

Experience better with Moda Health

Oregon 2022 | 51+ employees



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 Plan, Inc. and Delta Dental Plan of Oregon, the place your clients go when they want to experience better – better people, better plans, better services and better health.



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Making healthcare work better *for everyone*

In 1955, a group of dentists recognized that not everyone across our country were getting access to the right dental treatment. So, they decided to work together to help support families with their dental and health needs. That is the origin of Moda, Inc. and the Delta Dental Plan Association. With operations in Oregon, Alaska, Texas and Washington, we distinguish ourselves through service excellence and by providing value through insurance and business solutions.

Since our inception, we have been a driving force of healthcare evolution, offering members innovative and evidence based health plans, diverse provider networks, member-centric programs and compassionate customer service. Today, we are a multi-faceted organization serving 1.5 million members through a full line of medical, dental and pharmacy plans, including individual plans, Medicare plans, employer group plans and government-sponsored plans. Moda Health is committed to setting and meeting high quality of care standards in order to enhance members' health, improve service experiences and reduce costs. Our ultimate goal is to create better outcomes for all of the lives we touch through our wide variety of plans, as well as through our subsidiaries.

Advancing the health and well-being of our customers

Driven by the idea that there is always a better way to deliver care, Moda Health is dedicated to advancing the health and wellbeing of people in all communities. Our health plans are designed to support your clients' employee population, giving them access to the tools and resources that help them get the most out of their medical benefits and pharmaceutical care.

Plus, with access to Delta Dental, members have access to 154,000 dentists nationwide through one of the largest dental networks in the country.

Choosing a plan

It's important that your clients find a health plan that provides affordable, quality care whenever their employees need it. We offer your clients more choices to help them pick the right plan for their group.

You can choose from a range of plans to find the right balance between budget and the healthcare needs for both your clients and their employees. Clients with fewer than a hundred employees can select up to three medical plans, while those with a hundred or more can select up to four plans.

High-deductible health plans (HDHP)

An HDHP is compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses. We work with a preferred banking partner to make it easy for members with HDHPs.

- PPO HDHP – plan options with traditional deductibles and lower out-of-pocket maximums

Exclusive provider organization (EPO) plan

EPO plans are designed to offer a personalized care experience that helps members find their way to better care, value and health. There are no out-of-network benefits with an EPO plan except as stated in the member handbook. All healthcare providers and specialists must be in the Moda Select Network or the member will be responsible for the full cost of out-of-network services unless prohibited by law.

Preferred provider organization (PPO) plans

We offer a wide selection of preferred provider organization (PPO) plans to meet your client's specific needs. Our PPO plans combine great benefits with access to PPO contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO-contracted provider.

- PPO – plan options with traditional deductibles and lower out-of-pocket maximums
- VBC – plan options with traditional deductibles and higher out-of-pocket maximums

Funding types

Fully insured plans

Rates are established and paid on a monthly basis. The client pays a fixed rate for the contract period and Moda Health or Delta Dental assumes the entire risk. Your client pays a fixed rate for the contract period, and there's no after-the-fact settlement with the account.

Equal Funding

(25+ enrolled, medical only)

Equal Funding is a good option for employers who are looking to take more control over their health care plans or those interested in limiting risk in a partially self-funded environment. Benefits include:

- 12 predictable monthly payments
- Greater insight into plan performance throughout the year
- Making more informed decisions at renewal
- No surprise separate fees

For Equal Funding plans, Moda Health acts as both the benefits administrator and the stop-loss insurance carrier, ensuring no coverage gaps. This integrated solution results in transactions that are fast, more efficient and more secure.

Administrative Services Only (ASO)

(Groups of 100+ enrolled)

An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer. The employer is responsible for paying the cost of the healthcare services provided.



Life's *better* in the network

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

In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may balance bill members the difference between the maximum plan allowance and their billed charges unless prohibited by law. In-network providers don't do this. See our plan benefit tables to learn more about in-network and out-of-network benefits and costs. Members can also review their Member Handbook for details.

Moda Select

New for 2022, we are introducing the Moda Select Network. In partnership with OSHU Health, we have created a network that brings the best combination of care, value and health. OHSU Health is committed not only to being the state's leader in quality, providers, innovations and treatments, but also in the ability to deliver greater value for Oregonians.

Serving Clackamas, Multnomah and Washington counties in the greater Portland tri-county metro area, Moda Select Network helps employees residing in these counties manage their health in close partnership with their primary care provider (PCP) and the rest of their care team. The result is a personalized experience that gives members access to high-quality, coordinated care and value at affordable costs.

In addition to OHSU, Moda Select gives members access to a community of quality providers, including OHSU Hillsboro Medical Center and Adventist Health Portland.



Connexus Network

When clients want our broadest selection of providers across Oregon, the Connexus Network has them covered. Clients located anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington and Idaho.

Networks outside of Oregon

Members living in states outside of Oregon can receive in-network care through the following networks.

First Choice Health Network

Members living in most counties in Washington can receive in-network care through First Choice Health Network. It includes thousands of doctors, hospitals and other medical providers across many specialties.

