

moda
HEALTH



+ Dental plans that will make you smile



Welcome to Moda Health
and Delta Dental of Oregon.
As a public employee, you
work hard for your family.
Our plans do, too.



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High-quality health plans *made for you*

Our medical plans are made for PEBB members like you. They include nearby providers who work with you to keep you and your family well. As a public employee, you and your family deserve a health plan that's centered on your healthcare needs. We're excited to support you on your journey to better health and wellness.

As a Moda member, you'll find:

- A wide selection of high-quality in-network providers in Oregon, Southern Washington and Idaho, including **Oregon Health & Science University (OHSU), Legacy Health and Adventist Health**
- **NEW! Moda 360 Health Navigators** to help you navigate the healthcare system so you can get the most of your health benefits (See Pg.8)
- **No referrals!** Moda Health does not require referrals for in-network specialists. Plus, you'll only pay a \$10 copay after your deductible has been met
- **Alternative Care** – take advantage of the largest network of alternative care providers (**including licensed massage therapists**) for only a \$10 copay after deductible has been met. To find in-network providers, use our online provider directory, Find Care
- Medical, pharmacy, dental benefits delivered by a single health plan

Moda Synergy Plan Highlights

- Medical \$250 deductible per person
- Pharmacy benefits, including \$0 copay for value medications and vaccines
- Cost-effective mail-order pharmacy options

We love our health plans - and we hope you will, too. They're designed to help busy, hardworking people, just like you!

No referrals required for in-network specialist visits



Our medical plans also cover most routine, in-network preventative care at no cost to you. These services may include:

- Periodic health exams
- Well-baby care
- Women's annual exams
- Many immunizations and lab services
- Preventative cancer and other health screenings

No cost sharing for chronic care office visits

This means that members have no out-of-pocket costs when they see their chosen PCP 360 or in-network specialist for the following chronic conditions:

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



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.

