

Oregon 2023



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

Beacon | Individual & family

moda
HEALTH

 **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.



Proven
with nearly 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 approved drug list tool 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



24/7 doctor access

[CirrusMD app](#), so you can connect to a doctor in under a minute, anytime, anywhere, at no cost



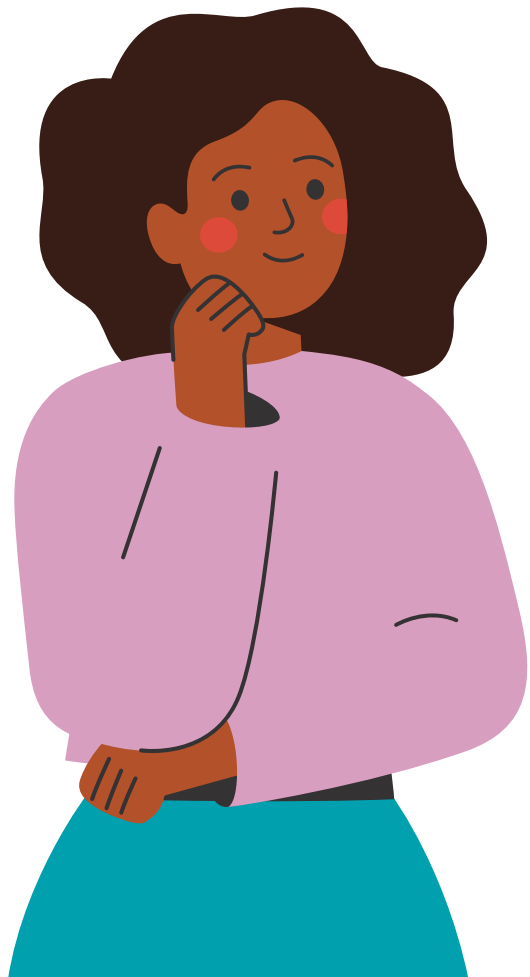
Choose a better experience.

Enroll today at modahealth.com/shop

Make a better choice

Insurance can be confusing. We want to make the experience better for you 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.



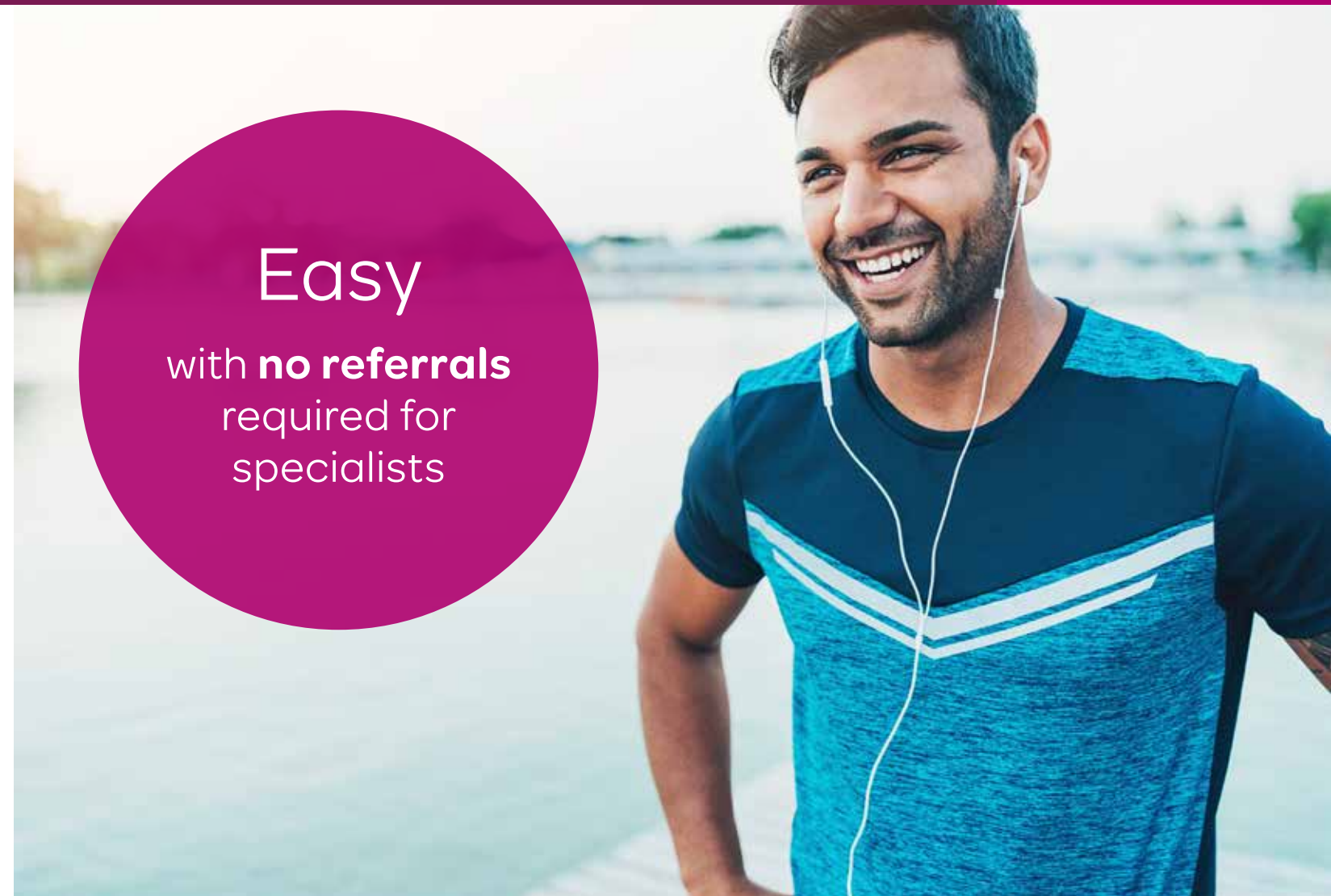
How does the plan work?