First Health™ Network

With over 550,000 in-network providers and one million service locations nationwide, the First Health Network gives members access to quality care to manage their care and healthcare costs whether they are at home or on the road.

Private HealthCare Systems (PHCS) Network

Members living outside of Oregon or Washington in the U.S. can see providers in the PHCS Network for in-network care. It is the largest PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals, to choose from. PHCS Network gives members plenty of choice.

Travel network – First Health Network

When members hit the road, care is never far away. While traveling in the U.S., but outside the network service areas, members can receive emergency or urgent care through the First Health Network, which is paid at the in-network benefit level. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Care outside the U.S.

Outside the U.S., members may access any provider for emergency care at the in-network cost-sharing amount. This care is subject to balance billing. Other care received outside the U.S. is not covered.

To learn more, please work with your Moda Health Sales Representative when quoting new business to help your clients choose the right national network wrap for their employee population.

2022 Moda Health EPO plans

Plan name	Deductible	OOP max	Office visit copay (PCP/Spec)	Coinsurance	Network
\$500_-\$3000_-\$25/\$40_20%	\$500	\$3,000	\$25/\$40	20%	Moda Select
\$500_-\$5000_-\$30/\$45_20%	\$500	\$5,000	\$30/\$45	20%	
\$1000_-\$3000_-\$25/\$40_20%	\$1,000	\$3,000	\$25/\$40	20%	
\$1000_-\$5000_-\$25/\$40_20%	\$1,000	\$5,000	\$25/\$40	20%	
\$1000_-\$3000_-\$30/\$45_20%	\$1,000	\$3,000	\$30/\$45	20%	
\$1000_-\$5000_-\$30/\$45_20%	\$1,000	\$5,000	\$30/\$45	20%	
\$1000_-\$3000_-\$35/\$50_20%	\$1,000	\$3,000	\$35/\$50	20%	
\$1000_-\$5000_-\$35/\$50_20%	\$1,000	\$5,000	\$35/\$50	20%	
\$1500_-\$3000_-\$25/\$40_20%	\$1,500	\$3,000	\$25/\$40	20%	
\$1500_-\$5000_-\$25/\$40_20%	\$1,500	\$5,000	\$25/\$40	20%	
\$1500_-\$3000_-\$30/\$45_20%	\$1,500	\$3,000	\$30/\$45	20%	
\$1500_-\$5000_-\$30/\$45_20%	\$1,500	\$5,000	\$30/\$45	20%	
\$1500_-\$3000_-\$35/\$50_20%	\$1,500	\$3,000	\$35/\$50	20%	
\$1500_-\$5000_-\$35/\$50_20%	\$1,500	\$5,000	\$35/\$50	20%	
\$2000_-\$4000_-\$25/\$40_20%	\$2,000	\$4,000	\$25/\$40	20%	
\$2000_-\$6000_-\$25/\$40_20%	\$2,000	\$6,000	\$25/\$40	20%	
\$2000_-\$4000_-\$30/\$45_20%	\$2,000	\$4,000	\$30/\$45	20%	
\$2000_-\$6000_-\$30/\$45_20%	\$2,000	\$6,000	\$30/\$45	20%	
\$2000_-\$4000_-\$35/\$50_20%	\$2,000	\$4,000	\$35/\$50	20%	
\$2000_-\$6000_-\$35/\$50_20%	\$2,000	\$6,000	\$35/\$50	20%	
\$3000_-\$5000_-\$25/\$40_20%	\$3,000	\$5,000	\$25/\$40	20%	
\$3000_-\$7000_-\$25/\$40_20%	\$3,000	\$7,000	\$25/\$40	20%	
\$3000_-\$5000_-\$30/\$45_20%	\$3,000	\$5,000	\$30/\$45	20%	
\$3000_-\$7000_-\$30/\$45_20%	\$3,000	\$7,000	\$30/\$45	20%	
\$3000_-\$5000_-\$35/\$50_20%	\$3,000	\$5,000	\$35/\$50	20%	
\$3000_-\$7000_-\$35/\$50_20%	\$3,000	\$7,000	\$35/\$50	20%	
\$3000_-\$5000_-\$30/\$45_30%	\$3,000	\$5,000	\$30/\$45	30%	
\$3000_-\$5000_-\$35/\$50_30%	\$3,000	\$5,000	\$35/\$50	30%	
\$3000_-\$7000_-\$35/\$50_30%	\$3,000	\$7,000	\$35/\$50	30%	
\$5000_-\$8150_-\$30/\$45_20%	\$5,000	\$8,150	\$30/\$45	20%	
\$5000_-\$8550_-\$35/\$50_20%	\$5,000	\$8,550	\$35/\$50	20%	
\$5000_-\$8550_-\$30/\$45_30%	\$5,000	\$8,550	\$30/\$45	30%	
\$5000_-\$8550_-\$35/\$50_30%	\$5,000	\$8,550	\$35/\$50	30%	

