



Clackamas County Oregon ASO Group Dental Plan Changes

Renewing January 1, 2025
(as of 5/31/24)

The following is a summary of the significant changes that will be made to the Delta Dental ASO agreement and member handbook when your group renews in 2025. The summary is provided for your convenience and shall not be binding upon the parties. The language in the agreement and member handbook is controlling in all cases. Minor changes, including grammatical, cosmetic, or formatting changes, are not included in this summary.

FEDERAL REGULATORY CHANGES	
Change/Rationale/Exceptions	Details
No changes	

STATE REGULATORY CHANGES	
Change/Rationale/Exceptions	Details
No changes	

BENEFIT CHANGES						
Accepted		Reference	Former Benefit	New Benefit	Explanation	Claim impact*
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual and Developmental Disabilities	Standard coverage and frequencies applied to services for members with intellectual or developmental disabilities.	Extra services are covered for members with intellectual or developmental disabilities: <ul style="list-style-type: none"> - Visits before the first treatment - 2 extra cleanings per year - Silver diamine fluoride for cavities - Sedation services are covered under Class II Changes to how care is provided for patients with sensory sensitivities, behavioral challenges, etc.	To help our members with special healthcare needs access the dental care they need.	Negligible

ADMINISTRATIVE CHANGES		
Reference	Change/Rationale/Exceptions	Details
Overall	Complete revision to make handbook more readable for members. Changed voice from 3 rd person to 1 st /2 nd person and made plain language revisions.	

*Based on Delta Dental book of business.

Additional changes may be required or recommended at any time as a result of new federal rules or regulations; changes to existing ACA rules or regulations or State law; or language changes as advised by the Oregon Division of Financial Regulation. Delta Dental will provide written notice of any additional changes including any modification to administrative fees, and will administer such changes accordingly.

Signature _____ Date _____

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:

888-217-2365 (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:

Delta Dental of Oregon and Alaska
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

DeltaDentalAK.com | DeltaDentalOR.com

