

Health plans for every body

Plans available Oct. 1, 2014 – Sept. 30, 2015

moda

Oregon

OREGON EDUCATORS
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BENEFIT BOARD

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ODS

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HEALTH



Better health starts here

Hello. Welcome to Moda Health and ODS, the place you go when you want more than a health plan – because good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships to help you along the way.

We have all of that and a little bit more. We're excited to help you start on a journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because, together, we can be more. We can be better.

Resources for your health journey

Moda Health is here to help you get well sooner when you're sick or injured and live well longer the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. It's simple to access on your computer or mobile device. As a member, log in at modahealth.com/oebb to:

- › See and manage your benefits
- › Check claims and find claim forms
- › Review electronic explanations of benefits (EOBs)
- › View and download your member ID card
- › Use Be Better tools to get and stay healthy
- › Connect with health professionals
- › Look up drug prices before you buy

Be Better tools

These handy resources let you take charge of your healthy potential. They're free to members and come with every health plan. Use them to create a healthier you! Simply log in to myModa, your personalized member website, to get started. Here's what you'll find.

'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 myModa and look for Momentum to:

- › Take a health assessment and see your "health age"
- › Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- › Research conditions and medications
- › Set goals and track progress
- › Create a Family Health Record
- › Access health content and resources

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 nine care programs include:

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

To connect with a case manager, just call 800-592-8283.

eDoc

Email a health professional about non-urgent health concerns. eDoc keeps it private and customized to you. Connect with:

- › Board-certified physicians
- › Licensed psychologists
- › Pharmacists
- › Dentists
- › Dietitians
- › Fitness experts
- › eDocVoice – leave a message for a provider, and you'll get a phone response within 24 hours

Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are ready for you to call, 24 hours a day. The nurses can help with basic health situations and:

- › Explain symptoms
- › Suggest treatment for minor injuries and burns
- › Recommend home cold and flu remedies
- › Advise when to make a doctor's appointment
- › Suggest when to visit urgent care or the emergency room

To talk to a registered nurse, just call 866-321-7580.

Helping you maintain a healthy weight

We know maintaining and losing weight can be an ongoing struggle. We are here to help. Your weight management benefit includes five areas of focus:

- › Annual screening and assessment
- › Online educational resources
- › Health coaching
- › Weight Watchers®
- › Gastric bypass surgery (Roux-en-Y)

Roux-en-Y surgery is available for OEBB plan subscribers 18 and over (no coverage for dependents).

Certain presurgery requirements must be met, and patients will need to use an approved Center of Excellence. To learn more about the weight management benefits and program guidelines, log in to myModa at modahealth.com/oebb.

Health Assessment

Understanding your health risks – whatever your age – can help improve your overall health. Our Health Assessment tool is a personalized online survey that helps you learn:

- > Whether your health age equals your actual age
- > If you are at risk for various health conditions
- > Which of your habits are healthy
- > What you can do to improve your health

To take the private 15-minute Health Assessment, log in to your myModa account and choose "Momentum, powered by Moda Health" then click on the Health Assessment app.

Once you complete the Health Assessment, you'll be one step closer to fulfilling the OEGB Healthy Futures requirements.

Quitting tobacco

Stop smoking or chewing tobacco for good. We connect members with programs that make kicking the habit a little easier. You'll get advice from a Quit Coach and a custom quit plan that works for you.

Under the Affordable Care Act, coaching to help you stop smoking is covered in full. Take advantage of these perks:

- > Phone, text and online support from Quit Coaches, 24 hours a day
- > Tips on dealing with cravings
- > Information about medications that can help you quit
- > Free tobacco cessation drugs prescribed by an in-network provider
- > Useful articles, videos and online tracking tools

Dental Optimizer

Dental Optimizer™ allows you to store dental health information and share it with caregivers to create a more coordinated and effective care experience.