2022 Moda Health VBC plans

Plan name	In-network Deductible	In-network OOP max	In-network Office visit copay (PCP/Spec)	In-network Coinsurance	Network
\$500_-\$3000_-\$25/\$40_20%	\$500	\$3,000	\$25/\$40	20%	Connexus
\$500_-\$5000_-\$30/\$45_20%	\$500	\$5,000	\$30/\$45	20%	
\$1000_-\$3000_-\$25/\$40_20%	\$1,000	\$3,000	\$25/\$40	20%	
\$1000_-\$5000_-\$25/\$40_20%	\$1,000	\$5,000	\$25/\$40	20%	
\$1000_-\$3000_-\$30/\$45_20%	\$1,000	\$3,000	\$30/\$45	20%	
\$1000_-\$5000_-\$30/\$45_20%	\$1,000	\$5,000	\$30/\$45	20%	
\$1000_-\$3000_-\$35/\$50_20%	\$1,000	\$3,000	\$35/\$50	20%	
\$1000_-\$5000_-\$35/\$50_20%	\$1,000	\$5,000	\$35/\$50	20%	
\$1500_-\$3000_-\$25/\$40_20%	\$1,500	\$3,000	\$25/\$40	20%	
\$1500_-\$5000_-\$25/\$40_20%	\$1,500	\$5,000	\$25/\$40	20%	
\$1500_-\$3000_-\$30/\$45_20%	\$1,500	\$3,000	\$30/\$45	20%	
\$1500_-\$5000_-\$30/\$45_20%	\$1,500	\$5,000	\$30/\$45	20%	
\$1500_-\$3000_-\$35/\$50_20%	\$1,500	\$3,000	\$35/\$50	20%	
\$1500_-\$5000_-\$35/\$50_20%	\$1,500	\$5,000	\$35/\$50	20%	
\$2000_-\$4000_-\$25/\$40_20%	\$2,000	\$4,000	\$25/\$40	20%	
\$2000_-\$6000_-\$25/\$40_20%	\$2,000	\$6,000	\$25/\$40	20%	
\$2000_-\$4000_-\$30/\$45_20%	\$2,000	\$4,000	\$30/\$45	20%	
\$2000_-\$6000_-\$30/\$45_20%	\$2,000	\$6,000	\$30/\$45	20%	
\$2000_-\$4000_-\$35/\$50_20%	\$2,000	\$4,000	\$35/\$50	20%	
\$2000_-\$6000_-\$35/\$50_20%	\$2,000	\$6,000	\$35/\$50	20%	
\$3000_-\$5000_-\$25/\$40_20%	\$3,000	\$5,000	\$25/\$40	20%	
\$3000_-\$7000_-\$25/\$40_20%	\$3,000	\$7,000	\$25/\$40	20%	
\$3000_-\$5000_-\$30/\$45_20%	\$3,000	\$5,000	\$30/\$45	20%	
\$3000_-\$7000_-\$30/\$45_20%	\$3,000	\$7,000	\$30/\$45	20%	
\$3000_-\$5000_-\$35/\$50_20%	\$3,000	\$5,000	\$35/\$50	20%	
\$3000_-\$7000_-\$35/\$50_20%	\$3,000	\$7,000	\$35/\$50	20%	
\$3000_-\$5000_-\$30/\$45_30%	\$3,000	\$5,000	\$30/\$45	30%	
\$3000_-\$5000_-\$35/\$50_30%	\$3,000	\$5,000	\$35/\$50	30%	
\$3000_-\$7000_-\$35/\$50_30%	\$3,000	\$7,000	\$35/\$50	30%	
\$5000_-\$8150_-\$30/\$45_20%	\$5,000	\$8,150	\$30/\$45	20%	
\$5000_-\$8550_-\$35/\$50_20%	\$5,000	\$8,550	\$35/\$50	20%	
\$5000_-\$8550_-\$30/\$45_30%	\$5,000	\$8,550	\$30/\$45	30%	
\$5000_-\$8550_-\$35/\$50_30%	\$5,000	\$8,550	\$35/\$50	30%	

