

Group #10001756

# Linn County

## Medical Customer Service

503-265-2964 or 877-605-3229, [medical@modahealth.com](mailto:medical@modahealth.com)

## Dental Customer Service

503-265-2965 or 800-452-1058, [dental@modahealth.com](mailto:dental@modahealth.com)

## Pharmacy Customer Service

503-243-3960 or 888-361-1610

[modahealth.com](http://modahealth.com)



Delta Dental of Oregon & Alaska





# 2021 Medical plan benefit summary



## Linn County

Group 10001756

### Connexus PPO Plan

	In-network you pay	Out-of-network you pay <sup>2</sup>
<b>Calendar year costs</b>		
Annual Deductible	\$100 Individual / \$300 Family	
Annual Out-of-Pocket Maximum (including deductible)	\$500 Individual / \$13,200 Family	\$1,000 Individual / No family max
<b>Preventive Care</b>		
Periodic Health Exams	No cost sharing	Not covered
Routine Women's Exams (including pap test, pelvic exam & breast exam)	No cost sharing	\$15 Copay*
Immunizations	No cost sharing	\$5 Copay*
<b>Professional Services</b>		
Office and Home Visits (including Alternative Care office)	10%	20%
Specialist Visits	10%	20%
Urgent Care Office Visits	10%	20%
CirrusMD Virtual Visits	\$0*	Not covered
Outpatient Mental Health/ Chemical Dependency visit	10%	20%
Acupuncture Care, Spinal Manipulations and Medically Necessary Massage Therapy <sup>3</sup>	10%	20%
<b>Maternity Care</b>		
Practitioner Services	10%	20%
Hospital Stay	10%	20%
<b>Hospital Inpatient/ Outpatient Services</b>		
Inpatient Care	10%	20%
Surgery	10%	20%
Skilled Nursing Facility Care	10%	20%
Outpatient Hospital / Facility	10%	20%
Outpatient Diagnostic X-Ray and Lab	10%	20%
Specified Imaging (MRI, CT, CAT, PET scans)	10%	20%
<b>Emergency Care</b>		
Emergency Room Visits <sup>4</sup>	\$100 Copay per visit, then 10%	
<b>Other Covered Services</b>		
Physical Therapy	10%	20%
Therapeutic Injections	10%	20%
Durable Medical Equipment / Prosthetics	10%	20%
Ambulance Service <sup>4</sup> (6 trips covered annually)	10%	10%
Home Health, Hospice, and Respite Care	10%	20%
<b>Prescription Drug Coverage</b>		
Generic Medications		
Nonpreferred Medications	20%	20%
Specialty Medications		

\*Deductible Waived

1 Copayments apply to annual out-of-pocket maximums.

2 Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

3 \$2,500 annual maximum.

4 In-network out-of-pocket maximum applies.

This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not considered a Summary of Benefits and Coverage (SBC), and should not be distributed to employers or their employees as a replacement for the SBC. Limitations may apply to the benefits above.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact Moda Health at [www.modahealth.com](http://www.modahealth.com) or by calling 1-888-217-2363. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-888-217-2363 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$100 individual / \$300 family.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Examples of some services: In-network most <a href="#">preventive care</a> , as well as in and out of network diabetes self-management and vision services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For <a href="#">network providers</a> \$500 individual / \$13,200 family; for <a href="#">out-of-network providers</a> \$1,000 individual / No maximum family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, vision for members age 19 and older, penalties for failure to obtain prior authorization, expenses incurred due to brand substitution and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.modahealth.com">www.modahealth.com</a> or call 1-888-217-2363 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .





All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD.
	<a href="#">Specialist</a> visit	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD.  Includes office visits by chiropractors, naturopathic physicians and acupuncturists. \$2,500 calendar year maximum for acupuncture care, spinal manipulation and massage therapy (massage therapy is covered only if prescribed by a physician and is medically necessary).
	<a href="#">Preventive care</a> / <a href="#">screening</a> / immunization	No charge for most services. 10% <a href="#">coinsurance</a> for remaining services.	Not covered for most services. \$5 <a href="#">copay</a> /visit, \$15 <a href="#">copay</a> /visit or 20% <a href="#">coinsurance</a> for some services. <a href="#">Deductible</a> does not apply to some services.	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Includes other tests such as EKG, allergy testing and sleep study.
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> is required for many services. Failure to get <a href="#">prior authorization</a> results in denial.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.modahealth.com/pdl">www.modahealth.com/pdl</a>	Generic, Nonpreferred and Specialty	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Covers up to a 90-day supply (retail and mail order pharmacy). <a href="#">Prior authorization</a> may be required. Mail order at a Moda designated mail order pharmacy only.  Covers up to a 30-day supply for most specialty. <a href="#">Prior authorization</a> may be required. Moda Health designated pharmacy only.  <a href="#">Cost sharing</a> for anticancer medication is 10% <a href="#">coinsurance</a> .
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	10% <a href="#">coinsurance</a> 10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a> 20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit, then 10% <a href="#">coinsurance</a>	\$100 <a href="#">copay</a> /visit, then 10% <a href="#">coinsurance</a>	<a href="#">Copay</a> waived if hospital admission immediately follows. In-network <a href="#">out-of-pocket limit</a> applies.
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a>	10% <a href="#">coinsurance</a>	Calendar year maximum of 6 trips. In-network <a href="#">out-of-pocket limit</a> apply.
	<a href="#">Urgent care</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD.  <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Inpatient services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.modahealth.com](http://www.modahealth.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Calendar year maximum of 180 visits.
	<a href="#">Rehabilitation services</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Calendar year maximum of 30 days for inpatient and 30 sessions for outpatient rehabilitation except as required for mental health parity. May be eligible for 60 days for inpatient and 60 sessions for outpatient rehabilitation for acute head or spinal cord injury or for the treatment of a cerebral vascular accident (stroke). Habilitation services are limited to services that qualify under rehabilitation guidelines and medically necessary to treat a mental health condition. <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Maximum of 100 visits per stay.
If you need help recovering or have other special health needs	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Includes supplies and prosthetics. Frequency limits apply to some DME. <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Calendar year maximum of 12 days for inpatient care and 170 hours for respite care.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.modahealth.com](http://www.modahealth.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$10 <a href="#">copay</a> /visit, <a href="#">deductible</a> does not apply	\$10 <a href="#">copay</a> /visit, <a href="#">deductible</a> does not apply	1 exam per calendar year. Additional in-network <a href="#">preventive</a> eye exam covered at no charge for children age 3-5.
	Children's glasses	No charge	No charge	1 pair per calendar year for members under age 19. \$350 every calendar year for members age 19 and over.
	Children's dental check-up	Not covered	Not covered	None

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Cosmetic surgery, except as required for certain situations</li> <li>• Dental care (Adult), except for accident related injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Naturopathic supplies</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine foot care, except for diabetes</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform> for group health coverage subject to ERISA, the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov) for non-federal governmental group health plans, and the Oregon Division of Financial Regulation at 1-888-877-4894 or [www.dfr.oregon.gov](http://www.dfr.oregon.gov) for Church plans. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Moda Health at 1-888-217-2363. For group health coverage subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Oregon Division of Financial Regulation at 1-888-877-4894 or [www.dfr.oregon.gov](http://www.dfr.oregon.gov).