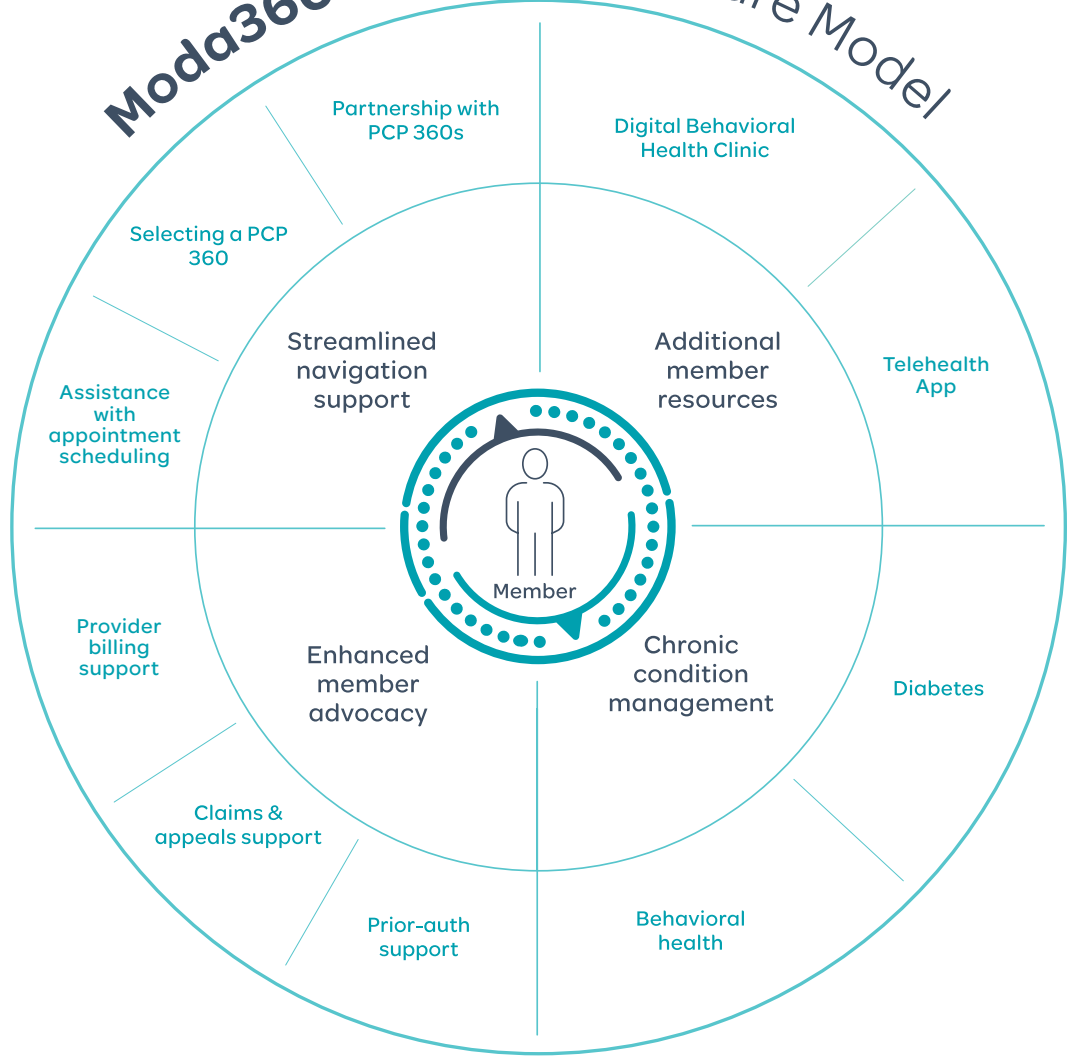
Here's how it works

Every time you call Moda Health, 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.

Moda 360 health navigators are a dedicated team that will help you identify, coordinate and connect with the many resources available to you. These resources include:

- Personalized support for many chronic conditions
- Coordination with your PCP
- New telehealth app option
 - Ability to chat, text, phone, and have video meetings
 - 24/7 access in all 50 states
 - Providers can prescribe medication
 - No member cost share
- Specialized behavioral health support for depression and anxiety. You'll have access to a digital app from Meru that you can use to:
 - Connect with dedicated therapists and psychiatrists
 - Access behavioral health treatment from the comfort of your own home
 - Track your physiological response to stress
 - Member cost sharing is a \$10 copay (FT plan) or \$40 copay (PT plan) with the deductible waived for the initial assessment visits. Standard copay includes an additional 12 week therapy program with no extra member cost sharing
 - To access Meru visit www.modahealth.com/meru or contact your health navigator team.

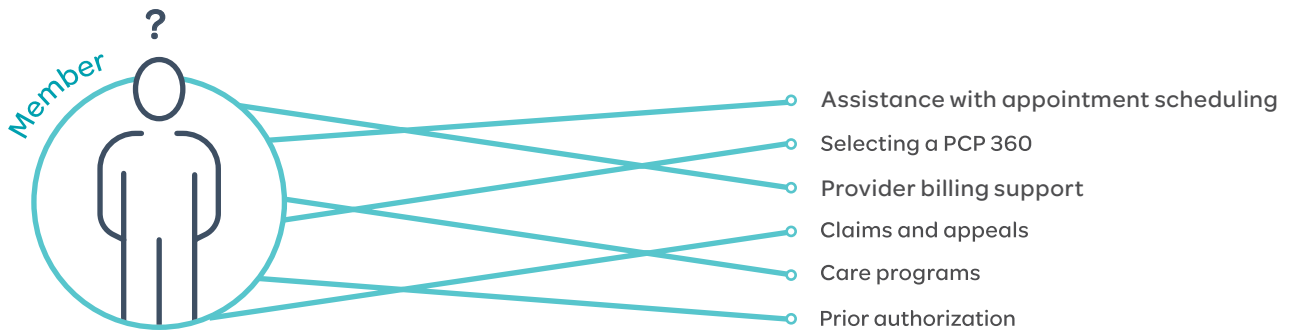
Moda360 Coordinated Care Model



Introducing your Moda 360 *health navigator*

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

Current state



Moda360



**Get the most out of
your benefits!**

Call a Moda 360 health
navigator at 844-766-1593.