2022 Moda Health PPO plans

Plan name	In-network Deductible	In-network OOP max	In-network Office visit copay	In-network Coinsurance	Network
PPO / \$500 / \$3000 / \$25 / 20%	\$500	\$3,000	\$25	20%	Connexus
PPO / \$500 / \$5000 / \$30 / 20%	\$500	\$5,000	\$30	20%	
PPO / \$1000 / \$3000 / \$25 / 20%	\$1,000	\$3,000	\$25	20%	
PPO / \$1000 / \$5000 / \$25 / 20%	\$1,000	\$5,000	\$25	20%	
PPO / \$1000 / \$3000 / \$30 / 20%	\$1,000	\$3,000	\$30	20%	
PPO / \$1000 / \$5000 / \$30 / 20%	\$1,000	\$5,000	\$30	20%	
PPO / \$1500 / \$3000 / \$25 / 20%	\$1,500	\$3,000	\$25	20%	
PPO / \$1500 / \$5000 / \$25 / 20%	\$1,500	\$5,000	\$25	20%	
PPO / \$1500 / \$3000 / \$30 / 20%	\$1,500	\$3,000	\$30	20%	
PPO / \$1500 / \$5000 / \$30 / 20%	\$1,500	\$5,000	\$30	20%	
PPO / \$2000 / \$4000 / \$25 / 20%	\$2,000	\$4,000	\$25	20%	
PPO / \$2000 / \$6000 / \$25 / 20%	\$2,000	\$6,000	\$25	20%	
PPO / \$2000 / \$4000 / \$30 / 20%	\$2,000	\$4,000	\$30	20%	
PPO / \$2000 / \$6000 / \$30 / 20%	\$2,000	\$6,000	\$30	20%	
PPO / \$1500 / \$3000 / \$30 / 30%	\$1,500	\$3,000	\$30	30%	
PPO / \$1500 / \$5000 / \$30 / 30%	\$1,500	\$5,000	\$30	30%	
PPO / \$2000 / \$4000 / \$30 / 30%	\$2,000	\$4,000	\$30	30%	
PPO / \$2000 / \$6000 / \$30 / 30%	\$2,000	\$6,000	\$30	30%	
PPO / \$3000 / \$5000 / \$30 / 20%	\$3,000	\$5,000	\$30	20%	
PPO / \$3000 / \$7000 / \$30 / 20%	\$3,000	\$7,000	\$30	20%	
PPO / \$3000 / \$5000 / \$25 / 30%	\$3,000	\$5,000	\$25	30%	
PPO / \$3000 / \$7000 / \$25 / 30%	\$3,000	\$7,000	\$25	30%	
PPO / \$3000 / \$5000 / \$30 / 30%	\$3,000	\$5,000	\$30	30%	
PPO / \$3000 / \$7000 / \$30 / 30%	\$3,000	\$7,000	\$30	30%	
PPO / \$5000 / \$8550 / \$25 / 30%	\$5,000	\$8,550	\$25	30%	

2022 Moda Health HDHP plans

Plan name	In-network Deductible	In-network OOP max	In-network office visit coinsurance	In-network coinsurance	Network
EPO HDHP plans					
HDHP / \$3000	\$3,000	\$3,000	0%	0%	Moda Select
HDHP / \$2800 / \$5000 / 20%	\$2,800	\$5,000	20%	20%	
HDHP / \$2800 / \$5000 / 30%	\$2,800	\$5,000	30%	30%	
HDHP / \$3000 / \$5000 / 20%	\$3,000	\$5,000	20%	20%	
HDHP / \$5000	\$5,000	\$5,000	0%	0%	
HDHP / \$3000 / \$7000 / 30%	\$3,000	\$7,000	30%	30%	
PPO HDHP plans					
HDHP / \$3000	\$3,000	\$3,000	0%	0%	Connexus
HDHP / \$2800 / \$5000 / 20%	\$2,800	\$5,000	20%	20%	
HDHP / \$2800 / \$5000 / 30%	\$2,800	\$5,000	30%	30%	
HDHP / \$3000 / \$5000 / 20%	\$3,000	\$5,000	20%	20%	
HDHP / \$5000	\$5,000	\$5,000	0%	0%	
HDHP / \$3000 / \$7000 / 30%	\$3,000	\$7,000	30%	30%	

Expect *quality* pharmacy benefits

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

Medication tiers offer ways to save

All Moda Health medical plans come with an option of pharmacy plans. 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. To see medication tier coverage amount, check the plan benefit tables in this brochure. Members can visit modahealth.com/pdl and choose "Large group" to search medications and find out their medication tiers and costs.

90-day retail supply

Members may purchase a 90-day supply from participating retail pharmacies at the mail order cost sharing. Not all medications are eligible for a 90-day supply. All standard benefit and administrative provisions apply. Search for participating pharmacies through the Member Dashboard. Participating pharmacies will list '3 months' under the Days Supply column in their details.

Ardon Health specialty pharmacy services

Ardon Health is the specialty pharmacy for members. Based in Portland, Oregon, Ardon provides free delivery of specialty medications to a patient's home or physician's office. Visit ardonhealth.com to learn more about Ardon Health.

Pharmacy benefits, and then some

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network.

The Navitus Network includes over 95% of pharmacies in Oregon, plus more than 58,000 pharmacies nationwide. This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Safeway and Albertsons
- CVS
- Costco
- Fred Meyer
- Rite Aid
- Walgreens
- Wal-Mart

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

2022 Moda Pharmacy plan options

	RX 1	RX 2	RX 3A	RX 3B	RX 4
Pharmacy Options					
Value	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$15	\$20	\$20	greater of \$15 or 50%
Preferred	\$30	\$45	\$60	\$60	greater of \$15 or 50%
Non-Preferred	\$50	\$75	50%	50%	greater of \$15 or 50%
Preferred Specialty	\$150	\$225	\$180	50%	greater of \$15 or 50%
Non-Preferred Specialty	30%	30%	50%	50%	greater of \$15 or 50%

Quality coverage for your *smile*

Our Delta Dental Plan of Oregon plans connect members with great benefits and quality in-network dentists.

Your clients' employees can count on:

- Freedom to choose a dentist
- Contracted-fee savings with participating dentists
- Savings from in-network dentists
- No balance billing from in-network providers
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

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

Dental tools

Members can use our dental tools to manage their dental health easily, in one online location – the Member Dashboard. The Member Dashboard gives members access to tools to help manage their dental health such as procedure cost calculators and risk self-assessments.