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 888-786-7461.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 888-873-1395.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 888-873-1395.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 888-873-1395.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*



## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$50
<b>The total Peg would pay is</b>	<b>\$550</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$520</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$500</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# 2021 Medical plan benefit summary



## Linn County

Group 10001756

**Members need to select a primary care physician (PCP) to coordinate care.**

### Connexus Managed Care Plan

	In-network you pay
<b>Calendar year costs</b>	
Annual Deductible	None
Annual Out-of-Pocket Maximum (including deductible)	\$1,000 Individual / \$6,600 Family
<b>Preventive Care</b>	
Periodic Health Exams	No cost sharing
Routine Women's Exams (including pap test, pelvic exam & breast exam)	No cost sharing
Immunizations	No cost sharing
<b>Professional Services</b>	
Office and Home Visits	10% or \$5 Copay if seen by PCP
Specialist Visits (including Alternative Care office)	10%
Urgent Care Office Visits	10%
CirrusMD Virtual Visits	\$0
Outpatient Mental Health/ Chemical Dependency visit	10%
Acupuncture Care, Spinal Manipulations, Naturopathic Substances, Medically Necessary Massage Therapy <sup>2¶</sup>	\$10 Copay (\$2,500 calendar year maximum)
<b>Maternity Care</b>	
Practitioner Services	10%
Hospital Stay	10%
<b>Hospital Inpatient/ Outpatient Services</b>	
Inpatient Care	10%
Surgery	10% or \$5 Copay if performed by PCP in PCP's Office
Skilled Nursing Facility Care	10%
Outpatient Hospital / Facility	10%
Outpatient Diagnostic X-Ray and Lab	10%
Specified Imaging (MRI, CT, CAT, PET scans)	10%
<b>Emergency Care</b>	
Emergency Room Visits <sup>1</sup>	\$100 Copay per visit, then 10%
<b>Other Covered Services</b>	
Physical Therapy	10%
Therapeutic Injections	10%
Durable Medical Equipment / Prosthetics	20%
Outpatient mental health/chemical dependency	10%
Ambulance Service <sup>1</sup> (6 trips covered annually)	10%
Home Health, Hospice, and Respite Care	10%
<b>Prescription Drug Coverage</b>	
Generic Medications	\$5 Copay retail, mail order and specialty
Preferred Medications	
Nonpreferred Medications	

\*Prescription drug copays, and disallowed charges do not apply to the annual medical out-of-pocket maximum.

<sup>1</sup> In-network out-of-pocket maximum applies

<sup>2</sup> \$2,500 annual maximum applies

¶ Medically necessary when prescribed by a physician

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Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Not applicable. This <a href="#">plan</a> does not have a <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$1,000 individual / \$6,600 family. <a href="#">Out-of-pocket limit</a> for prescription drugs: \$500 individual / \$6,600 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, vision for members age 19 and older, penalties for failure to obtain prior authorization, out-of-pocket expenses for prescription medications and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.modahealth.com">www.modahealth.com</a> or call 1-888-217-2363 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a> (\$5 <a href="#">copay</a> /visit if seen by PCP)	Not covered	No charge for virtual care visit with CirrusMD.
	<a href="#">Specialist</a> visit	\$10 <a href="#">copay</a> /visit for acupuncture, spinal manipulation and massage therapy.  10% <a href="#">coinsurance</a> for other services.	\$10 <a href="#">copay</a> /visit for acupuncture, spinal manipulation and massage therapy.  Not covered <a href="#">for other services</a> .	No charge for virtual care visit with CirrusMD.  Includes office visits by chiropractors, naturopathic physicians and acupuncturists. \$2,500 calendar year maximum for acupuncture care, spinal manipulation and massage therapy (massage therapy is covered only if prescribed by a physician and is medically necessary).
	<a href="#">Preventive care</a> / <a href="#">screening</a> / immunization	No charge for most services. \$5 <a href="#">copay</a> /visit for remaining services.	Not covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a>	Not covered	Includes other tests such as EKG, allergy testing and sleep study.
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a>	Not covered	<a href="#">Prior authorization</a> is required for many services. Failure to get <a href="#">prior authorization</a> results in denial.
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.modahealth.com/pdl">www.modahealth.com/pdl</a>	Generic medications	\$5 <a href="#">copay</a> retail, mail order and specialty	Not covered	Covers up to a 90-day supply (retail and mail order pharmacy). <a href="#">Prior authorization</a> may be required. Mail order at a Moda designated mail order pharmacy only.
	Preferred medications	\$5 <a href="#">copay</a> retail, mail order and specialty	Not covered	Covers up to a 30-day supply for most specialty. <a href="#">Prior authorization</a> may be required. Moda Health designated pharmacy only.
	Nonpreferred medications	\$5 <a href="#">copay</a> retail, mail order and specialty	Not covered	<a href="#">Cost sharing</a> for anticancer medication is 10% <a href="#">coinsurance</a> .