Coordinated care made **better**

Our plans come with coordinated care for you and your family. Each enrolled Moda Health PEBB member will need to choose a PCP 360 to receive in-network benefits for primary care services. For all other services, members may see any in-network Synergy provider. *Regardless, you will never need a referral to see a specialist.*

What is a PCP 360?

A PCP 360 is a high-quality primary care provider who is willing to partner with you and provide higher quality care with lower out-of-pocket costs.

A PCP 360 delivers full-circle of care, including:

- 24/7 medical advice by phone
- Preventive, short-term and long-term care
- Hospital coordination
- Ongoing health education
- Wellness support
- Opportunities for you to evaluate their services



How to choose a PCP 360

- 1 Log in to the Member Dashboard.** Go to modahealth.com/pebb. Proceed to the PCP 360 tab.
- 2 Search for a PCP 360.** Search Find Care for a PCP 360. You can search by facility or provider name.
- 3 Choose a PCP 360.** Select a PCP 360 for you, your spouse and your dependents.
- 4 Check your email.** You will receive a confirmation email for your records.

Also, you can find a directory of in-network PCP 360s on the Member Dashboard under Find Care or by calling a Moda 360 health navigator for help.

You and each of your covered family members can have the same PCP 360, or a different one – it's up to you. *You can choose or update your PCP 360 at any time.*

A network that *protects* you

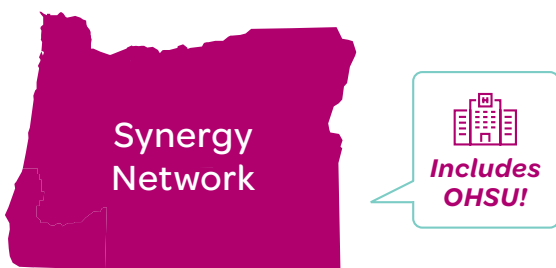
Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you go. So, we've made it easy for you to find in-network coverage in your hometown and across the country.

All plans include the Synergy Network

Each medical plan comes with our Synergy provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in your area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

Access care statewide through our Synergy Network

When you want a broad selection of providers across Oregon, the Synergy network has you covered. You'll find in-network doctors and specialists just about everywhere- even in some outlying places.



The Synergy Network includes a diverse and wide selection of hospitals, such as:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Health System
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tillamook Regional Medical Center
- Trios Health
- Tuality Healthcare (OHSU partner)
- Willowa County Memorial Hospital

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.

Is your provider in a network?

Find out by visiting modahealth.com and choosing Find Care, Moda's online provider directory. Simply select the applicable 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 use the First Health Travel Network for urgent and emergent care to receive the in-network benefit level. Traveling for the purpose of seeking care will not be covered at the in-network benefit level and may be subject to balance billing.*

Out-of-area dependents

The Moda Synergy plan covers dependents who live outside of the service area (for example: college students). Out-of-area dependents will need to select a PCP 360 and utilize that provider when they are in the service area. When they are away from the service area they have access to our travel network and will receive in-network benefits. Please update the out-of-area dependent in the PEBB database system or contact your employer.

**See definition of "balance billing" on page 19.*



Expect *quality* pharmacy benefits

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 provide quality, comprehensive coverage that reflects the most current industry standards.

Through the prescription program, you can access medications based on tier; value, generic and brand. Each tier has a copay or coinsurance amount set by the plan.

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 PEBB value tier includes products for the following health conditions:

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

For a list of medications included under the value tier, visit modahealth.com/pebb.

Ardon Health Specialty

Ardon Health is the specialty pharmacy for PEBB 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. To get started or ask questions, call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

Get vaccinated

Moda Health pharmacy benefits include vaccinations to support your health! Vaccinations are an important tool for immunization from infectious diseases – protecting you, your family, your workplace and your community.

Pharmacy plan savings

There are a few ways to save on prescription medication 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 also fill a 90-day prescription at select Choice 90 retail pharmacies. You may have more savings options through our preferred pharmacy partners.

Find an in-network pharmacy

Just visit modahealth.com/pebb and use Find Care to locate a participating NW Prescription Drug Consortium network pharmacy near you.

Other handy pharmacy features

Our prescription price check tool allows you look up estimated medication prices online.

Just log in to the Member Dashboard and enter a medication name to find cost estimates. You can compare estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with your doctor.



