

# Affinity

## Individual & family

Choose a better experience  
with your **health insurance**

moda  
HEALTH

 DELTA DENTAL®



2025

*Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.*



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.



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

## Plans that put *you first*



### Preventive care

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



### Prescription benefits

Comprehensive prescription drug coverage and an online drug list tool [modahealth.com/pdl](https://modahealth.com/pdl), so you can confirm what's covered



### 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.

Prefer the predictability of a smaller, interconnected network? Choose our Willamette Dental Network! (see pg. 13 for details)



### 24/7 doctor access

[CirrusMD app](#), so you can connect to a doctor in under a minute, anytime, anywhere, at no cost except for High Deductible Health Plans (HDHP)



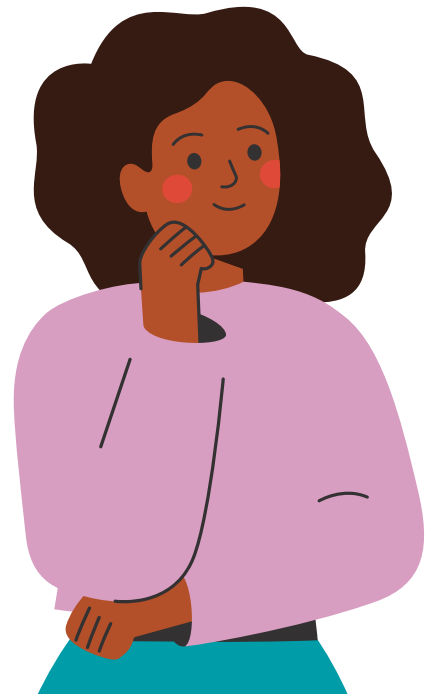
### Choose a better experience.

Enroll today at [modahealth.com/shop](https://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](https://modahealth.com/pdl).



**Where can I find medical plan rates and premium details for my family?**

Visit [modahealth.com/shop](https://modahealth.com/shop).

**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.



**In-network** means the doctors and 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.



See if your doctor is in network at [modahealth.com/ProviderSearch](https://modahealth.com/ProviderSearch)



Easy  
with no referrals  
required for  
specialists

## Which is right for you?

Learn more, starting on page 14.

