



Oregon 2020
Individual & family plans – Affinity

+ Dental plans that will make you smile



Welcome to Moda Health and Delta Dental of Oregon, the place you go when you want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.



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Better plans for the *real you*.

You have a lot to think about when choosing the right medical benefits for you and your family. Our exclusive provider organization (EPO) plans connect you with your primary care provider (PCP), who works closely with the rest of your care team (other providers, specialists, etc.) to help you achieve better health and wellness.

To help you manage your health, you will be required to select an in-network PCP. By establishing a relationship with a PCP, we can work together to achieve your health and wellness goals based on your history and preferences.

Our plans support your personal healthcare needs through partnerships between you, Moda Health, and your in-network providers. Once you've selected a PCP, our plans use the Affinity EPO Network to provide cost-effective, coordinated care on your journey to better overall health.

Choose an in-network provider

All plans are connected to the Affinity EPO Network. There are **no out-of-network benefits** with an EPO plan **except for medical emergency services and pharmacy services**. Your healthcare provider and specialists must be in the Affinity EPO Network or you will be **responsible for the full cost** of out-of-network services.

Do you have dependents who don't live with you? Any dependents must live in the network service area to be enrolled in your plan. As an example, if you have children in college, and they are receiving medical services outside of the Affinity EPO plan service area, they should not be enrolled in that plan. You will need to find other coverage options for them.

As a member, you choose from a list of quality in-network providers to access care that's right for you. Moda Health does not require a referral for in-network specialist care.



All plans are connected to the Affinity EPO Network. There are no out-of-network benefits with an EPO plan except for medical emergency services and pharmacy services. Your healthcare provider and specialists must be in the Affinity EPO Network or you will be responsible for the full cost of out-of-network services.

Affinity EPO Network

The Affinity EPO Network is designed to offer a personalized care experience that helps members, like you, find their way to better care, value and health. The Affinity EPO Network offers access to a community of quality providers that you can choose from:

- Blue Mountain Hospital
- CHI - St. Anthony Hospital
- Good Shepherd
- Grande Ronde Hospital
- Harney District Hospital
- Lake Health District
- Mercy Medical Center
- Morrow County Health District
- Peace Health
- Sky Lakes Medical Center
- St. Alphonsus Regional Medical Center - Baker City
- St. Alphonsus Medical Center - Ontario
- St. Charles Health System - Crook
- St. Charles Health System - Deschutes
- St. Charles Health System - Jefferson
- Wallowa Memorial Hospital

The Affinity EPO Network is available for residents of Baker, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties.

How to select an in-network PCP

As part of your enrollment, an in-network PCP must be selected for each applicant.

To choose an in-network PCP, go to modahealth.com/shop to search for an Affinity EPO provider to confirm that your PCP is in-network. Once you've selected your provider(s), enter the name in the subscriber and dependent information sections of the member application.

How your health plan *works*

Knowledge is power. When you get to know your plan, you can get the most out of your benefits. As your partner on the journey to better health and wellness, we're here to help you feel your best and empower you to live your best.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it's easier to create healthy moments.

Preventive care services include:

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

Medication tiers offer ways to save

All of our medical plans include prescription benefits. These benefits connect you with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty, and non-preferred 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 visit modahealth.com/pdl and choose "Individual/Family" to search medications and find out your medication tiers and your costs.

Pediatric vision

Vision care is limited to members under age 19. Embedded pediatric vision coverage comes with all Moda Health individual plans in Oregon.

TruHearing

Hearing aids are costly. Using TruHearing makes them more affordable. Eligible members can get a routine hearing aid exam and hearing aids through TruHearing. To schedule an appointment, please call 866-202-2170.

Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Learn more at assistamerica.com. For more information, call 800-304-4585.

Deciding on a plan

Plans vary by premiums, deductibles, copays and coinsurance. Your healthcare provider and specialists must be in-network for the plan you choose or you will be responsible for the full cost of out-of-network services. Understanding these factors can help you pick the right plan.

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 (listed below) can help you narrow down what you'll 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.

Life's better in the *network*

Health happens, whether at home or on the road. We want to make sure you stay covered, no matter where you go. So we've made it easy for you to find in-network coverage.

All plans include the Affinity EPO Network

The medical plans in this brochure provide you access to providers in the Affinity EPO network. This network includes a group of licensed medical professionals, clinics, pharmacies, labs and hospitals. These providers offer quality care and services to our individual members who live within the Affinity Network service area. When you shop for a plan, make sure the Affinity EPO Network serves your area. The map shows the network coverage area.