Full-time medical plan

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$250	\$500
Deductible per family ¹	\$750	\$1,500
Out-of-pocket max per person	\$1,500	\$4,000
Out-of-pocket max per family	\$4,500	\$12,000
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	30% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$10/visit after deductible	30% after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	30% after deductible
Outpatient physician services (including surgery and anesthesia)	\$10/service after deductible	30% after deductible
Allergy shots, serums & injectable medications	\$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 30% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 30% ⁴ after deductible
Mental health	\$10	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual visits	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits (\$1,000 per year maximum spinal manipulation/acupuncture combined)	\$10 after deductible	30% ⁶ after deductible
Massage therapy	\$10/visit ^{4,9} after deductible	30% ¹⁰
Maternity care services		
Physician or midwife services	0%	40% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ⁴ after deductible	\$150/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	0%	30% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100 ⁴ after deductible	\$100, then 30% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$10/visit after deductible	30% after deductible
Outpatient surgery	\$10/service after deductible	40% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$10/service after deductible	30% after deductible
Durable medical equipment & supplies	15% after deductible	30% after deductible
Diabetic supplies & insulin	0%	0%

Full-time pharmacy plan

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty ¹
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply ² , you pay	For a 90-day supply ² , you pay	For a 30-day supply ² , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$10 after deductible	\$25 after deductible	\$100 after deductible
Brand tier	\$30 after deductible	\$75 after deductible	\$100 after deductible

¹ When allowed, the copay for a specialty pharmacy 90-day supply is 2.5 times the copay for a 30-day supply.

² When out of network, member pays any difference between the in-network rate and the billed amount.

¹ Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.

² Deductible waived on first 4 PCP visits in-plan, per calendar year.

³ To receive in-network benefits, members must see their chosen PCP 360.

⁴ Copayment does not apply to out-of-pocket maximums.

⁵ No benefit for out-of-network bariatric surgery.

⁶ Coinsurance does not apply to out-of-pocket maximums.

⁷ Copayments do not apply to services related to cancer diagnosis and treatment.

⁸ Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.

⁹ Copay applies when members sees an in-network licensed massage therapist.

¹⁰ Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

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

Part-time medical plan

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$500	\$1,000
Deductible per family ¹	\$1,500	\$3,000
Out-of-pocket max per person	\$2,500	\$6,000
Out-of-pocket max per family	\$7,500	\$18,000
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	50% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery & anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums & injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 50% ⁴ after deductible
Mental health	\$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Virtual visits	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits (\$1,000 per year maximum spinal manipulation/acupuncture combined)	\$40/visit ⁴ after deductible	50% ⁵ after deductible
Massage therapy	\$40/visit ^{4,9} after deductible	50% ¹⁰
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Bariatric surgery	\$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$30/visit after deductible	\$30/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ⁴ after deductible	\$150/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	Quest - \$0 Other providers - 20% after deductible	50% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 20% ⁴ after deductible	\$100, then 50% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$40/visit after deductible ⁸	50% after deductible
Outpatient surgery	\$40/service after deductible ⁸	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$40/service after deductible ⁸	50% after deductible
Durable medical equipment & supplies	20% after deductible	50% after deductible
Diabetic supplies & insulin	0%	0%

Part-time pharmacy plan

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply ¹ , you pay	For a 90-day supply ¹ , you pay	For a 30-day supply ¹ , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$20 after deductible	\$50 after deductible	\$100 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

¹ When out of network, member pays any difference between the in-network rate and the billed amount.

¹ Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.

² Deductible waived on first 4 PCP visits in-plan, per calendar year.

³ To receive in-network benefits, members must see their chosen PCP 360.

⁴ Copayment does not apply to out-of-pocket maximums.

⁵ No benefit for out-of-network bariatric surgery.

⁶ Coinsurance does not apply to out-of-pocket maximums.

⁷ Copayments do not apply to services related to cancer diagnosis and treatment.

⁸ Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

⁹ Copay applies when members sees an in-network licensed massage therapist.

