Dental plans that will make you smile

Welcome to Moda Health and Delta Dental of Oregon, the place you go when you want more than a health plan — because better health and a healthy smile are about so much more than just the plan details.

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With Moda 360, the world of healthcare revolves **around you**

Healthcare can be complicated. That’s why we created Moda 360 — your own enhanced member support team.

**Here’s how it works**

Every time you call the Moda Health OEBB member customer service number, you will be connected with a Moda 360 health navigator. The health navigator will not only answer any questions you may have, but will also serve as your guide to connect you with the care, resources and programs that will work best for you.

The Moda 360 dedicated team of health navigators will help you identify, coordinate and connect with the many resources available to you:
- Personalized support for many chronic conditions
- Coordination with your PCP
- Telemedicine expansion
- Ability to chat, text, phone, and have video meetings
- 24/7 access in all 50 states
- Providers can prescribe medication
- Specialized support for behavioral health, including depression and anxiety. You’ll have access to a digital app you can use to:
  - Connect with dedicated therapists and psychiatrists
  - Track your physiological response to stress
- Personalized approach to diabetes management through digital app-based solutions. These solutions are member-specific and support diabetes management towards better overall health.
Introducing your Moda 360 **health navigator**

The Moda 360 health navigator will help you navigate the complex health care system.

**Current state**

- Appointment scheduling
- Selecting an PCP 360
- Billing questions
- Claims and appeals
- Care programs
- Prior authorization

Get the most out of your benefits!
Call a Moda 360 health navigator at 866-923-0409.
High-quality, affordable coverage at a great value.

For more than 10 years, Moda Health Plan, Inc. and Delta Dental Plan of Oregon have provided OEBB members like you with integrated, whole health plans with robust programs and services. Our plans include nearby providers who work together to keep you and your family well.

As a Moda member, you’ll find:
- A wide choice of quality providers in Oregon, Washington, Idaho and Northern California
- Robust benefits that cover the care you need
- Medical, pharmacy, vision and dental benefits by one health partner
- Team-based, coordinated care that’s centered on you
- Caring customer service to help you every step of the way

As your health partner, we offer all of this and more – and we’re excited to help you start on a journey to be better.

Better benefit choices and better care
You only need to make two choices
1 Which plan design works best for your family
2 Whether you and your family members want to coordinate your care to receive enhanced benefits

Our plans
Each of our plans have different deductibles and copays and come with our largest network – Connexus. Connexus is a statewide network of contracted providers and hospitals. Staying within network will save you money. You’ll also enjoy:
- Access to more than 80 hospitals & 26,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits

Choosing coordinated care means that you will receive enhanced benefits like:
- A lower deductible
- A lower out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

Whether or not you choose coordinated care, you will pay the same premium, share the same Connexus Network of providers and never need referrals. You can also participate in coordinated care at any time during the year. You will receive the enhanced coordinated care benefits the first of the month you make that choice with Moda.

What is a PCP 360?
A PCP 360 delivers full-circle care, coordinating your care with other providers as needed. They are high quality primary care providers who are willing to partner with you and provide higher quality care with lower out-of-pocket cost.
What does coordinated care really mean?
With coordinated care, you can count on higher quality care for a lower cost. Your PCP 360 will be accountable for your care, as well as for meeting certain standards for safety and effectiveness. They will be there when you need them, and will help you get the information and services that work best for you.

Coordinated care vs. Non-coordinated care

- Benefit savings
  - Lower deductible
  - Lower out-of-pocket maximum
  - Copayments for office visits and specialist visits

- Both options have
  - ✓ Same premium cost
  - ✓ Same wide network
  - ✓ No referrals needed for specialists
  - ✓ Same access to specialists, hospitals and alternative care

- Not required to choose and use a PCP 360
- No savings

Coordinated care
You choose and use a PCP 360 to partner with you and be accountable for your health.

Non-coordinated care

How to choose a PCP 360

Members can choose their PCP 360 in one of two ways: They can log in to their myModa account or call Moda Customer Service.

- Call Moda Customer Service
  866-923-0409

- Log in to myModa at Modahealth.com/oebb

PCP 360 providers on Find Care will have a PCP 360 icon badge shown here:

New members will need to wait until Moda receives their eligibility to choose and use a PCP 360.
Health happens, whether at home or on the road. We want to make sure you stay covered, no matter where you go. So we’ve made it easy for you to find in-network coverage.

All plans use the Connexus Network
Each medical plan comes with our Connexus provider network. Within the Connexus Network, members have access to more than 30,000 providers, 80 hospitals and 64,000 pharmacies across Oregon, Idaho, Southern Washington and Northern California. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network care
It’s important to remember you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill you for the difference between your maximum plan allowance and their billed charges. This is known as “balance billing.” In-network providers don’t do this. See our plan summaries or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Connect with care across the state
When you want a broad selection of providers across Oregon, SW Washington, and Idaho, Connexus Network has you covered. You’ll find in-network doctors and specialists just about everywhere.