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.modahealth.com](http://www.modahealth.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <a href="#">coinsurance</a>	Not covered	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	10% <a href="#">coinsurance</a> (\$5 <a href="#">copay</a> /visit if performed by PCP in PCP's office)	Not covered	
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit, then 10% <a href="#">coinsurance</a>	\$100 <a href="#">copay</a> /visit, then 10% <a href="#">coinsurance</a>	<a href="#">Copay</a> waived if hospital admission immediately follows. In-network <a href="#">out-of-pocket limit</a> applies.
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a>	10% <a href="#">coinsurance</a>	Calendar year maximum of 6 trips.
	<a href="#">Urgent care</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a>	Not covered	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	Not covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	No charge for virtual care visit with CirrusMD. <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Inpatient services	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
If you are pregnant	Office visits	10% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% <a href="#">coinsurance</a>	Not covered	
	Childbirth/delivery facility services	10% <a href="#">coinsurance</a>	Not covered	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.modahealth.com](http://www.modahealth.com).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a>	Not covered	Calendar year maximum of 140 visits.
	<a href="#">Rehabilitation services</a>	10% <a href="#">coinsurance</a>	Not covered	Calendar year maximum of 30 days for inpatient and 30 sessions for outpatient rehabilitation except as required for mental health parity. May be eligible for 60 days for inpatient and 60 sessions for outpatient rehabilitation for acute head or spinal cord injury or for the treatment of a cerebral vascular accident (stroke). Habilitation services are limited to services that qualify under rehabilitation guidelines and medically necessary to treat a mental health condition. <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a>	Not covered	
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a>	Not covered	Maximum of 100 visits per stay.
If you need help recovering or have other special health needs	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a> (10% <a href="#">coinsurance</a> if related to mental health or substance abuse). No charge for disposable supplies provided in a physician's office	20% <a href="#">coinsurance</a>	Includes supplies and prosthetics. Frequency limits apply to some DME. <a href="#">Prior authorization</a> may be required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Calendar year maximum of 12 days for inpatient care and 170 hours for respite care.
If your child needs dental or eye care	Children's eye exam	\$10 <a href="#">copay</a> /visit	\$10 <a href="#">copay</a> /visit	1 exam per calendar year. Additional in-network <a href="#">preventive</a> eye exam covered at no charge for children age 3-5.
	Children's glasses	No charge	No charge	1 pair per calendar year for members under age 19. \$350 every calendar year for members age 19 and over.
	Children's dental check-up	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- |   |  |  |
|---|--|--|
| • Bariatric surgery   | • Infertility treatment                              | • Private-duty nursing                   |
| • Cosmetic surgery, except as required for certain situations | • Long-term care                                     | • Routine foot care, except for diabetes |
| • Dental care (Adult), except for accident related injuries   | • Naturopathic supplies                              | • Weight loss programs                   |
|   | • Non-emergency care when traveling outside the U.S. |  |

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- |               |                     |                            |
|---------------|---------------------|----------------------------|
| • Abortion    | • Chiropractic care | • Hearing aids             |
| • Acupuncture |                     | • Routine eye care (Adult) |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform> for group health coverage subject to ERISA, the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov) for non-federal governmental group health plans, and the Oregon Division of Financial Regulation at 1-888-877-4894 or [www.dfr.oregon.gov](http://www.dfr.oregon.gov) for Church plans. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Moda Health at 1-888-217-2363. For group health coverage subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Oregon Division of Financial Regulation at 1-888-877-4894 or [www.dfr.oregon.gov](http://www.dfr.oregon.gov).

### Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 888-786-7461.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 888-873-1395.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 888-873-1395.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 888-873-1395.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$50
<b>The total Peg would pay is</b>	<b>\$1,050</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$420</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$400</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# 2021 Vision Plan Benefit Summary



## Linn County

Group 10001756

### Vision 350 Plan

Adult Vision Benefit (age 19 and up)	
Calendar year benefit maximum	\$350
Eye examinations (including refraction, 1 exam per year)	\$10/visit
Lenses	No cost sharing
Frames	No cost sharing
Pediatric Vision Benefit (under age 19)	
Calendar year benefit maximum	\$0
Eye examinations (including refraction, 1 exam per year)	\$10/visit
Lenses (Limit 1 pair per calendar year)	No cost sharing
Frames (Limit 1 frame per calendar year)	No cost sharing

### Limitations and exclusions for vision plans

- Vision care benefits for age 19 and older
- Vision exam and hardware benefits are all subject to the calendar-year benefit maximum.
- For covered vision exam, frames and lenses
- Noncovered, excluded services are the member's responsibility and do not apply toward the calendar-year benefit maximum.
  - a. Special procedures such as orthoptics and vision training
  - b. Extra charges for lenses with special-purpose vision aids or for fashion eyewear features
  - c. Nonprescription lenses
  - d. Medical or surgical treatment of the eyes

This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not considered a Summary of Benefits and Coverage (SBC), and should not be distributed to employers or their employees as a replacement for the SBC. Limitations may apply to the benefits above.





# Take charge of your healthy potential

Looking for ways to feel better sooner and live well longer? Be Better tools are ready when you are. They're free to members and include a bunch of ways to help you be your best. Use them to create a healthier you!

Get more out of your health plan by tapping into Be Better tools. These care services and online resources are available on your Member Dashboard. Enjoy access to doctors, nurses, health coaches, care coordinators, a healthy living dashboard and more.

## Get started with your member dashboard

You'll love everything you can do on your Member Dashboard, like checking benefits, seeing your Member Handbook and accessing Be Better tools.

Visit [modahealth.com](http://modahealth.com) to log in. If you don't have an account, create one in a flash. With your member ID card handy, follow the prompts to enter your information.



## Momentum healthy living dashboard

Take charge of your health — and follow your progress. It's easy with the healthy living dashboard, Momentum, powered by Moda Health. Log in to your Member Dashboard and look for Momentum to:

- Take a health assessment and see your "health age"
- Access health content and resources

*Continued on page 2*





## Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. You'll also get one-on-one support when you need it. Our eight care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care



## Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll take some of the work off your plate – so you can focus on healing. Our nurse case managers and care coordinators will help you:

- Navigate the healthcare system
- Communicate and work with your providers to support your care plan
- Understand your benefits
- Arrange medically necessary, covered services ordered by your provider
- Connect with community resources



## Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Just call 866-321-7580 for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor

## Questions?

We're here to help. Call us toll-free at 877-277-7281 or email [careprograms@modahealth.com](mailto:careprograms@modahealth.com). TTY users, please call 711.



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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) 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)

# Spend your time getting better instead of traveling to get care

Now, you can get urgent care at home – or wherever you like with Virtual Visits.

## What are Virtual Visits?

Virtual Visits are video appointments with licensed and board-certified nurse practitioners or physician assistants from Oregon Health & Science University (OHSU). Think of Virtual Visits as virtual urgent care.



### Virtual Visits are available:

From 7 a.m. to 10 p.m.  
seven days a week

## Why would you use Virtual Visits?

You can use Virtual Visits instead of traveling to an urgent care for many medical conditions that are not emergencies and that may require prescriptions. Conditions\* include:

- Allergies
- Asthma
- Back pain (for adults)
- Cough
- Headache (for adults)
- Minor cut, scrape or burn
- Nausea/vomiting
- Sore throat
- Strain or sprain
- Urinary tract infection (for adults)





## Virtual Visits are for both adults and children

All Moda Health members over 12 months old can use Virtual Visits.

### How much do they cost?

You can find your cost for an Office Visit within the Summary of Benefits section of your Member Handbook. If you need help finding your cost or have questions, please call medical customer service at 888-217-2363. TTY users, please dial 711.

