	\$515	\$538	\$563	\$575	\$600	\$621	\$635	\$652	\$663
● Moda Health Oregon Standard Silver (Beacon)	\$307	\$314	\$323	\$334	\$347	\$362	\$379	\$395	\$414	\$432	\$452	\$472	\$494	\$516	\$540	\$564	\$590	\$603	\$628	\$651	\$665	\$684	\$695
● Moda Health CCN Be Lively	\$241	\$246	\$254	\$262	\$272	\$284	\$297	\$310	\$324	\$339	\$355	\$371	\$388	\$405	\$424	\$443	\$463	\$473	\$493	\$510	\$522	\$536	\$545
● Moda Health Beacon Be Resilient	\$246	\$252	\$259	\$268	\$278	\$290	\$303	\$316	\$331	\$346	\$362	\$378	\$396	\$414	\$433	\$452	\$473	\$483	\$503	\$521	\$533	\$547	\$555
● Moda Health Oregon Standard Bronze (Beacon)	\$252	\$258	\$265	\$274	\$285	\$297	\$310	\$324	\$339	\$354	\$371	\$387	\$405	\$423	\$443	\$463	\$484	\$494	\$515	\$534	\$546	\$561	\$570
● Moda Health Beacon HSA	\$271	\$277	\$285	\$295	\$306	\$319	\$334	\$348	\$365	\$381	\$399	\$417	\$436	\$455	\$476	\$498	\$520	\$532	\$554	\$574	\$587	\$603	\$612
● Moda Health Beacon Be Bold	\$196	\$201	\$207	\$214	\$222	\$232	\$242	\$253	\$265	\$277	\$289	\$302	\$317	\$331	\$346	\$361	\$378	\$386	\$402	\$417	\$426	\$438	\$444

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Medical plan premiums for Rating Area 4

This area includes Deschutes, Klamath and Lake counties.



Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$191	\$300	\$300	\$300	\$300	\$301	\$307	\$315	\$326	\$336	\$341	\$348	\$355	\$360	\$364	\$367	\$369	\$372	\$374	\$379	\$384	\$391
● Moda Health Oregon Standard Gold (Beacon)	\$190	\$299	\$299	\$299	\$299	\$300	\$306	\$313	\$325	\$334	\$339	\$346	\$353	\$358	\$363	\$365	\$367	\$370	\$372	\$377	\$382	\$389
● Moda Health Beacon Be Prepared	\$168	\$264	\$264	\$264	\$264	\$265	\$270	\$276	\$287	\$295	\$299	\$306	\$312	\$316	\$320	\$322	\$324	\$327	\$329	\$333	\$337	\$343
● Moda Health Beacon Be Steady	\$151	\$238	\$238	\$238	\$238	\$239	\$244	\$250	\$259	\$266	\$270	\$276	\$282	\$285	\$289	\$291	\$293	\$295	\$297	\$300	\$304	\$310
● Moda Health Oregon Standard Silver (Beacon)	\$158	\$250	\$250	\$250	\$250	\$251	\$256	\$262	\$271	\$279	\$283	\$289	\$295	\$299	\$303	\$305	\$307	\$309	\$311	\$315	\$319	\$325
● Moda Health Beacon Be Lively	\$129	\$203	\$203	\$203	\$203	\$204	\$208	\$213	\$221	\$227	\$231	\$236	\$240	\$243	\$247	\$248	\$250	\$252	\$253	\$257	\$260	\$265
● Moda Health Beacon Be Resilient	\$127	\$200	\$200	\$200	\$200	\$201	\$205	\$209	\$217	\$224	\$227	\$232	\$236	\$239	\$243	\$244	\$246	\$247	\$249	\$252	\$255	\$260
● Moda Health Oregon Standard Bronze (Beacon)	\$130	\$205	\$205	\$205	\$205	\$205	\$210	\$214	\$222	\$229	\$232	\$237	\$242	\$245	\$248	\$250	\$252	\$253	\$255	\$258	\$262	\$266
● Moda Health Beacon HSA	\$140	\$220	\$220	\$220	\$220	\$221	\$225	\$231	\$239	\$246	\$250	\$255	\$260	\$264	\$267	\$269	\$271	\$272	\$274	\$278	\$281	\$287
● Moda Health Beacon Be Bold	\$101	\$160	\$160	\$160	\$160	\$160	\$164	\$167	\$174	\$179	\$181	\$185	\$189	\$191	\$194	\$195	\$197	\$198	\$199	\$202	\$204	\$208