How coordinated care works for out-of-area members
Dependents (for example: college students) who live part-time out of the Connexus Network service area must use their chosen PCP 360 when home to continue receiving enhanced benefits. Please update the out-of-area address in the myOEBB system. That way, they can access our travel network to get in-network benefits for services they receive away from home. They will receive benefits at the “not my chosen PCP 360” level if they get primary care from someone outside of the Connexus Network service area.

Retiree members, members with COBRA and dependents who live full-time outside of the Connexus Network service area are not eligible for coordinated care and enhanced benefits.

Is your provider in network?
Find out by visiting modahealth.com and choosing Find Care, Moda’s online provider directory. Simply select the Connexus Network option and look for providers near you.

Travel with peace of mind
When you hit the road, care is never far. While traveling outside the network service area, you can receive care through the First Health Travel Network, paid at the in-network amount. Please note that traveling for the purpose of seeking care does not qualify for the travel network benefit. It would be paid as out-of-network.

Outside the United States, you may access any provider for in-network emergency or urgent care. This care is subject to balance billing.
## 2020 – 21 Medical plan benefit table

<table>
<thead>
<tr>
<th>Medical Plan 1</th>
<th>Connexus Network</th>
<th>Medical Plan 2</th>
<th>Connexus Network</th>
<th>Coordinated care</th>
<th>Non-coordinated care</th>
<th>Out-of-network, you pay</th>
<th>Coordinated care</th>
<th>Non-coordinated care</th>
<th>Out-of-network, you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Plan-year costs</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Deductible per person / family</td>
<td>$400 / $1500</td>
<td>$500 / $1500</td>
<td>$800 / $2400</td>
<td>$800 / $2700</td>
<td>$900 / $2700</td>
<td>$1,600 / $4,800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$2,850</td>
<td>$3,250</td>
<td>$6,000</td>
<td>$3,850</td>
<td>$4,250</td>
<td>$8,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$7,900</td>
<td>$9,750</td>
<td>$18,000</td>
<td>$7,900</td>
<td>$9,750</td>
<td>$28,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum cost share per person (includes OOP and ACT)</strong></td>
<td>$7,900</td>
<td>$9,750</td>
<td>N/A</td>
<td>$7,900</td>
<td>$9,750</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum cost share per family (includes OOP and ACT)</strong></td>
<td>$15,800</td>
<td>$15,800</td>
<td>N/A</td>
<td>$15,800</td>
<td>$15,800</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Preventive care
- **Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)**: $15 copay<sup>1</sup>, 20%, N/A
- **Periodic health exams, routine women’s exams, annual obesity screening, immunizations**: $0, 0%, 50%

### Professional services
- **Primary care office visits**: $20 copay,<sup>1</sup> 20%, 50%
- **Specialist office visits**: $40 copay,<sup>1</sup> N/A, 50%
- **Mental health office visits**: $20 copay,<sup>1</sup>, $20 copay,<sup>1</sup>, 50%
- **Chemical dependency services**: $20 copay,<sup>1</sup>, $20 copay,<sup>1</sup>, 50%
- **Virtual Visits (2-way video conferencing for primary and urgent care services)**: $10 copay,<sup>1</sup>, $10 copay,<sup>1</sup>, 50%

### Alternative care services
- **Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year)**: $20 copay,<sup>1</sup>, 20%, 50%
- **Nutrigenomic care**: $20 copay,<sup>1</sup>, 20%, 50%

### Maternity care
- **Physician or midwife services and hospital stay**: 20%, 20%, 50%
- **Outpatient and hospital services**:
  - **Inpatient care and outpatient/hospital/facility care**: 20%, 20%, 50%
  - **Skilled nursing facility care (60 days per plan year)**: 20%, 20%, 50%
  - **Surgery**: 20%, 20%, 50%
  - **ACT 100: Sleep studies, specified imaging (MRI, CT, PET)**: $100 copay + 20%, $100 copay + 50%
  - **ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair**: $500 copay + 20%, $500 copay + 20%, $500 copay + 50%
  - **Gastric bypass (Roux-en-Y)**: $500 copay + 20%, $500 copay + 20%, $500 copay + 50%

### Emergency care
- **Ambulance**: $100 copay + 20%, $100 copay + 20%, $100 copay + 20%
- **Other covered services**:
  - **Hearing aids and bone-anchored hearing aids (~$4,000 max/48 months for members 26 and older)**: 10%, 10%, 50%
  - **Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care)**: 20%, 20%, 50%
  - **Outpatient diagnostic lab and X-ray**: 20%, 20%, 50%
  - **Durable medical equipment**: 20%, 20%, 50%

### Deductible and out-of-pocket maximums
- **Deductible per person**: $400
- **Deductible per family**: $1,500
- **Inpatient limitations**: 30 days per plan year/60 days for spinal or head injury.
- **Outpatient limitations**: 30 sessions per plan year/up to 60 sessions for spinal or head injury.

