

2024



Choose a better experience
with your **health insurance**



Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



Proven
with nearly 70 years of offering insurance plans in the Pacific Northwest

Plans that put *you first*



Your personal member support team

Rely on your **Moda 360 team**, who puts you at the center with care reminders, healthcare tips, advice and guidance through the confusing and sometimes stressful parts of healthcare.



A wide medical network, with 24/7 doctor access

Enjoy more choices and more access, including the **CirrusMD app**, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost to you.



Behavioral health that's right for you

NEW Starting Jan. 1, 2024, you'll have access to **Spring Health**, which provides mental health telehealth services for care navigation, therapy, coaching, self-guided exercises and more.



One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country. Plus, with our Preventive First program, preventive services do not count towards your annual benefit maximum. This leaves you with more dollars for basic and major services if you need them.



Quality prescription benefits

Get comprehensive prescription drug coverage that reflects the most current industry standards, giving you flexibility and choice, with value, select generic, and preferred medication categories. Save with 90-day prescription mail-order and take advantage of Ardon Health, the mail-order specialty pharmacy exclusively for PEBB members with certain chronic conditions.



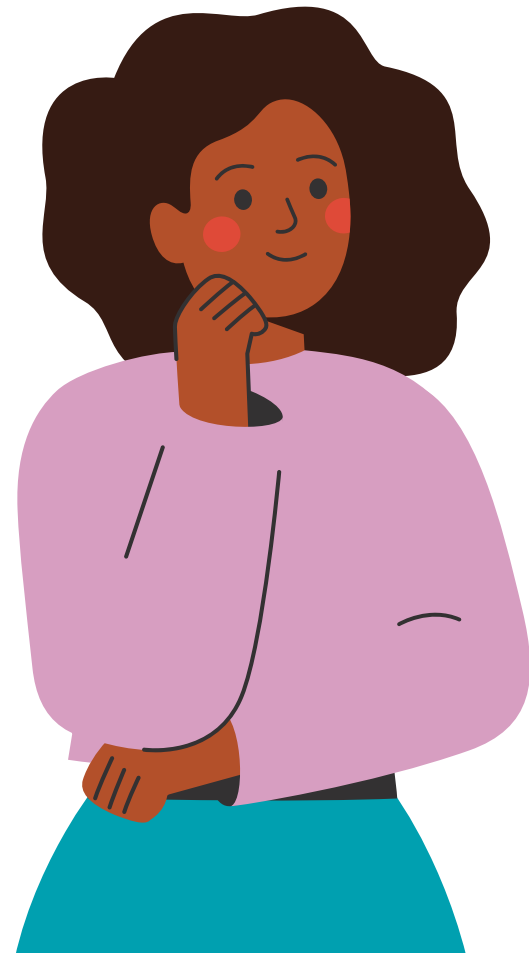
Choose a better experience.

Enroll in medical and/or dental today at pebbbenefits.oha.oregon.gov/

Make a *better choice*

Insurance can be confusing. We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:



Is my provider a PCP 360 provider?

Learn more on page 16.



Are my medications covered?

Look them up on the Pharmacy services page at modahealth.com/pebb/



Do I need a referral to see a specialist?

No referrals are needed for in-network specialist visits or alternative care, which means no need to get permission from your PCP or health plan to see these specialists!



My kids are attending college out-of-state, are they covered?

Yes! Moda Health insures your out-of-state dependents through Aetna PPO® through Aetna Signature Administrators®, except for members who live in Idaho and Alaska.

OOA dependents who live in Idaho will continue to use the Synergy and First Health network.

OOA dependents who live in Alaska will continue to the First Health network.



Am I covered if I need medical assistance outside of Oregon?

Yes! Your plan includes travel network benefits.

