

Experience better with Moda Health and Delta Dental

Oregon 2022 | Affinity
Individual & family



moda
HEALTH

 **DELTA DENTAL®**

We're committed to making healthcare work better for everyone.

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

Diversity:

We value, respect and celebrate people of all backgrounds, identities, and abilities and actively seek to identify how uniqueness makes us better.

Equity:

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

Inclusion:

We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education, and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

We will be better. We will do better. It is the right thing to do and we expect it of ourselves.



Welcome to Moda Health and Delta Dental Plan of Oregon, the place you go when you want to experience better – better people, better plans, better services and better health.



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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 as stated in the member handbook**. 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 except when prohibited by law.

If you have children you want to cover who live outside of Oregon but in the US, they may be eligible for out-of-area benefits if they are full-time students age 18 to 26 or if you have a qualified medical child support order (QMCSO). In Oregon, all of your enrolled family members must use the Affinity network to be covered.

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.

How to select an in-network PCP

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

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.



All plans are connected to the Affinity EPO Network. There are no out-of-network benefits with an EPO plan except as stated in the member handbook. Your healthcare provider and specialists must be in the Affinity EPO Network or you may 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

- Salem Health
- Sky Lakes Medical Center
- St. Alphonsus Regional Medical Center
- St. Charles Health Center
- St. Luke's Regional Medical Center
- Wallowa Memorial Hospital

For conditions that require treatment at OHSU or if a referral is made to OHSU, the Affinity EPO network does offer access to OHSU.

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



How your health plan *works*

We're here to help you experience better, and part of experiencing better health is understanding how your health plan works. When you get to know your health plan, you can get the most out of your benefits.

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 by plan and find out your medication tiers and your costs.

Pediatric vision and dental care

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

In plans that offer it, embedded pediatric dental care is limited to members under age 19.

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 learn more, log into your Member Dashboard at modahealth.com

CirrusMD

Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to you*. With the CirrusMD app, all you need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

Moda Health members can sign up for CirrusMD at modahealth.com/cirrusmd. Members can download the CirrusMD app from the App Store or Google Play.

**For Individual members on Oregon Standard Plans, Moda Health Affinity Silver 3550 Off-exchange only plan and HDHPs your cost is the same as for a PCP office visit copay.*

HDHP plans

Our high-deductible health plans (HDHP) are compatible with a health savings account (HSA). Having an HDHP gives you the flexibility and choice to use tax-free funds for eligible healthcare expenses. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. Simply check to see if your financial institution has an HSA option or use our partner, BenefitHelp Solutions to set up an HSA account.

Deciding on a plan

Plans vary by premiums, deductibles, copays and coinsurance. 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 as stated in the member handbook**. 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 unless prohibited by law.

If you have children you want to cover who live outside of Oregon but in the US, they may be eligible for out-of-area benefits if they are full-time students age 18 to 26 or if you have a qualified medical child support order (QMCSO). Children who qualify for this coverage may use the First Health network for better benefits.

In Oregon, all of your enrolled family members must use the Affinity network to be covered.

Affinity EPO Network

The Affinity EPO network provides customized care for members who 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.



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 Navitus pharmacy network. Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy is covered, but may cost you more. We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.

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 unless you meet the eligibility and documentation requirements for an out-of-area child.

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 dates are subject to change due to government regulations. Please visit [ModaHealth.com/shop/dates](https://modahealth.com/shop/dates) to see what the current enrollment periods are. You can enroll in a plan or switch to a different plan during that time. If you miss the Open Enrollment period 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 [ModaHealth.com/shop/dates](https://modahealth.com/shop/dates) to find out more about open and Special Enrollment.

Eligibility

Subscribers 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.

If you have children you want to cover who live outside of Oregon but in the US, they may be eligible for out-of-area benefits if they are full-time students age 18 to 26 or if you have a qualified medical child support order (QMCSO). In Oregon, all of your enrolled family members must use the Affinity network to be covered.

There are no **out-of-network benefits** with an EPO plan except as stated in the member handbook.