### Travel benefits
- **Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.**

### In the event of a specific service (e.g., labs, diagnostic imaging, MRI, CT, PET), the reference price of $20,000 will be paid at the “out-of-network” rate (the right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.

### Definitions
- **Coordinated care** = enhanced benefits
- **Non-coordinated care** = included but at lower levels
- **Out-of-network, you pay** = enhanced benefits

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1. Deductible exceed. All amounts reflect member responsibility.
2. Out-of-network costs are based on MIPA for these services.
3. To receive the copay benefit, members must see their chosen PCP 360.
4. This benefit is available to in-network and spouse/family members 13 and older. Members must see an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $25,000 for the facility charge.
5. A member enrolled in a Moda medical plan with a covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced “coordinated” benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual that has not chosen a PCP 360 with Moda, they will receive the “non-coordinated” benefit shown in the center column of using a provider in the Connexus network. All services by providers outside the Connexus network will be paid at the “out-of-network” rate (the right column under that plan). Regardless of whether the individual has chosen a PCP 360 with Moda or not.
6. In the event of a specific service (e.g., labs, diagnostic imaging, MRI, CT, PET, office visits, etc.) will be subject to the appropriate benefit level listed for each services provided.
7. Members must see their chosen PCP 360 for any service required for which they wish to receive the copay benefit.

Medical copays (excluding ACT) and coinsurance and deductibles apply to the medical out-of-pocket maximum. Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share. For limitations and exclusions, visit modahealth.com/myebb/members and refer to your Member Handbook.
## 2020–21 Medical Plan Benefit Table

### Deductibles
- Deductible waived. All amounts reflect member responsibility.
- Out-of-network coverage based on MRA for these services.
- To receive the copay benefit, members must see their chosen PCP 360.
- This benefit is available to subscribers and spouse/dependent in any age 19 and older. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $25,000 per year for the facility charge.
- Benefit not available for services that are subject to reference pricing. Please see your handbook for more details.
- Enhanced “coordinated” benefits shown in the left column under that plan when using a provider in the Connexus network. If an individual did not choose a PCP 360 with Moda or in the Connexus network, they will receive the “non-coordinated” benefits shown in the center column. If using a provider in the Connexus network, all services by appropriate in-network providers will be paid at the “out-of-network” level (right column under that plan). Regardless of whether the services are in-network or out-of-network, Moda will not pay for travel benefits for the facility charge. The reference price of $20,000 is the commercial (reference) price for the benefit. Members must see their chosen PCP 360 for these services. Members are subject to the appropriate benefit listed for each services provided.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medical Plan 3 Connexus Network</th>
<th>Medical Plan 4 Connexus Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year costs</td>
<td>Coordinated care</td>
<td>Non-coordinated care</td>
</tr>
<tr>
<td>Deductible per person / family</td>
<td>$1,200 / $3,900</td>
<td>$1,300 / $3,900</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$4,850</td>
<td>$5,250</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$7,750</td>
<td>$7,500</td>
</tr>
<tr>
<td>Maximum cost share per person (includes OOP and ACT)</td>
<td>$7,900</td>
<td>$7,900</td>
</tr>
<tr>
<td>Maximum cost share per family (includes OOP and ACT)</td>
<td>$15,800</td>
<td>$15,800</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td>Periodic health exams, routine women’s exams, annual obesity screening, immunizations</td>
<td>$0</td>
</tr>
<tr>
<td>Professional services</td>
<td>Primary care office visits</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Primary care office visits with a provider other than your chosen PCP 360</td>
<td>$50 copay</td>
</tr>
<tr>
<td></td>
<td>Specialist office visits</td>
<td>$50 copay</td>
</tr>
<tr>
<td></td>
<td>Mental health office visits</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Chemical dependency services</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Virtual Visits (2-way video conferencing for primary and urgent care services)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Alternative care services</td>
<td>Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year)</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Naturopathic care</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Maternity care</td>
<td>Physician or midwife services and hospital stay</td>
<td>25%</td>
</tr>
<tr>
<td>Outpatient and hospital services</td>
<td>Inpatient care and outpatient hospital/facility care</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing facility care (60 days per plan year)</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea</td>
<td>$100 copay + 25%</td>
</tr>
<tr>
<td></td>
<td>ACT 500: Spine surgery, knee arthroplasty replacement, knee and shoulder arthroscopy, uncomplicated hernia repair</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td></td>
<td>Gastric bypass (Roux-en-Y)**</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td>Emergency care</td>
<td>Urgent care visit</td>
<td>$50 copay</td>
</tr>
<tr>
<td></td>
<td>Emergency room (copay waived if admitted)</td>
<td>$100 copay + 25%</td>
</tr>
<tr>
<td></td>
<td>Ambulance</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — 80 days per plan year/10 days for spine or head injury. Copay caps are 30 sessions per plan year up to 60 sessions for spine or head injury</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Outpatient diagnostic lab and X-ray</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>25%</td>
</tr>
</tbody>
</table>
## 2020–21 Medical plan benefit table