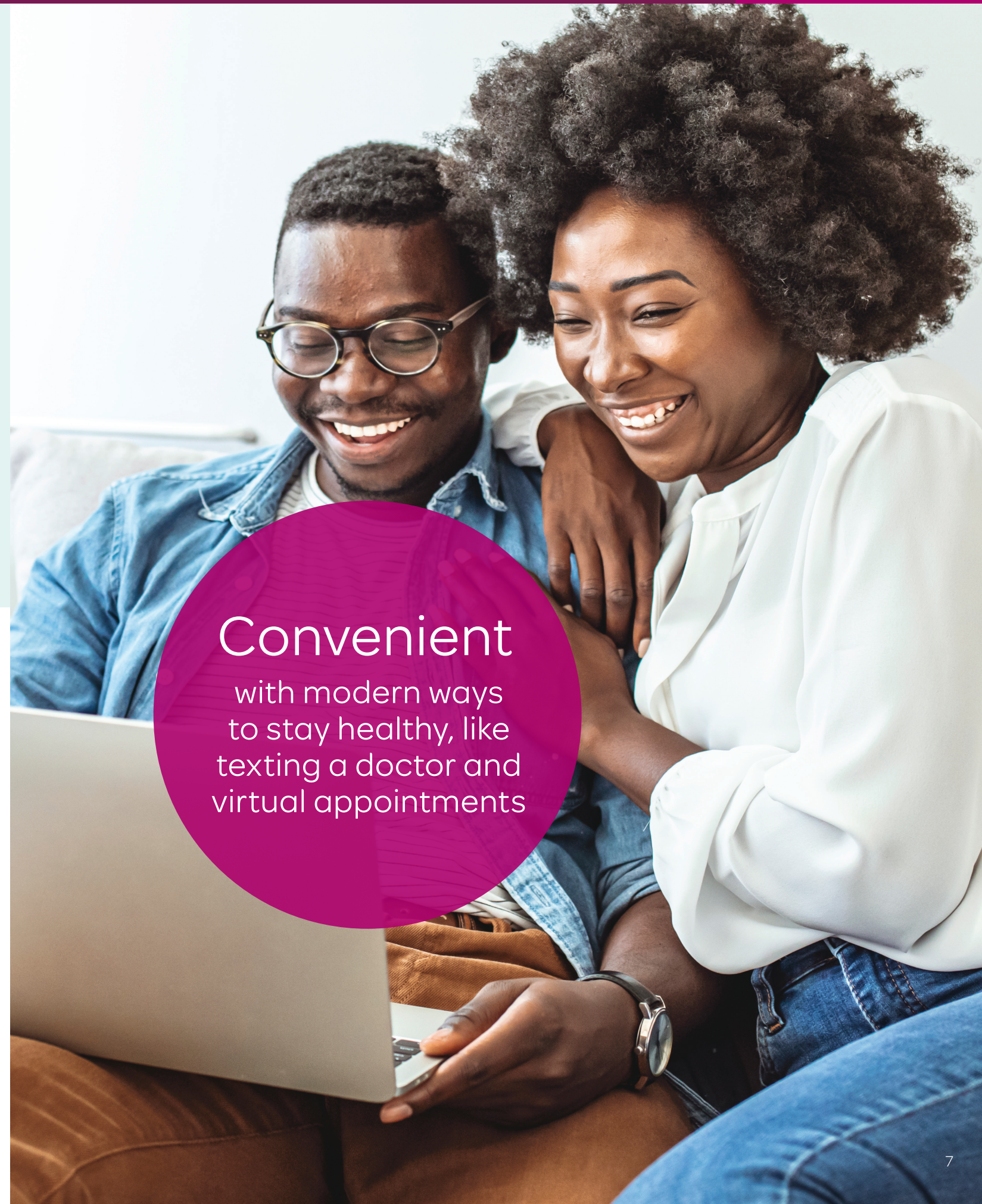
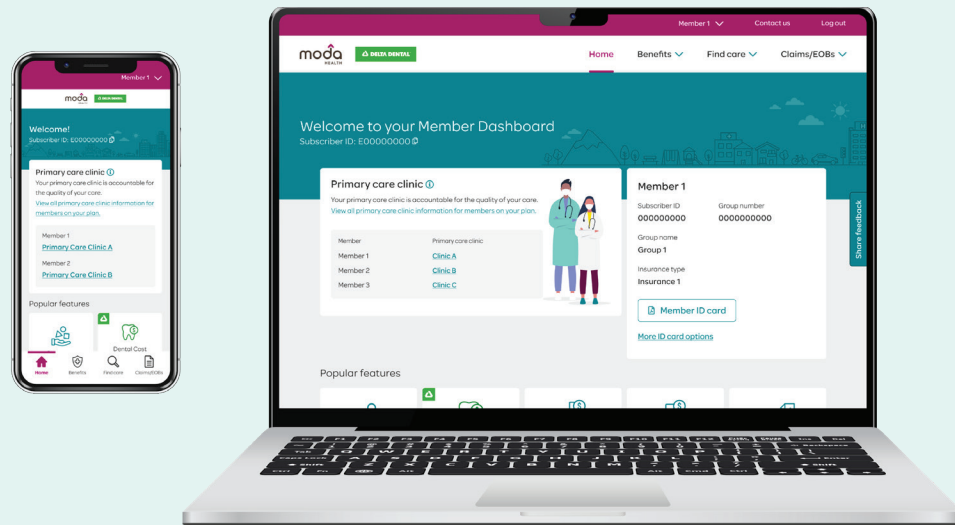
	● Gold	● Silver	● Bronze
Monthly premium	\$\$\$	\$\$	\$
Out-of-pocket costs	\$	\$\$	\$\$\$
Great if you...	use a lot healthcare	use a little healthcare	



Ready to choose?  
Make your selection at [modahealth.com/shop](https://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.



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



### Tools

- Health assessments
- Prescription price check
- Text a doctor 24/7



### 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
- Individual Assistance Program (including work issues, family relationships, depression, anxiety and grief)
- Emergency medical assistance when traveling



### Mental health support

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



**Choose a better experience.**  
Enroll today at [modahealth.com/shop](https://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. We also offer the Willamette Dental Network, a self-contained network of nearly 50 locations across the Pacific Northwest.