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. For dependent students age 18-26 attending school or dependents with a QMCSO living inside the US but outside of OR, out-of-area services are covered subject to certain restrictions. 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 2022 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

Open Enrollment dates are subject to change due to government regulations. Please visit ModaHealth.com/shop/dates to see what the current enrollment periods are. 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 and most through HealthCare.gov. If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.

2022 Medical plan benefit table

	Moda Health Oregon Standard Gold (Affinity)		Moda Health Affinity Gold 250		Moda Health Affinity Gold 1000	
	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	\$1,500	Not covered	\$250	Not covered	\$1,000	Not covered
Deductible per family	\$3,000	Not covered	\$500	Not covered	\$2,000	Not covered
Out-of-pocket max per person	\$7,300	Not covered	\$8,700	Not covered	\$8,700	Not covered
Out-of-pocket max per family	\$14,600	Not covered	\$17,400	Not covered	\$17,400	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	\$20/visit	Not covered	\$15/visit	Not covered
Specialist office visit	\$40/visit	Not covered	\$40/visit	Not covered	\$30/visit	Not covered
Urgent care visit	\$60/visit	Not covered	\$40/visit	Not covered	\$30/visit	Not covered
Virtual care visit	\$20/visit	Not covered	\$10/visit	Not covered	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	20% after deductible	Not covered	25% after deductible	Not covered	15% after deductible	Not covered
Emergency room visit	20% after deductible	20% after deductible	25% after deductible	25% after deductible	15% after deductible	15% after deductible
Ambulance	20% after deductible	20% after deductible	25% after deductible	25% after deductible	15% after deductible	15% after deductible
Inpatient/outpatient Care	20% after deductible	Not covered	25% after deductible	Not covered	15% after deductible	Not covered
Outpatient mental health/substance use disorder visit	\$20/visit	Not covered	\$20/visit	Not covered	\$15/visit	Not covered
Physical, speech or occupational therapy visit	\$20/visit	Not covered	\$40/visit	Not covered	\$30/visit	Not covered
Acupuncture and spinal manipulation services	\$20/visit	Not covered	\$20/visit	Not covered	\$15/visit	Not covered
Prescription medications ¹						
Value	\$10	\$10	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	40%	40%	40%	40%
Non-Preferred	50%	50%	50%	50%	50%	50%
Preferred Specialty	50%	Not covered	40%	Not covered	40%	Not covered
Non-Preferred Specialty	50%	Not covered	50%	Not covered	50%	Not covered
Features						
Metallic level	● Gold		● Gold		● Gold	
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, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits (not covered out-of-network)	Pediatric vision: Exam \$0/visit; Hardware 0% Specialty pharmacy: \$500 cost sharing maximum per 30-day prescription fill		Accident benefit: No cost share for the first \$1,000 within 90 days Pediatric vision: Exam \$20/visit; Hardware 25% after deductible Pediatric dental: Preventive 0%; Other dental 25% after deductible		Accident benefit: No cost share for the first \$1,000 within 90 days. Pediatric vision: Exam \$15/visit; Hardware 15% after deductible Pediatric dental: Preventive 0%; Other dental 15% after deductible	

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. \$75 maximum cost share per 30-day supply for insulin.