### What you'll need for a Virtual Visit

You will need a computer, tablet or smartphone with a webcam, microphone and speakers. If you're using a computer, you will need internet access and one of the following web browsers: Chrome, Firefox, Microsoft Internet Explorer or Safari.

If you're using an Apple iOS or Android smartphone, you will need to install the MyChart Mobile app, which you can get from Apple's App Store or the Google Play store.

### How to set up a Virtual Visit

- 1 Go to [ohsu.edu/xd/health/services/virtual-care/](https://ohsu.edu/xd/health/services/virtual-care/)
- 2 Schedule an appointment

- 3 Fifteen minutes before your scheduled appointment, log in to your OHSU MyChart account. If you do not have an OHSU MyChart account, you can create one on the Virtual Visits website. After you have logged in, a provider will meet you for your appointment.
- 4 After your appointment, you'll receive an email from MyChart letting you know your after-visit summary is ready to view. Log in to your MyChart account to see the summary and orders for any prescriptions. If you included the name of your primary care physician in your MyChart account, they will automatically receive notes about your visit.
- 5 If you have more questions for your Virtual Visits provider, you can send them a message in MyChart.

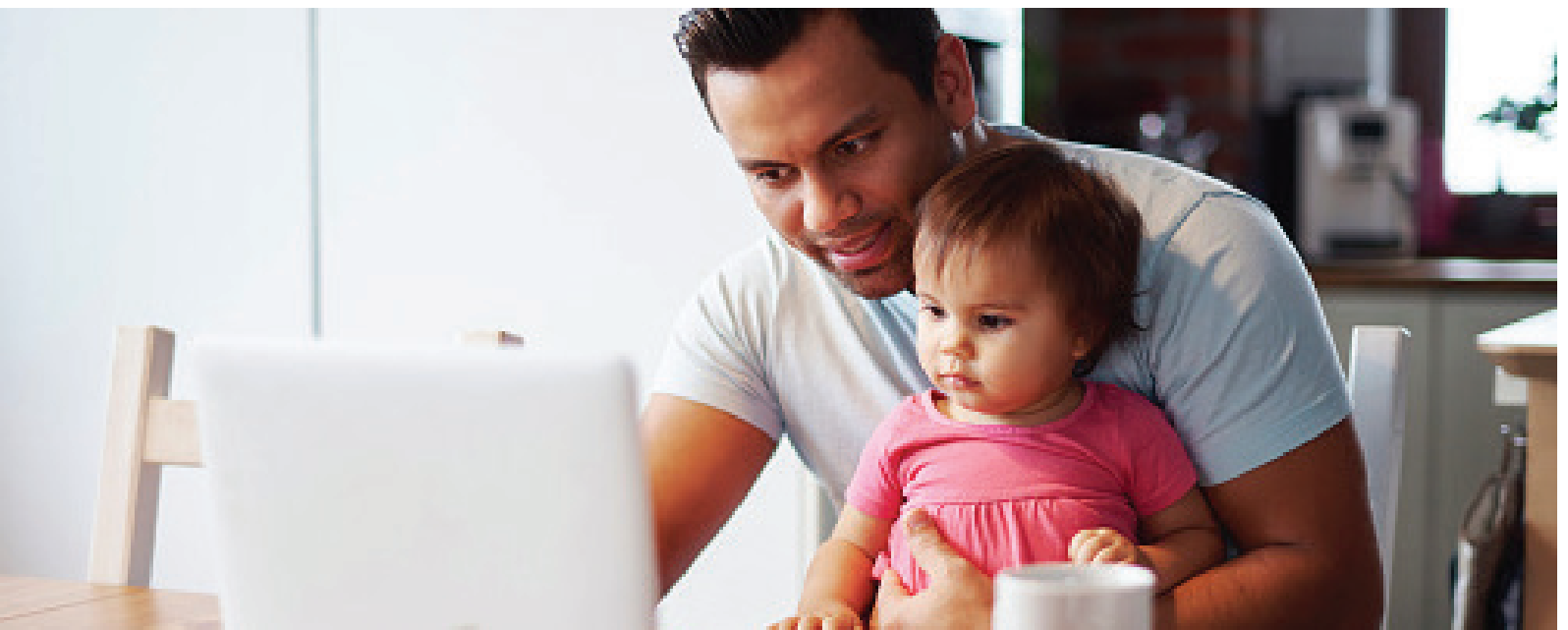
### Questions?

Please call medical customer service at 888-217-2363. TTY users, please dial 711.

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ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-217-2363 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-888-217-23639（聾啞人專用：711）





# Never be Without a Doctor

Text a doctor for free,  
24/7 with CirrusMD.



Download the CirrusMD app or connect online at [modahealth.com/cirrusmd](https://modahealth.com/cirrusmd) and see how easy it is to connect to a doctor in seconds!

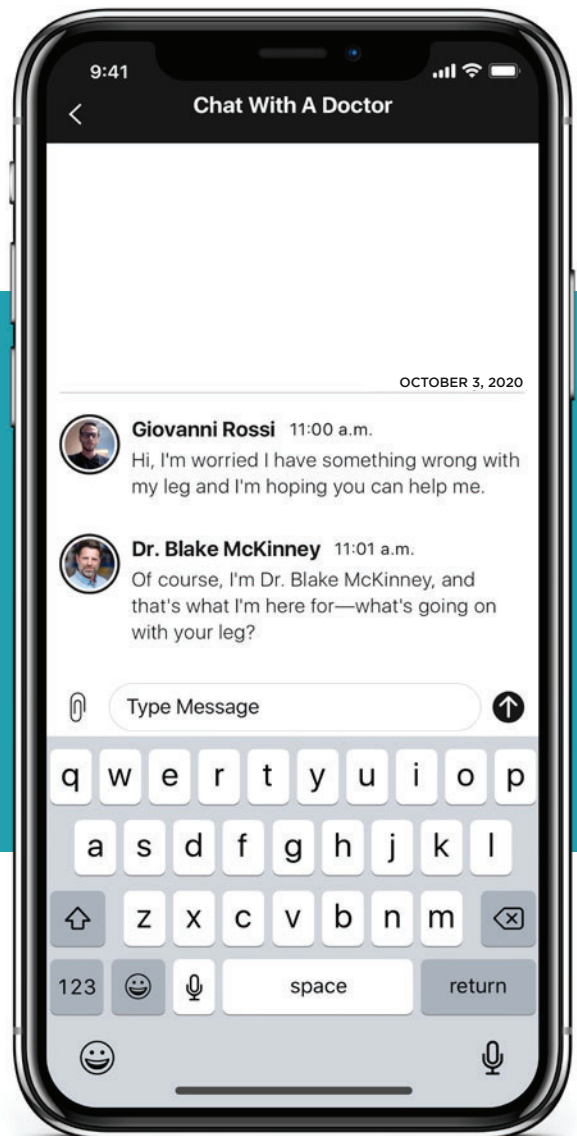


## Use CirrusMD for:

- Coughs, fevers, sore throat
- Earaches, stomach pain, diarrhea
- Rashes, allergic reactions, animal/insect bites
- Back/abdominal pain
- Sports injuries, burns, heat-related illness
- Urinary tract infections
- General health questions

Doctors are available 24 hours a day,  
7 days a week.