There are **no out-of-network benefits** with an EPO plan **except for medical emergency services** and pharmacy services. Your healthcare provider and specialists must be in-network for the plan you choose or you will be **responsible for the full cost** of out-of-network services.

Affinity EPO Network

The Affinity EPO network provides customized care for members that want to manage their health in close partnership with a PCP. The Affinity EPO network includes a community of primary care providers, specialists and our partner health systems working together with Moda Health to provide quality care at affordable costs.

Please note that if your dependents don't live with you, they must live in the network service area to be enrolled in your plan.



How to select an Affinity PCP

As part of your enrollment, an in-network PCP must be selected for each applicant. Be sure to check to see if your current provider is included in our Affinity EPO network.

To choose an in-network PCP, go to modahealth.com/shop to search for an Affinity EPO network provider or confirm that your PCP is in the Affinity EPO network. Once you've selected your provider(s), enter the name in the subscriber and dependent sections of the member application.

Our pharmacy network

Members get the best benefit by using the 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 you more. We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Walgreens.

Travel with peace of mind

While traveling outside of Oregon, members can receive emergency or urgent care through the First Health Network. 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 emergency care. This care is subject to balance billing. This means that you may be responsible to pay in full any amount that your benefits do not cover. Other care received outside the U.S. is not covered.

The travel network is not available if you are temporarily residing outside of the primary service area.

Questions?

We're here to help! Please see the back cover for our individual sales and services contact information.



How open enrollment *works*

Open enrollment for 2020 individual and family medical plans is Nov. 1, 2019, through Dec. 15, 2019. 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 may make you and those you want to cover eligible. Visit the Learning Center at ShopModaPlans.com to find out more about open and special enrollment.

Eligibility

You must currently live and have a fixed, permanent home address in the service area to be eligible to enroll. You must live in the service area for at least six months of the year. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Coverage is not available to a person who lives in the service area to get health coverage or for another temporary reason such as getting treatment.

Please note, if your dependents live outside of the service area, for example, they are away at school, they are not eligible for this plan.

There are no **out-of-network benefits** with an EPO plan **except for medical emergency services and pharmacy services**.

Individuals who are enrolled in Medicare (Part A or 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.

After you enroll

Once you're enrolled, use the ID number you'll receive in your welcome letter to log in to your Member Dashboard at modahealth.com. There, you can find in-network providers, select or change your PCP, access health resources and review your Member Handbook to get familiar with your plan. When your first bill is ready, you can also manage billing and payment options through eBill using your Member Dashboard.

Follow these simple steps to enroll



Confirm your eligibility

You must currently reside in the service area, and live in the service area for at least six months out of the year, to be eligible to enroll. Eligible members include you, your legal spouse or registered domestic partner and any children up to age 26. Any dependents enrolled in your plan must live in the network service area to receive benefits. Coverage is not available to a person who resides in the service area for the primary purpose of obtaining health coverage or receiving treatment.

Find the plan you like

Browse and compare our 2020 plans in this brochure or at ShopModaPlans.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 (SBCs), please call us. You may also view our Member Handbooks at modahealth.com.

Enroll at ShopModaPlans.com

Starting Nov. 1, 2019, visit ShopModaPlans.com to enroll in 2020 Moda Health plans. Even if you qualify for federal financial assistance, visit us at ShopModaPlans.com to view our plans before you go to HealthCare.gov.

All plans are available through Moda Health or HealthCare.gov.

If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.

Unless you qualify for special enrollment, be sure to enroll before open enrollment ends, Dec. 15, 2019.

