

Choose a better experience with your *health insurance*

Affinity | Individual & family



A DELTA DENTAL°

Better value and a better experience with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



A DELTA DENTAL

Proven

with nearly 70 years of offering insurance plans in the Pacific Northwest





Preventive care



Prescription benefits Comprehensive prescription drug coverage and an online drug list tool modahealth.com/pdl, so you can confirm what's covered



A DELTA DENTAL



24/7 doctor access



Plans that put **you first**

Preventive exams, women's annual exams, well-baby care and many immunizations and screenings, so you can stay healthy

One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country

CirrusMD app, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost (deductible applies to HSA plans)

> Choose a better experience. Enroll today at modahealth.com/shop

Make a **better choice**

Insurance can be confusing. We want to make the experience better by helping you understand your choices.

When selecting your plan, you want to know:



Is my provider in my network? Learn more on page 10.

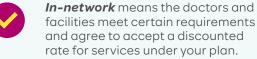
How does the plan work? Look at our plan comparison chart on page 14.

Are my medications covered? Look them up on the medication search page at modahealth.com/pdl.

Affinity plans are Exclusive **Provider Organization (EPO)** plans with a premier network of local providers.

Affinity prioritizes both your well-being and your budget.

If your current doctor isn't in-network, our selection process makes it easy to switch to one who is.





facilities meet certain requirements and agree to accept a discounted rate for services under your plan.

Out-of-network means the doctor or facility is not contracted with your health plan and can charge you full price for services. Care from out-of-network providers are not covered on Affinity plans.



with no referrals required for specialists

Which is right for you?

Learn more, starting on page 14.

	<mark>e</mark> Gold
Monthly premium	\$\$\$
Out-of-pocket costs	\$
Great if you	use a lot healthcare



See if your doctor is in network at modahealth.com/ProviderSearch





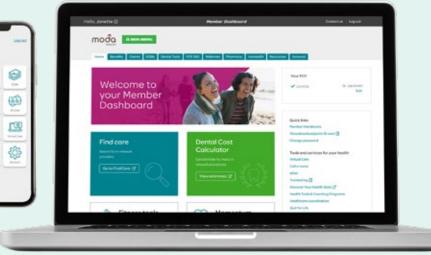


Make your selection at modahealth.com/shop

Member perks to reach your health goals

Save money as you work toward better health with exclusive discounts, programs and tools for members.

ma	do	
He	in, Ja	mette
1	0	8
1	2	9
-	5	00
-	6	P





Tools Health

assessments

Prescription price check



Discounts

Gym memberships

Alternative care (acupuncture, chiropractic and therapeutic massage)

Popular health and fitness brands (Vitamix[®] and Garmin[®])