¹⁰ Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

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

Dental plans*

Dental coverage for your ***total health***

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

Dental benefit highlights

- **NEW!** No 24-month waiting period for orthodontia services for new enrollees
- **NEW!** No 12-month waiting period for basic and major services for new enrollees
- Coverage of composite (white) fillings for molars
- Freedom to choose your dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings twice per year
- 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 members who need a little extra attention for their pearly whites.

Is my dentist in the network?

With our extensive dental networks, chances are good your dentist participates. To find out, visit modahealth.com and use our Find Care tool. Choose a dental network and then search for participating dentists near you. You can look up:

- Delta Dental Premier dentists
- Delta Dental PPO dentists
- Delta Dental dentists nationwide

Pick from two plans

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes access to more than 1,300 Delta Dental PPO dentists in Oregon and over 112,000 Delta Dental PPO dentists nationwide.

Delta Dental Premier[®] Network

This is the largest dental network in Oregon and nationally. It includes access to more than 2,400 Delta Dental Premier dentists in Oregon and over 156,000 Delta Dental Premier dentists nationwide.

Dental Optimizer[™]

This set of online tools makes great dental health a little easier. From risk assessment quizzes to a treatment cost calculator, you can use it to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower your costs

** You can enroll in Delta Dental dental coverage even if you are not enrolled in a Moda Health medical plan.*

Health through Oral wellness

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness® program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify:

- 1 Visit modahealth.com/pebb to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
- 2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and let you know if you qualify.

To see which providers are participating in HtOW, there is a green badge shown in Find Care





2019 - 20 Dental plan benefit table

	Full-time Delta Dental PPO plan ¹		Full-time Delta Dental Premier plan ¹	Part-time Delta Dental Premier plan ¹
	In-network, you pay	Out-of-network, you pay	In-network, you pay	In-network, you pay
Plan-year costs				
Deductible per person	\$50		\$50	\$50
Deductible per family	\$150		\$150	N/A
Benefit maximum	\$1,750		\$1,750	\$1,250
Preventive* & diagnostic services				
Exam & prophylaxis/cleanings	0% no deductible	10%	0% no deductible	0%
X-rays	0% no deductible	10%	0% no deductible	0%
Fissure sealants	0% no deductible	10%	0% no deductible	0%
Basic services				
Restorative dentistry (treatment of tooth decay with composite)		30%	20%	50%
Oral surgery (surgical extractions & certain minor surgical procedures)	1st year – 20% ² 2nd year – 10% ² 3rd year – 0% ²	30%	20%	50%
Endodontic (pulp therapy & root canal filling)		30%	20%	50%
Periodontics (treatment of tissues supporting the teeth)		30%	20%	50%
Major services				
Implants	50%	50%	50%	N/A
Crowns	50%	50%	50%	50%
Cast restorations	50%	50%	50%	50%
Dentures & bridge work (construction or repair of fixed bridges, partials & complete dentures)	50%	50%	50%	50%
Nitrous Oxide	50%	50%	50%	50%
Occlusal guards ³	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
Lifetime maximum – \$1,500	50%	50%	50%	N/A

*Preventive costs will not accrue toward the plan maximum.

¹ To find in-network providers, go to modahealth.com/pebb and choose Find Care.

² Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.

³ \$150 maximum, once every five years

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



Member care resources

Tools for your health journey

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 your Member Dashboard

Your Member Dashboard 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 Your Member Dashboard 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 get and stay healthy and manage your dental care needs

Tools for better health

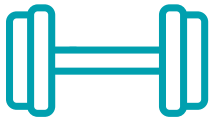
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health. Log in to your Member Dashboard 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 your Member Dashboard 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:

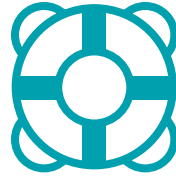
- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Helping you maintain a healthy weight

Losing weight and staying on track isn't always easy. As a Moda Health PEBB member, you, your spouse, your domestic partner and covered dependents over the age of 18 can subscribe to WW (formerly Weight Watchers) plans at no cost.

