

Moda Health/Delta Dental 1-50 Group Plan Confirmation Form



Please complete the below application and submit to Moda Health/Delta Dental 20 days prior to the effective date of your policy to avoid disruption of coverage. If you have any questions, please call 503-243-3948.

Legal name	
Group Number	Effective Date of Renewal

What plan options would you like to be renewed with?

Medical Plan Option 1
Medical Plan Option 2
Medical Plan Option 3
Vision Plan Rider

A maximum of 3 plans may be selected from our plan portfolio with a minimum of 1 member enrolled in each. For Part D creditable plans, please review the creditable coverage status of prescription drug plans for Oregon small employer plans at www.modahealth.com/employers/compliance.shtml

Moda Select plans are only available to employees living in the Portland metro area (Clackamas, Multnomah and Washington counties). You must select a Connexus plan for employees who live outside the Portland metro area.

Only groups with 15 or more enrolling are eligible for Orthodontia Plans.

Delta Dental Plan Option
Delta Dental Orthodontia Rider
DirectOption Plan
DeltaVision® Plan

<p>Is the group a small employer based on the Group Size Determination Form?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is the group subject to COBRA? Count the employees employed on a typical business day in the previous calendar year. Do not count self-employed individuals, independent contractors, and members of the board of directors. If the group had 20 or more employees during at least 50% of the previous calendar year, the group is subject to COBRA.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is the group subject to Medicare Secondary Payer (MSP) provision? Count the current total number of full-time employees, part-time employees, seasonal employees and partners. Do not count retirees, COBRA members, individuals on other continuation options or self-employed individuals. If the employee count is 20 or more, the group is subject to MSP.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health plans provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.

<p>Would you like to update your probationary period?</p> <p>If yes, what probationary period do you select?</p> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you making any changes to your contribution, eligibility, or plan?</p> <p>If so, please outline the changes below:</p> <hr/> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group.

For questions about the information on this form, I have received advice and counsel from my agent or legal counsel.

<p>Authorized Signature for Group</p> <p>X</p>	<p>Date</p>
<p>Authorized Signer's Printed Name</p>	<p>Title</p>

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

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.

Scott White coordinates our nondiscrimination work:

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

modahealth.com