2020 Medical plan benefit table

	Moda Health Oregon Standard Gold (Affinity)		Moda Health Oregon Standard Silver (Affinity)		Moda Health Oregon Standard Bronze (Affinity)	
	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	Not covered	\$3,550	Not covered	\$7,900	Not covered
Deductible per family	\$2,000	Not covered	\$7,100	Not covered	\$15,800	Not covered
Out-of-pocket max per person	\$7,300	Not covered	\$8,150	Not covered	\$7,900	Not covered
Out-of-pocket max per family	\$14,600	Not covered	\$16,300	Not covered	\$15,800	Not covered
Care & services						
Preventive care visit	\$0/visit	Not covered	\$0/visit	Not covered	\$0/visit	Not covered
Primary care provider (PCP) office visit	\$20/visit	Not covered	\$40/visit	Not covered	\$45/visit	Not covered
Specialist office visit	\$40/visit	Not covered	\$80/visit	Not covered	\$90/visit	Not covered
Urgent care visit	\$60/visit	Not covered	\$70/visit	Not covered	0% after deductible	Not covered
Virtual care visit	Same as in-office visit	Not covered	Same as in-office visit	Not covered	Same as in-office visit	Not covered
Outpatient diagnostic X-ray & lab	20% after deductible	Not covered	30% after deductible	Not covered	0% after deductible	Not covered
Emergency room visit	20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Ambulance	20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	20% after deductible	Not covered	30% after deductible	Not covered	0% after deductible	Not covered
Outpatient mental health/chemical dependency visit	\$20/visit	Not covered	\$40/visit	Not covered	\$45/visit	Not covered
Physical, speech or occupational therapy visit	\$20/visit	Not covered	\$40/visit	Not covered	\$45/visit	Not covered
Acupuncture and spinal manipulation services	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Embedded pediatric dental	No	No	No	No	No	No
Pediatric vision exam	\$0/visit	Not covered	\$0/visit	Not covered	\$0/visit	Not covered
Pediatric vision hardware	\$0	Not covered	\$0	Not covered	\$0	Not covered
Accident benefit	N/A	Not covered	N/A	Not covered	N/A	Not covered
Prescription medications¹						
Value	\$10	\$10	\$15	\$15	\$15	\$15
Select	\$10	\$10	\$15	\$15	\$15	\$15
Preferred	\$30	\$30	\$60	\$60	0% after deductible	0% after deductible
Non-Preferred	50%	50%	50%	50%	0% after deductible	0% after deductible
Preferred Specialty	50% ²	Not covered	50%	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	50% ²	Not covered	50%	Not covered	0% after deductible	Not covered
Features						
Metallic level	● Gold		● Silver		● Bronze	
Exchange	In and Out		In and Out		In and Out	
Provider network	Affinity Network		Affinity Network		Affinity Network	
Travel network	First Health Network		First Health Network		First Health Network	
Service area	Baker, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits	N/A		N/A		N/A	

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.

1 Copay amounts are per 30-day supply.
2 \$500 maximum per specialty prescription fill





Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 2020 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

- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback limited to 10 visits per lifetime, for tension or migraine headaches or urinary incontinence
- Coordination of benefits – when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing tests limited to twice per year under age 4 and once per year age 4 and older.
- Hospice respite care limited to 30 days lifetime maximum, up to five days in a row
- Infusion therapy – Some medications require use of an authorized provider and/or supplier to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Medicare – Any expense that is actually paid under Medicare, or would have been paid under Medicare Part B if you had enrolled in Medicare, will have benefits reduced by the amount Medicare paid or would have paid.
- Prescriptions – If you use a brand medication when a generic equivalent is available, you will be responsible for the nonpreferred cost sharing plus the difference in cost between the generic and brand medication. Prescriptions are limited to a 30-day supply for retail and specialty pharmacy and 90 days for mail order. Some medications that are often used to treat complex chronic health conditions must be dispensed through an exclusive specialty pharmacy provider.
- Preventive care - Cost sharing may apply to services not required under the Affordable Care Act
- Rehabilitation and habilitation benefits limited to 30 inpatient days and 30 outpatient sessions per calendar year. May be eligible for up to 60 outpatient sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habilitative services.
- Skilled nursing facility limited to 60 days per year
- Transplants must be performed at the authorized transplant facility to be eligible for coverage
- Vision exam and glasses or contacts covered once per year for members under age 19

Exclusions

- Acupuncture
- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment except for accidental injury
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- 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 except when medically necessary to repair an accidental injury or for treatment of cancer
- Out-of-network providers, except for medical emergency care
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services you provide to yourself
- Services provided by a member of your immediate family other than services by a dental provider
- Spinal manipulation
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to change the refractive character of the eye

Calculate what you *pay each month*

As your healthcare partner and your guide to accessing quality care, we're here to help you understand the amount you pay each month for coverage.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 will each have a premium based on their age. For medical plans, your rating area, or where you live, also matters. The maps on page 17 show the rating area locations and list the counties in each rating area.

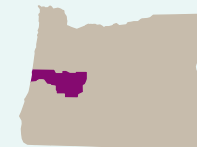
If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at [HealthCare.gov](https://www.healthcare.gov).