### Medical Plan 5 Connexus Network

<table>
<thead>
<tr>
<th>Plan-year costs</th>
<th>Coordinated care</th>
<th>Non-coordinated care</th>
<th>Out-of-network, you pay*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person / family</td>
<td>$2,000 / $6,300</td>
<td>$2,100 / $6,300</td>
<td>$4,000 / $12,600</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$8,600</td>
<td>$7,200</td>
<td>$15,700</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$30,700</td>
<td>$30,700</td>
<td>$45,700</td>
</tr>
<tr>
<td>Maximum share per person (includes OOP and ACT)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Maximum share per family (includes OOP and ACT)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Preventive care

- Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)
  - $25 copay<br>  - 25% N/A
- Periodic health exams, routine women’s exams, annual obesity screening, immunizations
  - $0  - $0  - 50%

### Professional services

- Primary care office visits
  - $30 copay<br>  - 25% 50%
- Specialist office visits
  - $30 copay<br>  - 25% 50%
- Mental health office visits
  - $30 copay<br>  - $30 copay<br>  - 50%
- Chemical dependency services
  - $30 copay<br>  - $30 copay<br>  - 50%
- Virtual Visits (2-way video conferencing for primary and urgent care services)
  - $10 copay<br>  - $10 copay<br>  - 50%

### Alternative care services

- Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan-year)
  - $30 copay<br>  - 25% 50%
- Naturopathic care
  - $30 copay<br>  - 25% 50%

### Maternity care

- Physician or midwife services and hospital stay
  - 25% 25% 50%

### Outpatient and hospital services

- Inpatient and outpatient hospital/facility care
  - 25% 25% 50%
- Skilled nursing facility care (60 days per plan year)
  - 25% 25% 50%
- Surgery
  - 25% 25% 50%

### ACT 1G0: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, acro-supplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
<th>Coinsurance</th>
<th>Out-of-pocket max</th>
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</thead>
<tbody>
<tr>
<td>Sleep studies</td>
<td>$100 copay + 25%</td>
<td>$100 copay + 25%</td>
<td>$100 copay + 50%</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>$100 copay + 25%</td>
<td>$100 copay + 25%</td>
<td>$100 copay + 50%</td>
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</tbody>
</table>

### ACT 5G0: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
<th>Coinsurance</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine surgery</td>
<td>$500 copay + 25%</td>
<td>$500 copay + 25%</td>
<td>$500 copay + 50%</td>
</tr>
<tr>
<td>Knee and hip replacement</td>
<td>$500 copay + 25%</td>
<td>$500 copay + 25%</td>
<td>$500 copay + 50%</td>
</tr>
<tr>
<td>Knee and shoulder arthroscopy</td>
<td>$500 copay + 25%</td>
<td>$500 copay + 25%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Emergency care

- Urgent care visit
  - $50 copay<br>  - 25% 25% 25%
- Emergency room (copay waived if admitted)
  - $100 copay + 25%<br>  - 25% 25% 25%
- Ambulance
  - 25% 25% 25%

### Other covered services

- Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older
  - 10% 10% 50%
- Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — outpatient limitations: 30 sessions per plan year/60 days per year for spinal or head injury. Outpatient limitations: 30 sessions per plan year/60 days for spinal or head injury
  - 25% 25% 50%
- Outpatient diagnostic lab and X-ray
  - 25% 25% 50%
- Durable medical equipment
  - 25% 25% 50%

### Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum.

Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share.

For limitations and exclusions, visit modahealth.com/eobbs/members and refer to your Member Handbook.
Be a better saver with an HSA

Our health savings account (HSA)-compliant, high-deductible health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA.