Look at our plan comparison chart starting on page 12.



Are my medications covered?

Look them up on the medication search page at modahealth.com/pdl.



Easy with **no referrals** required for specialists

The **Moda Health Beacon EPO** (Exclusive Provider Organization) plans provide in-network benefits.

Which is right for you?

Learn more about the Beacon EPO individual and family plans on page 12.

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



Ready to choose?

Make your selection at modahealth.com/shop



Are my medications covered?

Look them up at modahealth.com/pdl

Member perks to reach *your health goals*

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



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

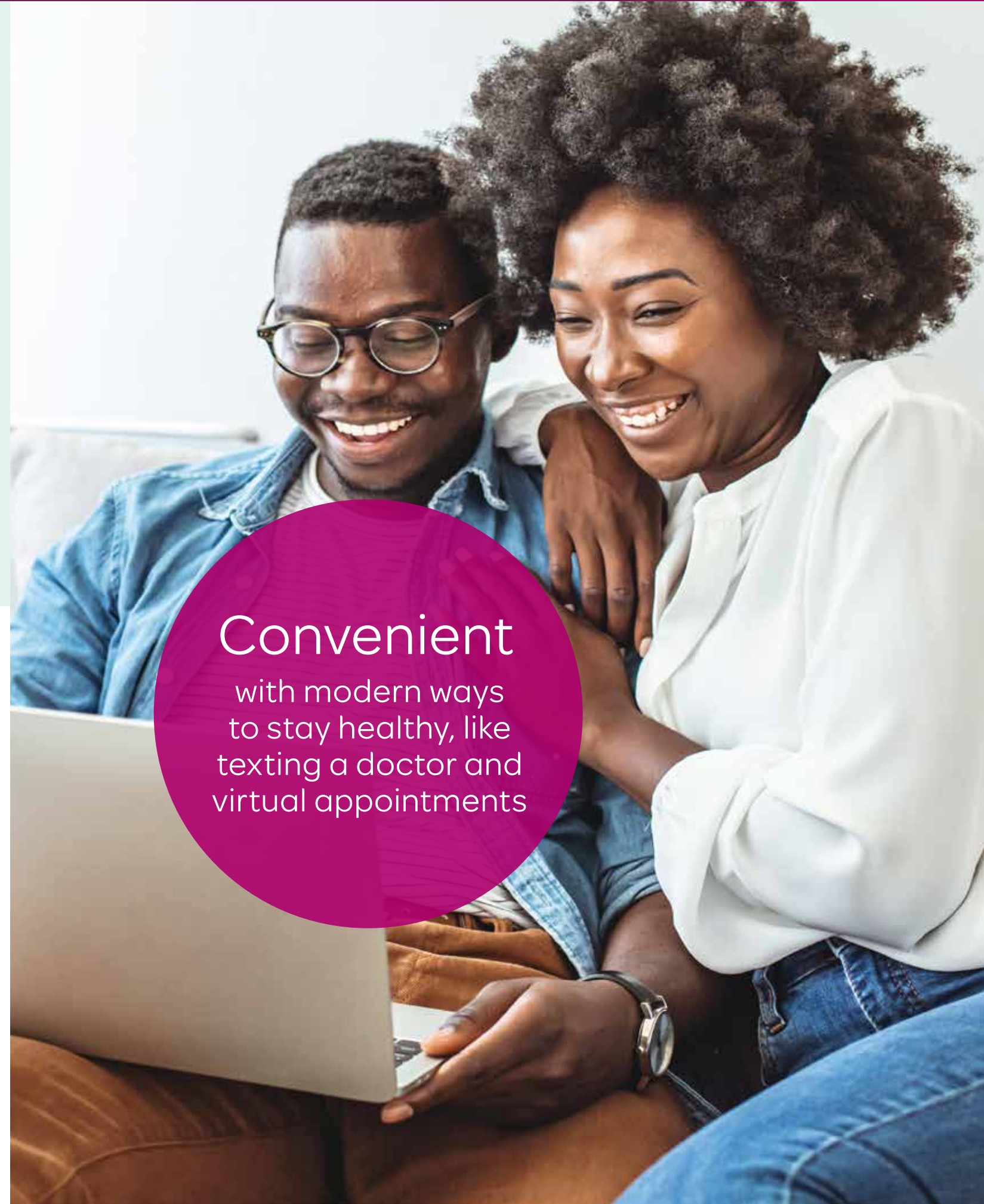
- 12 weeks of mobile therapy from a private therapist through your smartphone