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$398	\$407	\$419	\$433	\$450	\$469	\$491	\$512	\$536	\$560	\$586	\$612	\$641	\$669	\$700	\$731	\$765	\$781	\$815	\$843	\$862	\$886	\$900
● Moda Health Oregon Standard Gold (Beacon)	\$396	\$405	\$417	\$431	\$448	\$467	\$488	\$509	\$533	\$557	\$583	\$609	\$638	\$666	\$697	\$728	\$761	\$777	\$810	\$839	\$858	\$881	\$896
● Moda Health Beacon Be Prepared	\$350	\$358	\$369	\$381	\$396	\$412	\$431	\$450	\$471	\$492	\$515	\$538	\$563	\$588	\$615	\$643	\$672	\$687	\$716	\$741	\$758	\$779	\$791
● Moda Health Beacon Be Steady	\$315	\$323	\$333	\$344	\$357	\$372	\$389	\$406	\$425	\$444	\$465	\$486	\$508	\$531	\$555	\$580	\$607	\$620	\$646	\$669	\$684	\$703	\$714
● Moda Health Oregon Standard Silver (Beacon)	\$331	\$339	\$349	\$360	\$374	\$390	\$408	\$426	\$446	\$465	\$487	\$509	\$533	\$557	\$582	\$608	\$636	\$650	\$677	\$701	\$717	\$737	\$749
● Moda Health Beacon Be Lively	\$269	\$276	\$284	\$293	\$305	\$318	\$332	\$347	\$363	\$379	\$397	\$415	\$434	\$453	\$474	\$495	\$518	\$529	\$552	\$571	\$584	\$600	\$609
● Moda Health Beacon Be Resilient	\$265	\$271	\$279	\$289	\$300	\$312	\$327	\$341	\$357	\$373	\$390	\$408	\$427	\$446	\$466	\$487	\$509	\$520	\$542	\$562	\$574	\$590	\$600
● Moda Health Oregon Standard Bronze (Beacon)	\$271	\$278	\$286	\$296	\$307	\$320	\$335	\$349	\$365	\$382	\$399	\$417	\$437	\$456	\$477	\$499	\$521	\$533	\$555	\$575	\$588	\$604	\$614
● Moda Health Beacon HSA	\$292	\$299	\$307	\$318	\$330	\$344	\$360	\$375	\$393	\$410	\$430	\$449	\$470	\$491	\$513	\$536	\$561	\$573	\$597	\$618	\$632	\$650	\$660
● Moda Health Beacon Be Bold	\$212	\$217	\$223	\$231	\$240	\$250	\$261	\$273	\$285	\$298	\$312	\$326	\$341	\$356	\$373	\$389	\$407	\$416	\$434	\$449	\$459	\$472	\$479

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Medical plan premiums for Rating Area 5

This area includes Clatsop, Columbia, Coos, Curry, Lincoln and Tillamook counties.



Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$183	\$289	\$289	\$289	\$289	\$290	\$296	\$302	\$314	\$323	\$328	\$334	\$341	\$346	\$350	\$353	\$355	\$357	\$360	\$364	\$369	\$376
● Moda Health Oregon Standard Gold (Beacon)	\$182	\$287	\$287	\$287	\$287	\$288	\$294	\$301	\$312	\$321	\$326	\$333	\$340	\$344	\$349	\$351	\$353	\$355	\$358	\$362	\$367	\$374
● Moda Health Beacon Be Prepared	\$161	\$254	\$254	\$254	\$254	\$255	\$260	\$266	\$276	\$284	\$288	\$294	\$300	\$304	\$308	\$310	\$312	\$314	\$316	\$320	\$324	\$330
● Moda Health Beacon Be Steady	\$145	\$229	\$229	\$229	\$229	\$230	\$234	\$240	\$249	\$256	\$260	\$265	\$271	\$274	\$278	\$280	\$282	\$283	\$285	\$289	\$293	\$298
● Moda Health Oregon Standard Silver (Beacon)	\$152	\$240	\$240	\$240	\$240	\$241	\$246	\$251	\$261	\$269	\$272	\$278	\$284	\$287	\$291	\$293	\$295	\$297	\$299	\$303	\$307	\$312
● Moda Health Beacon Be Lively	\$124	\$195	\$195	\$195	\$195	\$196	\$200	\$205	\$212	\$219	\$222	\$227	\$231	\$234	\$237	\$239	\$240	\$242	\$244	\$247	\$250	\$254
● Moda Health Beacon Be Resilient	\$122	\$192	\$192	\$192	\$192	\$193	\$197	\$201	\$209	\$215	\$218	\$223	\$227	\$230	\$233	\$235	\$236	\$238	\$239	\$243	\$246	\$250
● Moda Health Oregon Standard Bronze (Beacon)	\$125	\$197	\$197	\$197	\$197	\$198	\$201	\$206	\$214	\$220	\$223	\$228	\$233	\$236	\$239	\$240	\$242	\$244	\$245	\$248	\$251	\$256
● Moda Health Beacon HSA	\$134	\$212	\$212	\$212	\$212	\$212	\$217	\$222	\$230	\$237	\$240	\$245	\$250	\$254	\$257	\$259	\$260	\$262	\$264	\$267	\$270	\$276
● Moda Health Beacon Be Bold	\$98	\$154	\$154	\$154	\$154	\$154	\$157	\$161	\$167	\$172	\$174	\$178	\$182	\$184	\$187	\$188	\$189	\$190	\$191	\$194	\$196	\$200

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$382	\$392	\$403	\$417	\$433	\$451	\$472	\$492	\$515	\$538	\$563	\$589	\$616	\$644	\$673	\$703	\$735	\$751	\$783	\$811	\$829	\$852	\$866
● Moda Health Oregon Standard Gold (Beacon)	\$380	\$390	\$401	\$415	\$431	\$449	\$469	\$490	\$513	\$535	\$560	\$586	\$613	\$640	\$670	\$700	\$732	\$747	\$779	\$807	\$825	\$848	\$861
● Moda Health Beacon Be Prepared	\$336	\$344	\$354	\$366	\$380	\$396	\$415	\$433	\$453	\$473	\$495	\$517	\$542	\$566	\$592	\$618	\$646	\$660	\$688	\$713	\$729	\$749	\$761
● Moda Health Beacon Be Steady	\$303	\$311	\$320	\$331	\$343	\$358	\$374	\$391	\$409	\$427	\$447	\$467	\$489	\$511	\$534	\$558	\$583	\$596	\$621	\$643	\$658	\$676	\$687
● Moda Health Oregon Standard Silver (Beacon)	\$318	\$326	\$335	\$347	\$360	\$375	\$392	\$409	\$429	\$448	\$468	\$490	\$512	\$535	\$560	\$585	\$611	\$625	\$651	\$674	\$689	\$708	\$720
● Moda Health Beacon Be Lively	\$259	\$265	\$273	\$282	\$293	\$305	\$320	\$333	\$349	\$364	\$381	\$399	\$417	\$436	\$456	\$476	\$498	\$509	\$530	\$549	\$561	\$577	\$585
● Moda Health Beacon Be Resilient	\$255	\$261	\$268	\$278	\$288	\$300	\$314	\$328	\$343	\$358	\$375	\$392	\$410	\$429	\$448	\$468	\$490	\$500	\$522	\$540	\$552	\$567	\$576
● Moda Health Oregon Standard Bronze (Beacon)	\$261	\$267	\$275	\$284	\$295	\$308	\$322	\$336	\$351	\$367	\$384	\$401	\$420	\$439	\$459	\$480	\$501	\$512	\$534	\$553	\$565	\$581	\$590
● Moda Health Beacon HSA	\$280	\$287	\$296	\$306	\$317	\$331	\$346	\$361	\$378	\$395	\$413	\$432	\$452	\$472	\$494	\$516	\$539	\$551	\$574	\$595	\$608	\$625	\$635
● Moda Health Beacon Be Bold	\$204	\$208	\$215	\$222	\$230	\$240	\$251	\$262	\$274	\$287	\$300	\$313	\$328	\$343	\$358	\$374	\$391	\$400	\$417	\$432	\$441	\$454	\$461

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Medical plan premiums for Rating Area 6

This area includes Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler counties.