Learn more at [modahealth.com/cirrusmd](https://modahealth.com/cirrusmd)

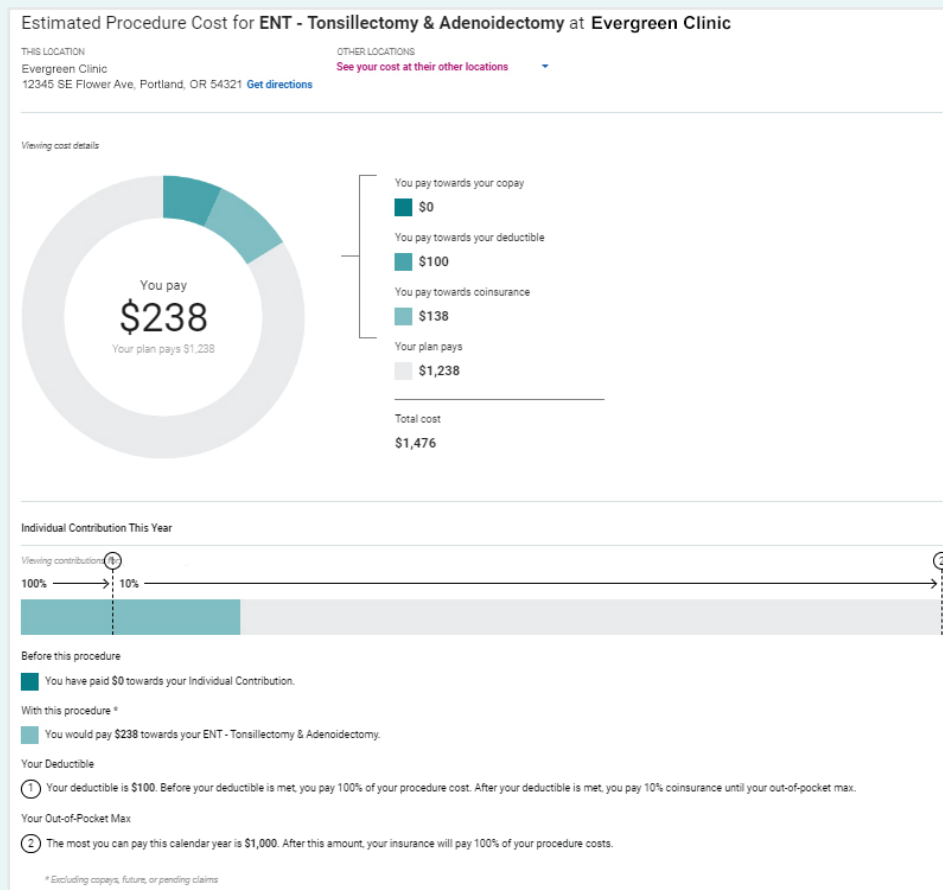


## Healthcare Cost Estimator

# Be informed. See what medical services will cost you before you have them.

As a Moda Health member, you can use the Healthcare Cost Estimator to see what you will pay, out of your pocket, for medical services. This online tool gives you estimates based on your personal health benefits.

### Example of cost breakdown feature



### Use the Healthcare Cost Estimator to:

- Browse or search by procedure to get cost estimates based on your health benefits and usage
- Compare costs across providers and clinics
- Use the cost breakdown feature to see how much you have spent and how much you have left to spend before you meet your out-of-pocket maximum
- See how having a procedure will change your balance
- And more...

Enjoy exploring your options.

### Give it a try!

- Go to [modahealth.com/memberdashboard](https://modahealth.com/memberdashboard)
- Log in to your account. If you don't have an account, you can create one there.
- Click on "Healthcare Cost Estimator"

### Questions?

We're here to help. Call us using the number on the back of your identification card. TTY users, please call 711.

Moda, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

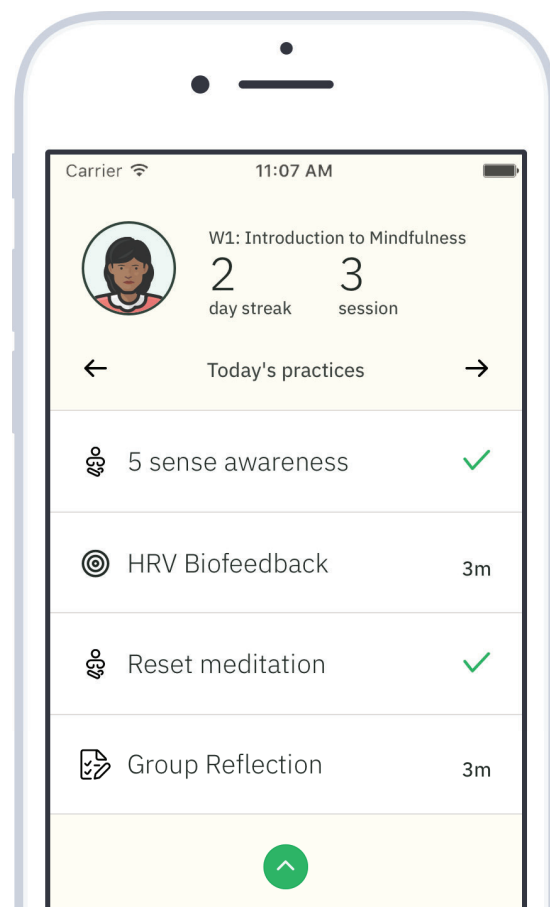
ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

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）



# Now, you can get therapy on your smartphone!

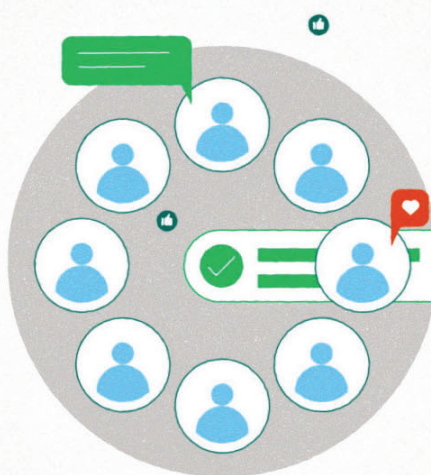
Moda Health and Meru Health offer a 12-week therapy program that is proven to reduce stress, depression and everything in between.