Coaching and care

Health coaching

Care coordination

Tobacco cessation

Mobile therapy

Emergency medical assistance when traveling



Mental health support

12 weeks of mobile therapy from a private therapist through your smartphone

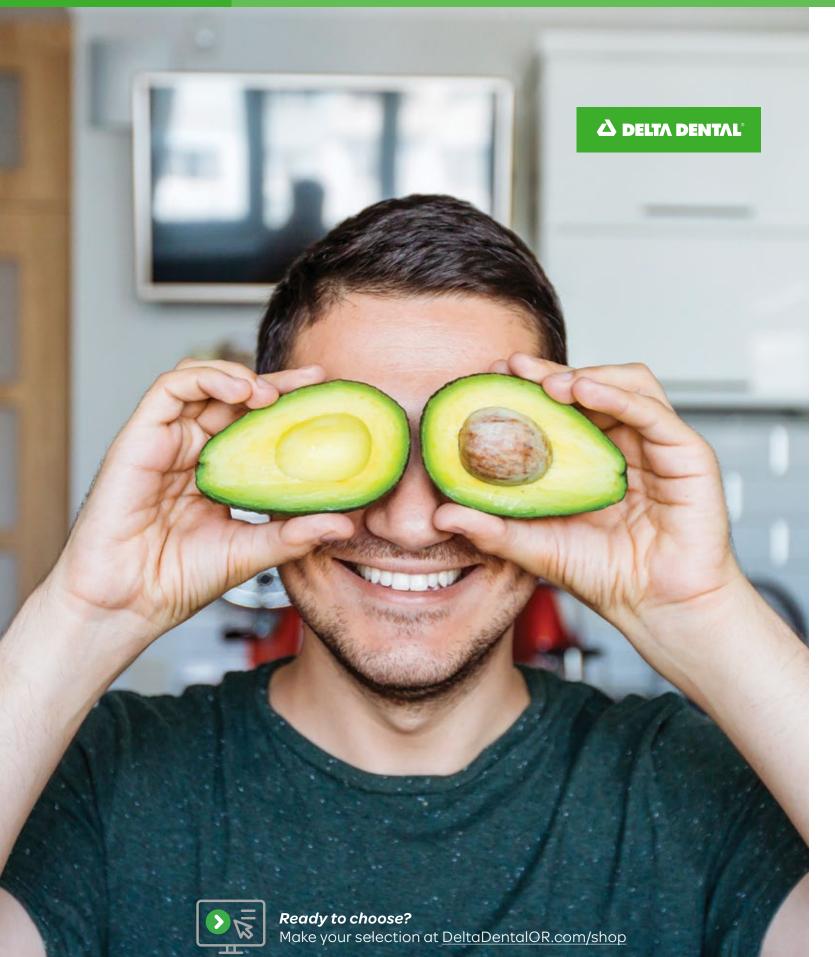
Convenient

with modern ways to stay healthy, like texting a doctor and virtual appointments



Choose a better experience. Enroll today at modahealth.com/shop Experience better with Moda Health

modahealth.com/shop



Quality coverage for your smile

We also offer dental insurance options. This way, your whole health is covered.

With Delta Dental, you'll have access to one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.





Savings from in-network dentists

Cleanings every six months

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









Superior customer service

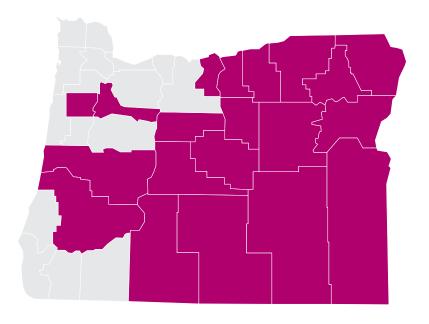


Freedom to choose a dentist

Review your dental plan options on page 18.

A network that connects you to care

The *Moda Health Affinity* EPO plans cover care when you see providers in the Moda Health Affinity Network. We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



The **Moda Health Affinity** Network is for residents living in these counties:

Baker	Grant	Lane	Sherman
Crook	Harney	Malheur	Umatilla
Deschutes	Jefferson	Marion	Union
Douglas	Klamath	Morrow	Wallowa
Gilliam	Lake	Polk	Wheeler



Here are some of our larger in-network hospital partners:



CHI St. Anthony Hospital



Health









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



See if your doctor is in network at modahealth.com/ProviderSearch



Are some services available out-of-network?

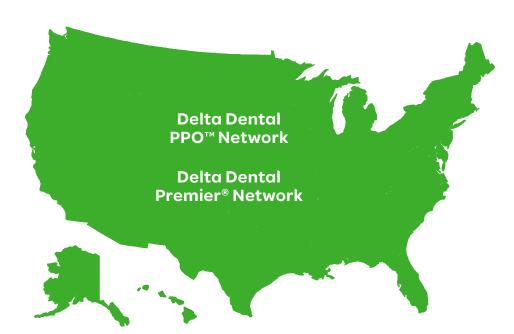
Out-of-network service is covered for medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.



Yes! While traveling outside of the service area, members can receive emergency or urgent care through the Aetna® PPO Network.

Delta Dental networks go where you go

With thousands of dentists across the state and country, In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.

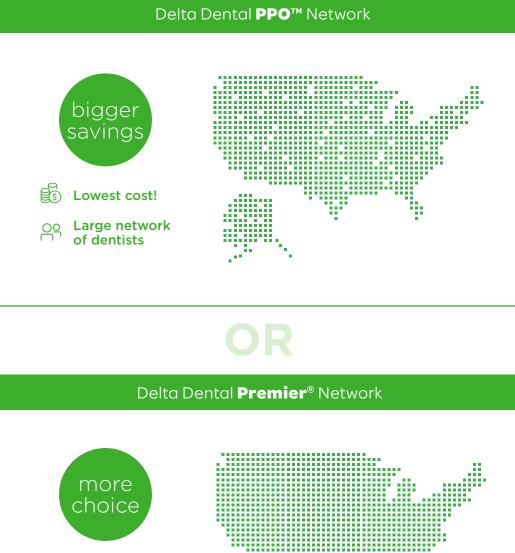


The **Delta Dental PPO™** Network

offers these dental plans: Delta Dental EPO • Delta Dental PPO Delta Dental PPO MAC • Delta Dental PPO Bright Smiles