Plans 6 and 7 with the HSA option
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 Plans 6 and 7. The plans include value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.
## 2020 – 21 Medical HDHP plan benefit table

<table>
<thead>
<tr>
<th>Medical Plan 6 Conexus Network, HSA Optional*</th>
<th>Medical Plan 7 Conexus Network, HSA Optional*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinated care</strong></td>
<td><strong>Non-coordinated care</strong></td>
</tr>
<tr>
<td>In-network, you pay</td>
<td>In-network, you pay</td>
</tr>
<tr>
<td>$1,600</td>
<td>$1,700</td>
</tr>
<tr>
<td><strong>Family plan deductible</strong></td>
<td><strong>Family plan deductible</strong></td>
</tr>
<tr>
<td>$3,400</td>
<td>$3,400</td>
</tr>
<tr>
<td><strong>Individual out-of-pocket max</strong></td>
<td><strong>Individual out-of-pocket max</strong></td>
</tr>
<tr>
<td>$6,400</td>
<td>$6,750</td>
</tr>
<tr>
<td><strong>Family plan out-of-pocket max</strong></td>
<td><strong>Family plan out-of-pocket max</strong></td>
</tr>
<tr>
<td>$13,500</td>
<td>$13,500</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td><strong>Preventive care</strong></td>
</tr>
<tr>
<td>Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td>Periodic health exams, routine women’s exams, annual obesity screening, immunizations</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td><strong>Professional services</strong></td>
<td><strong>Professional services</strong></td>
</tr>
<tr>
<td>Primary care office visits</td>
<td>Primary care office visits</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Outpatient and hospital services</strong></td>
<td><strong>Outpatient and hospital services</strong></td>
</tr>
<tr>
<td>Inpatient care and outpatient hospital/facility care</td>
<td>$10 copay</td>
</tr>
<tr>
<td>$200 copay + 20%</td>
<td>$200 copay + 25%</td>
</tr>
<tr>
<td><strong>Outpatient diagnostic lab and X-ray</strong></td>
<td><strong>Outpatient diagnostic lab and X-ray</strong></td>
</tr>
<tr>
<td>$500 copay + 20%</td>
<td>$500 copay + 25%</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td><strong>Emergency care</strong></td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>Urgent care visit</td>
</tr>
<tr>
<td>$15%</td>
<td>$20%</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td><strong>Emergency room</strong></td>
</tr>
<tr>
<td>$25%</td>
<td>$25%</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td><strong>Ambulance</strong></td>
</tr>
<tr>
<td>$25%</td>
<td>$25%</td>
</tr>
<tr>
<td><strong>Other covered services</strong></td>
<td><strong>Other covered services</strong></td>
</tr>
<tr>
<td>Hearing aids and bone-anchored hearing aids – $4,000</td>
<td>See Plan Handbook</td>
</tr>
<tr>
<td>ambulatory use for patients 26 and older</td>
<td>(left column under that plan)</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care)</td>
<td>$25%</td>
</tr>
<tr>
<td>– Insulin limitations: 30 days per plan year/60 days for spinal or head injury</td>
<td>$25%</td>
</tr>
<tr>
<td>– Outpatient limitations: 30 sessions per plan year up to 60 sessions for spinal or head injury</td>
<td>$25%</td>
</tr>
<tr>
<td><strong>Cholesterol, high blood pressure, diabetes</strong></td>
<td>$25%</td>
</tr>
<tr>
<td><strong>Major medical prescription coverage</strong></td>
<td><strong>Major medical prescription coverage</strong></td>
</tr>
<tr>
<td>Value Tier</td>
<td>Value Tier</td>
</tr>
<tr>
<td>$4 per 31 day supply</td>
<td>$4 per 31 day supply</td>
</tr>
</tbody>
</table>
| highlight = enhanced benefits

1. Deductible waived. All amounts reflect member responsibility.
2. Out-of-network coinsurance based on 90% for these services.
3. Individual deductible applies 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. See Plan Handbook for more details.
5. Benefit is subject to a reference price of $20,100 on Conexus and applies to the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
6. This benefit is available to subscriber and spouse/partner and dependent(s) age 18 and older. Members must use an approved Moda provider. Out-of-network benefits are subject to the appropriate benefit level listed for each service provided.
7. A formulary exception must be approved for high-cost generics and non-preferred brand prescripation medications.
8. For all other services (eg. Labs, diagnostics, specific imaging (MRI, CT, PET), office visits, etc) will be subject to the appropriate benefit level listed for each service provided.
9. This benefit is available to subscriber and spouse/partner and dependent(s) age 18 and older. Members must use an approved Moda provider. Out-of-network benefits are subject to the appropriate benefit level listed for each service provided.
10. To receive the enhanced "coordinated" benefit shown in the left column under that plan when using a provider in the Conexus network. If an individual selects a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. If an individual has selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider outside the Conexus network. Any service by a provider outside the Conexus network will be paid at the "out-of-network" level (right column under that plan).
11. Members must use their chosen PCP 360 or any in-network specialist to receive the coinsurance benefit. See Plan Handbook for more details.