Savings from in-network dentists



Annual cleanings

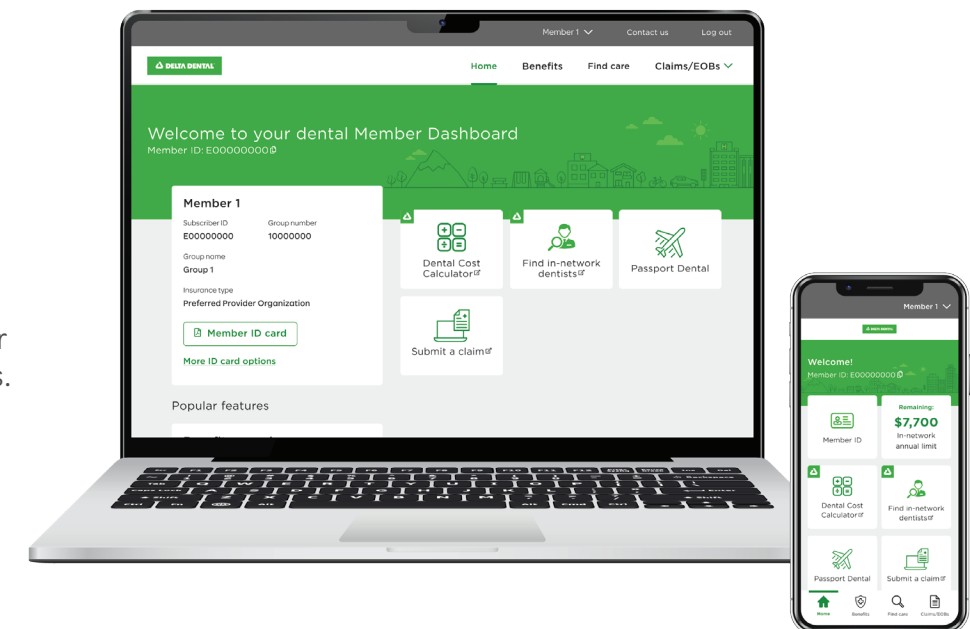


Superior customer service



Freedom to choose a dentist

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



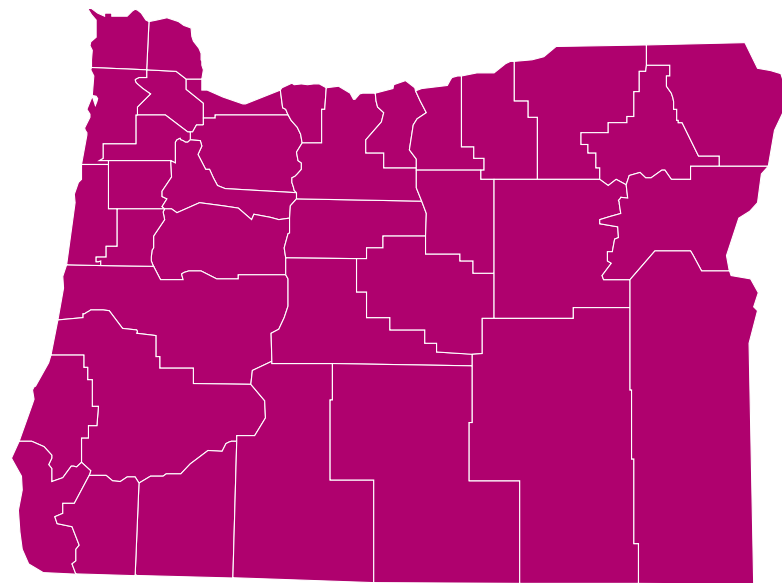
Review your dental plan options on page 18.



Ready to choose? Make your selection at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop)

# 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 available statewide



## ? 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.

## ? I'm traveling outside the service area. Can I still get care?

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

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



See if your doctor is in network at [modahealth.com/ProviderSearch](https://modahealth.com/ProviderSearch)

# Dental networks *that work for you*

## Delta Dental Networks

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.

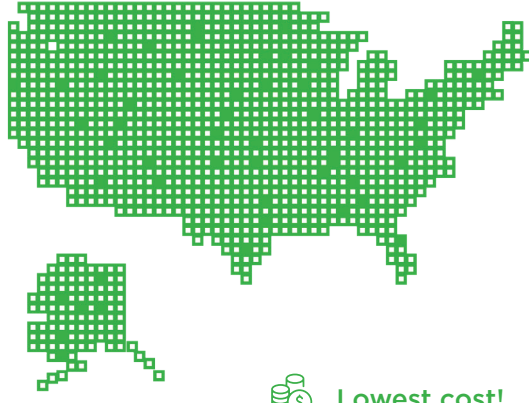
## Willamette Dental Network


Visit any Willamette Dental dentist at nearly 50 offices across the Pacific Northwest for personalized care at predictable costs. You'll feel at ease knowing exactly what to expect.