Wearable biofeedback training to increase focus and manage stress.



Mindfulness and behavioral techniques that can be practiced anytime, anywhere.



Confidential access to a personal, remote therapist via chat in the Meru App.



Learn more and sign up at [modahealth.com/meru](https://modahealth.com/meru)



**8/10** of participants who complete the program improve or recover\*

*I experienced shame from being depressed, and could not talk about it. I often had to cancel therapy meetings because of my hectic schedule...  
Communication through the Meru Health app was a good fit to my life and I gained a lot from conversations with my therapist.*

*- Lauri, 29*



Meru Health's program is available to qualified Moda Health members 18 or older who must reside in Oregon or Washington during their participation. Meru Health's providers are licensed to practice in these states.

The initial call will be billed at the same Moda Health member cost share (subject to any deductible) as your in-network outpatient mental health visit. After the initial evaluation call, this program is available at zero cost to Moda Health members.

For questions regarding your cost or benefits, call the Medical Customer Service phone number on the back of your Moda Health identification card.

To learn more and sign up for the program, visit [modahealth.com/meru](https://modahealth.com/meru) or take a photo to sign up with QR Code!

*Note: Meru and Moda Health will not share the identity of any Moda member who enrolls in the program.*



*\*A reduction of 5 points or greater on the PHQ-9 depression scale or 4 points or greater on the GAD-7 anxiety scale. Source: Meru Health employee population 2020 (n=90)"*



## Get Back the Joy of Hearing

Better hearing helps you stay connected to the ones you love. That's why Moda Health partners with TruHearing® to provide you a comprehensive hearing care solution.

### The TruHearing program includes:



#### Personalized Care

Guidance and assistance from a TruHearing Hearing Consultant  
 Professional exam from a local, licensed provider  
 Three follow-up visits for fitting and adjustments to ensure you're completely satisfied with your hearing aids



#### Next-Generation Sound

The latest chips and algorithms combine to make speech clearer, even in the most challenging environments  
 Advanced sensors automatically adjust to the noise around you for better clarity and natural sound  
 New models include sound enhancement technology that makes your own voice less noticeable and natural sounding

#### Devices for Your Lifestyle

The latest models come with Bluetooth® so you can stream audio like Siri®, music and phone calls right to your ears  
 A wide variety of rechargeable models that keep a charge for an entire day¹  
 Options to match your lifestyle including virtually undetectable devices



### Think you might have hearing loss?

Try our free, fast online screening

#### Visit:

**Moda-HS.TruHearing.com**

Accessible from your tablet, computer, or smartphone



Call TruHearing to learn more and schedule an appointment

#### Hours:

8am–8pm, Monday–Friday

**1-866-202-2170**

TTY: 711

# Example Savings (per aid)



Product	Retail Price	TruHearing Price	Savings
TruHearing® Advanced	\$2,445	\$1,250	<b>\$1,195</b>
Starkey® Livio® 1000 <sup>†</sup>	\$1,795	\$975	<b>\$820</b>
Phonak® Audéo® M30 R <sup>†</sup>	\$1,972	\$1,250	<b>\$722</b>
ReSound Quattro™ 5 <sup>†</sup>	\$2,427	\$1,370	<b>\$1,057</b>
Oticon OPN® S 3	\$2,454	\$1,425	<b>\$1,029</b>

<sup>†</sup>Rechargeable | Listed products are smartphone-compatible<sup>2</sup>

## How to Take Advantage of Your Hearing Benefit

- 1 Call TruHearing
- 2 Schedule a hearing exam
- 3 Order your hearing aid
- 4 Return for fitting and programming

Call TruHearing today and Start Saving!

**1-866-202-2170 | For TTY, dial 711**

All appointments must be scheduled through TruHearing.

<sup>1</sup> Rechargeable features may not be available in all models and styles.

<sup>2</sup> Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

Health plans provided by Moda Health Plan, Inc.

All content ©2020 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant. MODA\_OR\_COM\_C\_F\_0720

[TruHearing.com/Choice](https://www.truhearing.com/choice)

Active&Fit Direct™ program

# Stay active and fit for less

Staying fit is important to your overall health and well-being. Joining a fitness center can help you add more physical activity to your day.

## Join a health club for just \$25 a month!

As a Moda Health or Delta Dental member, you have access to the Active&Fit Direct™ program. For just \$25 a month,\* you can choose from over 9,000 participating health clubs and YMCAs nationwide.

### The program offers:

- A free guest pass to try out a fitness center before joining
- An option to switch gyms to make sure you find the right fit
- Access to online directory maps and a health club locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment

## Ready to join?

Log in to your myModa account at [modahealth.com](http://modahealth.com). Select the Active&Fit Direct program link (under myHealth) to get started. Members should contact their gym of choice before signing up to see if there are any additional membership conditions or requirements.

*\*Initial enrollment is \$75. This includes a sign-up fee and covers the first two months. A three-month commitment is required. Applicable taxes may apply.*







# You've worked hard to build a great life.

We work even harder to safeguard it.



## Don't sweat identity theft risks.

You're busy enough, the last thing you need to worry about is identity theft. That's why we're here. 40 million use IDX™ - the most complete identity protection service. Our team uses our experience and technology to keep your identity safe — so you can focus on what really matters.

### Monitoring and Alerts

IDX scans thousands of data sources to detect suspicious activity related to your identity. Changes or new activity trigger an alert so you can take action right away.



#### IDX MONITORING

- Single bureau credit monitoring
- CyberScan™ dark web monitoring
- Social Security Number trace
- Change in address
- Court records
- Payday loans



#### PRIVACY PROTECTION

- Password Detective
- Lost Wallet Protection

### Expertise and Premier Service

With unlimited access to our team of trained experts, you can rest assured that you'll have the information you need, when you need it.



#### FULLY MANAGED IDENTITY RECOVERY

With limited power of attorney our care team can act on your behalf, saving you stress and time.