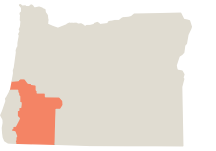
Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$189	\$297	\$297	\$297	\$297	\$298	\$304	\$312	\$323	\$333	\$337	\$345	\$352	\$356	\$361	\$363	\$366	\$368	\$370	\$375	\$380	\$387
● Moda Health Oregon Standard Gold (Beacon)	\$188	\$296	\$296	\$296	\$296	\$297	\$303	\$310	\$321	\$331	\$336	\$343	\$350	\$354	\$359	\$361	\$364	\$366	\$368	\$373	\$378	\$385
● Moda Health Beacon Be Prepared	\$166	\$261	\$261	\$261	\$261	\$262	\$268	\$274	\$284	\$292	\$297	\$303	\$309	\$313	\$317	\$319	\$321	\$323	\$326	\$330	\$334	\$340
● Moda Health Beacon Be Steady	\$150	\$236	\$236	\$236	\$236	\$237	\$241	\$247	\$256	\$264	\$268	\$273	\$279	\$283	\$286	\$288	\$290	\$292	\$294	\$298	\$301	\$307
● Moda Health Oregon Standard Silver (Beacon)	\$157	\$247	\$247	\$247	\$247	\$248	\$253	\$259	\$259	\$277	\$281	\$286	\$292	\$296	\$300	\$302	\$304	\$306	\$308	\$312	\$316	\$322
● Moda Health Beacon Be Lively	\$128	\$201	\$201	\$201	\$201	\$202	\$206	\$211	\$219	\$225	\$228	\$233	\$238	\$241	\$244	\$246	\$248	\$249	\$251	\$254	\$257	\$262
● Moda Health Beacon Be Resilient	\$126	\$198	\$198	\$198	\$198	\$199	\$203	\$207	\$215	\$221	\$225	\$229	\$234	\$237	\$240	\$242	\$243	\$245	\$247	\$250	\$253	\$258
● Moda Health Oregon Standard Bronze (Beacon)	\$129	\$203	\$203	\$203	\$203	\$203	\$208	\$212	\$220	\$227	\$230	\$235	\$240	\$243	\$246	\$248	\$249	\$251	\$253	\$256	\$259	\$264
● Moda Health Beacon HSA	\$138	\$218	\$218	\$218	\$218	\$219	\$223	\$228	\$237	\$244	\$247	\$253	\$258	\$261	\$265	\$266	\$268	\$270	\$272	\$275	\$279	\$284
● Moda Health Beacon Be Bold	\$100	\$158	\$158	\$158	\$158	\$159	\$162	\$166	\$172	\$177	\$180	\$183	\$187	\$190	\$192	\$193	\$195	\$196	\$197	\$200	\$202	\$206