The **Delta Dental Premier**® Network offers this dental plan:

Delta Dental Premier 1000



Slightly higher cost

O Choose Premier

network dentists

fo



See if your dentist is in network at DeltaDentalOR.com click on Find Care > select your dental network

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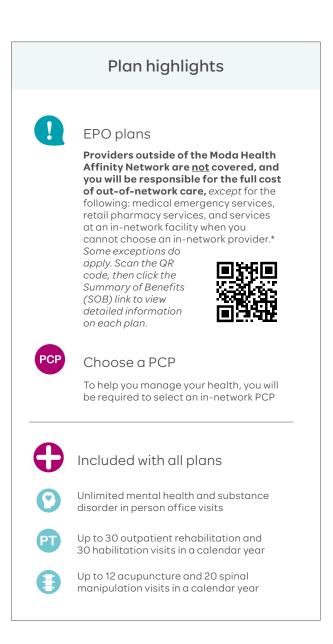
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2024 *Medical plan* benefit table

		Gold plans		Silver plans						
	<u>Moda Health</u> Oregon Standard <u>Gold</u> (<u>Affinity)</u>	<u>Moda Health</u> <u>Affinity Gold 250</u>	<u>Moda Health</u> <u>Affinity</u> <u>Gold 1000</u>	<u>Moda Health</u> <u>Oregon Standard</u> <u>Silver (Affinity)</u>	<u>Moda Health</u> <u>Affinity</u> Silver 3550 Direct	<u>Moda Health</u> <u>Affinity</u> Silver 3400 Direct	<u>Moda Health</u> <u>Affinity</u> <u>Silver 3500</u>	<u>Moda Health</u> <u>Affinity</u> <u>Silver 4400 Direct</u>	<u>Moda Health</u> <u>Affinity</u> <u>Silver 4500</u>	<u>Moda Health</u> <u>Affinity</u> <u>Silver 6400</u>
What you pay for the in-ne	twork care yo	ou receive ea	ch year			1				
Deductible per person	\$1,800	\$250	\$1,000	\$5,500	\$3,550	\$3,400	\$3,500	\$4,400	\$4,500	\$6,400
Deductible per family	\$3,600	\$500	\$2,000	\$11,000	\$7,100	\$6,800	\$7,000	\$8,800	\$9,000	\$12,800
Out-of-pocket max per person	\$7,550	\$8,700	\$8,700	\$9,450	\$9,450	\$8,700	\$8,600	\$8,150	\$8,050	\$8,000
Out-of-pocket max per family	\$15,100	\$17,400	\$17,400	\$18,900	\$18,900	\$17,400	\$17,200	\$16,300	\$16,100	\$16,000
Out-of-network benefits available*	×	×	×	×	×	×	×	×	×	×
Benefits that make up your	plan and whe	at you pay								
Primary care provider (PCP) office visit ¹	\$20 per visit	\$20 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit
Specialist office visit	\$40 per visit	\$40 per visit	\$30 per visit	\$80 per visit	\$80 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit
Urgent care visit	\$60 per visit	\$40 per visit	\$30 per visit	\$70 per visit	\$80 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit
Virtual care visit ¹	\$20 per visit	\$10 per visit	\$10 per visit	\$40 per visit	\$40 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit
Emergency room visit	20% after deductible	25% after deductible	15% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible
Acupuncture and spinal manipulation services	\$20 per visit	\$20 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit
Mental health/substance use disorder office visit ¹	\$20 per visit	\$20 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit
Outpatient rehabilitation	\$20 per visit	\$40 per visit	\$30 per visit	\$40 per visit	\$40 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visi
Inpatient/outpatient care	20% after deductible	25% after deductible	15% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible
Pharmacy benefits ²										
Value	\$10	\$2	\$2	\$15	\$15	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$15	\$15	\$20	\$20	\$20	\$20	\$20
Preferred	\$30	40%	40%	\$60	\$60	40%	40%	40%	40%	40%
Non-preferred	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred specialty ³	50%	40%	40%	50%	40%	40%	40%	40%	40%	40%
Non-preferred specialty ³	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Things to consider when ch	noosing your p	blan								
Features and special benefits included in your plan	! ₽₽ ()									

1 For non-HSA plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible 2 One copay per 30-day supply. \$85 maximum per 30-day supply of insulin 3 For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill

These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document 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.