Online tools, such as risk assessment quizzes and a treatment cost calculator, help you:

- > Understand how to prevent dental disease
- > Research new and effective treatments
- > Lower out-of-pocket costs

Drug price checker

Use this tool to find out prescription drug prices ahead of time. Simply enter the medication name and choose from the list of matching drugs to find the cost by quantity. You also can see a list of mail-order and retail pharmacies.

The drug price check tool can help you save money by showing you when a lower-cost, generic option is available. It also shows you how much is covered by your plan and what you'll pay. Use it to get an estimated price from a specific pharmacy, too.

Treatment Cost Navigator

The Treatment Cost Navigator provides useful information about:

- > Costs associated with a specific treatment
- > The portion of costs covered by your plan
- > Out-of-pocket cost, based on your benefits

You also can use our Treatment Cost Navigator to compare provider costs, as well as search by provider, procedure, distance, language, gender, network status or specialty.



Together, we
can find a way to
better health.

How your health plan works

Better than anyone, you understand that knowledge is power. When you get to know your plan, you can get the most out of your benefits.

Preventive care

Preventive care refers to measures taken to prevent or avoid diseases or injuries. Preventive care includes the following:

- > Periodic health exams
- > Well-baby exams
- > Routine women's exams and mammography
- > Routine immunizations
- > Colorectal cancer screening

Additional Cost Tier

The Additional Cost Tier (ACT) refers to select procedures, including the following:

- > Spine surgery
- > Knee and hip replacement¹
- > Arthroscopies (knee and shoulder)
- > Advanced imaging
- > Sleep studies
- > Upper endoscopies
- > Tonsillectomies²
- > Uncomplicated hernia repair

The ACT is designed to encourage exploration of less invasive treatment alternatives. It is important to understand and consider all factors – including additional costs – as you discuss treatment options with your provider.

Professional services

Professional services are primary care and specialist office visit services performed by a licensed healthcare provider. When you see a participating Moda Health medical home provider, you will have a better benefit for incentive and primary care office visits on plans A – G.

Incentive services

Incentive services are office visits to help you manage certain conditions, including the following:

- > Asthma
- > Heart conditions
- > Cholesterol
- > High blood pressure
- > Diabetes

Moda Health medical home

Our medical home consists of local primary care providers who deliver high-quality, individualized care and integrated support. To achieve medical home status, providers must obtain or be working toward recognition as a Patient-Centered Primary Care Home (PCPCH) through the state-run PCPCH program. PCPCHs are clinics that have been recognized for their commitment to a patient-centered approach to care.

When you seek care from a Moda Health medical home provider, you'll receive a higher benefit level. Learn more at modahealth.com/oebb under the medical home tab.

While you're there, you also can find a medical home provider near you.

Choose your network

You may be able to choose from three network options. Look over the following pages to learn more about these networks and what they offer.

- > ODS Plus Network
- > Synergy Network
- > Summit Network

Travel with peace of mind

When you hit the road, care is never far. Our travel network comes with each medical plan in Oregon. When traveling outside of Oregon, members can access in-network care through the PHCS Healthy Directions Network.* So go on, explore the world.

¹ Benefit is subject to a reference price limitation of \$25,000.

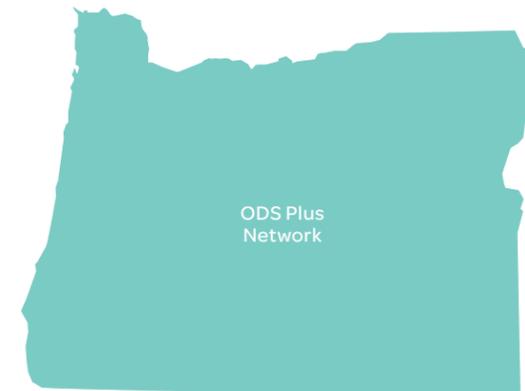
² Additional Cost Tier applies for members under age 18 who have chronic tonsillitis or sleep apnea.