For limitations and exclusions, visit modahealth.com/eobb/ members and refer to your Member Handbook.
Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

**Access medications your way**
As the administrator of the Oregon Prescription Drug Program (OPDP), we take pride in actively managing your pharmacy benefits. We provide quality, comprehensive coverage that reflects the most current industry standards. Through the prescription program, you can access a high-performance formulary (a list of prescription drugs) with options under the value, select generic and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

**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 can fill a 90-day prescription for value, select generic, preferred medications at any Choice 90 pharmacy. To find Choice 90 participating pharmacies, you should select “Choice 90” when searching for participating pharmacies through myModa. You may have more savings options through our preferred pharmacy partners. Log in to myModa and choose Find Care to use the Pharmacy Locator and 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 OEBB 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

**Ardon Health specialty pharmacy services**
Ardon Health is the specialty pharmacy for OEBB members. Ardon, based in Portland, Oregon, provides free delivery of specialty medications to a patient’s home or physician’s office. Ardon Health provides specialty medications for conditions including Crohn’s disease, hepatitis C, multiple sclerosis, rheumatoid arthritis and more. You can learn about Ardon Health at ardonhealth.com. You can also call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

**Pharmacy benefits**

<table>
<thead>
<tr>
<th></th>
<th>Medical Plans 1-5</th>
<th>Medical Plans 6-7*4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordinated and non-coordinated care</td>
<td>Coordinated care</td>
</tr>
<tr>
<td>Value</td>
<td>$4 per 31-day supply†</td>
<td>$4 per 31-day supply*</td>
</tr>
<tr>
<td>Select generic</td>
<td>$12 per 31-day supply†</td>
<td>20%</td>
</tr>
<tr>
<td>Preferred†</td>
<td>25% up to $75 per 31-day supply†</td>
<td>20%</td>
</tr>
<tr>
<td>Non-preferred brand†</td>
<td>50% up to $175 per 31-day supply†</td>
<td>20%</td>
</tr>
<tr>
<td>Mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value</td>
<td>$8 per 90-day supply</td>
<td></td>
</tr>
<tr>
<td>Select generic</td>
<td>$24 per 90-day supply</td>
<td>20%</td>
</tr>
<tr>
<td>Preferred†</td>
<td>25% up to $150 per 90-day supply</td>
<td>20%</td>
</tr>
<tr>
<td>Non-preferred brand†</td>
<td>50% up to $450 per 90-day supply</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred†</td>
<td>25% up to $200 per 31-day supply</td>
<td>20%</td>
</tr>
<tr>
<td>Non-preferred brand†</td>
<td>50% up to $500 per 31-day supply</td>
<td>20%</td>
</tr>
</tbody>
</table>

†Deductible waived. All amounts reflect member responsibility.

1 A 90-day supply for value, select generic, preferred, and non-preferred 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. A formulary exception must be approved for high-cost generics and non-preferred brand prescription medications.
4 Pharmacy expenses accrue towards the maximum cost share.
5 Pharmacy expenses accrue towards the out-of-pocket maximum.
6 You must meet your individual or family deductible first before any pharmacy expenses are paid.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.
Seeing is believing when it comes to better health. These vision plans ensure that you can focus on feeling your best.

### 2020–21 Vision plan benefit table

<table>
<thead>
<tr>
<th>Benefit maximum</th>
<th>Opal</th>
<th>Pearl</th>
<th>Quartz</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600</td>
<td>$400</td>
<td>$250</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What you pay</th>
<th>0%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Eye examinations (including refraction)</th>
<th>Frequency: Once per plan year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenses 1</td>
<td>0% 1</td>
</tr>
<tr>
<td>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</td>
<td></td>
</tr>
<tr>
<td>Frames 2</td>
<td>0% 2</td>
</tr>
<tr>
<td>Frequency: One pair per plan year for members under 17 years old</td>
<td></td>
</tr>
<tr>
<td>One pair every two plan years for members 17 and older</td>
<td></td>
</tr>
</tbody>
</table>

1 Subject to benefit maximum.
2 Includes single vision, bifocal, trifocal or contacts.

### Limitations and exclusions

- 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 more limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.
Quality coverage for your smile

With Delta Dental of Oregon plans, you’ll have access to Delta Dental, the nation’s largest dental network.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:
- Freedom to choose a dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

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.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment. They also don’t balance bill — the difference between what we pay and the dentist’s fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental Premier® Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,400 providers in Oregon and over 156,000 Delta Dental Premier Dentists nationwide. To have access to our Premier Network, you will want to select Dental Plan 1, 5 or 6.

Delta Dental PPO℠ Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 112,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. In order to access the PPO network savings, you will want to select the Exclusive PPO plan.