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$394	\$403	\$415	\$429	\$446	\$465	\$486	\$507	\$531	\$554	\$580	\$606	\$635	\$663	\$693	\$724	\$757	\$774	\$807	\$835	\$854	\$877	\$891
● Moda Health Oregon Standard Gold (Beacon)	\$392	\$401	\$413	\$427	\$444	\$462	\$484	\$505	\$528	\$552	\$577	\$603	\$631	\$659	\$690	\$721	\$754	\$770	\$803	\$831	\$850	\$873	\$887
● Moda Health Beacon Be Prepared	\$346	\$355	\$365	\$377	\$392	\$408	\$427	\$446	\$467	\$487	\$510	\$533	\$558	\$583	\$610	\$637	\$666	\$680	\$709	\$734	\$751	\$771	\$783
● Moda Health Beacon Be Steady	\$312	\$320	\$329	\$341	\$354	\$369	\$386	\$402	\$421	\$440	\$460	\$481	\$503	\$526	\$550	\$575	\$601	\$614	\$640	\$663	\$677	\$696	\$707
● Moda Health Oregon Standard Silver (Beacon)	\$327	\$335	\$345	\$357	\$371	\$386	\$404	\$422	\$441	\$461	\$482	\$504	\$528	\$551	\$577	\$602	\$630	\$643	\$671	\$695	\$710	\$730	\$741
● Moda Health Beacon Be Lively	\$267	\$273	\$281	\$291	\$302	\$315	\$329	\$343	\$360	\$375	\$393	\$411	\$430	\$449	\$470	\$491	\$513	\$524	\$546	\$566	\$578	\$594	\$603
● Moda Health Beacon Be Resilient	\$262	\$269	\$277	\$286	\$297	\$309	\$324	\$338	\$354	\$369	\$386	\$404	\$423	\$441	\$462	\$482	\$504	\$515	\$537	\$556	\$569	\$584	\$594
● Moda Health Oregon Standard Bronze (Beacon)	\$269	\$275	\$283	\$293	\$304	\$317	\$331	\$346	\$362	\$378	\$396	\$413	\$433	\$452	\$473	\$494	\$516	\$528	\$550	\$570	\$582	\$598	\$608
● Moda Health Beacon HSA	\$289	\$296	\$304	\$315	\$327	\$341	\$356	\$372	\$389	\$407	\$425	\$445	\$465	\$486	\$509	\$531	\$555	\$567	\$592	\$612	\$626	\$643	\$654
● Moda Health Beacon Be Bold	\$210	\$215	\$221	\$229	\$237	\$247	\$259	\$270	\$283	\$295	\$309	\$323	\$338	\$353	\$369	\$386	\$403	\$412	\$429	\$445	\$455	\$467	\$474

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Monthly premiums for Rating Area 7

This area includes Douglas, Jackson and Josephine counties.



Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Beacon Be Protected	\$191	\$300	\$300	\$300	\$300	\$301	\$307	\$315	\$326	\$336	\$341	\$348	\$355	\$360	\$364	\$367	\$369	\$372	\$374	\$379	\$384	\$391
● Moda Health Oregon Standard Gold (Beacon)	\$190	\$299	\$299	\$299	\$299	\$300	\$306	\$313	\$325	\$334	\$339	\$346	\$353	\$358	\$363	\$365	\$367	\$370	\$372	\$377	\$382	\$389
● Moda Health Beacon Be Prepared	\$168	\$264	\$264	\$264	\$264	\$265	\$270	\$276	\$287	\$295	\$299	\$306	\$312	\$316	\$320	\$322	\$324	\$327	\$329	\$333	\$337	\$343
● Moda Health Beacon Be Steady	\$151	\$238	\$238	\$238	\$238	\$239	\$244	\$250	\$259	\$266	\$270	\$276	\$282	\$285	\$289	\$291	\$293	\$295	\$297	\$300	\$304	\$310
● Moda Health Oregon Standard Silver (Beacon)	\$158	\$250	\$250	\$250	\$250	\$251	\$256	\$262	\$271	\$279	\$283	\$289	\$295	\$299	\$303	\$305	\$307	\$309	\$311	\$315	\$319	\$325
● Moda Health Beacon Be Lively	\$129	\$203	\$203	\$203	\$203	\$204	\$208	\$213	\$221	\$227	\$231	\$236	\$240	\$243	\$247	\$248	\$250	\$252	\$253	\$257	\$260	\$265
● Moda Health Beacon Be Resilient	\$127	\$200	\$200	\$200	\$200	\$201	\$205	\$209	\$217	\$224	\$227	\$232	\$236	\$239	\$243	\$244	\$246	\$247	\$249	\$252	\$255	\$260
● Moda Health Oregon Standard Bronze (Beacon)	\$130	\$205	\$205	\$205	\$205	\$205	\$210	\$214	\$222	\$229	\$232	\$237	\$242	\$245	\$248	\$250	\$252	\$253	\$255	\$258	\$262	\$266
● Moda Health Beacon HSA	\$140	\$220	\$220	\$220	\$220	\$221	\$225	\$231	\$239	\$246	\$250	\$255	\$260	\$264	\$267	\$269	\$271	\$272	\$274	\$278	\$281	\$287
● Moda Health Beacon Be Bold	\$101	\$160	\$160	\$160	\$160	\$160	\$164	\$167	\$174	\$179	\$181	\$185	\$189	\$191	\$194	\$195	\$197	\$198	\$199	\$202	\$204	\$208