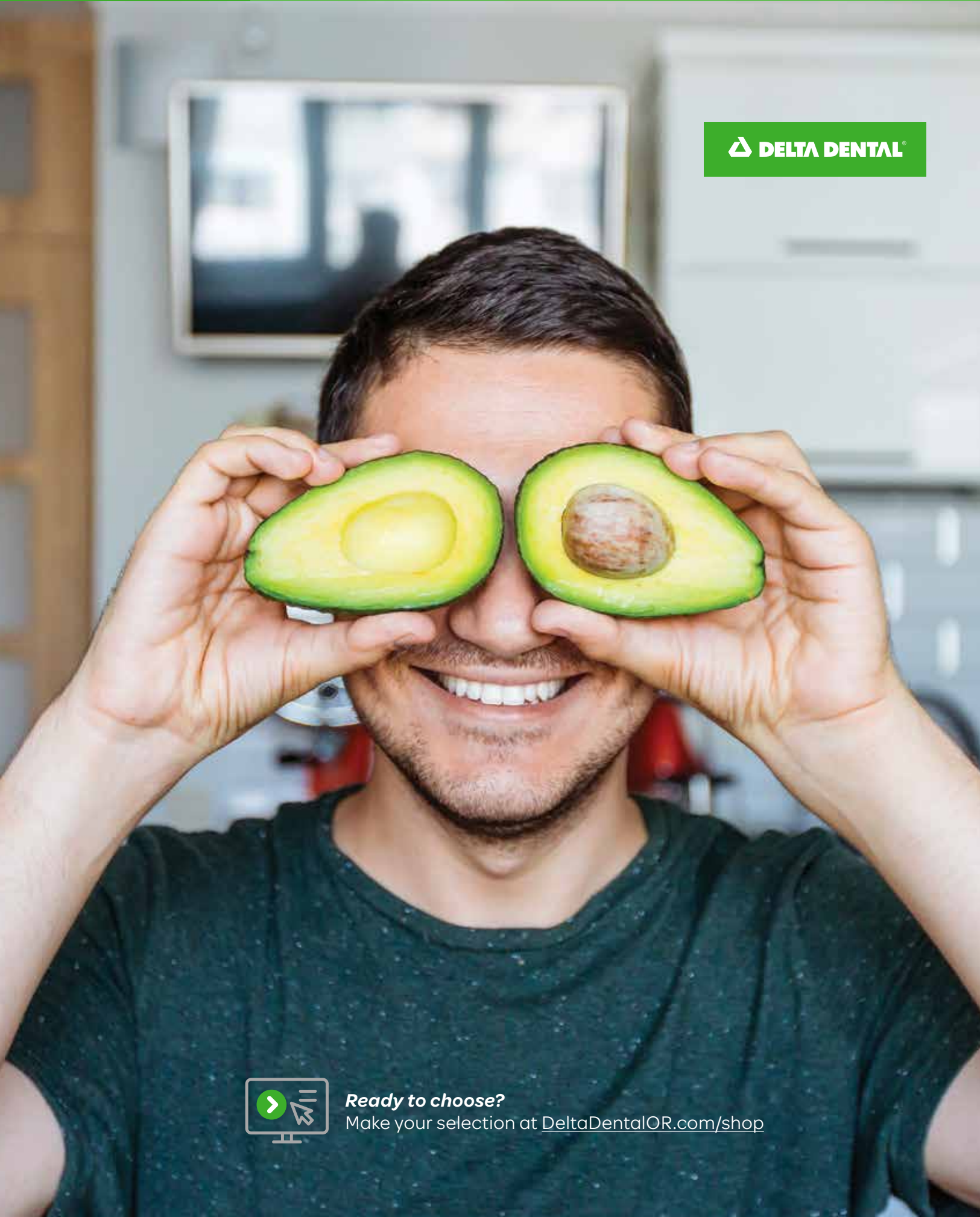
Convenient with modern ways to stay healthy, like texting a doctor and virtual appointments



Choose a better experience.

Enroll today at modahealth.com/shop





Quality coverage for your smile

Our plans come with 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



Superior customer service



Freedom to choose a dentist

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.



Ready to choose?
Make your selection at DeltaDentalOR.com/shop

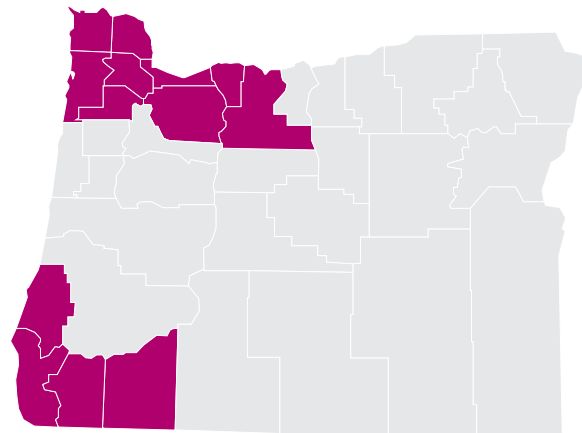


Review your dental plan options on page 15

A network that connects you to care

The **Moda Health Beacon** EPO plan covers care when you see providers in the Moda Health Beacon 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 Beacon** Network is for residents living in these counties:



- Clackamas
- Clatsop
- Columbia
- Coos
- Curry
- Hood River
- Jackson
- Josephine
- Multnomah
- Tillamook
- Wasco
- Washington
- Yamhill



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

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



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

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.



With the Delta Dental PPO™ plan you receive in-network benefits when seeing a Delta Dental PPO™ Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier® Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge. The Delta Dental EPO™ plan gives you a higher level of benefits than the PPO plan, but you must see Delta Dental PPO™ contracted providers to receive a benefit. This exclusive provider option does not pay for services provided from a Premier or non-contracted dentist. Care from providers outside this network is not covered, except for emergency services. (See plans on page 15).