* Our travel network is not an alternative primary network. Members must seek in-network services whenever possible, and preauthorization is required for inpatient services.

> Medical plans

It's easy to find care wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, from the valley to the big city. So, we've made it easy to find in-network care through the ODS Plus Network.



ODS Plus Network

This is one of the largest PPO networks in the state of Oregon. It includes thousands of primary care physicians and specialists working with Moda Health to help keep you healthy. You can connect with our medical home and travel network, too.

In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between the maximum plan allowance and their billed charges. In-network Moda Health providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

From everyday life to once-in-a-lifetime adventures, care is never far from where you are.



PPO

We take clinical quality seriously. That commitment has earned our PPO plans National Committee for Quality Assurance (NCQA) accreditation.

Medical plans	Plan A		Plan B		Plan C		Plan D		Plan E		Plan F		Plan G	
	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
Plan-year costs														
Deductible per person	\$200		\$350		\$500		\$750		\$1,000		\$1,250		\$1,500	
Deductible per family	\$600		\$1,050		\$1,500		\$2,250		\$3,000		\$3,750		\$4,500	
Out-of-pocket max per person	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700
Out-of-pocket max per family	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400
Preventive care														
Moda Health medical home wellness visit (ages 21 and over)	\$0 ¹	Not covered												
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	50%												
Incentive care														
Moda Health medical home incentive care	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%						
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	20% ¹	50%												
Professional services														
Moda Health medical home primary office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%						
Primary care and specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Mental Health office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%						
Chemical dependency services	\$0 ¹	50%												
Alternative care services (\$2,000 combined max)														
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity care														
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient and hospital services														
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Surgery	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement ⁴ , knee and shoulder arthroscopy, hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ³	\$500 copay + 20%	Not covered												
Emergency care														
Urgent care visit	\$50 ¹													
Emergency room (copay waived if admitted)	\$100 copay + 20%													
Ambulance	20%		20%		20%		20%		20%		20%		20%	
Other covered services														
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%
Physical, occupational and speech therapy – 30 days per plan year/60 days for spinal or head injury	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Features														
Provider network	ODS Plus Network													

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price limitation of \$20,000.

⁴ Benefit is subject to a reference price limitation of \$25,000.

Deductibles and copayments now apply to the annual out-of-pocket maximum.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.



When it comes to better healthcare, we think we can do more together.

Introducing Summit and Synergy networks and plans

We've created eight new plans just for OEBB members. They're designed to help you be your healthy best and save money. Here's how they work.

Each plan connects to either our new Summit or Synergy network. To choose a plan, you'll select a medical home – a group of primary care professionals in your network working together to help you be better. Your medical home will help you coordinate care when and where you need it.

Over time you'll get to know your care team and create a road map to get and stay healthy. It all comes with lower premiums and more ways to feel better.



Synergy Network

The Synergy Network serves Portland Metro, SW Washington, Salem, Eugene and Medford communities. This network brings together providers from Oregon Health & Science University (OHSU), Salem Health, Salem Clinic, Samaritan Health, Adventist Health, Legacy Health, PeaceHealth and Asante to offer an integrated care experience. Folks who live or work in Clark, Multnomah, Clackamas, Washington, Yamhill, Marion, Polk, Benton, Linn, Lane, Jackson and Josephine counties can choose a plan that includes this network.



Summit Network

This unique network gives members in eastern Oregon access to quality care at the most affordable costs. Summit Network includes a team of local and regional medical, vision and pharmacy providers who work together to coordinate care. Members can see providers at nearby hospitals and clinics or at certain Portland Metro hospitals for specialized needs. Folks who live or work in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties can choose a plan that includes this network.