How your premium could change

2020 premiums are effective Jan. 1, 2020, through Dec. 31, 2020. 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 changes to your plan and premium.



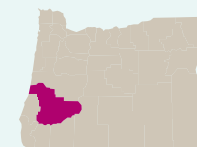
Rating area 2 *page 18*
This area includes Lane county.



Rating area 4 *page 18*
This area includes Deschutes, Klamath and Lake counties.



Rating area 6 *page 20*
This area includes Baker, Crook, Gilliam, Grant, Harney, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties.



Rating area 7 *page 20*
This area includes Douglas county.

Medical plan premiums for rating area 2

This area includes Lane county



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 Oregon Standard Gold (Affinity)	\$254	\$401	\$401	\$401	\$401	\$402	\$410	\$420	\$435	\$448	\$455	\$464	\$474	\$480	\$486	\$490	\$493	\$496	\$499	\$506	\$512	\$522
● Moda Health Oregon Standard Silver (Affinity)	\$223	\$351	\$351	\$351	\$351	\$352	\$359	\$367	\$381	\$392	\$398	\$406	\$415	\$420	\$426	\$428	\$431	\$434	\$437	\$442	\$448	\$456
● Moda Health Oregon Standard Bronze (Affinity)	\$172	\$270	\$270	\$270	\$270	\$272	\$277	\$283	\$294	\$303	\$307	\$313	\$320	\$324	\$328	\$330	\$333	\$335	\$337	\$341	\$346	\$352

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 Oregon Standard Gold (Affinity)	\$531	\$544	\$560	\$578	\$601	\$626	\$655	\$683	\$716	\$747	\$782	\$817	\$855	\$893	\$935	\$976	\$1,021	\$1,043	\$1,087	\$1,126	\$1,151	\$1,183	\$1,202
● Moda Health Oregon Standard Silver (Affinity)	\$464	\$476	\$490	\$506	\$526	\$548	\$573	\$598	\$626	\$654	\$684	\$715	\$748	\$782	\$818	\$854	\$893	\$912	\$951	\$985	\$1,007	\$1,035	\$1,052
● Moda Health Oregon Standard Bronze (Affinity)	\$358	\$367	\$378	\$390	\$406	\$423	\$442	\$461	\$483	\$504	\$528	\$552	\$577	\$603	\$631	\$659	\$689	\$704	\$734	\$760	\$777	\$798	\$810

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 Oregon Standard Gold (Affinity)	\$274	\$431	\$431	\$431	\$431	\$433	\$441	\$452	\$469	\$482	\$489	\$500	\$510	\$516	\$523	\$527	\$530	\$534	\$537	\$544	\$551	\$561
● Moda Health Oregon Standard Silver (Affinity)	\$240	\$377	\$377	\$377	\$377	\$379	\$386	\$395	\$410	\$422	\$428	\$437	\$446	\$452	\$458	\$461	\$464	\$467	\$470	\$476	\$482	\$491
● Moda Health Oregon Standard Bronze (Affinity)	\$185	\$291	\$291	\$291	\$291	\$292	\$298	\$305	\$316	\$326	\$330	\$337	\$344	\$349	\$353	\$356	\$358	\$360	\$363	\$367	\$372	\$379

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 Oregon Standard Gold (Affinity)	\$571	\$585	\$602	\$623	\$647	\$674	\$705	\$735	\$770	\$804	\$842	\$879	\$920	\$961	\$1,006	\$1,051	\$1,099	\$1,122	\$1,170	\$1,211	\$1,239	\$1,273	\$1,293
● Moda Health Oregon Standard Silver (Affinity)	\$500	\$512	\$527	\$545	\$566	\$590	\$617	\$644	\$674	\$703	\$736	\$769	\$805	\$841	\$880	\$919	\$961	\$982	\$1,024	\$1,060	\$1,084	\$1,113	\$1,131
● Moda Health Oregon Standard Bronze (Affinity)	\$386	\$395	\$407	\$420	\$437	\$455	\$476	\$496	\$520	\$543	\$568	\$594	\$621	\$649	\$679	\$709	\$741	\$758	\$790	\$818	\$836	\$859	\$873