2022 Medical plan benefit table

	Moda Health Oregon Standard Silver (Affinity)		Moda Health Affinity Silver 3500		Moda Health Affinity Silver 4500	
	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	\$3,650	Not covered	\$3,500	Not covered	\$4,500	Not covered
Deductible per family	\$7,300	Not covered	\$7,000	Not covered	\$9,000	Not covered
Out-of-pocket max per person	\$8,550	Not covered	\$8,700	Not covered	\$8,700	Not covered
Out-of-pocket max per family	\$17,100	Not covered	\$17,400	Not covered	\$17,400	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	\$40/visit	Not covered	\$35/visit	Not covered	\$35/visit	Not covered
Specialist office visit	\$80/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
Urgent care visit	\$70/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
Virtual care visit	\$40/ visit	Not covered	\$10/visit	Not covered	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	30% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
Emergency room visit	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	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient Care	30% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
Outpatient mental health/ substance use disorder visit	\$40/visit	Not covered	\$35/visit	Not covered	\$35/visit	Not covered
Physical, speech or occupational therapy visit	\$40/visit	Not covered	\$70/visit	Not covered	\$70/visit	Not covered
Acupuncture and spinal manipulation services	\$40/visit	Not covered	\$35/visit	Not covered	\$35/visit	Not covered
Prescription medications ¹						
Value	\$15	\$15	\$2	\$2	\$2	\$2
Select	\$15	\$15	\$20	\$20	\$20	\$20
Preferred	\$60	\$60	40%	40%	40%	40%
Non-Preferred	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	50%	Not covered	40%	Not covered	40%	Not covered
Non-Preferred Specialty	50%	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features						
Metallic level	● Silver		● Silver		● Silver	
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, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits (not covered out-of-network)	Pediatric vision: Exam \$0/visit; Hardware 0%		Pediatric vision: Exam \$35/visit; Hardware 35% after deductible		Pediatric vision: Exam \$35/visit; Hardware 35% after deductible	

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¹ Copay amounts are per 30-day supply. \$75 maximum cost share per 30-day supply for insulin.

2022 Medical plan benefit table

	Moda Health Affinity Silver 3400 Off-exchange only		Moda Health Affinity Silver 3550 Off-exchange only		Moda Health Affinity Silver 4400 Off-exchange only	
	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	\$3,400	Not covered	\$3,550	Not covered	\$4,400	Not covered
Deductible per family	\$6,800	Not covered	\$7,100	Not covered	\$8,800	Not covered
Out-of-pocket max per person	\$8,700	Not covered	\$8,550	Not covered	\$8,700	Not covered
Out-of-pocket max per family	\$17,400	Not covered	\$17,100	Not covered	\$17,400	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	\$35/visit	Not covered	\$40/visit	Not covered	\$35/visit	Not covered
Specialist office visit	\$70/visit	Not covered	\$80/visit	Not covered	\$70/visit	Not covered
Urgent care visit	\$70/visit	Not covered	\$80/visit	Not covered	\$70/visit	Not covered
Virtual care visit	\$10/visit	Not covered	\$40/visit	Not covered	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	35% after deductible	Not covered	30% after deductible	Not covered	35% after deductible	Not covered
Emergency room visit	35% after deductible	35% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible
Ambulance	35% after deductible	35% after deductible	30% after deductible	30% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient Care	35% after deductible	Not covered	30% after deductible	Not covered	35% after deductible	Not covered
Outpatient mental health/ substance use disorder visit	\$35/visit	Not covered	\$40/visit	Not covered	\$35/visit	Not covered
Physical, speech or occupational therapy visit	\$70/visit	Not covered	\$40/visit	Not covered	\$70/visit	Not covered
Acupuncture and spinal manipulation services	\$35/visit	Not covered	\$40/visit	Not covered	\$35/visit	Not covered
Prescription medications ¹						
Value	\$2	\$2	\$15	\$15	\$2	\$2
Select	\$20	\$20	\$15	\$15	\$20	\$20
Preferred	40%	40%	\$60	\$60	40%	40%
Non-Preferred	50% after deductible	50% after deductible	50%	50%	50% after deductible	50% after deductible
Preferred Specialty	40%	Not covered	50%	Not covered	40%	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50%	Not covered	50% after deductible	Not covered
Features						
Metallic level	● Silver		● Silver		● Silver	
Exchange	Out		Out		Out	
Provider network	Affinity Network		Affinity Network		Affinity Network	
Travel network	First Health Network		First Health Network		First Health Network	
Service area	Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits (not covered out-of-network)	Pediatric vision: Exam \$35/visit; Hardware 35% after deductible		Pediatric vision: Exam \$0/visit; Hardware 0%		Pediatric vision: Exam \$35/visit; Hardware 35% after deductible	

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. \$75 maximum cost share per 30-day supply for insulin.