Medical plans	Plan A		Plan B		Plan C		Plan D		Plan E		Plan F		Plan G	
	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
Plan-year costs														
Deductible per person	\$200		\$350		\$500		\$750		\$1,000		\$1,250		\$1,500	
Deductible per family	\$600		\$1,050		\$1,500		\$2,250		\$3,000		\$3,750		\$4,500	
Out-of-pocket max per person	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700
Out-of-pocket max per family	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400
Preventive care														
Moda Health medical home wellness visit (ages 21 and over) ⁵	\$0 ¹	Not covered												
Periodic health exams, routine women's exams, annual obesity screening, immunizations ⁵	\$0 ¹	50%												
Incentive care														
Moda Health medical home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ⁵	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%						
Professional services														
Moda Health medical home primary care office visits ⁵	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%						
Specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Mental health office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%						
Chemical dependency services	\$0 ¹	50%												
Alternative care services (\$2,000 combined max)														
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity care														
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient and hospital services														
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Surgery	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement ⁴ , knee and shoulder arthroscopy, hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ³	\$500 copay + 20%	Not covered												
Emergency care														
Urgent care visit	\$50 ¹													
Emergency room (copay waived if admitted)	\$100 copay + 20%													
Ambulance	20%		20%		20%		20%		20%		20%		20%	
Other covered services														
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%
Physical, occupational and speech therapy – 30 days per plan year/60 days for spinal or head injury	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Features														
Provider network	Synergy Network or Summit Network													

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price limitation of \$20,000.

⁴ Benefit is subject to a reference price limitation of \$25,000.

⁵ To receive the copay benefit, members must see a provider at their preselected Moda Health medical home.

Deductibles and copayments now apply to the annual out-of-pocket maximum.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

> HSA plan

Be a better saver with an HSA

Our health savings account (HSA)–compliant, high-deductible PPO health plan gives you freedom and choice. You can use tax-free funds for eligible healthcare expenses. To enjoy the benefits of an HSA-compliant plan, simply contact a bank to set up an account.*

Plan H

You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. HSA members enjoy a number of tax advantages, including:

- > Contributions made on a tax-advantaged basis
- > Unused funds carried over from year to year, growing tax-deferred
- > Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA plan, you must:

- > Be covered by a qualified high-deductible health plan
- > Not be covered under another non-HSA-compliant medical plan (including your spouse's plan)
- > Not be enrolled in Medicare
- > Not be claimed as a dependent on someone else's tax return

Prescriptions

Your pharmacy benefit is covered under the medical portion of plan H. The plan includes value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.

HSA plan	Plan H	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Subscriber-only plan deductible	\$1,500 ³	
Deductible per family	\$3,000 ⁴	
Subscriber-only plan out-of-pocket max	\$5,000 ³	
Out-of-pocket max per family	\$10,000 ⁴	
Preventive care		
Moda Health medical home wellness visit (ages 21 and over) ⁵	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ⁵	\$0 ¹	50%
Incentive care		
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ⁵	20%	50%
Professional services		
Office visits ⁵	20%	50%
Mental health and chemical dependency services	20%	50%
Alternative care services (\$2,000 combined max)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies	20%	50%
ACT 500: Spine surgery, knee and hip replacement ⁶ , knee and shoulder arthroscopy, hernia repair	20%	50%
Gastric bypass (Roux-en-Y) ⁷	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit	20%	
Emergency room (copay waived if admitted)	20%	
Ambulance	20%	
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months	20%	50%
Physical, occupational and speech therapy – 30 days per plan year/60 days for spinal or head injury	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%
Major medical prescription coverage	20%	
Value tier	\$0 ¹	
Features		
Provider network	ODS Plus Network, Synergy Network or Summit Network	

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ Individual deductible and out-of-pocket apply only if employee is enrolling in the plan with no other family members.

⁴ Family deductible and out-of-pocket maximum can be met by one or more family members. This deductible must be met before benefits will be paid.

⁵ Plan H's deductible and copayments apply toward the plan-year out-of-pocket maximum.