### Delta Dental **PPO™** Network


**bigger savings**

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





Lowest cost!



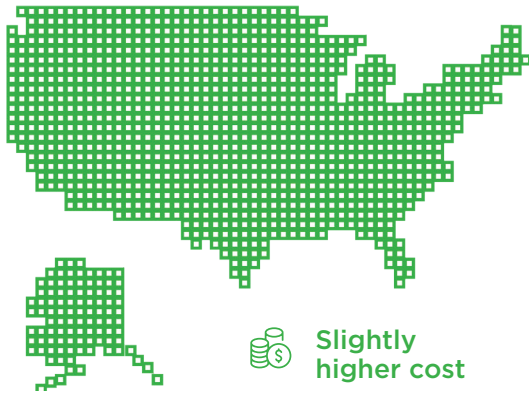
Large network of dentists


OR

### Delta Dental **Premier®** Network


**more choice**

The Delta Dental Premier® Network offers this dental plan:  
Delta Dental Premier® 1000





Slightly higher cost

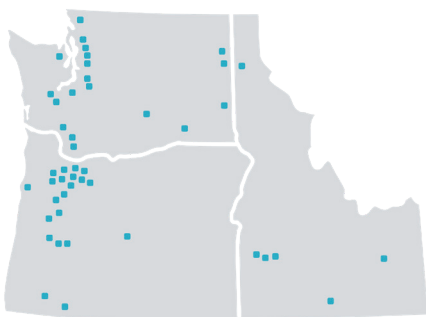



Largest dental network in Oregon


### Willamette Dental Network

**predictable care**


The Willamette Dental network offers this plan:  
Willamette EPO







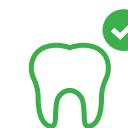
Fixed, known costs



Connected network for a consistent experience



See if your dentist is in network at [DeltaDentalOR.com](https://DeltaDentalOR.com) click on Find Care > select your dental network



See **Willamette Dental** locations at [locations.willamettedental.com](https://locations.willamettedental.com)

# 2025 *Medical plan* benefit table

	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: #f9c94d; padding: 5px; border-radius: 5px;">Gold plans</div> <div style="background-color: #d9d9d9; padding: 5px; border-radius: 5px;">Silver plans</div> <div style="background-color: #f4a460; padding: 5px; border-radius: 5px; display: flex; align-items: center; justify-content: center;"> <span style="margin-left: 5px;">Direct plans</span> </div> </div>														
	Gold plans				Silver plans					Silver plans					
	Moda Health Oregon Standard Gold Affinity	Moda Health Affinity Gold 250	Moda Health Affinity Gold 1000	Moda Health Affinity Gold 1500	Moda Health Oregon Standard Silver Affinity	Moda Health Affinity Silver 3000	Moda Health Affinity Silver 3400	Moda Health Affinity Silver 4500	Moda Health Affinity Silver 6000	Moda Health Affinity Silver 2900 Direct	Moda Health Affinity Silver 3500 Direct	Moda Health Affinity Silver 3650 Direct	Moda Health Affinity Silver 4400 Direct		
<b>What you pay for the <i>in-network</i> care you receive each year</b>															
Deductible per person	\$1,500	\$250	\$1,000	\$1,500	\$5,500	\$3,000	\$3,400	\$4,500	\$6,000	\$2,900	\$3,500	\$3,650	\$4,400		
Deductible per family	\$3,000	\$500	\$2,000	\$3,000	\$11,000	\$6,000	\$6,800	\$9,000	\$12,000	\$5,800	\$7,000	\$7,300	\$8,800		
Out-of-pocket max per person	\$7,000	\$8,500	\$8,850	\$7,900	\$9,200	\$8,400	\$8,250	\$7,600	\$7,800	\$8,700	\$8,700	\$9,000	\$8,150		
Out-of-pocket max per family	\$14,000	\$17,000	\$17,700	\$15,800	\$18,400	\$16,800	\$16,500	\$15,200	\$15,600	\$17,400	\$17,400	\$18,000	\$16,300		
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗		
<b>Benefits that make up your plan and what you pay</b>															
Primary care provider (PCP) office visit <sup>1</sup>	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 per visit		
Specialist office visit	\$40 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$80 per visit	\$70 per visit		
Urgent care visit	\$60 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$80 per visit	\$70 per visit		
Virtual care visit <sup>1</sup>	\$20 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$40 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$40 per visit	\$10 per visit		
Emergency room visit	20% after deductible	25% after deductible	15% after deductible	20% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible		
Acupuncture and spinal manipulation services	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 per visit		
Behavioral health office visit <sup>1</sup>	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$15 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$35 per visit		
Outpatient rehabilitation	\$20 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$40 per visit	\$70 per visit		
Inpatient/outpatient care	20% after deductible	25% after deductible	15% after deductible	20% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible		
<b>Pharmacy benefits<sup>2</sup></b>															
Value	\$10	\$2	\$2	\$2	\$15	\$2	\$2	\$2	\$2	\$2	\$2	\$15	\$2		
Select	\$10	\$10	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$15	\$20		
Preferred	\$30	40%	40%	40%	\$60	40%	40%	40%	40%	40%	40%	\$60	40%		
Non-preferred	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible		
Preferred specialty <sup>3</sup>	50%	40%	40%	40%	50%	40%	40%	40%	40%	40%	40%	40%	40%		
Non-preferred specialty <sup>3</sup>	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible		
<b>Things to consider when choosing your plan</b>															
Features and special benefits included in your plan															