Health through Oral Wellness® program

All fully insured plans include access to the Health through Oral Wellness® Program. This patient-centered program provides enhanced benefits designed to help members maintain better oral health through risk assessment, education and additional evidence-based preventive care.

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or are pregnant and in their third trimester. We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screenings, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Delta Dental Direct Option with Willamette Dental Group

We partner with Willamette Dental Group and offer a Direct Option plan that includes a network of Willamette Dental Group providers for groups that want to pair a Direct Option plan with a Delta Dental plan. We manage the enrollment, billing, and customer service for both plans making administration easy for everyone.

Voluntary plans

Delta Dental and Direct Option voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100 percent by employees.

Delta Dental networks go where members go

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

Delta Dental Premier® Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,400 providers in Oregon and over 154,000 Delta Dental Premier Dentists nationwide. When members see Premier Network providers, they enjoy:

- No balance billing
- A broad choice of providers
- Cost savings by seeing a Premier Network provider

Delta Dental PPOSM Network

This is one of the largest PPO dental networks in Oregon and across the country. It includes almost half of dentists in Oregon and offers access to over 113,000 Delta Dental PPO dentists nationwide.

PPO plans help groups save on costs by connecting employees with providers in the Delta Dental PPO Network.

Dentists agree to accept the Delta Dental PPO Network fee schedule, which is typically lower than other networks. Members with PPO plans have more choice and control over their out-of-pocket costs. When they use Delta Dental PPO dentists, they receive their plan's best benefit level and enjoy the most savings. If they wish, members can also use out-of-network providers at a reduced benefit level. As long as members see participating dentists, there will be no additional balance billing charge.

Advantages to the Delta Dental PPO plans include:

- Access to one of the largest PPO networks in Oregon
- Provider choice and cost control

Is a dentist in-network?

To find out, members can log into their Member Dashboard or visit deltadentalOR.com and use Find Care.

