

Oregon 2024



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 drug list tool [modahealth.com/pdl](https://modahealth.com/pdl), so you can confirm what's covered



### One of the largest networks of dentists

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



### 24/7 doctor access

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



### Choose a better experience.

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

# Make a *better choice*

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

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



### Is my provider in my network?

Learn more on page 10.



### How does the plan work?

Look at our plan comparison chart on page 14.



### Are my medications covered?

Look them up on the medication search page at [modahealth.com/pdl](https://modahealth.com/pdl).

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

Beacon prioritizes both your well-being and your budget.

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



**In-network** means the doctors and facilities meet certain requirements and agree to accept a discounted rate for services under your plan.



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

Easy  
with **no referrals**  
required for  
specialists



## Which is right for you?

Learn more, starting on page 14.

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



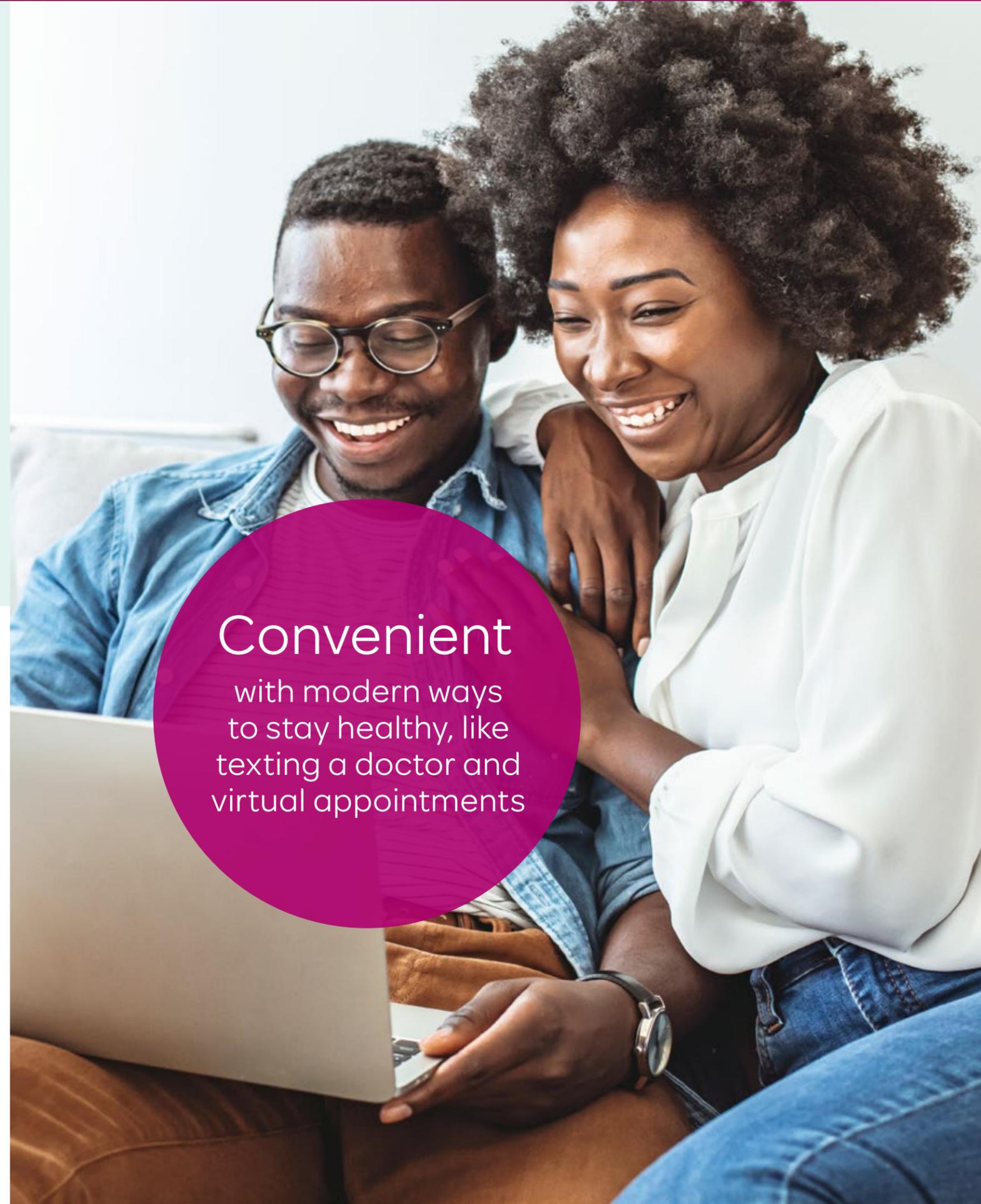
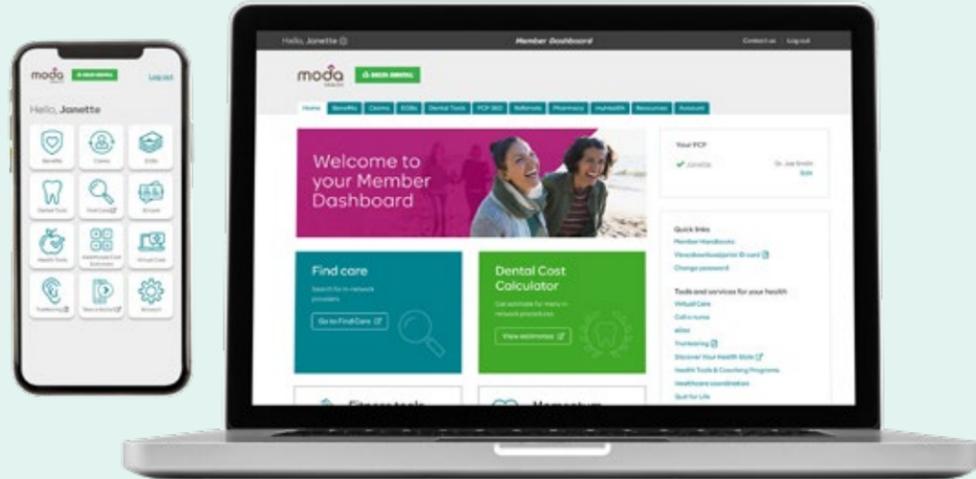
See if your doctor is in network at [modahealth.com/ProviderSearch](https://modahealth.com/ProviderSearch)



