

Group #10001724

Cement Masons Employers Health



Dental Customer Service

503-265-2965 or 800-452-1058, dental@modahealth.com

Customer Service Hours

Monday through Friday, 7:30 a.m. - 5:30 p.m. PST



Use Find Care to locate a dental provider near you

Our provider directory tool can help you save money when seeking care.

Find Care, our online provider directory tool, makes it easy for you to locate an in-network provider by name, provider type, specialty, network, location, gender identity and more. Plus, finding an in-network dental provider that's right for you can also save you out-of-pocket costs.

How to find a provider

1. Visit deltadentalOR.com.
2. Under the "Online Tools" drop-down menu, select "Find a dentist".
3. Choose the "In Oregon or Alaska" link or "Outside of Oregon and Alaska" link depending on the state you live in.
4. Under network, choose the Delta Dental PPO or Delta Dental Premier network, which can be found on your member ID card.
5. Under location, enter in a city, state or zip code, and then search.

Save costs when you choose in-network care

Getting quality care is easier and more affordable when you see "in-network" dental providers. These providers agree to accept your insurance at lower rates and meet quality standards. Choosing an in-network dental provider keeps your out-of-pocket costs low.

In-and out-of-network costs

It's important to know you may pay more for services from out-of-network dental providers than from in-network providers. If you choose an out-of-network provider, your benefits only cover a percentage of the maximum plan allowance for these services. Out-of-network providers may also bill you for the difference between the maximum plan allowance and their billed charges. This is known as balance billing. In-network dental providers can't do this. Please see your plan summary or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Questions?

We're here to help. For questions or help finding a provider, please contact the Delta Dental Customer Service team at 888-217-2365.

Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

Cement Masons

Group ID: 10001724

PPO Plan			
	In-Network PPO Provider	In-Network Premier Provider	Out-of-Network Non-Participating Provider
Calendar year costs			
Annual Maximum, per member	\$2,000		
Calendar year deductible, per member	\$50		\$100
Calendar year maximum deductible, per family	\$150		\$300
Class 1*			
Periodic Examinations / X-rays	100%	100%	80%
Prophylaxis (cleanings) / Periodontal Maintenance	100%	100%	80%
Sealants	100%	100%	80%
Space Maintainers	100%	100%	80%
Topical Application of Fluoride	100%	100%	80%
Class 2			
Restorative Fillings	80%	80%	80%
Oral Surgery (extractions & certain minor surgical procedures)	80%	80%	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	80%	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	80%	80%
Class 3			
Implants	50%	50%	50%
Crowns and other cast restorations	50%	50%	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%

* Deductible waived for preventive.

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

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO or Premier dentist from our directory which is on our website at www.modahealth.com. Each family member may choose a different dentist. If you receive care from a dental provider not in either of the Delta Dental Networks, Out-of-Network coverage levels will apply.

When the member visits:

Delta Dental PPO and Premier Dentists:

Benefits are paid at the In Network benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee, or filed fee).

Non Participating Dentists:

Benefits are paid at the Out of Network benefit level. 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)

- **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once every 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period as part as evidence based dental dentistry.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered once in any 6-month period for members until age 18 and under. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. 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.

Basic (Class 2 Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for the decay of teeth.
- **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. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Night Guard** (occlusal guard) covered at 100% once in a 5-year period; no deductible up to a maximum of \$200. Repairs and relines are not covered within initial 6 month period, repairs and relines are only covered once in every 12 month period. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Vizilite Plus TBlue is no longer a covered benefit. With more recent evidence based results, the initial findings of the effectiveness of Vizilite Plus TBlue turn out to be inconclusive.
- 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.
- 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.
- 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.



MEMBER DASHBOARD

Be in charge of your healthy smile

Get to know your benefits! Your personalized member website, helps you manage your dental plan and find ways to improve and maintain your oral health.

What's in the Member Dashboard?

The Member Dashboard is a one-stop resource for all you need to get the most out of your plan, including:



ID cards



Claim status



Benefits overview



Provider search



Calculate costs



Explanation of Benefits (EOBs)



Customer service contact information


OVER →

If you don't have a Member Dashboard account, creating one is easy. Go to deltadentalOR.com and enter your information. Be sure to have your member ID card handy.

Access the Member Dashboard on your smartphone

The easiest way to open the Member Dashboard is to add a shortcut on your phone. Anytime you want to access your benefits or resources, just tap the Member Dashboard icon.

On an iPhone

1. Open the browser on your phone and go to deltadentalOR.com/memberdashboard
2. From the login screen, tap the Share  icon in the menu at the bottom of the screen
3. From the Share menu (scroll right to see more options), choose “Add to Home Screen”
4. Tap “Add” to confirm

Your phone will now have an icon that says “Login|Member Dashboard.”

On an Android device:

1. On your phone, go to deltadentalOR.com/memberdashboard
2. Using the menu (three vertical dots) at the top of the screen, choose “Add to Home screen”
3. Tap “Add” to confirm
4. On the next screen, choose “ADD AUTOMATICALLY” so the icon will be placed on your phone

Your phone will now have an icon that says “Login|Member Dashboard.”

Questions?

We're here to help.
Call us toll-free at
888-217-2365. TTY
users, please call 711.