### Plan highlights

**EPO plans**  
**Providers outside of the Moda Health Affinity Network are not covered, and you will be responsible for the full cost of out-of-network care, except for the following:** medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.\* Some exceptions do apply.

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.

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**Direct plans**  
 Direct plans are only available for purchase through Moda Health. They are not available at healthcare.gov.

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

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**Included with all plans**

- Unlimited behavioral health in person office visits
- Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
- Up to 12 acupuncture and 20 spinal manipulation visits in a calendar year

<sup>1</sup> First 3 visits (including in person or virtual primary care visits and behavioral health office visits) \$5/visit <sup>2</sup> One copay per 30-day supply. \$35 maximum per 30-day supply of insulin <sup>3</sup> For Standard Gold plan, 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.



## 2025 *Medical plan* benefit table

	Bronze plans			
	Moda Health Oregon Standard Bronze Affinity	Moda Health Affinity Bronze 7750	Moda Health Affinity Bronze 9000	Moda Health Affinity Bronze HDHP 7500
<b>What you pay for the <i>in-network</i> care you receive each year</b>				
Deductible per person	\$9,200	\$7,750	\$9,000	\$7,500
Deductible per family	\$18,400	\$15,500	\$18,000	\$15,000
Out-of-pocket max per person	\$9,200	\$8,500	\$9,200	\$7,500
Out-of-pocket max per family	\$18,400	\$17,000	\$18,400	\$15,000
Out-of-network benefits available*	✗	✗	✗	✗
<b>Benefits that make up your plan and what you pay</b>				
Primary care provider (PCP) office visit <sup>1</sup>	\$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 <sup>1</sup>	\$50 per visit	\$10 per visit	\$10 per visit	0% after deductible
Emergency room visit	0% after deductible	45% after deductible	20% after deductible	0% after deductible
Acupuncture and spinal manipulation services	\$50 per visit	\$85 per visit	\$80 per visit	0% after deductible
Behavioral health office visit <sup>1</sup>	\$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	20% after deductible	0% after deductible
<b>Pharmacy benefits<sup>2</sup></b>				
Value	\$25	\$2	\$2	\$2
Select	\$25	40%	40%	0% after deductible
Preferred	0% after deductible	40% after deductible	40% after deductible	0% after deductible
Non-preferred	0% after deductible	50% after deductible	50% after deductible	0% after deductible
Preferred specialty	0% after deductible	40% after deductible	40% after deductible	0% after deductible
Non-preferred specialty	0% after deductible	50% after deductible	50% after deductible	0% after deductible
<b>Things to consider when choosing your plan</b>				
Features and special benefits included in your plan	! PCP +	! PCP +	! PCP +	! HSA PCP +


<sup>1</sup> For non-HDHP plans, first 3 visits (including in person or virtual primary care visits and behavioral health office visits) \$5/visit <sup>2</sup> One copay per 30-day supply. \$35 maximum per 30-day supply of insulin

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.

### Plan highlights

**!** EPO plans  
**Providers outside of the Moda Health Affinity Network are not covered, and you will be responsible for the full cost of out-of-network care, except for the following:** medical emergency services, retail pharmacy services, and services at an in-network facility when you cannot choose an in-network provider.\* *Some exceptions do apply.*

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.