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

# Member perks to reach *your health goals*

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



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



### Tools

- Health assessments
- Prescription price check



### 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



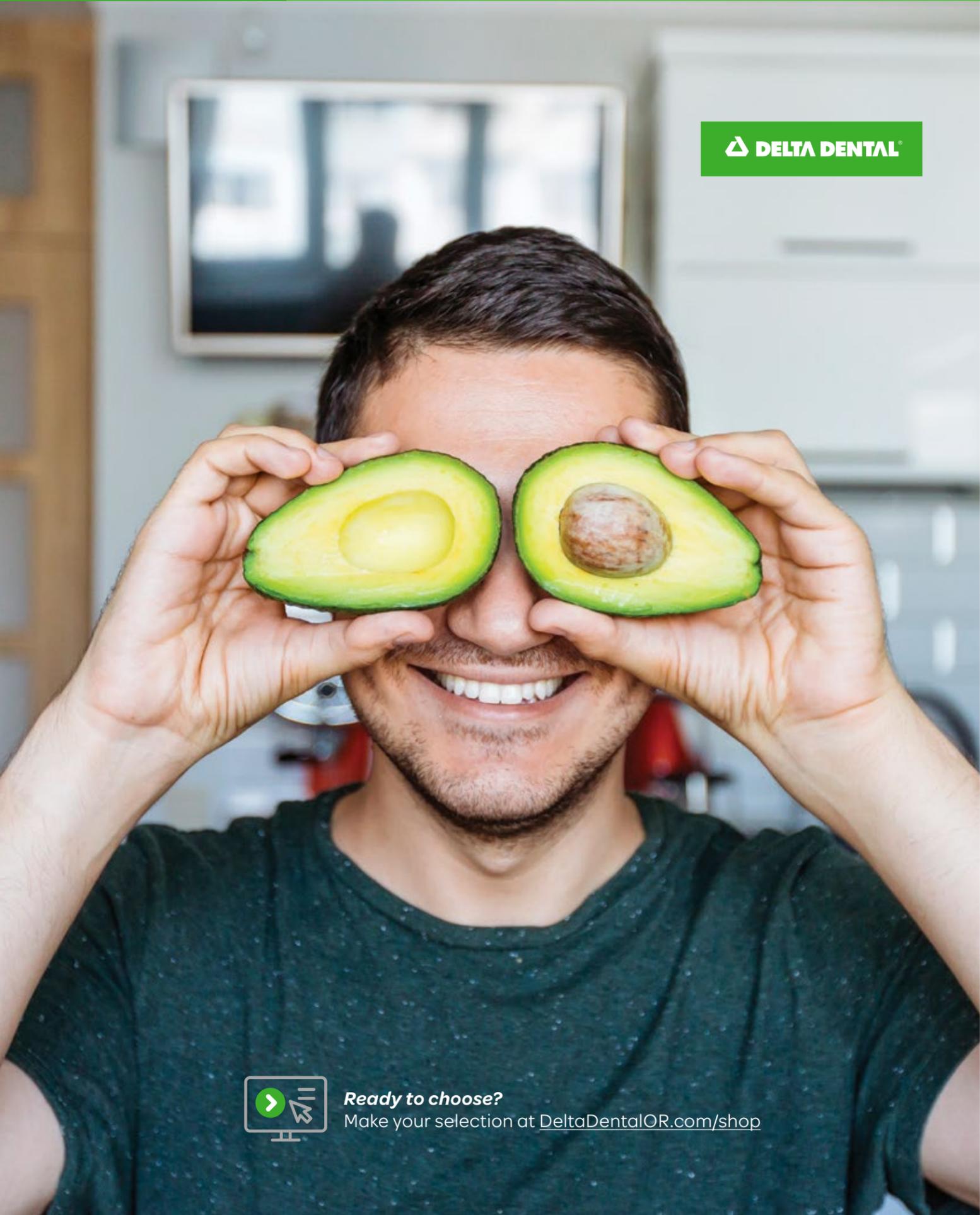
### Mental health support

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



**Choose a better experience.**

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



# Quality coverage for your smile

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

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



Savings from in-network dentists



Cleanings every six months

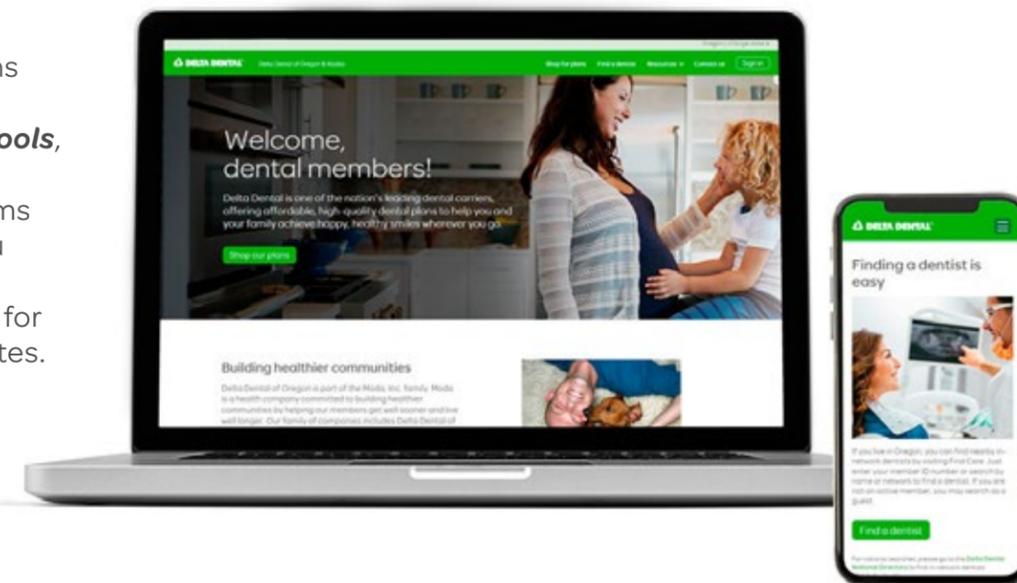


Superior customer service



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.