Age	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Health Beacon Be Protected	\$398	\$407	\$419	\$433	\$450	\$469	\$491	\$512	\$536	\$560	\$586	\$612	\$641	\$669	\$700	\$731	\$765	\$781	\$815	\$843	\$862	\$886	\$900
● Moda Health Oregon Standard Gold (Beacon)	\$396	\$405	\$417	\$431	\$448	\$467	\$488	\$509	\$533	\$557	\$583	\$609	\$638	\$666	\$697	\$728	\$761	\$777	\$810	\$839	\$858	\$881	\$896
● Moda Health Beacon Be Prepared	\$350	\$358	\$369	\$381	\$396	\$412	\$431	\$450	\$471	\$492	\$515	\$538	\$563	\$588	\$615	\$643	\$672	\$687	\$716	\$741	\$758	\$779	\$791
● Moda Health Beacon Be Steady	\$315	\$323	\$333	\$344	\$357	\$372	\$389	\$406	\$425	\$444	\$465	\$486	\$508	\$531	\$555	\$580	\$607	\$620	\$646	\$669	\$684	\$703	\$714
● Moda Health Oregon Standard Silver (Beacon)	\$331	\$339	\$349	\$360	\$374	\$390	\$408	\$426	\$446	\$465	\$487	\$509	\$533	\$557	\$582	\$608	\$636	\$650	\$677	\$701	\$717	\$737	\$749
● Moda Health Beacon Be Lively	\$269	\$276	\$284	\$293	\$305	\$318	\$332	\$347	\$363	\$379	\$397	\$415	\$434	\$453	\$474	\$495	\$518	\$529	\$552	\$571	\$584	\$600	\$609
● Moda Health Beacon Be Resilient	\$265	\$271	\$279	\$289	\$300	\$312	\$327	\$341	\$357	\$373	\$390	\$408	\$427	\$446	\$466	\$487	\$509	\$520	\$542	\$562	\$574	\$590	\$600
● Moda Health Oregon Standard Bronze (Beacon)	\$271	\$278	\$286	\$296	\$307	\$320	\$335	\$349	\$365	\$382	\$399	\$417	\$437	\$456	\$477	\$499	\$521	\$533	\$555	\$575	\$588	\$604	\$614
● Moda Health Beacon HSA	\$292	\$299	\$307	\$318	\$330	\$344	\$360	\$375	\$393	\$410	\$430	\$449	\$470	\$491	\$513	\$536	\$561	\$573	\$597	\$618	\$632	\$650	\$660
● Moda Health Beacon Be Bold	\$212	\$217	\$223	\$231	\$240	\$250	\$261	\$273	\$285	\$298	\$312	\$326	\$341	\$356	\$373	\$389	\$407	\$416	\$434	\$449	\$459	\$472	\$479