- Digital Plan - Includes access to the WW mobile app and website, 5,000+ recipes and real-time support
- Digital + Workshops - All the benefits and tools included in the Digital WW plan, along with motivation and lessons from weekly workshops
- Children who are age 10-17 can enroll in Kurbo by WW, a pilot program for children and teens
- Visit PEBB.ww.com for more information



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

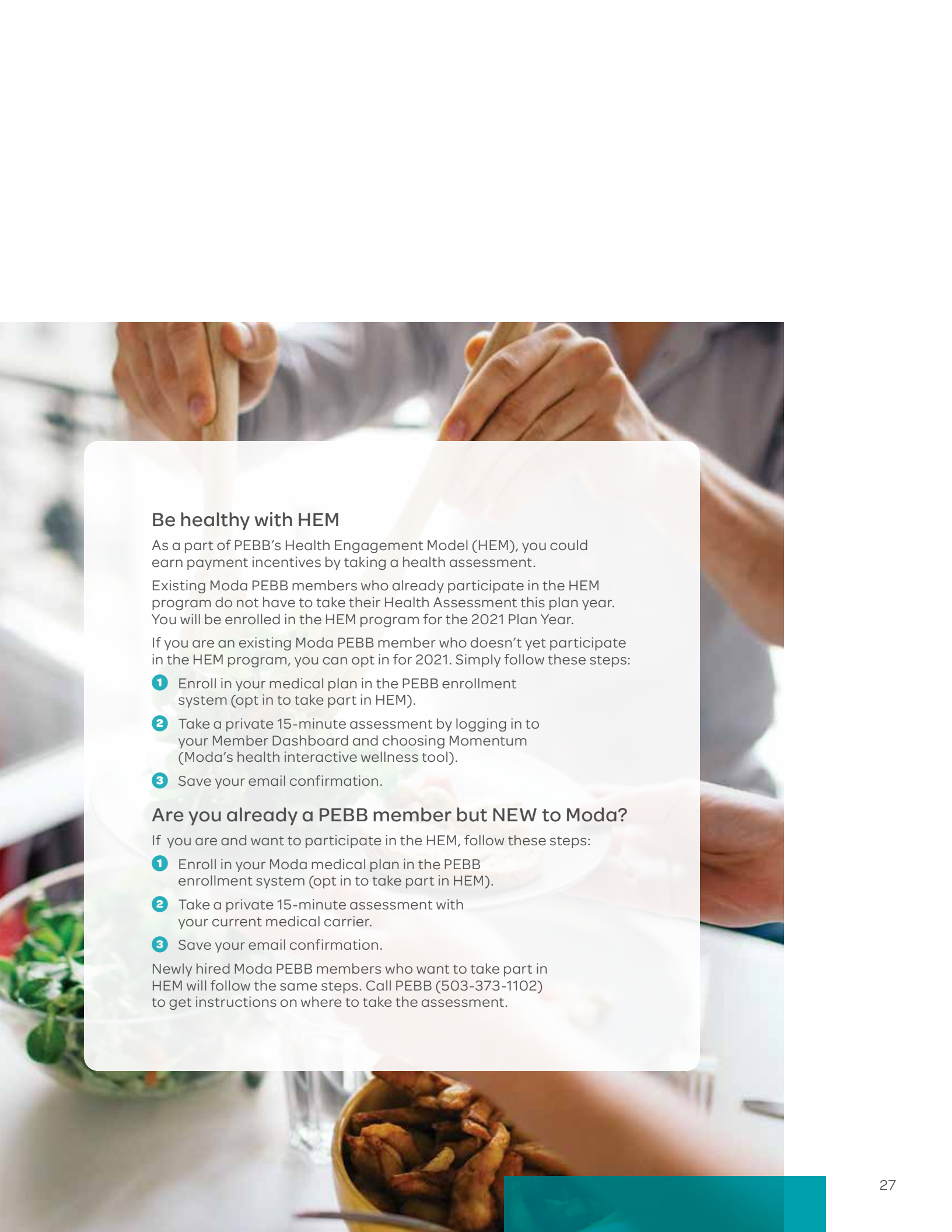


Healthcare Cost Estimator

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.

A background image showing a person's hands pouring milk from a white pitcher into another white pitcher. The scene is brightly lit, suggesting a kitchen or dining area. In the foreground, there are blurred images of a bowl of green salad and a bowl of fried food.