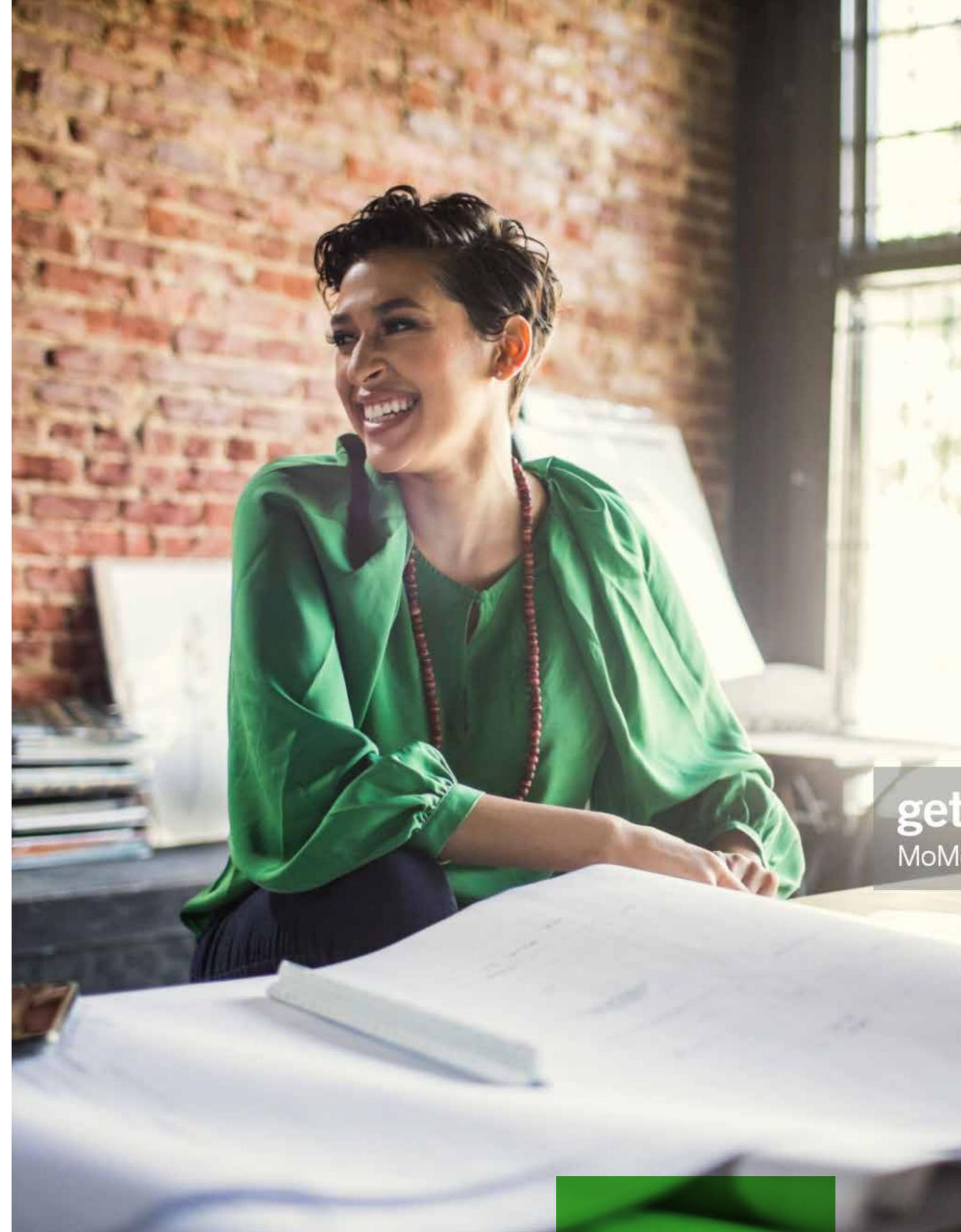
2022 Dental plans

Plan names		Deductible per member	Deductible waived for class 1 Services	Annual benefit max	Network ¹
B3X50	Premier Option B	\$50	Yes	\$1,500	Premier
B3X50_PF	Premier Option B-Preventive First	\$50	Yes	\$1500**	Premier
BP3X50	PPO Option B	\$50	Yes	\$1,500	PPO
BP3X50_PF	PPO Option B - Preventive First	\$50	Yes	\$1500**	PPO
C3X50	Premier Option C	\$50	No	\$1,500	Premier
BPB3X50_PF	PPO Option B - Preventive First	\$50	Yes	\$1,500**	PPO
BPB3X502	PPO Option B	\$50	Yes	\$2,000	PPO
BPB3X502_PF	PPO Option B - Preventive First	\$50	Yes	\$2,000**	PPO
MBP3X501	PPO Mac Option B	\$50	Yes	\$1,000	PPO
VBPA3X501	Voluntary PPO Option BPA	\$50	Yes	\$1,000	PPO
VB3X501_PF	Voluntary Premier Option B Preventive First	\$50	Yes	\$1,000**	Premier
VB3X50_PF	Voluntary Premier Option B Preventive First	\$50	Yes	\$1,500**	Premier
VBPA3X50	Voluntary PPO Option BPA	\$50	Yes	\$1,500	PPO
VBPB3X50_PF	Voluntary PPO Option BPA Preventive First	\$50	Yes	\$1,500**	PPO

**Class I services do not accumulate to the annual maximum

¹ Non Participating Dentists: Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable charge.

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



get
MoM

Bringing it all *into focus*

Seeing is believing when it comes to better health. Our vision plans are available on an insured or self-funded basis and can be customized to suit your client's needs. Our stand-alone vision riders cover things like annual eye exams, lenses and frames to help ensure your clients can focus on feeling and staying well.

2022 Moda Health Vision riders

Plan name	Description
VEO_12A1	100% Vision Exam Only; \$200 Max; Annual Benefit, all ages
V100_12A1	100% Vision, \$200 Max; Annual Benefit, all ages
V1003_12A1	100% Vision, \$300 Max; Annual Benefit, all ages
V1004_12A1	100% Vision, \$400 Max; Annual Benefit, all ages
V1005_12A1	100% Vision, \$500 Max; Annual Benefit, all ages

Making managing benefits *easier for your clients*

Our third-party administrative (TPA) subsidiary is BenefitHelp Solutions (BHS). BHS's comprehensive TPA services provide your clients with the latest technological resources and support to easily navigate the complex world of healthcare benefits and find new ways to save!

BHS helps your clients with:

- Reimbursement accounts:
 - Health flexible spending accounts (FSA) – FSAs allow employees to set aside pre-taxed money to pay for eligible healthcare expenses
 - Health reimbursement arrangements (HRA) – With an HRA, employers make contributions to member accounts for eligible healthcare expenses. The funds may roll over at the end of the year.
 - Commuter expense reimbursement accounts (CERA) – Employees use pre-tax dollars to pay for commuter costs, such as parking, carpooling and mass transit
 - Dependent care accounts (DCA) – Employees pay for daycare with pre-tax dollars
 - Health savings accounts (HSA) – HSAs are coupled with a qualified HDHP to help plan for medical expenses now and through retirement
- COBRA administration
- Premium-only plans
- Retiree administration
- Premium administration

To learn more, visit benefithelpsolutions.com or call at 888-387-5440.



Tools and programs that support your clients, *every step of the way*

Whether you have just one client or more, keeping them healthy is an investment that pays dividends. Our online tools and programs drive member engagement and help you support your clients' employees to better health and wellness throughout their entire health journey.

Tools for producers

eCommissions

View commission information for your agency online or in Excel.

Corporate reports

Access utilization reports by benefit and by month for your eligible large groups and Equal Funded clients, including large claims and savings.

Tool for employers

Employer Dashboard

The Employer Dashboard was created to help employers quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7. With the Employer Dashboard, employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Order ID cards
- Employers who do not submit Electronic Eligibility can:
 - Enroll employees and dependents
 - Make coverage changes
 - Update employee contact information

Your clients can learn more about our comprehensive set of employer tools at modahealth.com/employers.

Reporting

Standard reports for groups with over 100 enrolled employees. We can also customize reports to meet our groups' specific needs and funding type.

Activity report - Reflects the number of subscribers, number of members, premium paid (this will include Admin Fees if it is an ASO group), number of claims and claims paid.

Savings report - Groups claims disallowed amounts into high-level categories and summarizes with an overall savings percentage. Vision claims are excluded in medical and Orthodontia claims are excluded in dental.