Premiums effective Jan. 1, 2020, through Dec. 31, 2020

Medical plan premiums for rating area 6

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

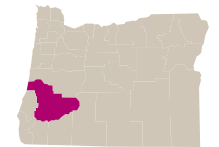


Age	0 – 20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
● Moda Health Oregon Standard Gold (Affinity)	\$284	\$447	\$447	\$447	\$447	\$449	\$458	\$469	\$486	\$501	\$508	\$519	\$529	\$536	\$543	\$547	\$550	\$554	\$557	\$565	\$572	\$583
● Moda Health Oregon Standard Silver (Affinity)	\$249	\$391	\$391	\$391	\$391	\$393	\$401	\$410	\$425	\$438	\$444	\$454	\$463	\$469	\$475	\$478	\$481	\$485	\$488	\$494	\$500	\$510
● Moda Health Oregon Standard Bronze (Affinity)	\$192	\$302	\$302	\$302	\$302	\$303	\$309	\$316	\$328	\$338	\$343	\$350	\$357	\$362	\$367	\$369	\$371	\$374	\$376	\$381	\$386	\$393

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 Oregon Standard Gold (Affinity)	\$593	\$607	\$625	\$646	\$671	\$699	\$731	\$763	\$799	\$834	\$873	\$913	\$955	\$998	\$1,044	\$1,090	\$1,140	\$1,165	\$1,214	\$1,257	\$1,285	\$1,321	\$1,341
● Moda Health Oregon Standard Silver (Affinity)	\$519	\$531	\$547	\$565	\$587	\$612	\$640	\$668	\$699	\$730	\$764	\$799	\$836	\$873	\$913	\$954	\$997	\$1,019	\$1,062	\$1,100	\$1,125	\$1,156	\$1,173
● Moda Health Oregon Standard Bronze (Affinity)	\$400	\$410	\$422	\$436	\$453	\$472	\$494	\$515	\$539	\$563	\$589	\$616	\$645	\$673	\$705	\$736	\$769	\$786	\$820	\$849	\$868	\$891	\$906

Medical plan premiums for rating area 7

This area includes Douglas county.



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 Oregon Standard Gold (Affinity)	\$302	\$476	\$476	\$476	\$476	\$478	\$487	\$499	\$517	\$532	\$540	\$552	\$563	\$570	\$578	\$582	\$585	\$589	\$593	\$601	\$608	\$620
● Moda Health Oregon Standard Silver (Affinity)	\$264	\$416	\$416	\$416	\$416	\$418	\$426	\$436	\$453	\$466	\$473	\$483	\$493	\$499	\$505	\$509	\$512	\$515	\$519	\$525	\$532	\$542
● Moda Health Oregon Standard Bronze (Affinity)	\$204	\$321	\$321	\$321	\$321	\$322	\$329	\$337	\$349	\$359	\$365	\$372	\$380	\$385	\$390	\$393	\$395	\$398	\$400	\$405	\$411	\$418

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 Oregon Standard Gold (Affinity)	\$631	\$646	\$665	\$687	\$714	\$744	\$778	\$812	\$850	\$887	\$929	\$971	\$1,016	\$1,061	\$1,110	\$1,160	\$1,212	\$1,239	\$1,291	\$1,337	\$1,367	\$1,405	\$1,428
● Moda Health Oregon Standard Silver (Affinity)	\$552	\$565	\$582	\$601	\$625	\$651	\$681	\$710	\$744	\$776	\$813	\$849	\$889	\$928	\$971	\$1,015	\$1,061	\$1,084	\$1,130	\$1,170	\$1,196	\$1,229	\$1,248
● Moda Health Oregon Standard Bronze (Affinity)	\$426	\$436	\$449	\$464	\$482	\$502	\$525	\$548	\$574	\$599	\$627	\$655	\$686	\$716	\$749	\$783	\$818	\$836	\$872	\$903	\$923	\$948	\$963

Premiums effective Jan. 1, 2020, through Dec. 31, 2020

Quality coverage for your *smile*

Healthy teeth are happy teeth. With our individual and family Delta Dental of Oregon plans, you'll have access to quality in-network dentists.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits. 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
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs if you need a little extra attention for your pearly whites.

Tools for better oral health

To get started, visit DeltaDentalOR.com and log in to your Member Dashboard account. If you don't have an account, you can create one. Look for Dental tools. Then try out tools like risk assessment quizzes and a treatment cost calculator. Use these dental tools to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower your costs

Dental coverage options

We offer three types of dental plans. Choose the one that is right for you.

Delta Dental PPOSM plan

This plan offers a broad range of both services and providers. You receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, 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 additional balance billing charge.