⁶ For plans in the Summit or Synergy network, members must see a provider at their preselected Moda Health medical home to receive the in-network benefit for primary care and preventive services.

⁷ Benefit is subject to a reference price limitation of \$25,000.

⁸ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price limitation of \$20,000.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

*OEBB has chosen U.S. Bank as the preferred administrator of the HSA plan. Members must have an HSA account set up to qualify for this plan.

Keep on smiling

Oral care is important for keeping your teeth and mouth healthy. But it’s also an important part of your overall health. Luckily, finding a dentist is easy.

Delta Dental Premier Network

This network offers you access to the largest dental network available in Oregon and across the nation. You’ll save money by seeking care from participating Delta Dental Premier providers.

Delta Dental dentists have agreed to accept contracted fees as full payment for services. That means you usually pay less for each visit and are protected from balance billing – the difference between what Moda Health pays and the dentist’s fee – which can reduce your out-of-pocket costs.

Oral Health, Total Health

Oral health research has shown a strong link between oral health and overall health. We believe that when you see a dentist regularly and maintain a healthy mouth, it can help keep the rest of your body healthy, too.

Through our Oral Health, Total Health program, we offer additional preventive benefits to members with diabetes and pregnant women in their third trimester. You also can access other evidence-based dental benefits, including routine oral cancer screenings with every exam. If, during an exam, you need more screenings, we’ll cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Dental plans	Plan 1 ²	Plan 2 ²	Plan 3 ²	Plan 4 ³	Plan 6 ³
Plan-year costs					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200
In-network, you pay					
Preventive and diagnostic services¹					
Exam and prophylaxis/cleanings (once every six months)	30% - 10%	30% - 10%	30% - 10%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 10%	30% - 10%	30% - 10%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 10%	30% - 10%	30% - 10%	0%	0%
Sealants and space maintainers	30% - 10%	30% - 10%	30% - 10%	0%	0%
Restorative services					
Fillings (posterior teeth paid to amalgam fee)	30% - 10%	30% - 10%	30% - 10%	20%	20%
Inlays (amalgam reimbursement fee)	30% - 10%	30% - 10%	30% - 10%	20%	20%
Oral surgery and extractions	30% - 10%	30% - 10%	30% - 10%	20%	20%
Endodontics and periodontics	30% - 10%	30% - 10%	30% - 10%	20%	20%
Major restorative services					
Gold or porcelain crowns	30% - 10%	30% - 10%	30% - 10%	20%	50%
Onlays	30% - 10%	30% - 10%	30% - 10%	20%	50%
Prosthodontics services					
Implants	30% - 10%	30% - 10%	50%	50%	50%
Dentures and partial dentures	30% - 10%	30% - 10%	50%	50%	50%
Bridges	30% - 10%	30% - 10%	50%	50%	50%
Orthodontic services^{1,4}					
Lifetime maximum – \$1,800	20%	20%	20%	20%	N/A

¹ Deductible waived.

² Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

³ Moving from a constant benefit plan (4 or 6) to an incentive benefit plan (1, 2 or 3) will cause the benefit level to start at 70 percent.

⁴ Orthodontic services do not apply toward the plan-year benefit maximum.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Count on quality options from Moda Health Rx

As the administrator of the Oregon Prescription Drug Program (OPDP), we take pride in actively managing your pharmacy benefits. We do our best to provide quality, comprehensive coverage that reflects the most up-to-date industry standards and the changes occurring in the marketplace.

We understand that each member is unique. Through the prescription program, you can access an open formulary with options under the value, select generic, preferred and nonpreferred tiers.

Pharmacy plan savings

There are a few ways to save on prescription drug costs. Use your 90-day mail-order benefit through Postal Prescription Services (PPS). You can receive significant savings by using the mail-order benefit.

You also can fill a 90-day prescription for value and select generic medications at a retail pharmacy.

You may have more savings options through our preferred pharmacy partners. Just go to Find Care and use the Pharmacy Locator to get started.