Exclusive PPO plan option

The Exclusive PPO plan option uses the Delta Dental PPO Network. It is important to keep in mind that the Exclusive PPO plan does not pay for services provided by a Premier or non-contracted dentist.

Health through Oral Wellness℠ program

All plans include access to the Health through Oral Wellness Program. This patient-centered program provides enhanced benefits designed to help you maintain better oral health through risk assessment, education and additional evidence-based preventive care.

Dental tools

You can use our dental tools to manage your dental health easily, in one online location. Use dental tools to:
- Find a dentist
- Schedule appointments
- View benefits and claims
- Find out your risk for cavities and gum disease
- View articles about dental health topics

In-network dentists agree to accept our contracted fees as full payment. They also don’t balance bill — the difference between what we pay and the dentist’s fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.
**2020 - 21 Dental plan benefit table**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan 1&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Plan 2&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Plan 3&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Exclusive PPO&lt;sup&gt;4,5&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td>Premier</td>
<td>PPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan-year costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Benefit maximum</td>
<td>$2,200</td>
<td>$1,700</td>
<td>$1,200</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Preventive and diagnostic services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam and prophylaxis/cleanings (once every six months)</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Bitewing X-rays (once every 12 months)</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Topical fluoride application (ages 18 and under)</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sealants and space maintainers</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Restorative services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings (posterior teeth paid to composite)</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Inlays (composite reimbursement fee)</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Oral surgery and extractions</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Endodontics and periodontics</td>
<td>30% - 0%</td>
<td>30% - 0%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Major restorative services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold or porcelain crowns</td>
<td>30% - 0%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Implants</td>
<td>30% - 0%</td>
<td>50%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Onlays</td>
<td>30% - 0%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Prosthodontics services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures and partial dentures</td>
<td>30% - 0%</td>
<td>50%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Bridges</td>
<td>30% - 0%</td>
<td>50%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Occlusal guards (night guards&lt;sup&gt;5&lt;/sup&gt; and athletic mouthguards)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic services</strong>&lt;sup&gt;6&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime maximum – $1,800</td>
<td>20%</td>
<td>20%</td>
<td>N/A</td>
<td>20%</td>
</tr>
</tbody>
</table>

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 (6 or Exclusive PPO) to an incentive benefit plan (1 or 5) will cause the benefit level to start at 70 percent.
4. This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, positive treatment and X-rays. All other services are considered non-covered.
5. $250 maximum, once every five years.
6. 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.
Moda Health and Delta Dental of Oregon are here to help you feel better and live longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with myModa
myModa is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, just log in to myModa at modahealth.com to:
• Find in-network providers
• Select or change your PCP 360
• See your benefits and Member Handbook
• Check claims and find claim forms
• Review electronic explanations of benefits (EOBs)
• Access health tools to get and stay healthy
• Look up medication prices
• Download your member ID card
• Access tools to manage your dental care needs

Tools for better health
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to myModa to get started.

Tools for your health journey

Member care resources

Momentum
Take charge of your health — and follow your progress. It’s easy with Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:
• Take a health assessment and see your “health age”
• Set goals and track progress
• Find health content and resources
• Access fun healthy recipes

Active&Fit Direct™
Staying fit is important to your overall health and well-being. As a Moda Health or Delta Dental member, you have access to the Active&Fit Direct™ program. For a small monthly charge you can choose from over 9,000 participating health clubs and YMCAs nationwide. The program offers:
• A free guest pass to try out a fitness center before joining (where available)
• An option to switch fitness centers to make sure you found the right fit
• Access to online directory maps and a fitness center and YMCA locator from any device
• Online tracking from a variety of wearable fitness devices, apps and exercise equipment

Health coaching
Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:
• Cardiac Care
• Dental Care
• Depression Care
• Diabetes Care
• Kidney care
• Lifestyle Coaching
• Women’s Health & Maternity Care
• Respiratory Care
• Spine & Joint Care
• Weight care

Prescription price check
See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy. This tool makes it easy. Simply log in to myModa to find medication cost estimates and generic options.
Care coordination and case management
When you’re sick, need hospitalization or surgery, or are seriously injured, we’ll give you support—so you can focus on healing. We can help you:
- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources

MyIDCare
Keep your information safe with complete identity protection through MyIDCare, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm. Simply enroll in MyIDCare for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.

MyIDCare
Keep your information safe with complete identity protection through MyIDCare, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm. Simply enroll in MyIDCare for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.

Healthcare Cost Estimator
You shouldn’t learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:
- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs
Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.