Delta Dental EPO plan

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

Delta Dental PPO Bright Smiles plan

This PPO plan is available for all individual members, but benefits only cover children under age 19. You receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, 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 additional balance billing charge.

Delta Dental network goes where you go

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

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

Delta Dental PPO Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,400 participating providers in Oregon and offers access to over 114,000 Delta Dental PPO dentists nationwide.

Is my dentist in the network?

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



Enroll in a dental plan

To enroll in a dental plan, please see "How open enrollment works" on page 10.

2020 Dental plan benefit table

	Delta Dental PPO SM				Delta Dental EPO				Delta Dental PPO Bright Smiles			
	Ages 0 – 18		Ages 19+		Ages 0 – 18		Ages 19+		Ages 0 – 18		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	\$0				\$0				\$0			
Out-of-pocket max per person (ages 0 – 18)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	\$1,000				\$1,500				N/A			
Class 1												
Exams and X-rays	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Cleanings	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Periodontal maintenance	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Sealants	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Topical fluoride	0%	40%	25% ¹	50% ¹	0%	Not covered	0% ¹	Not covered	0%	40%	Not covered	
Class 2												
Space maintainers	75%	75%	Not covered	Not covered	30%	Not covered	Not covered	Not covered	75%	75%	Not covered	
Restorative fillings ²	75%	75%	40%	50%	30%	Not covered	30%	Not covered	75%	75%	Not covered	
Class 3												
Oral surgery ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Endodontics ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Periodontics ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Restorative crowns ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Bridges ³	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Anesthesia ³	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Orthodontia ⁴	75%	75%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	75%	75%	Not covered	
Features												
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	N/A	
Balance bill	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	N/A	

1 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 exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental policy.

3 12-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental policy.
 4 Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. 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 2020 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 see back cover for our sales and service team contact information.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a six-month period under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19+
- Full-mouth or panoramic X-rays once in a five-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 3 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period except for evidence of clinical failure

Class 2 and Class 3

- Athletic mouth guard covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Bridges once in a seven-year period age 19 and over
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth.
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures. Oral anesthesia only for members under age 19 used during an in-office procedure.
- Night guard (occlusal guard) covered at 100 percent once in a five year period, up to \$150 maximum. Repair and relining of occlusal guard are covered once every 12-month period. One occlusal guard adjustment is covered every 12-month period.
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing is limited to once per quadrant in any 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and most 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 or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Over-the-counter night guards and athletic mouth guards
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary
- Treatment before coverage begins or after coverage ends

Dental plan premiums for Oregon

These premiums apply to members who live anywhere in Oregon.

Age	2020 Delta Dental PPO	2020 Delta Dental EPO	2020 Delta Dental Bright Smiles
0-18	\$37	\$40	\$37
19-21	\$26	\$29	
22-24	\$26	\$29	
25-29	\$26	\$29	
30-34	\$28	\$31	
35-39	\$31	\$34	
40-44	\$32	\$35	
45-49	\$33	\$36	
50-54	\$36	\$39	
55-59	\$40	\$43	
60-63	\$43	\$47	
64+	\$45	\$49.50	

Premiums effective Jan. 1, 2020, through Dec. 31, 2020



Member care resources

Tools for your *health journey*

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

Get started with your Member Dashboard

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

- Find in-network providers
- Select or change your PCP
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access health tools to get and stay healthy
- Look up medication prices
- Download your member ID card
- Access tools to get and stay healthy and manage your dental care needs

Tools for better health

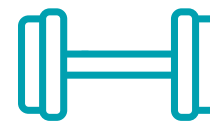
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health. Log in to your Member Dashboard and look for Momentum to:

- Take a health assessment and see your "health age"
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



Active&Fit Direct™

Staying fit is important to your overall health and well-being. As a Moda Health or Delta Dental member, you have access to the Active&Fit Direct™ program.

For just \$25 a month you can choose from over 9,000 participating health clubs and YMCAs nationwide. The program offers:

- A free guest pass to try out a fitness center before joining (where available)
- An option to switch fitness centers to make sure you found the right fit
- Access to online directory maps and a fitness center and YMCA locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment



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
- Weight care



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 your Member Dashboard to find medication cost estimates and generic options.



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 and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



MyIDCare

Keep your information safe with complete identity protection through MyIDCare, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm.