#### COMPLETE PROTECTION

IDX has successfully recovered thousands of identities. Our comprehensive protection has you covered with:

- **\$1 Million** identity theft reimbursement insurance

# 2021 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

## Linn County

Group ID: 10001756

Calendar year costs	
Calendar year maximum, per member	\$2,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Class 1* (Services do not apply to the calendar year max)	
Periodic Examinations / X-rays	
Prophylaxis (cleanings) / Periodontal Maintenance	*1st year - 70%
Sealants	2nd year - 80%
Topical Application of Fluoride	3rd year - 90%
	4th year - 100%
Class 2*	
Restorative Fillings	
Oral Surgery (extractions & certain minor surgical procedures)	
Endodontics (treatment of teeth with diseased or damaged nerves)	*1st year - 70%
Space Maintainers	2nd year - 80%
Crowns and other cast restorations	3rd year - 90%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	4th year - 100%
Class 3	
Implants	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

\*Under this plan, payments increase by 10% each eligibility year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% reduction in payment the following year, although payment will never fall below 70%.

**This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.**

**\*Deductible is waived for Class 1 and Class 2 services**

## How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

### When the member visits:

#### Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

#### Non Participating Dentists:

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

### Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

#### Preventive (Class 1 services)

- **Preventive Sealant** benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period except for evidence of clinical failure.

#### Basic (Class 2 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

#### Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space.
- **Prosthetic** A denture (full or partial, including alternate benefits) will be covered once in a five (5) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past five (5) years. Specialized or personalized prosthetics are limited to the cost of standard devices.

### Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Orthodontic services (except when an orthodontia rider is included).
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

# Delta Dental orthodontia rider



Delta Dental of Oregon & Alaska

## Linn County

Group ID: 10001756

### Adult & Child Ortho 2000

Lifetime maximum	\$2,000
What members pay	
Members age 19+	50%
Members under age 19	50%

### How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

### Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.





## DENTAL TOOLS

# Take your dental game to the next level

Does whitening toothpaste really work? How much will you pay if your kid needs braces? Dental Tools can answer these questions and much more. It's free for Delta Dental members.

### Get dental answers and tips

Did you know that you can fight cavities... with lollipops? Have you ever wondered which works better — a manual or electric toothbrush? Dental Tools have lots of surprising tips to keep your teeth and mouth healthy. You can also post any dental-related question, and a dental professional will answer.

### Find a great dentist

Search for a top-rated professional near you using the Best Dentist Finder tool. It lets you pick the location, language, evening and weekend hours, and other helpful items.

### Check treatment costs

If you think you might need a dental procedure, Dental Tools can help you plan. You can easily check the cost of common procedures and see if there are ways to save money. No more surprises at your dentist's office!

OVER →

## Find dental deals

Want to save money while keeping your mouth healthy? Find savings on dental products in the Dental Store, or check out Dental Deals for special offers in your neighborhood. If you don't have dental coverage, these deals can offer an affordable way to make sure you're taking care of yourself and your family.

## Visit now

To get to Dental Tools, log in to your Member Dashboard at [DeltaDental.com](https://DeltaDental.com).

If you don't have an account, it's easy to create one. Just click "Create an account" in the login box and have your member ID card ready.

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. 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)



## Health through Oral Wellness<sup>®</sup>

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness<sup>®</sup> program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.\*

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

### Ready to get started?

Follow these simple steps to see if you qualify:

- 1 Visit [deltadentalor.com/oralwellness/members](http://deltadentalor.com/oralwellness/members) to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
- 2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and can let you know if you qualify.

### Still have questions?

We're here to help. Contact our Moda Employee Dental Customer Service Team at 503-412-4002.

\*All enhanced dental benefits are subject to your plan's annual maximum and other limitations. The enhanced benefits feature is available to Moda employee members working for our locations in Oregon.



Delta Dental is part of the Moda, Inc. family of companies.

*Our mission is the same as it was more than 60 years ago – to find a better way to health, every day, for the people and communities we serve.*

As a founding member of the Delta Dental Plans Association, we offer affordable, quality dental coverage to people in the Pacific Northwest and beyond.



## TELEDENTISTRY

# Dental care, from wherever you are

Teledentistry, a version of telehealth, is the use of telecommunication to have an appointment with a dental provider. It often includes two-way video, telephone, email, text or chat. We have expanded our dental coverage options so that you can receive dental care through teledentistry instead of physically going to see in-network dental providers, when needed.

### Choosing teledentistry

If you have a dentist, we recommend contacting their office directly to schedule either in-person and virtual appointments.

Or, you can now use our digital Dental Tools to request a virtual checkup or emergency consultation from a Delta Dental Provider if:

- You do not have a current dentist
- You do not feel comfortable visiting a dental office
- Your dentist's office has remained closed due to COVID-19

Dental services provided by in-network providers via teledentistry are now covered for Delta Dental of Oregon. If you don't currently have a dentist when requesting a teledentistry appointment, you will be connected to an in-network provider.

### Accessing teledentistry

If your dentist is offering teledentistry appointments, they will tell you how to contact them for your appointment. If you do not have a dentist, log in or create a Member Dashboard account on [DeltaDentalOR.com](https://DeltaDentalOR.com)

Once you've logged in to your Member Dashboard:

1. Click on the "Dental Tools" tab at the top of the page
2. Request either a Virtual Checkup or an Emergency Consult
3. Answer the questions and upload photos of your dental issue, if applicable

After you submit your responses, they will be shared with the closest available in-network provider. The provider will then review your request and contact you.

 *Teledentistry visits will be billed as Class 1 (preventive) services.*

### DeltaDentalOR.com

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PASSPORT DENTAL<sup>SM</sup>

## Take your smile on the road

No matter where in the world you roam, Passport Dental<sup>SM</sup> gives you access to great care through your dental plan.

### In the states

Wherever you go, your dental plan benefits go with you. Our network, Delta Dental, lets you access more than 230,000 office locations and three quarters of all dentists across the country. You can choose any licensed dentist, but if you work with a dentist in the network, you'll get great care and better plan benefits.

To find a dentist in the U.S., visit our website and click Find Care. Then, search for dentists in all other states. Or, you can call AXA Assistance toll-free at 888-558-2705, 24 hours a day, seven days a week. Just say you're a Delta Dental plan member. An operator will connect you with a dentist in a flash.

### Beyond borders

Whether you're traveling to Australia or Zimbabwe, AXA Assistance is there to help you find quality care. Call them collect at 312-356-5971 any time and tell them you're a Delta Dental plan member.

Please keep in mind that dentists outside of the U.S. are not considered participating dentists. Nonparticipating coverage limits will apply.

OVER →

## Find a dentist

Inside the U.S.:

Call toll-free at 888-558-2705

Outside the U.S.:

Call collect at 312-356-5971 and tell the operator you are a Delta Dental member.