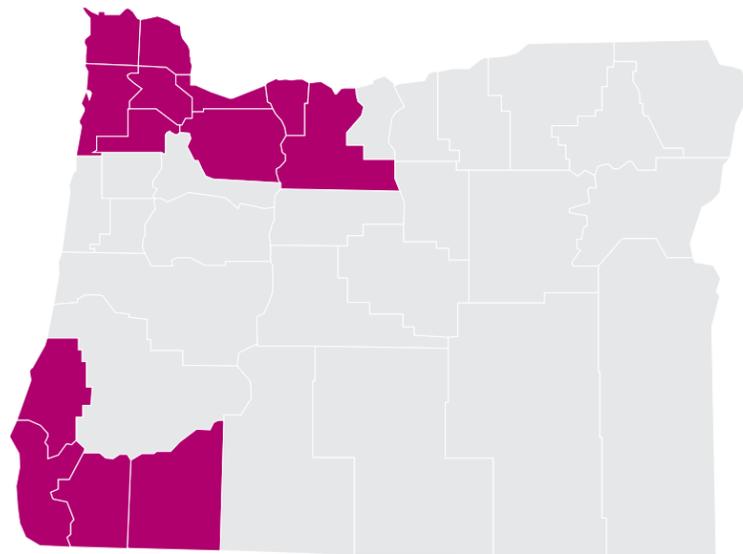
Ready to choose? Make your selection at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop)



Review your dental plan options on page 18

# A network that connects you to care

The **Moda Health Beacon** EPO plans cover 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 | Curry      | Josephine | Wasco      |
| Clatsop   | Hood River | Multnomah | Washington |
| Columbia  | Jackson    | Tillamook | Yamhill    |
| Coos      |            |           |            |



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



### Are some services available out-of-network?

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



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

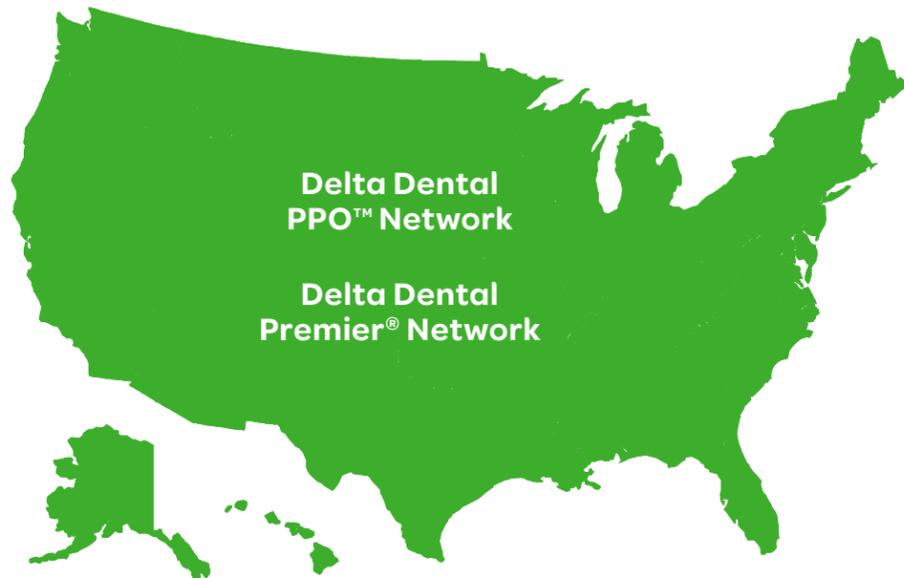
Yes! While traveling outside of the service area, members can receive emergency or urgent care through the Aetna® PPO Network.

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



# Delta Dental networks *go where you go*

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



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

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



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

## Delta Dental **PPO™** Network

bigger savings

Lowest cost!