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

2023 *Medical plan* benefit table

	Gold plans				Silver plans				Silver plans				
	Standard Gold	Gold 250	Gold 1000	Gold 1500	Standard Silver	Silver 3550 Direct	Silver 2900 Direct	Silver 3000	Silver 3400 Direct	Silver 3500	Silver 4500	Silver 4400 Direct	Silver 6400
	In-network you pay				In-network you pay				In-network you pay				
Calendar year costs													
Deductible per person	\$1,800	\$250	\$1,000	\$1,500	\$4,800	\$3,550	\$2,900	\$3,000	\$3,400	\$3,500	\$4,500	\$4,400	\$6,400
Deductible per family	\$3,600	\$500	\$2,000	\$3,000	\$9,600	\$7,100	\$5,800	\$6,000	\$6,800	\$7,000	\$9,000	\$8,800	\$12,800
Out-of-pocket max per person	\$7,300	\$8,700	\$8,700	\$7,000	\$9,100	\$9,000	\$8,700	\$8,700	\$8,700	\$8,700	\$8,050	\$8,150	\$7,400
Out-of-pocket max per family	\$14,600	\$17,400	\$17,400	\$14,000	\$18,200	\$18,000	\$17,400	\$17,400	\$17,400	\$17,400	\$16,100	\$16,300	\$14,800
Care & services													
Primary care provider (PCP) office visit	\$20	\$20	\$15	\$25	\$40	\$40	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialist office visit	\$40	\$40	\$30	\$50	\$80	\$80	\$70	\$70	\$70	\$70	\$70	\$70	\$70
Urgent care visit	\$60	\$40	\$30	\$50	\$70	\$80	\$70	\$70	\$70	\$70	\$70	\$70	\$70
Virtual care visit	\$20	\$10	\$10	\$10	\$40	\$40	\$10	\$10	\$10	\$10	\$10	\$10	\$10
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	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Acupuncture and spinal manipulation services ²	\$20	\$20	\$15	\$25	\$40	\$40	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Mental health and substance use disorder office visit ³	\$20	\$20	\$15	\$25	\$40	\$40	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Outpatient rehabilitation ⁴	\$20	\$40	\$30	\$50	\$40	\$40	\$70	\$70	\$70	\$70	\$70	\$70	\$70
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	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Prescription medications¹													
Value	\$10	\$2	\$2	\$2	\$15	\$15	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$15	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$30	40%	40%	40%	\$60	\$60	40%	40%	40%	40%	40%	40%	40%
Non-preferred	50%	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred specialty	50% to \$500 max per 30-day fill	40%	40%	40%	50%	50%	40%	40%	40%	40%	40%	40%	40%
Non-preferred specialty	50% to \$500 max per 30-day fill	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Features													
Plan highlights	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP

1 Copay amounts are per 30-day supply
 2 You can get up to 12 acupuncture visits and 20 spinal manipulation visits in a calendar year
 3 Unlimited mental health and substance use disorder in-person office visits
 4 Up to 30 sessions per calendar year, or up to 60 sessions to treat neurologic conditions

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Plan highlights

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

Included with all plans:

- PCP** Unlimited mental health and substance use disorder in-person office visits
- PT** Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
- Acupuncture** You can get up to 12 acupuncture and 20 spinal manipulation visits in a calendar year

This plan comparison guide shows in-network benefits only.

The **Moda Health Beacon EPO (Exclusive Provider Organization) plans** provide in-network benefits when you choose a primary care provider (PCP) from the Moda Health Beacon EPO Network. Providers outside of the Moda Health Beacon EPO 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.



Use the QR code to view detailed summaries of these plans.