## How do I submit a claim?

When traveling outside the U.S., pay for your treatment and request an itemized receipt. Submit your receipt to us for reimbursement after you get home. For faster payment, make sure you include:

- The dentist's name and address, including country
- Member's name and date of birth
- A description of services performed
- Tooth number(s) and tooth surface(s) treated
- Individual charge for each service, and whether those charges were billed in U.S. dollars or another currency

You'll be paid back according to your plan benefits. Please check your Member Handbook at myModa for benefit details.

## Questions?

We're here to help.

Call us toll-free at  
877-277-7280. TTY  
users, please call 711.

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# Enrollment application & change of information form

Dual Medical with Primary Care Provider and Dental (100+)

Moda use only	
Group number	_____
Subscriber number	_____

To expedite your application, please print legibly in black or blue ink and return as instructed. Please complete all sections of this application. *If the application is incomplete or additional information is required, your effective date may be delayed.*

## Section 1 > Application type

Outside of the open enrollment period, you would need a special enrollment reason to enroll or make changes (for example, add dependents or switch plans). If you are enrolling or making changes due to a special enrollment event, please specify the event below and provide documentation of your life event. The reason I am applying or making a change is:

### Open enrollment

Date of event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- New policy/subscriber
- Add dependent on existing plan
- Plan change only
- Waiver of coverage (see Section 7)*

**Changes** (these can be made outside of open enrollment)

- Name change  
New name: \_\_\_\_\_  
Old name: \_\_\_\_\_
- New address  
(please write new address in Section 3)

### Special enrollment

Date of event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Marriage
- Registration of domestic partner (RDP)
- Birth, adoption or placement for adoption
- Loss of coverage because I turned 26
- Loss of coverage due to end of marriage or registered domestic partnership (RDP)
- Involuntary loss of group coverage
- COBRA/continuation ended due to exhausting benefit
- Other \_\_\_\_\_

## Section 2 > Coverage

### Medical coverage

- PPO
- Managed care  
(select a PCP below)

#### Primary Care Physician

Patient: \_\_\_\_\_

PCP name: \_\_\_\_\_

City: \_\_\_\_\_

Patient: \_\_\_\_\_

PCP name: \_\_\_\_\_

City: \_\_\_\_\_

Patient: \_\_\_\_\_

PCP name: \_\_\_\_\_

City: \_\_\_\_\_

### Dental coverage

- Delta Dental

Group name	Subgroup	Group no.	Class
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## Section 3 > Employee information

First name*	M.I.	Last name*	Social Security no.*		
Mailing address*		City*	State*	ZIP*	
Home phone	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F	Date of employment (mm/dd/yyyy)*		
Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		Email address			

## Section 4 > Dependent children eligibility information

Children are eligible to enroll for coverage through age 25. Please see your Member Handbook for additional eligibility information. The following are eligible dependent children:

- Your or your spouse's natural or adopted child
- Children placed with you for adoption
- Newborns born to a covered dependent, for whom you are financially responsible (legal guardianship is required for coverage after the first 31 days)
- Children related by blood or marriage for whom you are the legal guardian (you will need to attach a signed court order showing legal guardianship)
- Your domestic partner's natural child or adopted child (if domestic partners by affidavit can enroll in your employer's plan)
- Your registered domestic partner's natural child or adopted child

\* Enrollment will be delayed if fields with an asterisk are not filled out.



Delta Dental of Oregon & Alaska



## Section 5 > Dependents

Relationship code: **SP** = spouse, **DP** = domestic partner, **RDP** = registered domestic partner (*DP and RDP only if applicable to your plan*)  
Please use additional form if needed.

Add	Term	Med	Den	Dependent first name*	Dependent last name*	Social Security no.*	Date of birth* (mm/dd/yyyy)	Gender*	Relationship*	Primary language (if different from employee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> SP <input type="checkbox"/> DP <input type="checkbox"/> RDP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F	Child <sup>1</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F	Child <sup>1</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child <sup>1</sup> <input type="checkbox"/> Ward	

## Section 6 > Other insurance (coordination of benefits)

Will employee or any dependents have other insurance?  Yes  No

If your Group's size is less than 20 employees, Medicare will be assumed to be the primary payer and we will coordinate benefits as the secondary payer even if you have not elected coverage under Medicare. When your Group's size is 20 employees or more, Medicare will be considered the secondary payer.

## Section 7 > Waiver of coverage information

Please include the names of all eligible members who will NOT be enrolling. *Please use additional form if needed.*

Person waiving	Reason for waiver	Health plan name	Policy no.	Employer group name
	<input type="checkbox"/> Individual <input type="checkbox"/> Employer group <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____			
	<input type="checkbox"/> Individual <input type="checkbox"/> Employer group <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____			

**Notice:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends.\* In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after marriage, birth, adoption or placement for adoption.

\*If prior coverage was under Medicaid or a children's health insurance program (CHIP) you must request enrollment within 60 days after the coverage ends.

## Section 8 > Authorization (please read and sign below)

I acknowledge and understand my health plan may request or disclose health information about me or my dependents (people who are listed for benefits coverage on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.<sup>2</sup> Health information requested or disclosed may be related to treatment or services performed by:

- A physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- A clinic, hospital, long term care or other medical facility;
- Any other institution providing care, treatment, consultation, pharmaceuticals or supplies or;
- An insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records or hospital records (including nursing records and progress notes). This acknowledgement does not apply to obtaining information regarding HIV/AIDS, psychotherapy notes, alcohol/drug and genetic testing. A separate authorization will be used for information related to these health conditions.

It is a crime to knowingly provide false, incomplete, or misleading information to a health carrier for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of health coverage.

I certify that the information provided on this form is true and correct to the best of my knowledge. I acknowledge that my enrollment form will be delayed if all fields with an asterisk are not filled out entirely.

Employee signature* X	Signature date*
--------------------------	-----------------

\*Enrollment will be delayed if fields with an asterisk are not filled out.

<sup>1</sup>Please list only eligible dependent children. See Section 5 for dependent children qualifications.

<sup>2</sup>For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available by calling the Privacy Office at 503-952-5033.

# 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.

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**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](https://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](https://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](mailto:compliance@modahealth.com)



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي): 1-877-605-3229 (711)

بوتے 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 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 (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: ဤတမ်း (အမျိုးအနွယ် အမျိုးအနွယ်) အလိုအတိုင်း ဖြစ်တိုင်း အမျိုးအနွယ် တမ်းအား မှား မှား မှား မှား ဖြစ်ပါသည်။ 1-877-605-3229 (TTY: 711) ပဲ နှစ် နှစ်

ໂປດຊາຍ: 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 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)