	Moda Health Affinity Standard Bronze		Moda Health Affinity Bronze 7000		Moda Health Affinity Bronze 8700	
	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	\$8,700	Not covered	\$7,000	Not covered	\$8,700	Not covered
Deductible per family	\$17,400	Not covered	\$14,000	Not covered	\$17,400	Not covered
Out-of-pocket max per person	\$8,700	Not covered	\$8,700	Not covered	\$8,700	Not covered
Out-of-pocket max per family	\$17,400	Not covered	\$17,400	Not covered	\$17,400	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	\$50/visit	Not covered	\$85/visit	Not covered	\$85/visit	Not covered
Specialist office visit	\$100/visit	Not covered	\$120/visit	Not covered	\$120/visit	Not covered
Urgent care visit	\$100/visit	Not covered	\$120/visit	Not covered	\$120/visit	Not covered
Virtual care visit	\$50/visit	Not covered	\$10/visit	Not covered	\$10/visit	Not covered
Outpatient diagnostic X-ray & lab	0% after deductible	Not covered	40% after deductible	Not covered	0% after deductible	Not covered
Emergency room visit	0% after deductible	0% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	Not covered	40% after deductible	Not covered	0% after deductible	Not covered
Outpatient mental health/ substance use disorder visit	\$50/visit	Not covered	\$85/visit	Not covered	\$85/visit	Not covered
Physical, speech or occupational therapy visit	\$50/visit	Not covered	\$120/visit	Not covered	\$120/visit	Not covered
Acupuncture and spinal manipulation services	\$50/visit	Not covered	\$85/visit	Not covered	\$85/visit	Not covered
Prescription medications ¹						
Value	\$20	\$20	\$2	\$2	\$2	\$2
Select	\$20	\$20	40%	40%	\$25	\$25
Preferred	0% after deductible	0% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered	40% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered	50% after deductible	Not covered	0% after deductible	Not covered
Features						
Metallic level	● Bronze		● Bronze		● 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, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler		Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lane, Lake, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits (not covered out-of-network)	Pediatric vision: Exam \$0/visit; Hardware 0%		Pediatric vision: Exam \$85/visit; Hardware 40% after deductible		Pediatric vision: Exam \$85/visit; Hardware 0% after deductible	

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. \$75 maximum cost share per 30-day supply for insulin.



Tax advantages with an *HDHP*

Our health savings account (HSA)-compatible, high-deductible EPO health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

Calendar year costs

Deductible

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

Out-of-pocket maximum

After you meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent 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.

Eligibility

Anyone can enroll in a Moda Health HDHP, even if you do not have an HSA.

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

- Use a financial institution that has an HSA option. You have the option to open an HSA through our partner organization, BenefitHelp Solutions. To learn more, call BenefitHelp Solutions at 503-412-4210.
- Be covered by a Moda Health HDHP plan. Please see the Moda Health Affinity Bronze HSA 6900 plan on page 19.
- Not be covered under another non-HSA-compatible medical plan (including your spouse’s plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

	Moda Health Affinity Bronze HSA 6900	
	In-network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$6,900	Not covered
Deductible per family	\$13,800	Not covered
Out-of-pocket max per person	\$6,900	Not covered
Out-of-pocket max per family	\$13,800	Not covered
Care & services		
Preventive care visit	\$0/visit	Not covered
Primary care provider (PCP) office visit	0% after deductible	Not covered
Specialist office visit	0% after deductible	Not covered
Urgent care visit	0% after deductible	Not covered
Virtual care visit	0% after deductible	Not covered
Outpatient diagnostic X-ray & lab	0% after deductible	Not covered
Emergency room visit	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	Not covered
Outpatient mental health/ substance use disorder visit	0% after deductible	Not covered
Physical, speech or occupational therapy visit	0% after deductible	Not covered
Acupuncture and spinal manipulation services	0% after deductible	Not covered
Prescription medications ¹		
Value	\$2	\$2
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered
Features		
Metallic level	● Bronze	
Exchange	In and Out	
Provider network	Affinity Network	
Travel network	First Health Network	
Service area	Baker, Crook, Douglas, Gilliam, Grant, Harney, Jefferson, Klamath, Lake, Lane, Malheur, Marion, Morrow, Polk, Sherman, Umatilla, Union, Wallowa, Wheeler	
Additional benefits (not covered out-of-network)	Pediatric vision: 0% after deductible	

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. For all tiers - \$75 maximum cost share per 30-day supply for insulin..

Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 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

- Acupuncture is limited to 12 visits per year
- 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
- Dental - Pediatric only. Subject to frequency and age limits when covered
- Hearing aids limited to once every 3 years. 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 have to pay 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 most specialty pharmacy and 90 days for mail order and participating retail pharmacies. 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 days rehabilitation after acute head or spinal cord injury (except for Standard Metal plans and Moda Health Affinity Silver 3550 Off-exchange plan) or 60 outpatient rehabilitation sessions for treatment of neurologic conditions. Limits apply separately to rehabilitative and habilitative services.
- Skilled nursing facility limited to 60 days per year
- Spinal manipulation is limited to 20 visits 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

- 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, and pediatric coverage on some plans
- 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
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to change the refractive character of the eye

Plan premiums

Understand what you will *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.

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).

If you learn that you are not eligible for subsidies on the exchange, you may want to consider some of our new off-exchange only Silver plans, which are more affordable.

How your premium could change

2022 premiums are effective Jan. 1, 2022, through Dec. 31, 2022. 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.



To view plans and premiums, visit modahealth.com/shop



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 quality in-network dentists.

Dental benefit highlights

Our Delta Dental Plan of Oregon plans connect you with great benefits. You can count on:

- No waiting periods for Class 1 services
- Savings with 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 a Member Dashboard, you can create one. Look for Dental tools. Dental tools help you manage your dental health, such as:

- Scheduling for virtual checkups
- Scheduling for emergency virtual consults
- Viewing your benefits dashboard
- Using a cost calculator

And much more.

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 Plan 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 1,300 participating providers in Oregon and offers access to over 113,000 Delta Dental PPO dentists nationwide.

Is my dentist in the network?

Visit DeltaDentalOR.com to see if your dentist is in our network or search for a dentist. 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.



2022 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 PPO dentist, you pay	Out-of-network Premier dentist, you pay	Out-of-network nonparticipating dentist, you pay	In-network PPO dentist, you pay	Out-of-network Premier dentist, you pay	Out-of-network nonparticipating dentist, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network PPO dentist, you pay	Out-of-network Premier dentist, you pay	Out-of-network nonparticipating dentist, 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)	\$375 for one member / \$750 for two or more members (in-network only)						\$375 for one member / \$750 for two or more members (in-network only)				\$375 for one member / \$750 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%	40%	25%	50%	50%	0%	Not covered	0%	Not covered	0%	40%	40%	Not covered	
Cleanings	0%	40%	40%	25%	50%	50%	0%	Not covered	0%	Not covered	0%	40%	40%	Not covered	
Periodontal maintenance	0%	40%	40%	25%	50%	50%	0%	Not covered	0%	Not covered	0%	40%	40%	Not covered	
Sealants	0%	40%	40%	25%	50%	50%	0%	Not covered	0%	Not covered	0%	40%	40%	Not covered	
Topical fluoride	0%	40%	40%	25% ¹	50% ¹	50% ¹	0%	Not covered	0% ¹	Not covered	0%	40%	40%	Not covered	
Class 2															
Space maintainers	75%	75%	75%	Not covered	Not covered	Not covered	30%	Not covered	Not covered	Not covered	75%	75%	75%	Not covered	
Restorative fillings ²	75%	75%	75%	40%	50%	50%	30%	Not covered	30%	Not covered	75%	75%	75%	Not covered	
Class 3															
Oral surgery ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Endodontics ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Periodontics ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Restorative crowns ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Bridges ³	Not covered	Not covered	Not covered	50%	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Anesthesia ³	75%	75%	75%	50%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	75%	Not covered	
Orthodontia ⁴	75%	75%	75%	Not covered	Not covered	Not covered	50%	Not covered	Not covered	Not covered	75%	75%	75%	Not covered	
Features															
Provider network	Delta Dental PPO Network	Delta Dental Premier Network	All other providers	Delta Dental PPO Network	Delta Dental Premier Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	Delta Dental Premier 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 2022 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 2022 Delta Dental policy.