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

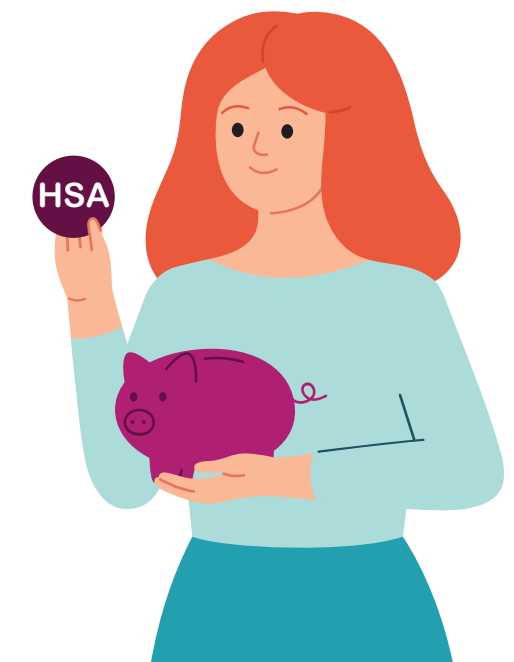
**HSA** Health savings account  
 Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HDHP 7500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

**+** Included with all plans

- !** Unlimited behavioral health in person office visits
- PT** Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
- !** Up to 12 acupuncture and 20 spinal manipulation visits in a calendar year

**? 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](https://modahealth.com/shop)


# 2025 *Dental plan* benefit table


	Delta Dental EPO <sup>1,2,3</sup>		Delta Dental PPO <sup>TM 1,2,3</sup>		Delta Dental PPO <sup>TM MAC 1,2,3</sup>		Special Youth-Only Plan 		Direct Only Non-Certified Plan 
							Delta Dental PPO <sup>TM</sup> Bright Smiles <sup>3</sup>		Delta Dental Premier <sup>®</sup> 1000 <sup>4,5,6</sup>
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)	All ages
<b>What you pay for the <i>in-network</i> care you receive each year</b> — out-of-network services may be covered at a different rate									
Deductible (per person / family)	\$0		\$0		\$0		\$0	Not covered	\$50 / \$150 for all ages
Annual maximum (age 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum per person (ages 0-18, in-network only)	\$425 for 1 member \$850 for 2+ members		\$425 for 1 member \$850 for 2+ members		\$425 for 1 member \$850 for 2+ members		\$425 for 1 member \$850 for 2+ members	Not covered	N/A
Out-of-network benefits available	✗		✓		✓		✓	Not covered	✓
<b>Class 1</b>									
Exams and 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%
<b>Class 2</b>									
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
<b>Class 3</b>									
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	50%	Not covered	75%	Not covered	50%	Not covered	75%	Not covered	Not covered
<b>Features</b>									
Provider network (in-network)	Delta Dental PPO <sup>TM</sup> Network		Delta Dental PPO <sup>TM</sup> Network		Delta Dental PPO <sup>TM</sup> Network		Delta Dental PPO <sup>TM</sup> Network		Delta Dental Premier <sup>®</sup> Network
Service area	All except Grant, Harney, Union and Wheeler		Statewide		Only in Grant, Harney, Union and Wheeler		Statewide		Statewide

### Plan highlights

 **Bright Smiles**  
Bright Smiles is a special *youth-only* Delta Dental Premier<sup>®</sup> plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.

 **Premier<sup>®</sup> 1000**  
Delta Dental Premier<sup>®</sup> 1000 is a Non-Certified dental plan, that does not include the ACA Pediatric benefits. Members of any age can enroll in this plan. Only available direct at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop).

 **Out-of-network available**  
For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.



1 For Class 2 services, 6-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. 2 For Class 3 services, 12-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. 3 Only medically necessary orthodontia to treat cleft palate is covered. 4 For Class 2 services, 6-month exclusion period applies 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 new Delta Dental policy. 5 For Class 3 services, 12-month exclusion period applies 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 new Delta Dental policy. 6 Pediatric limitations do not apply. Follow Delta Dental standard limitations.

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.

# Great value for individuals and families

Discover the value of personalized, evidence-based care and predictable costs. Willamette Dental makes dental care better and easier for individuals and families.

**When selecting your dental plan, you want to know:**



### What will my dental costs be?

With this plan, you always know your out-of-pocket costs. No surprises, no guessing. It's clear and simple.