Tiered enrollment report - Provides counts of employees (subscribers) and members (subscribers + dependents) shown by the month in which these members were eligible for coverage.

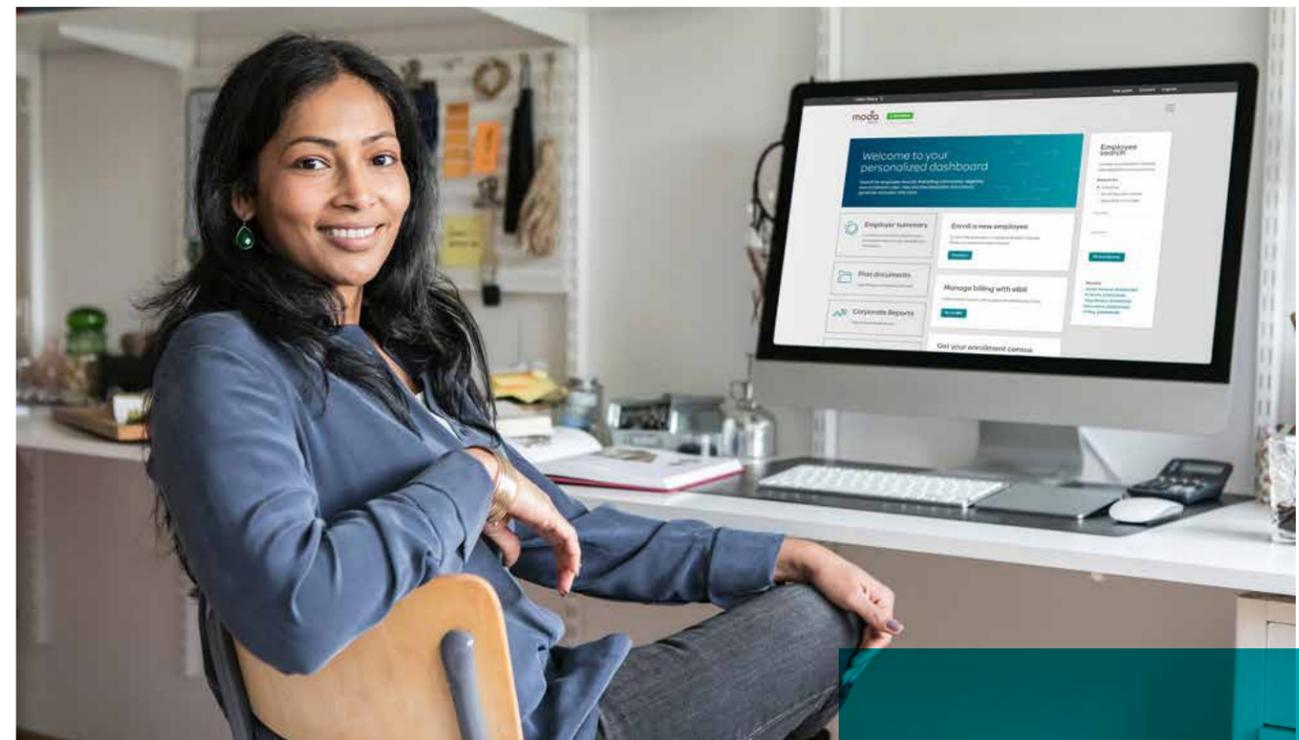
Distribution of charges report (medical) - Shows charges (billed amounts) for medical and prescription drug claims processed during the month indicated. Vision claims are not included in this report.

Distribution of charges report (Dental) - Shows charges (billed amounts) for dental claims processed during the month indicated. Orthodontia claims are not included in this report.

Distribution of paid claims report (medical) - Shows paid amounts for medical and prescription drug claims processed during the month indicated. Vision claims are shown on a separate line below the subtotal for medical.

Distribution of paid claims report (Dental) - Shows paid amounts for dental claims processed during the month indicated. Orthodontia claims are shown on a separate line below the subtotal for other dental claims.

Large claims report (Medical only) - Reflects the month's paid claims versus when they were incurred.



wellbeing

We're here to help your clients take care of their whole health. That's why we created Moda Wellbeing – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Wellbeing makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals, and digital tools are self-serve and available 24/7.

Moda Wellbeing includes:



Member support

Assistance getting the most out of your benefits and managing your plan



Care management

Support accessing care and managing care needs



Condition and disease management

Special support for acute and chronic conditions



Wellness management

Everything needed to maintain and improve health



Financial management

Access to tools to help control healthcare costs and protect identity



Custom services

Programs created specifically to meet the unique needs of your population

Member support

Assistance getting the most out of your benefits and managing your plan



Services

Claims and appeals support

If members disagree with a ruling on a claim, they can file an appeal. They can contact us for help. We're here to support them.

Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

Services (cont.)

Prior authorization support

We want to make sure members get the right care. That's why we require prior authorization (pre-approval) for some healthcare services and prescriptions. If prior auth is required, the member's healthcare provider will request it. It's important they make sure to see in-network healthcare providers. If in-network providers perform a service that requires prior authorization without pre-approval, they will have to pay for the service. If this happens with a provider who is out-of-network, the member will need to pay.