⁴ Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental Plan 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 Delta Dental Plan 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 reline 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
- 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	2022 Delta Dental PPO	2022 Delta Dental EPO	2022 Delta Dental Bright Smiles
0-18	\$37	\$41	\$37
19-24	\$27	\$29	
25-29	\$27	\$29	
30-34	\$29	\$31	
35-39	\$32	\$34	
40-44	\$33	\$35	
45-49	\$34	\$36	
50-54	\$37	\$39	
55-59	\$40	\$43	
60-63	\$44	\$47	
64+	\$47	\$50	

Premiums effective Jan. 1, 2022, through Dec. 31, 2022



Tools and programs for your *health journey*

Moda Health and Delta Dental Plan 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)
- 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

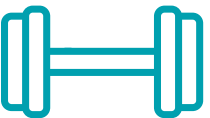
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



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™

Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, you have access to:

- 16,000+ Standard and Premium fitness centers and exercise studios nationwide
- The ability to purchase a membership for your spouse (or domestic partner)
- The option to switch fitness centers to make sure you find the right fit
- 4,000+ digital workout videos so you can work out at home or on-the-go



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
- 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 to find medication cost estimates and generic options.



Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Medical members get discounts on select fit bit devices. And you can join Fitbit Care™ for Moda Health to access Fitbit Premium and health coaching at no cost. From steps to sleep, you'll gain valuable insights into how your behaviors affect your health. Plus, you'll get the tools you need to help kickstart your wellbeing journey. You'll enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program for you
- Fitness challenges to complete on your own or with others
- Guided programs to help you move more, sleep better and eat well. These programs are customizable, based on your goals and schedule.
- Personalized insights to help improve your health, based on your exercise, heart rate and sleep
- Advanced sleep tools to boost your energy



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



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

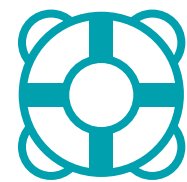


Travel Assist

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.



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 options:

- 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



IDX™ Identity

Keep your information safe with complete identity protection through IDX Identity, 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 IDX Identity for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.



Meru Health

Mobile therapy

Now you can get therapy on your smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential access to a personal, remote therapist
- 12 weeks of empowering content Human support safely offered through your smartphone
- Proven techniques to change unwanted thoughts and habits
- Short mindfulness practices for balancing mood and energy
- Wearable biofeedback training to increase focus and manage stress
- Lessons and practices to improve sleep and nutrition



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.

FAQs

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) or Individual Coverage Health Reimbursement (ICHRA) and pay for individual plan premiums. Check with your employer if these options are available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Moda Health.

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.

Do plans cover acupuncture and spinal manipulation?

Yes, per Oregon mandate, all Moda Health medical plans cover medically necessary acupuncture and spinal manipulations. Check plan summary tables for specific benefit amounts per plan.

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 most Moda Health individual medical plans through ShopModaPlans.com and most plans at 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.

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 unless prohibited by law. 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.

Annual benefit 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.

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 as stated in the member handbook.

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 unless prohibited by law. 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.

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 سبکی اعانت 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)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به 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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૌલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. 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 ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានជូលជូនលោកអ្នក។ 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 คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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)



Individual & family

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.

Portland Office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156

modahealth.com

DeltaDentalOR.com



These benefits and Moda Health/Delta Dental 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. Delta Dental is a trademark of Delta Dental Plans Association.