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)



DELTA DENTAL NETWORKS

Save money on dental visits

Your dental plan lets you see any licensed dentist you want. But when you see a provider in our Delta Dental networks, you'll save money; and visiting a Delta Dental PPO dentist will give you an even better deal.

Choose Delta Dental providers to keep costs low

Your dental plan gives you access to Delta Dental, the largest network of dentists in the nation. You'll find Delta Dental providers close to home and across the country.

Through Delta Dental PPO and Premier networks, we set limits on what dentists can charge for certain services. It's our way of connecting you with great care at even better rates.

You'll save the most when you visit Delta Dental PPO providers. They agree to accept our lowest contracted rates as full payment.

Both Delta Dental networks protect you from 'balance billing' — the practice of billing you for the difference between your dentist's fees and the rates your dental plan will pay.

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What you pay by network

Here's how your network choice can affect your bill:

Delta Dental PPO dentists

- Lowest costs and the most savings
- No balance billing

Delta Dental Premier dentists

- Slightly higher costs with some savings
- No balance billing

Non-Delta Dental dentists

- Higher costs, since dentists don't set fee agreements
- Balance billing

Find an in-network dentist

To locate a provider near you, log in to your my Member Dashboard and select "Find Care."

Your dentist's network determines your cost

What you save

What you pay



The share of costs shown in this graphic are samples only. Actual dentist fees and other charges will vary.

Questions?

We're here to help.
Call us toll-free at
877-277-7280. TTY
users, please call 711.

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)

ORAL HEALTH, TOTAL HEALTH

Dental benefits that protect more than just your smile

If you are diabetic or pregnant in your third trimester, the Oral Health, Total Health program offers more ways to care for your teeth and mouth — and keep the rest of your body healthy, too.

If you have diabetes

Diabetes increases the risk of cavities, periodontal (gum) disease, tooth loss, dry mouth and infection. If you have been diagnosed with this disease you are eligible for four prophylactic (preventive) cleanings or periodontal maintenance visits per year through our Oral Health, Total Health program. Protect your teeth and gums by enrolling today.

For details on the Oral Health, Total Health program, refer to the dental Member Handbook or visit Member Dashboard, your personalized member website.

If you're pregnant

Pregnant members who have periodontal (gum) disease are more likely to have a premature and underweight baby. Bacteria can enter the bloodstream through the mouth, and the body's response to the infection can trigger early labor.

If you are expecting, you can enroll in the Oral Health, Total Health program to help prevent gum disease. If you've already had two cleanings for the year, you'll be eligible for another cleaning or checkup during your third trimester. This added preventive (prophylactic) visit is covered regardless of normal plan frequency limits. That way, you can receive a dental cleaning during the third trimester, no matter what.

Learn more and enroll

To enroll in the Oral Health, Total Health program, fill out the form on the reverse side of this sheet or access the form online by logging in to Member Dashboard. Once you've signed in, simply click on "Oral Health, Total Health" in the myHealth tab.

Questions?

We're here to help.
For questions, call our dental services team toll free.
Oregon: 888-217-2365
Alaska: 888-374-8906

OVER →

Oral Health, Total Health enrollment form

To enroll in our Oral Health, Total Health program, please follow the instructions below.

For expectant members, enrolling is a one-step process

If you are pregnant, you can enroll in the Oral Health, Total Health program by calling Delta Dental Customer Service after you have scheduled your third trimester cleaning appointment. Be sure to tell us the date of your appointment. It's that easy.

For diabetics, enrolling is as easy as 1-2-3

- 1 Complete the form below.
- 2 Include proof of diagnosis.
- 3 Mail or fax both to Delta Dental.

Section 1: Insurance information

If you are diabetic and wish to enroll in the Oral Health, Total Health program, complete this enrollment form and fax it — along with proof of diagnosis.

Member name	Subscriber name	Subscriber ID number*
Group (plan) number*	Group name*	

* Find this information on your ID card and through Member Dashboard.

Section 2: Proof of diagnosis

Please select one of the following:

- I have attached proof of my diabetes diagnosis. *Examples of proof of diagnosis include a doctor's note or a copy of a prescription supporting a diabetes diagnosis.*
- I have Moda Health medical coverage and have had a claim paid by Moda Health for medical or pharmacy services related to my diabetes. We will verify the diagnosis on your behalf.

Section 3: Authorization

I certify that the information above has been truly and accurately recorded.

Signature	Date
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When is it effective?

Your enrollment will be effective the first of the month after we receive and process both your completed Oral Health, Total Health enrollment form and proof of diagnosis.

Ready to submit? Mail or fax this form to Delta Dental:

Mail: Delta Dental, 601 S.W. Second Ave., Portland, OR 97204 **Fax:** 503-765-3297



PASSPORT DENTALSM

Take your smile on the road

No matter where in the world you roam, Passport DentalSM 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 394,000 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 for benefit details.

Questions?

We're here to help. Call our dental services team toll free.

Oregon: 888-217-2365

Alaska: 888-374-8906

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)

Nondiscrimination notice

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

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

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

If you need any of the above, call:

Medicare Customer Service,
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service,
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans,
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, 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.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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

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

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

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

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

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

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 بگیرد. (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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલી) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

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 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)