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

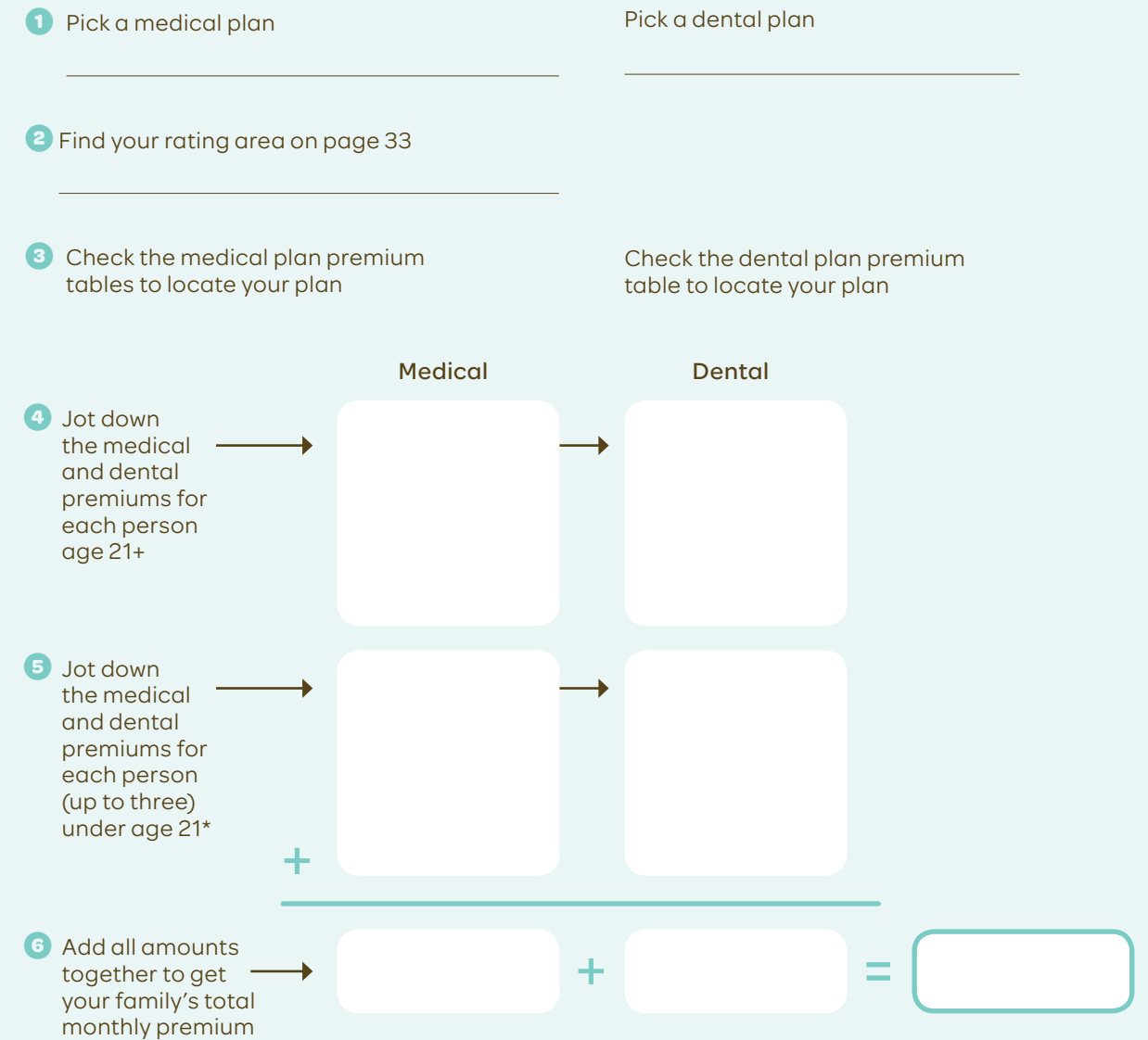
Dental plan premiums for Oregon

These premiums apply to members who live anywhere in Oregon.



Age	Under age 19	Ages 19+
Delta Dental Premier	\$39	\$39
Delta Dental PPO	\$28	\$28
Delta Dental Exclusive PPO	\$31	\$31
Delta Dental PPO Bright Smiles	\$28	\$0

How to add up your total monthly premium



If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at HealthCare.gov.

**All children under age 21 have the same premium based on the plan. However, no more than three children under age 21 need to be calculated in your total premium. This helps keep your healthcare affordable. Child dependents ages 21 through 25 have a premium based on their actual age.*

Tips and terms

FAQs *page 50*

Glossary *page 53*

Answers to your questions

What payment methods do you accept?

We accept checks, cash, money orders, electronic funds transfer (EFT) from a savings or checking account and debit and credit cards (Visa, MasterCard and Discover Card). Just select the billing and payment option that is best for you:

- **eBill, our electronic billing service.** Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate payment each month. Visit modahealth.com and follow the instructions to create a myModa account.
- **Electronic funds transfer (EFT).** To use EFT, contact us and complete an EFT authorization. Your first payment may initiate on the 25th of the month prior to your initial effective date of coverage. After that, EFT initiates around the fifth of the month. It typically takes one or two days to post to your account. Your premium invoice will be paperless and located in the eBill section of myModa.
- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate payment through eBill after logging in to your myModa account.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium. If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with AutoPay.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Which bank can I use for my HSA plan?