Large network of dentists



OR

## Delta Dental **Premier®** Network

more choice

Slightly higher cost

Choose Premier network dentists



# 2024 *Medical plan* benefit table

	Gold plans				Silver plans									
	Moda Health Oregon Standard Gold (Beacon)	Moda Health Beacon Gold 250	Moda Health Beacon Gold 1000	Moda Health Beacon Gold 1500	Moda Health Oregon Standard Silver (Beacon)	Moda Health Beacon Silver 3650 Direct	Moda Health Beacon Silver 2900 Direct	Moda Health Beacon Silver 3000	Moda Health Beacon Silver 3400 Direct	Moda Health Beacon Silver 3500	Moda Health Beacon Silver 4500	Moda Health Beacon Silver 4400 Direct	Moda Health Beacon Silver 6400	
<b>What you pay for the <i>in-network</i> care you receive each year</b>														
Deductible per person	\$1,800	\$250	\$1,000	\$1,500	\$5,500	\$3,650	\$2,900	\$3,000	\$3,400	\$3,500	\$4,500	\$4,400	\$6,400	
Deductible per family	\$3,600	\$500	\$2,000	\$3,000	\$11,000	\$7,300	\$5,800	\$6,000	\$6,800	\$7,000	\$9,000	\$8,800	\$12,800	
Out-of-pocket max per person	\$7,550	\$8,700	\$8,700	\$7,000	\$9,450	\$9,000	\$8,700	\$8,700	\$8,700	\$8,600	\$8,050	\$8,150	\$8,000	
Out-of-pocket max per family	\$15,100	\$17,400	\$17,400	\$14,000	\$18,900	\$18,000	\$17,400	\$17,400	\$17,400	\$17,200	\$16,100	\$16,300	\$16,000	
Out-of-network benefits available*	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	
<b>Benefits that make up your plan and what you pay</b>														
Primary care provider (PCP) office visit <sup>1</sup>	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	
Specialist office visit	\$40 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$80 per visit	\$80 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	
Urgent care visit	\$60 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$70 per visit	\$80 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	
Virtual care visit <sup>1</sup>	\$20 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$40 per visit	\$40 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	
Emergency room visit	20% after deductible	25% after deductible	15% after deductible	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	20% after deductible	
Acupuncture and spinal manipulation services	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	
Mental health/substance use disorder office visit <sup>1</sup>	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$40 per visit	\$40 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$15 per visit	
Outpatient rehabilitation	\$20 per visit	\$40 per visit	\$30 per visit	\$30 per visit	\$40 per visit	\$40 per visit	\$70 per visit	\$70 per visit	\$70 per visit	\$65 per visit	\$70 per visit	\$70 per visit	\$70 per visit	
Inpatient/outpatient care	20% after deductible	25% after deductible	15% after deductible	20% after deductible	30% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	20% after deductible	
<b>Pharmacy benefits<sup>2</sup></b>														
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 <sup>3</sup>	50%	40%	40%	40%	50%	40%	40%	40%	40%	40%	40%	40%	40%	
Non-preferred specialty <sup>3</sup>	50%	50%	50%	50%	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	

### Things to consider when choosing your plan

Features and special benefits included in your plan	! PCP +												
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<sup>1</sup> For non-HSA plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible <sup>2</sup> One copay per 30-day supply. \$85 maximum per 30-day supply of insulin <sup>3</sup> For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill  
 These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

### Plan highlights

- EPO plans**  
 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.\* Some exceptions do apply. Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.
 
- PCP** Choose a PCP  
 To help you manage your health, you will be required to select an in-network PCP
- +** Included with all plans
  - !** Unlimited mental health and substance disorder in person office visits
  - PT** Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
  - !** Up to 12 acupuncture and 20 spinal manipulation visits in a calendar year

## 2024 *Medical plan* benefit table

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

<sup>1</sup> For non-HSA plans, first 3 visits (combined with PCP, behavioral health, substance use disorder and virtual care) at \$5 no deductible <sup>2</sup> One copay per 30-day supply, \$85 maximum per 30-day supply of insulin <sup>3</sup> For Standard Gold plans, specialty medications up to \$500 cost share maximum for each 30-day prescription fill  
 These benefits and Moda Health Plan policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

### Plan highlights

**!** EPO plans  
**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.\* Some exceptions do apply. Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.



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

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

- +** Included with all plans
- !** Unlimited mental health and substance disorder in person office visits
- PT** Up to 30 outpatient rehabilitation and 30 habilitation visits in a calendar year
- !** Up to 12 acupuncture and 20 spinal manipulation visits in a calendar year

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

- 1** No taxes when you put money in
- 2** No taxes on earnings
- 3** No taxes when you use it for qualified medical expenses