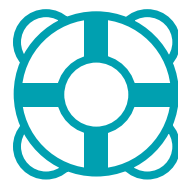
Simply enroll in MyIDCare for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.



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
- Dieticians
- Fitness experts
- eDocVoice – When you leave a message for a provider, you'll get a phone response within 24 hours.



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.

Take advantage of these perks:

- Phone, text and online support from Quit Coaches 24 hours a day
- Free in-network medical office visits for tobacco cessation support
- 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



ChooseHealthy™

You have access to these health and wellness services from ChooseHealthy:

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes



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



Individual Assistance Program (IAP)

Powered by Cascade Centers, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Conflict at work
- Depression or anxiety
- Stress management
- Family relationships
- Financial/legal/consumer concerns
- Alcohol or drug abuse

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Healthcare Cost Estimator

You shouldn't learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:

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

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

Answers to your *questions*

Get the most out of your health plan—see answers to common questions.

What payment methods do you accept?

We accept electronic funds transfer (EFT) from a savings or checking account, and ACH (automated clearing house) payments, checks and money orders. Just select the billing and payment option that is best for you:

- **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 make a payment through electronic funds transfer or eBill.
- **Electronic funds transfer (EFT).** There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of your Member Dashboard.
- **eBill,** our electronic billing service. You can review your premium invoice and make payments online through your Member Dashboard, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit modahealth.com and follow the instructions to create your Member Dashboard 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 your Member Dashboard to manage your payment method and set up recurring payments with eBill.

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

Can my employer pay for my individual coverage?

Individual plans cannot be employer sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) and pay for individual plan premiums. Check with your employer if this option is available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Moda Health.

Do plans cover acupuncture and spinal manipulation?

No. Medical plans offered in the Affinity service area do not cover acupuncture or spinal manipulation.

Can I get massage therapy covered?

No. Medical plans do not cover massage therapy.

Can I see a naturopathic physician under my plan?

Yes. Office visits with a naturopathic physician are covered at the specialist office visit amount. However, if your naturopathic physician is a credentialed PCP, your visit may be paid at the PCP office visit level.

Can I switch to a different plan at any time?

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

Which plans can I purchase through the federal Marketplace?

You can enroll in all Moda Health individual medical plans through ShopModaPlans.com and HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time. If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.



Healthcare lingo *explained*

We realize that the words used in health plan brochures can be confusing, so we've made a cheat sheet to help you along.

Balance billing

Charges for out-of-network care beyond what your 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.

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.

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 Provider Organization (EPO)

A type of provider network. For our plans, an EPO network includes providers contracted with us to offer in-network coverage at agreed-upon rates. There are no out-of-network benefits with an EPO plan except for emergency services and pharmacy services.

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.

Maximum plan allowance (MPA)

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

Out-of-pocket costs

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

Out-of-pocket maximum

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. For dental plans, only pediatric services have an out-of-pocket maximum.

Pediatric dental

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

Pediatric vision

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

Pharmacy medication tiers

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 prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty, and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan.

- Value tier medications
Commonly prescribed medications for chronic medical conditions that are more affordable compared to alternative medications.
- 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.
- Preferred tier medications
Preferred medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may also include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.



- **Non-preferred tier medications:** Non-preferred medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under value, select and/or preferred medication tiers.
- **Preferred specialty tier medications:** Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.
- **Non-preferred specialty tier medications:** Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

PPO dentist

A dentist contracted in the Delta Dental PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

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. Each member must select an in-network PCP at the time of enrollment. Female members can pick a women's healthcare provider, and enrolled children may choose a pediatrician. Moda Health may assign a PCP to members who do not select one.

Specialist

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

Nondiscrimination notice

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

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

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

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

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

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

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

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

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

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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

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

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

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

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

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

URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سبھی سہولتیں آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

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

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

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

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

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

अवलम्वनः जौ तमे (भाषांतर करेक भाषा अर्धी एशर्वो) ओवो छी तो ते भाषामा तमारे मारे विना मूख्ये सहाय उपलब्ध छे. 1-877-605-3229 (TTY: 711) पर संके करे

ໂປດລາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການລູກູ້ຍ່ອຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ຄ່າສິ່ງຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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

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

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

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ក្រោយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

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

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

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



Medicare

Small group

Large group

Questions? *We're here to help.*

Contact a Moda Health/Delta Dental-appointed agent or call us at 855-718-1767. TTY users, please call 711.

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Delta Dental of Oregon & Alaska

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