Be healthy with HEM

As a part of PEBB's Health Engagement Model (HEM), you could earn payment incentives by taking a health assessment.

Existing Moda PEBB members who already participate in the HEM program do not have to take their Health Assessment this plan year. You will be enrolled in the HEM program for the 2021 Plan Year.

If you are an existing Moda PEBB member who doesn't yet participate in the HEM program, you can opt in for 2021. Simply follow these steps:

- 1 Enroll in your medical plan in the PEBB enrollment system (opt in to take part in HEM).
- 2 Take a private 15-minute assessment by logging in to your Member Dashboard and choosing Momentum (Moda's health interactive wellness tool).
- 3 Save your email confirmation.

Are you already a PEBB member but NEW to Moda?

If you are and want to participate in the HEM, follow these steps:

- 1 Enroll in your Moda medical plan in the PEBB enrollment system (opt in to take part in HEM).
- 2 Take a private 15-minute assessment with your current medical carrier.
- 3 Save your email confirmation.

Newly hired Moda PEBB members who want to take part in HEM will follow the same steps. Call PEBB (503-373-1102) to get instructions on where to take the assessment.

Healthcare lingo explained

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 services, including spinal procedures, knee and hip replacements, 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.

Alternative care

Eligible chiropractic, acupuncture, naturopathic and massage therapies and services

Balance billing

Charges for out-of-network care beyond what the health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges.

Brand tier medications

Brand medications reviewed by Moda Health and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under the value, select and/or preferred medication tiers.

Chronic care services

Services provided during office visits that help members manage certain conditions, including asthma, heart conditions, cholesterol, high blood pressure and diabetes.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible.

Coordinated care model

The coordinated care model (CCM) offers patient-centered care with a team-based approach. Our plans, powered by the Synergy Network, connect a primary care provider (PCP) 360, or PCP 360, with the rest of your care team (other providers, specialists, etc.) to bring you the best treatments. This process provides you with more cost-effective plans and better health outcomes.

Copay

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Evidence-based practices

Healthcare options or decisions that research shows work best, are most cost-effective and consider the patient's needs and experience.

Generic tier medications

Generic medications that have been determined by physicians and pharmacists to be therapeutically equivalent to the brand alternatives and are often the most cost-effective option. Generic medications must contain the same active ingredients as their brand name counterparts and be identical in strength, dosage form and route of administration.

Maximum cost share

This is different from the out-of-pocket maximum. It is the annual limited amount members pay for covered in-network services that qualify as essential health benefits under the Affordable Care Act (ACA). This includes pharmacy and medical deductibles and all eligible copayments and coinsurance (including amounts that may not have counted towards the out-of-pocket maximum). Once the cost share maximum is reached, the plan pays 100 percent for covered essential health benefits.

Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum

The most members pay in a calendar year for some covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent, except for services that are not applicable to the out-of-pocket maximum or do not qualify as essential health benefits.

The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include ACT copays, pharmacy expenses, disallowed charge or balance billing amounts from out-of-network providers.

PCP 360

A PCP 360 is a primary care provider (PCP) who has agreed to partner with you and be accountable for your health. A PCP 360 delivers full-circle care by coordinating your care with other providers, as needed.

Preferred provider

A person or place contracted with a health network to provide care. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Primary care provider (PCP)

The family doctor who treats members or coordinates their care to keep them healthy. Examples of a PCP include an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician assistant. These providers may practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/ gynecology and women's health.

Professional services

Primary care and specialist office visit services performed by a licensed healthcare provider. Members seeing a participating Moda Medical Home provider will have a better benefit for chronic and primary care office visits.

Value tier medications

Commonly prescribed medications used to treat chronic medical conditions and preserve health.

Moda Health nondiscrimination notice

Moda, Inc. follows 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 Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

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

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

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

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

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

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

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

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

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele: 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ បើ យីត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

Questions?

We're here to help. Just email
PEBBcustomerservice@modahealth.com
or call one of our customer service teams.

Medical Customer Service, call 844-776-1593.

Dental Customer Service, call 844-827-7100.

Pharmacy Customer Service, call 844-776-1594.

TTY users, please call 711.

modahealth.com/pebb



Delta Dental of Oregon & Alaska