It's your choice. You have the freedom to pick the financial institution you wish.

Can my employer sponsor my individual coverage?

Individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health.

Do plans cover alternative care?

Yes, some Moda Health medical plans include alternative care benefits. These cover medically necessary acupuncture, spinal manipulation and naturopathic supplies. Check plan benefit tables for specific benefit amounts per year.

Can I get massage therapy covered?

No. Medical plans do not cover massage therapy.

Can I see a naturopath under my plan?

Yes. Office visits by a naturopath are covered at the specialist office visit amount.

Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan:

- **Delta Dental PPO plan or Delta Dental PPO Bright Smiles plan** – Visit providers in the Delta Dental PPO Network for the best benefit. They are the in-network providers for these plans. If you go out-of-network, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental Premier plan** – You can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental Exclusive PPO plan** – You must visit providers in the Delta Dental PPO Network to receive coverage. Care from providers outside this network is not covered.

Can I switch to a different plan at any time?

No. You will only be able to change medical and/or dental during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Which plans can I purchase through the federal Marketplace?

You can enroll in some Moda Health individual medical plans through us and all medical plans via the Marketplace, HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time.

Check the plan benefit tables in this brochure for the "plan enrollment options."



Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit the Learning Center at choosemoda.com. For free print copies of the glossary or plan summaries of benefits and coverage, contact Moda Health at 855-718-1767.

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 don't do this.

Brand tier medications

Brand medications, including specialty brand medications, that have been reviewed by Moda Health and do not have significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under the value, select and/or preferred medication tiers.

Coinsurance

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

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Dental annual maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

Embedded pediatric dental

A medical plan benefit that covers pediatric dental care for members under age 19.

Embedded pediatric vision

A medical plan benefit that covers pediatric vision care for members under age 19.

Evidence-based practices

Healthcare options or decisions that research shows work best, are most cost-effective and consider the patient's needs and experience.

Exclusive PPO

A type of Delta Dental plan. Our members with an Exclusive PPO plan have coverage when receiving care from a dentist contracted with the PPO Network. Providers in this network cannot balance bill. The Exclusive PPO plan does not cover care from Premier Network and noncontracted providers.

Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Oregon residents use the federal Marketplace, HealthCare.gov.

Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum (dental)

In dental plans, the most members pay in a calendar year for covered pediatric dental care services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet the 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 from out-of-network providers.

Out-of-pocket maximum (medical)

In medical plans, the most members pay in a calendar year for covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. 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 from out-of-network providers.

Preferred provider

A person or place contracted with a health network to provide care. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Preferred provider organization (PPO)

A type of provider network. For our plans, a PPO network includes providers contracted with us to offer in-network coverage at agreed-upon rates, with no balance billing.

Preferred tier medications

Preferred medications, including specialty preferred medications, which have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same therapeutic class and/or category. Generic medications that have been identified as having no more favorable outcomes, from a clinical perspective, than other more cost-effective generic medications may be included in this tier.

Primary care provider (PCP)

The family doctor who treats members or coordinates their care to keep them healthy. Examples of a PCP include an M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine), nurse practitioner or physician assistant. These providers may practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology or 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.

Special prescription fulfillment

Special handling for certain medications that require dispensing through an exclusive specialty pharmacy provider. These medications may include specialty tier and other tier medications that are often used to treat complex chronic health conditions.

Specialist

A medical provider specializing in a specific type of health condition or care. Specialists might include cardiologists, dermatologists, naturopaths not credentialed as PCPs, oncologists, urologists and many others.

Specialty tier medications

Prescription medications that are often used to treat complex chronic health conditions. Specialty treatments may require special handling techniques, careful administration and a unique ordering process. Specialty medications may require prior authorization.

Value tier medications

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



Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 855-718-1767. TTY users, please call 711.

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

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