Self-serve tools

Pharmacy locator

Members can access our Find Care tool to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, dental, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

Care management

Support accessing care and managing care needs



Services

Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

Services (cont.)

Dental health management

● Provided by Delta Dental

Dental members can access Dental Tools to easily manage their dental health in one location. They can use this online service to:

- Have an emergency virtual consult
- Get a virtual checkup
- View their benefits dashboard
- Get dental cost estimates
- Ask a dentist questions
- Take a dental risk assessment

Text a doctor, 24/7

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

Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. Depending on their plan, they can use a Virtual Visit or telehealth when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy/oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

*Members on HDHP plans must meet their deductible.

Condition and disease management

Special support for acute and chronic conditions



Programs

Counseling

Medical members can get therapy on their 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 and fast access to evidence-based treatment through a smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help you learn how to recover from stress quickly

Extra dental care – Health through Oral Wellness®

● Provided by Delta Dental

If members are at greater risk for oral diseases, they can get extra care with our Health through Oral Wellness® program. Benefits and care include additional cleanings, fluoride treatments, sealants and periodontal maintenance.

Programs (cont.)

Extra dental care – Oral Health, Total Health

● Provided by Delta Dental

If members have diabetes or are pregnant in their third trimester, they can get extra dental care through our Oral Health, Total Health program.

Health coaching

When members need a hand with their health our health coaches use evidence-based practices to help them set goals and feel their best. Our care programs include:

- Cardiac care
- Behavioral health
- Depression care
- Diabetes care
- Kidney care
- Lifestyle coaching
- Women's health & maternity care
- Respiratory care
- Spine & joint care
- Weight care
- Quitting tobacco

Diabetes support

We offer a comprehensive diabetes management program, for no cost, to members and dependents who qualify. The program, made possible through our partner, Livongo, provides:

- A smart meter, which automatically uploads blood glucose readings, eliminating the need for logbooks. The meter also serves up real-time tips.
- Unlimited supplies with no hidden costs. Strips and lancets are shipped directly to the member, at their request.
- Coaching anytime and anywhere. Livongo's expert coaches are available via phone, text and our mobile app to give guidance on nutrition and lifestyle questions.

Compassionate kidney care program

Members with chronic kidney disease stages 3, 4 and 5, and end-stage renal disease will receive care coordination services designed to slow kidney disease progression.

Prescription savings program

This savings program from Sempre Health, helps members save money on qualifying medications when they take them and refill them as prescribed.

Self-serve tools

Medication interaction finder

Some medications should not be used together. Members can protect themselves from possible harmful effects. It's easy to find out how different medications interact with each other. Just use our online tool, MEDCounselor.

Prescription history finder

We offer PersonalHealthRX as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.

Wellness management

Everything members need to maintain and improve health



Services

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

ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® 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

Services (cont.)

Hearing aid discounts

Get a discount for a hearing aid exam and hearing aid from TruHearing

- The latest advances in hearing technology
- Expert care from a team of helpful professionals in their area
- A hearing exam plus three follow-up visits for fitting and adjustments
- A worry-free purchase with a 45-day trial and three-year warranty
- 48 free batteries per aid included with non-rechargeable models

All groups have access to the discount.

Programs

Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our employee assistance program (EAP).

Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results and research health conditions and learn about topics that are important to them.

Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Join Fitbit Care™ for Moda Health now to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can redeem a discounted Fitbit device to help kickstart their wellbeing journey. Members will 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
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost energy

Financial management

Access to tools to help control healthcare costs and protect identity



Self-serve tools

Healthcare cost estimates

Members can see what they will pay for medical services before they have them – not after the bill arrives. Use our Healthcare Cost Estimator to:

- See procedure costs
- Compare costs across providers
- See their specific out-of-pocket costs

Prescription price check

Members can find out what they will pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

Services

Identity protection

Members can keep their information safe with complete identity protection through IDX Identity. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in IDX Identity for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.

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 Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-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 مجاناً. 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)

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。

အကူအညီ: ချီ တမဲ (ဗာဗျာတရ ကရေ ဗာဗျာ အင်္ဂါ ငှာချီ) ဝါဝါဝါ ဝါ တဲ တဲ ဗာဗျာတမဲ တမဲတဲ တဲ တဲ ဝါဝါ မုဗျဲ ဝါဝါ ဝါဝါ ဝါဝါ 1-877-605-3229 (TTY: 711) ပာ ကိုင် ကိုင်

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

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

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

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

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាភាសាខ្មែរ ឬភាសាដទៃទៀត តាមការស្នើសុំ យើងនឹងផ្តល់សេវាភាសាដោយឥតគិតថ្លៃ គឺមានជម្រើសជូនសេវាភាសាអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshitik 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 totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaaka iti llocano, sidadaan ti tulong iti lengguahe para tenka 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

Equal Funding

Have questions about our plans, want to get a quote or need marketing materials? Our friendly and knowledgeable team members are here to assist you.

Call us Monday through Friday, 8:30 a.m. to 5 p.m. Pacific Time, toll-free at 800-578-1402. TTY users, please call 711.

Portland office (corporate headquarters)
601 SW Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402

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 Services, dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.

REV2-0222 (09/21)