2023 **Medical plan** benefit table

	Bronze plans			
	Standard Bronze	Bronze 7000	Bronze 8700	Bronze HSA 6900
In-network you pay				
Calendar year costs				
Deductible per person	\$8,800	\$7,000	\$8,700	\$6,900
Deductible per family	\$17,600	\$14,000	\$17,400	\$13,800
Out-of-pocket max per person	\$8,800	\$8,700	\$8,700	\$6,900
Out-of-pocket max per family	\$17,600	\$17,400	\$17,400	\$13,800
Care & services				
Primary care provider (PCP) office visit	\$50	\$75	\$75	0% after deductible
Specialist office visit	\$100	\$120	\$120	0% after deductible
Urgent care visit	\$100	\$120	\$120	0% after deductible
Virtual care visit	\$50	\$10	\$10	0% after deductible
Emergency room visit	0% after deductible	40% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services ²	\$50	\$75	\$75	0% after deductible
Mental health and substance use disorder office visit ³	\$50	\$75	\$75	0% after deductible
Outpatient rehabilitation ⁴	\$50	\$120	\$120	0% after deductible
Inpatient/outpatient care	0% after deductible	40% after deductible	0% after deductible	0% after deductible
Prescription medications¹				
Value	\$20	\$2	\$2	\$2
Select	\$20	40%	\$25	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	0% after deductible	40% after deductible	0% after deductible	0% after deductible
Non-preferred specialty	0% after deductible	50% after deductible	0% after deductible	0% after deductible
Features				
Plan highlights	PCP	PCP	PCP	HSA PCP

1 Copay amounts are per 30-day supply
 2 You can get up to 12 acupuncture and 20 spinal manipulation visits in a calendar year
 3 Unlimited mental health and substance use disorder in-person office visits
 4 Up to 30 sessions per calendar year, or up to 60 sessions to treat neurologic conditions

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Plan highlights

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

HSA Our health savings account (HSA)-compatible, high-deductible health plan (Bronze HSA 6900) 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.

This plan comparison guide shows in-network benefits only.

The **Moda Health Beacon EPO (Exclusive Provider Organization) plans** provide in-network benefits when you choose a primary care provider (PCP) from the Moda Health Beacon Network. Providers outside of the Moda Health Beacon 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.



Use the QR code to view detailed summaries of these plans.

2023 **Dental plan** benefit table

	Delta Dental PPO™		Delta Dental EPO™		Delta Dental PPO™ Bright Smiles	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
In network you pay						
Calendar year costs						
Deductible per person	\$0		\$0		\$0	
Annual maximum (age 19+)	\$1,000		\$1,500		NA	
Out-of-pocket maximum (under age 19)	\$375 for one member / \$750 for two or more members		\$375 for one member / \$750 for two or more members		\$375 for one member / \$750 for two or more members	
Class 1						
Exams & X-rays	0%	25%	0%	0%	0%	Not covered
Cleanings	0%	25%	0%	0%	0%	Not covered
Periodontal maintenance	0%	25%	0%	0%	0%	Not covered
Sealants	0%	25%	0%	0%	0%	Not covered
Topical fluoride	0%	25% ¹	0%	0% ¹	0%	Not covered
Class 2						
Space maintainers	75%	Not covered	30%	Not covered	75%	Not covered
Restorative fillings ²	75%	40%	30%		75%	Not covered
Class 3						
Oral surgery ³	75%	50%	50%		75%	Not covered
Endodontics ³	75%	50%	50%		75%	Not covered
Periodontics ³	75%	50%	50%		75%	Not covered
Restorative crowns ³	75%	50%	50%		75%	Not covered
Bridges ³	Not covered	50%	Not covered	50%	Not Covered	
Partial and complete dentures ³	75%	50%	50%		75%	Not covered
Anesthesia ³	75%	50%	50%		75%	Not covered
Orthodontia ⁴	75%	Not covered	50%	Not covered	75%	Not covered
Features						
Provider network	Delta Dental PPO Network					

1 Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.
 2 Six-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2023 Delta Dental policy.
 3 12-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2023 Delta Dental policy.
 4 Only medically necessary orthodontia to treat cleft palate is covered.






To find out additional information on these plans and whether there are any out of network benefits **use the QR code** to view detailed summaries of these plans.



+



Ready to choose better health?

-  Shop our plans at modahealth.com/shop
-  Call us or your agent to enroll
-  Enroll online at modahealth.com/shop

Questions? We're here to help!

individualplans@modahealth.com | 855-718-1767

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

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

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.

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

بولتے ہیں تو لسانی (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)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیرید. (TTY: 711) 1-877-605-3229

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

ໂປດຊາວ: 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 ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

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

IPANGAG: Nu agsasaoka iti 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)

601 SW Second Ave.
Portland, OR 97204-3156

ModaHealth.com

DeltaDentalOR.com



These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association