2024 *Medical plan* benefit table

	Bronze plans						
	<u>Moda Health Oregon</u> <u>Standard</u> <u>Bronze</u> (Affinity)	<u>Moda Health Affinity</u> <u>Bronze 7750</u>	<u>Moda Health Affinity</u> <u>Bronze 9000</u>	<u>Moda Health</u> <u>Affinity</u> <u>Bronze</u> <u>HSA 7500</u>			
What you pay for the in-ne	twork care you re	eceive each year					
Deductible per person	\$9,450	\$7,750	\$9,000	\$7,500			
Deductible per family	\$18,900	\$15,500	\$18,000	\$15,000			
Out-of-pocket max per person	\$9,450	\$9,450	\$9,000	\$7,500			
Out-of-pocket max per family	\$18,900	\$18,900	\$18,000	\$15,000			
Out-of-network benefits available*	×	×	×	×			
Benefits that make up your	plan and what ye	bu pay					
Primary care provider (PCP) office visit ¹	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible			
Specialist office visit	\$150 per visit	\$140 per visit	\$135 per visit	0% after deductible			
Urgent care visit	\$100 per visit	\$140 per visit	\$135 per visit	0% after deductible			
Virtual care visit ¹	\$50 per visit	\$10 per visit	\$10 per visit	0% after deductible			
Emergency room visit	0% after deductible	45% after deductible	0% after deductible	0% after deductible			
Acupuncture and spinal manipulation services	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible			
Mental health/substance use disorder office visit ¹	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible			
Outpatient rehabilitation	\$50 per visit	\$140 per visit	\$135 per visit	0% after deductible			
Inpatient/outpatient care	0% after deductible	45% after deductible	0% after deductible	0% after deductible			
Pharmacy benefits ²							
Value	\$25	\$2	\$2	\$2			
Select	\$25	40%	0% after deductible	0% after deductible			
Preferred	0% after deductible	40% after deductible	0% after deductible	0% after deductible			
Non-preferred	0% after deductible	50% after deductible	0% after deductible	0% after deductible			
Preferred specialty ³	0% after deductible	40% after deductible	0% after deductible	0% after deductible			
Non-preferred specialty ³	0% after deductible	50% after deductible	0% after deductible	0% after deductible			
Things to consider when ch	oosing your plan						
Features and special benefits included in your plan							

1 For non-HSA plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible 2 One copay per 30-day supply. \$85 maximum per 30-day supply of insulin 3 For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill

These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document 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.



Benefits (SOB) link to view detailed information on each plan.



Choose a PCP

PCP

HSA

To help you manage your health, you will be required to select an in-network PCP

Health savings account

Our health savings account (HSA)compatible, high-deductible health plan (Bronze HSA 7500) gives 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.







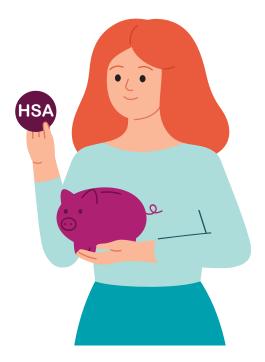
How can an HSA work for me?

A health savings account (HSA) is a great way to save money for medical expenses now and in the future. It offers three tax advantages:

1 No taxes when you put money in

2 No taxes on earnings

3 No taxes when you use it for qualified medical expenses



Choose a better experience. Enroll today at modahealth.com/shop

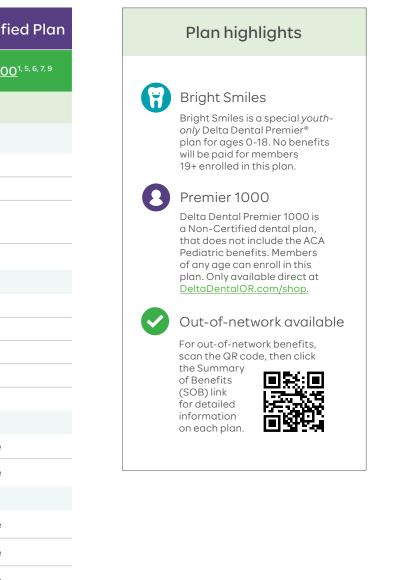
2024 **Dental plan** benefit table

							Special Yout		Direct Only Non-Certifie	
	<u>Delta Dental EPO^{1, 2, 3}</u>		<u>Delta Den</u>	<u>tal PPO</u> ^{1, 2, 3}	Delta Dental PPO MAC ^{1, 2, 3}		Delta Dental PPO Bright Smiles ⁴		Delta Dental Premier 1000	
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	Allages	
What you pay for the in-netw	ork care you re	ceive each year	– out-of-network s	ervices may be cove	red at a different rate	e				
Deductible (per person / family)	\$	0	5	\$0		\$0	\$O	Not covered	\$50 / \$150	
Annual maximum (age 19+)	\$1,5	500	\$1,	000	\$1,	200	N/A	Not covered	\$1,000 for all ages	
Out-of-pocket maximum (under age 19)		1 member + members		1 member 2+ members		1 member 2+ members	\$400 for 1 member \$800 for 2+ members	Not covered	N/A	
Out-of-network benefits available	>	ζ		2		>		Not covered	O	
Class 1			1		1		1 1		1	
Exams & X-rays	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	
Cleanings	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	
Periodontal maintenance	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	
Sealants	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	
Topical fluoride	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	
Class 2										
Space maintainers	30%	Not covered	75%	Not covered	30%	Not covered	75%	Not covered	20% after deductible	
Restorative fillings	30%	30%	75%	40%	30%	40%	75%	Not covered	20% after deductible	
Class 3			1	1	1	1			'	
Oral surgery	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Endodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Periodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Restorative crowns	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Bridges	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	Not covered	50% after deductible	
Partial and complete dentures	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Anesthesia	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	
Orthodontia ⁸	50%	Not covered	75%	Not covered	50%	Not covered	75%	Not covered	Not covered	
Features			1	1	1				1	
Provider network (in-network)	Delta Dental	PPO network	Delta Denta	I PPO network	Delta Denta	I PPO dentists	Delta Dental PPO network		Delta Dental Premier networl	
Service area		rant, Harney, d Wheeler	Stat	ewide		ant, Harney, d Wheeler	Statewide		Statewide	

decay because of medical disease or chemotherapy or similar type of treatment. 2 For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 3 For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 4 Topical fluoride is covered once in a 6-month period 5 For Class 2 services, 6-month exclusion period for all ages if the member does not have one year of prior dental coverage with no more than a 90-day break date of the 2024 Delta Dental policy. 6 For Class 2 services, 12-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 6 For Class 2 services, 12-month exclusion period for all ages if the member does not nave one year 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 2024 Delta Dental policy. 6 For Class 3 services, 12-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 7 Pediatric limitations do not apply. Follow Delta Dental standard limitations. 8 Only medically necessary orthodontia to treat cleft palate is covered. 9 Space maintainer not covered for age 14 and over.

r to be compliant Il plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

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Ready to choose better health?

Shop our plans at <u>modahealth.com/shop</u>

Call us or your agent to enroll at 855-718-1767

modahealth.com/shop

Questions? We're here to help! modasales@modahealth.com | 855-718-1767

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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: 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

Scott White coordinates our nondiscrimination work:

Scott White, Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association. Health plans provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company.

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.

modahealth.com



Ճ DELTA DENTAL[®]



CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ 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 2229-605-7871 (الهاتف النصي: 711)

بولتے ہیں تو ن ٹی (URDU) توجب دیں: اگر آپ اردو اعت آپ کے لیے بلا مع اوض دستیاب ہے۔ پر کال کریں (TTY: 711) 1-877-605-3229

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 2229-605-7871 (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 Sprachassistenzdienste 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 (TYY、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 દશાર્વો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.1-877-605-3229 (TTY: 711) પર કૉલ કરો

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

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

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រ័វការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 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 สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี 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 Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

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



Medicare

Small group

Large group

Questions? We're here to help.

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

Portland office (corporate headquarters)

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