**Choose a better experience.**  
 Enroll today at [modahealth.com/shop](https://modahealth.com/shop)

# 2024 *Dental plan* benefit table

	 Special Youth-Only Plan				 Direct Only Non-Certified Plan		
	Delta Dental EPO <sup>1, 2, 3</sup>		Delta Dental PPO <sup>1, 2, 3</sup>		Delta Dental PPO Bright Smiles <sup>4</sup>		Delta Dental Premier 1000 <sup>1, 5, 6, 7, 9</sup>
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	All ages
<b>What you pay for the <i>in-network</i> care you receive each year</b> — out-of-network services may be covered at a different rate							
Deductible (per person / family)	\$0		\$0		\$0	Not covered	\$50 / \$150
Annual maximum (age 19+)	\$1,500		\$1,000		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum (under age 19)	\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members	Not covered	N/A
Out-of-network benefits available	✗		✔		✔	Not covered	✔
<b>Class 1</b>							
Exams & X-rays	0%	0%	0%	25%	0%	Not covered	0%
Cleanings	0%	0%	0%	25%	0%	Not covered	0%
Periodontal maintenance	0%	0%	0%	25%	0%	Not covered	0%
Sealants	0%	0%	0%	25%	0%	Not covered	0%
Topical fluoride	0%	0%	0%	25%	0%	Not covered	0%
<b>Class 2</b>							
Space maintainers	30%	Not covered	75%	Not covered	75%	Not covered	20% after deductible
Restorative fillings	30%	30%	75%	40%	75%	Not covered	20% after deductible
<b>Class 3</b>							
Oral surgery	50%	50%	75%	50%	75%	Not covered	50% after deductible
Endodontics	50%	50%	75%	50%	75%	Not covered	50% after deductible
Periodontics	50%	50%	75%	50%	75%	Not covered	50% after deductible
Restorative crowns	50%	50%	75%	50%	75%	Not covered	50% after deductible
Bridges	Not covered	50%	Not covered	50%	Not covered	Not covered	50% after deductible
Partial and complete dentures	50%	50%	75%	50%	75%	Not covered	50% after deductible
Anesthesia	50%	50%	75%	50%	75%	Not covered	50% after deductible
Orthodontia <sup>8</sup>	50%	Not covered	75%	Not covered	75%	Not covered	Not covered
<b>Features</b>							
Provider network (in-network)	Delta Dental PPO network		Delta Dental PPO network		Delta Dental PPO network		Delta Dental Premier network
Service area	All except Grant, Harney, Union and Wheeler		Statewide		Statewide		Statewide

<sup>1</sup> Topical fluoride is covered once in a 6-month period for under age 19 and once in a 12-month period for ages 19 and older only if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment. <sup>2</sup> For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. <sup>3</sup> For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. <sup>4</sup> Topical fluoride is covered once in a 6-month period. <sup>5</sup> For Class 2 services, 6-month exclusion period for all ages if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. <sup>6</sup> For Class 3 services, 12-month exclusion period for all ages if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. <sup>7</sup> Pediatric limitations do not apply. Follow Delta Dental standard limitations. <sup>8</sup> Only medically necessary orthodontia to treat cleft palate is covered. <sup>9</sup> Space maintainer not covered for age 14 and over.

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

### Plan highlights

-  **Bright Smiles**  
 Bright Smiles is a special *youth-only* Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.
-  **Premier 1000**  
 Delta Dental Premier 1000 is a Non-Certified dental plan, that does not include the ACA Pediatric benefits. Members of any age can enroll in this plan. Only available direct at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop).
-  **Out-of-network available**  
 For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.
 





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# Ready to choose better health?

-  Shop our plans at [modahealth.com/shop](https://modahealth.com/shop)
-  Call us or your agent to enroll at 855-718-1767
-  Enroll online at [modahealth.com/shop](https://modahealth.com/shop)

Questions? We're here to help!

modasales@modahealth.com | 855-718-1767

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

## If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

## If you think we did not offer these services or discriminated, you can file a written complaint.

### Please mail or fax it to:

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## Scott White coordinates our nondiscrimination work:

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

## If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

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

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

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

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

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

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

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

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

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

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

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

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

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

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အကူအညီ: ဤကိစ္စ (အမျိုးသားနှင့် အမျိုးသမီး) အပေါ် မူတည်၍ အခမဲ့ အကူအညီ ဖြစ်နိုင်ပါသည်။ 1-877-605-3229 (TTY: 711) နှင့် ဆက်သွယ်ပါ။

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

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

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

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

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ 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 togotia. Vala'au i le 1-877-605-3229 (TTY: 711)

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

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

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