Quitting tobacco
Stop smoking or chewing tobacco for good. We’ll connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to help you stop smoking is covered in full when you see an in-network provider. Take advantage of these perks:
- Phone, text and online support from Quit Coaches 24 hours a day
- Free in-network medical office visits for tobacco cessation support
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by your doctor and filled by an in-network retail pharmacy

Helping you maintain a healthy weight
We know losing and maintaining weight loss 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
- WW® formerly known as Weight Watchers®
- Gastric bypass surgery (Roux-en-Y and gastric sleeve) *
Roux-en-Y and gastric sleeve surgery is available for OEBB plan subscribers and members age 18 and over.

* Certain pre-surgery 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.
We realize that the words used in health plan brochures can be confusing, so we’ve made a cheat sheet to help you along.

**Additional Cost Tier**
Select procedures, including spine procedures, knee and hip replacement, arthroscopies (knee and shoulder), bariatric surgery, spinal injections for pain, upper gastrointestinal endoscopy, bunionectomy and sinus surgery.

The ACT is designed to encourage exploration of less invasive treatment alternatives. It is important for members to understand and consider all factors — including additional costs — when discussing treatment options with providers.

**Balance billing**
Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill you the difference between the maximum plan allowance and their billed charges. In-network providers can’t do this.

**Coinsurance**
The percentage you pay for a covered healthcare service, after you meet your deductible.

**Deductible**
The amount you pay in a plan year for care that requires a deductible before the health plan starts paying. Fixed dollar copayments, prescription medication out-of-pocket costs and disallowed charges may not apply toward the deductible.

**Evidence-based practices**
Healthcare options or decisions that research shows work best, are more cost-effective and consider the patient’s needs and experience.

**Filed-fee savings**
Savings due to a Premier or PPO network provider’s accepted or contracted fee with Delta Dental.

**Maximum cost share**
This is different from the out-of-pocket maximum. This plan year limit includes: Additional Cost Tier (ACT) copays, pharmacy copays and coinsurance, as well as the eligible medical expenses that accrue toward your in-network out-of-pocket maximum. Once the cost share maximum is reached, the plan covers all eligible medical and pharmacy expenses at 100 percent.

**Out-of-pocket maximum**
The most you pay in a plan year for covered medical services before benefits are paid in full. Once you meet your out-of-pocket maximum, the plan covers eligible medical expenses at 100 percent. The out-of-pocket maximum includes medical deductibles, coinsurance and copays. It does not include ACT copays, pharmacy expenses, disallowed charges or balance billing amounts for out-of-network providers.

**Specialist**
A medical provider specializing in a specific type of health condition or care. Specialists can include cardiologists, dermatologists, naturopaths, oncologists, urologists and many others. No referrals are needed to see a specialist.

**PCP 360**
A PCP 360 delivers full-circle care, coordinating your care with other providers as needed. They are a primary care provider who is licensed as an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a 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. As a PCP 360, this provider is accountable for your health and for meeting high standards of care.

**Reference price**
The maximum dollar amount your policy will allow for certain services. If a facility charges more than this amount, that facility can charge you for the additional amount. A Reference Price Participating Facility has agreed to a contracted rate that is at or below this maximum so that you will not be responsible for these additional costs.

**Glossary**
Evidence-based practices, healthcare lingo explained, and more definitions can be found at modahealth.com/oebb.
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, 877-260-6905 (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.
Mail or fax it to:
Medco Partners, Inc. Attention: Appeal Unit 601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003
dave@medcohealth.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 oocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:
U.S. Department of Health and Human Services 200 Independence Ave., SW, Room S09F 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.

ATENCIÓN: Si habla español, hay disponible servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY 711).
注意：如果您说中文，我们提供免费语言帮助服务。请拨打1-877-605-3229。（通用服务）
주의: 한국어로 문의하시면 한국어 지원 서비스를 이용하실 수 있습니다. 다음 번호로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY 711)
PAUNAWA: Kung nagsasala ka ng Tagalog, ang mga serbisyo ng tulong so wiko, ay walang bayad, at magagamit mo. Turnawog sa numeron 1-877-605-3229 (TTY 711)
注：如果您说Tagalog, 请求服务，没有费用。拨打电话1-877-605-3229 (TTY 711)

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 oocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:
U.S. Department of Health and Human Services 200 Independence Ave., SW, Room S09F 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.

ATENÇÃO: Se você fala espanhol, há disponibilidade de serviços de ajuda no idioma sem custo para você. Ligue ao 1-877-605-3229 (TTY 711).
주의: 한국어로 문의하시면 한국어 지원 서비스를 이용하실 수 있습니다. 다음 번호로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY 711)
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Questions?
We’re here to help. Just email OEBBquestions@modahealth.com or call one of our customer service teams.
Medical/Vision Customer Service: 866-923-0409
Dental Customer Service: 866-923-0410
Pharmacy Customer Service: 866-923-0411
TTY users, please call 711.

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