### What if I need more than preventive dental care?

This plan has no annual maximums. It covers all the dental work you need, when you need it.



### Does this plan cover braces for me and my kids?

This is our only Delta Dental plan that covers orthodontic treatment for both kids and adults. Everyone's covered for braces and more, no matter your age.



### What happens if I visit a different dentist in the network?

Every Willamette Dental dentist in the network is connected and follows the same philosophy of care. This way, whatever dentist or location you choose, you don't have to fill out new forms or answer extra questions. It's easy and familiar every time.



	With Willamette Dental Network
	Willamette EPO <sup>1, 2, 3, 4, 5</sup>
Benefits covered for	All ages
<b>What you pay for the <i>in-network</i> care you receive each year</b>	
Deductible (per person/family)	\$0
Annual maximum	No annual maximum
Out-of-pocket maximum per person	N/A
Out-of-network benefits available	Emergency only
<b>Class 1</b>	
General office visit	\$25 per visit
Specialist office visit	\$35 per visit
Exams and X-rays	\$0
Cleanings	\$0
Periodontal maintenance	\$0
Sealants	\$15 per tooth
Topical fluoride	\$15
<b>Class 2</b>	
Space maintainers	\$0
Restorative fillings	\$45 to \$80 per tooth
<b>Class 3</b>	
Oral surgery	\$50 to \$190 per tooth
Endodontics	\$70 to \$425 per tooth
Periodontics	\$100 to \$325 per quadrant
Restorative crowns	\$500 per tooth
Bridges	\$500
Partial and complete dentures	\$600
Anesthesia	Not covered
Orthodontia	\$2,800
<b>Features</b>	
Provider network (in-network)	Willamette Dental Network
Service area	Oregon, Washington and Idaho locations

## Plan highlights



### EPO

Our Willamette EPO plan offers a network of dentists that provide quality, predictable care with no out-of-pocket surprises. You can visit any dentist or office in the Willamette Dental Network that's convenient for you and know what to expect – every time.



### No annual maximum

Enjoy **peace of mind** with no annual maximum and predictable costs for covered services.



### Orthodontic care for all ages

Need braces or aligners? Orthodontic treatment is covered for both kids and adults.



### No out-of-network benefits

You **must** seek care from a Willamette Dental dentist or office to enjoy the benefits.

1 General office visit copay applies to each office visit for emergency, general or orthodontic treatment. 2 Specialist office visit copay applies to each office visit for specialty treatment including endodontic services, oral surgery, periodontic services or prosthodontic services. 3 Crowns, in-lays, onlays, dentures, bridges and orthodontic services available after a 12-month exclusion period. The exclusion period applies if the member does not have one year of prior dental coverage with no break in coverage on the effective date of the new Delta Dental policy. 4 Pre-orthodontic service copay applies to comprehensive orthodontia copay if the member accepts treatment plan. 5 Out-of-network benefit is only available for a dental emergency when the member is 50 miles or more from any Willamette Dental office.

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.

# Calculate what you *pay each month*

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

**When selecting your dental plan, you want to know:**



### Who are these premiums for?

These premiums apply to members who live in Oregon.



### What affects my premium?

The plan, your age and the ages of your dependents may 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 have a premium based on their actual age. 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.

## 2025 plan rates

(Premiums effective Jan. 1, 2025 through Dec. 31, 2025)

Age	Delta Dental EPO	Delta Dental PPO™	Delta Dental PPO™ MAC	Delta Dental PPO™ Bright Smiles	Delta Dental Premier® 1000	Willamette EPO
0-18	<i>Dental Rates TBD</i>					
19-24						
25-29						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-63						
64+						



## Value

Get great benefits and value with our plans



# Ready to choose better health?

Shop our plans at [modahealth.com/shop](https://modahealth.com/shop)

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

Enroll online at [modahealth.com/shop](https://modahealth.com/shop)

Questions? We're here to help!

Ind&MedSuppSales@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

## 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](http://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](http://hhs.gov/ocr/office/file/index.html).

[modahealth.com](http://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

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

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

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

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

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

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

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (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 દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ 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 ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

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

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

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



Medicare Supplement

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

**[Ind&MedSuppSales@modahealth.com](mailto:Ind&MedSuppSales@modahealth.com)**

**[ModaHealth.com](http://ModaHealth.com)**

**[DeltaDentalOR.com](http://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.