Value-tier medications

Value medications include commonly prescribed products used to treat chronic medical conditions and preserve health. They are identified – based on the latest clinical information and medical literature – as being safe, effective, cost-preferred treatment options.

The Moda Health OEGB value tier includes products for the following health issues:

- › Asthma
- › Heart, cholesterol, high blood pressure
- › Diabetes
- › Osteoporosis
- › Depression

A list of medications included under the value tier can be found on the pharmacy tab at modahealth.com/oebb.

Prescription drug plans	Retail	Mail order	Specialty
	For a 31-day supply ¹ , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$0	\$0	N/A
Select generic	\$8	\$16	\$16
Preferred ^{2,3}	25%, up to \$50 max	25%, up to \$100 max	25%, up to \$100 max
Nonpreferred brand name ³	50%, up to \$150 max	50%, up to \$300 max	50%, up to \$300 max

¹ A 90-day supply for value and select generic medications is available at retail pharmacies for three times the 31-day copay.

² This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

³ Copay maximum is per prescription.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

More chances to save on prescriptions

We're always looking for ways to help you save money. And we're thrilled to announce a new partnership between Bi-Mart and the Oregon Prescription Drug Program (OPDP) that can do exactly that. As their administrator, Moda Health is excited to deliver new savings opportunities on behalf of OPDP to OEGB members.

Bi-Mart has started a new program with the OPDP. This program is only available to OEGB members and helps reduce costs on many prescription drugs. With reduced prescription costs, your overall out-of-pocket expenses will likely be lower.

To take advantage of this new program, next time you need a prescription filled, take your prescription and OPDP/Moda Health ID card to any Bi-Mart pharmacy. Bi-Mart will fill your prescription at the reduced price only available to OEGB members.



A healthy body can do wonders for your peace of mind.

> Vision plans

Bringing it all into focus

Seeing is believing when it comes to better health. These vision plans ensure that you can focus on feeling your best.

Vision plans	Plan 1	Plan 2	Plan 3	Plan 4
Plan-year costs				
Benefit maximum	\$250	\$350	\$450	\$600
	What you pay			
Eye examinations (including refraction) <i>Frequency: Once per plan year</i>		0% ¹		
Lenses <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>		0% ¹		
Frames <i>Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.</i>		0% ¹		

¹ Subject to benefit maximum

² Includes single vision, bifocal, trifocal or contacts

Vision exam and hardware benefits are all subject to the plan-year benefit maximum. Percentages shown reflect what members pay for covered vision exam, frames and lenses. Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum. For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Healthcare lingo, explained

We realize that the words used in these types of health plan brochures can be confusing, so we've made you a cheat sheet of sorts. After all, if you can't understand the signs along your journey to health, how can you reach your destination? For more detailed information, visit modahealth.com/oebb.

Coinsurance

The percentage of allowable charges for which the patient is responsible.

Copay or copayment

The insured patient's share of the bill, expressed as a specific dollar amount paid for a given service, product or treatment. For example, the patient might pay \$30 for each primary care office visit. The patient is usually responsible for payment at the time of the treatment or service.

Deductible

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given calendar year before the health plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs and disallowed charges may not apply toward the deductible.

Out-of-pocket maximum

A specified amount of applicable claims expenses in a plan year that must be met before benefits are paid in full. Once members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every plan year.

Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a physician outside the network.

Preferred Provider Organization (PPO)

A PPO is a panel of medical providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

Primary care provider

An M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine), nurse practitioner or physician assistant who practices primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/ gynecology or women's health.

Reference price

The maximum reimbursement amount for a covered service, established for medical services for which a wide variation in provider charges exists.



Questions?

We're here to help. Just call one of our customer service teams.

Medical/Vision Customer Service, call 866-923-0409.

Dental Customer Service, call 866-923-0410.

Pharmacy Customer Service, call 866-923-0411.

TTY users, please call 711.

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