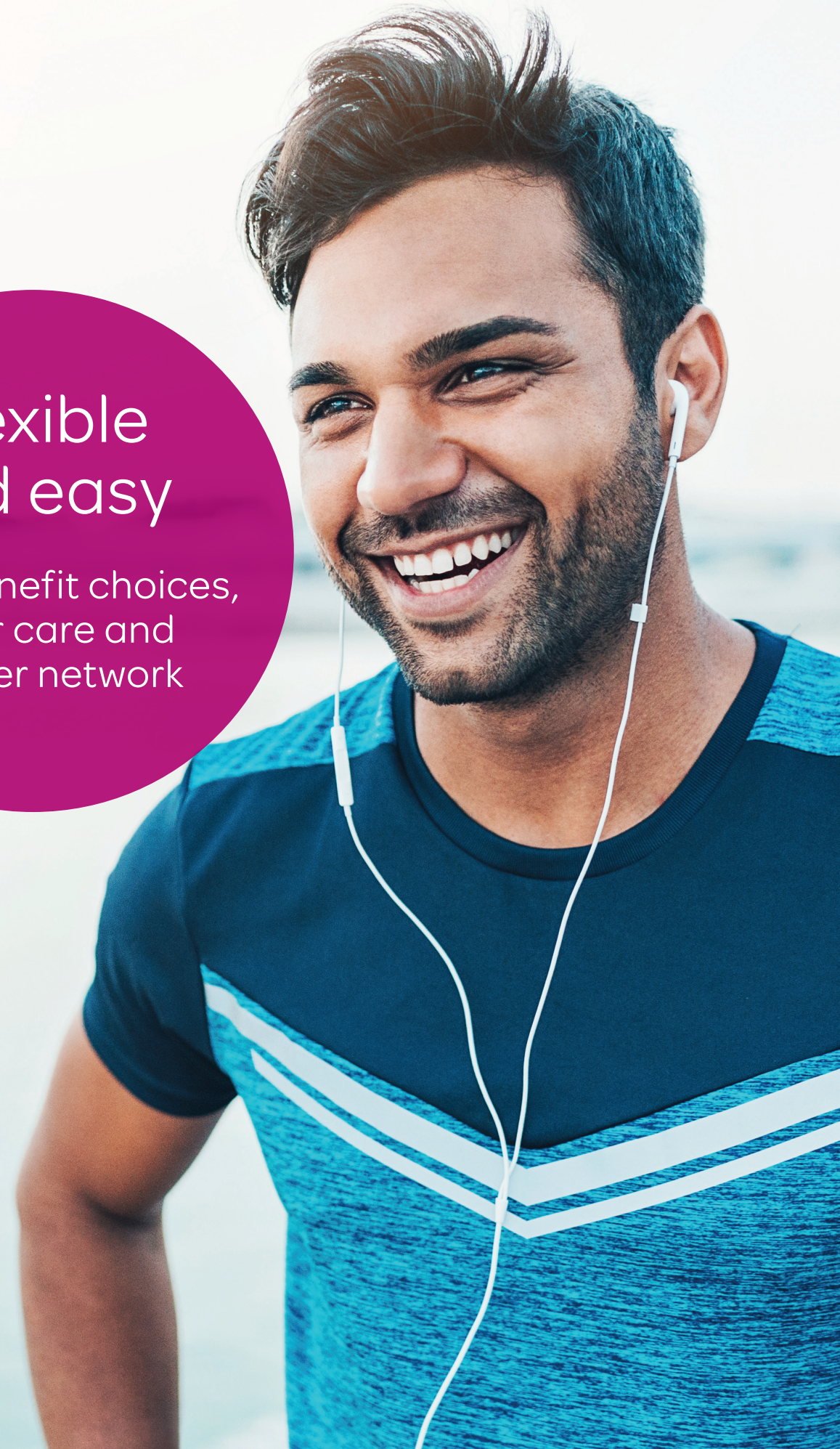
Please see page 16 for more details.



Ready to choose?

Make your selection at pebbbenefits.oha.oregon.gov/

Flexible
and easy
better benefit choices,
better care and
a better network





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

Healthcare can be complicated. We're here to make it better by putting you in the center of everything we do.





Moda 360 Health Navigators can be your guide

Moda 360 Health Navigators understand the healthcare system, your benefits, and can guide you to the best care for you.



Moda 360 Health Navigators can help you with:

- Signing up for a PCP 360 for coordinated care
- Scheduling appointment support
- Connection to care programs for chronic conditions
- Integrating your dental health into your overall health plan
- Understanding claims and billing



PCP 360 providers can coordinate your care

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care.



Choosing a PCP 360 provider means you will receive:

- Coordination with other providers, as needed
- 24/7 medical advice by phone
- No referrals needed for specialists or alternative care
- Hospital coordination, if needed
- Wellness support and health education

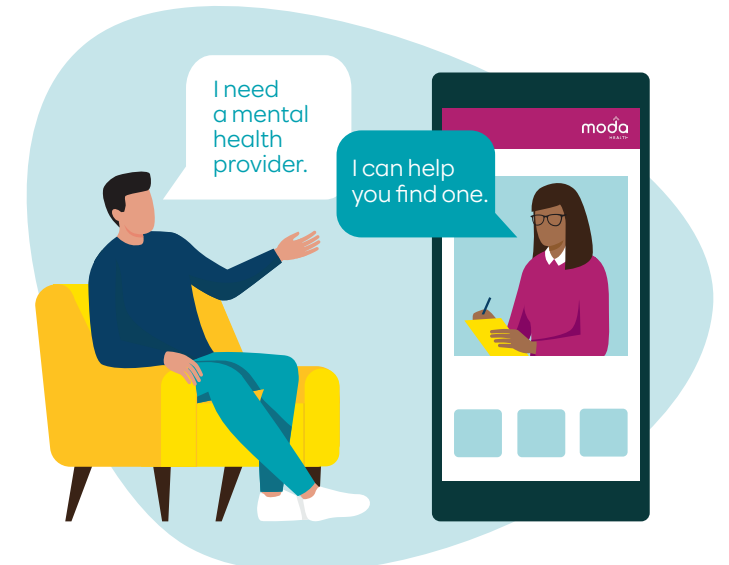


To see if your provider is a PCP 360, head to modahealth.com/pcp360 and look for the PCP 360 badge



Prioritize your mental health with **Spring Health**.

Life is easier with the right support. Whatever you're experiencing, there's no need to carry it alone. You now have Spring Health, a mental health benefit available through Moda Health.



Fast access to therapy

Therapy sessions fit into your schedule – not the other way around. You can schedule your first appointment in less than two days, and on evenings or weekends.

Personalized care plans

Get a flexible, dynamic care plan designed for your immediate needs and long-term goals.

Dedicated support

Your Care Navigator – can help you find the right therapist, schedule appointments, and guide your care.

Diverse proviers

Find the therapist you want, who understands your lived experience. Search by specialty, gender, ethnicity, language, and more.

Wellness exercises

On-demand access to a library of self-guided exercises to improve your mental wellbeing.

Mediation management

If your care includes medications, our clinicians can prescribe and help you manage them.



Contact Spring Health
careteam@springhealth.com
 or call 1-855-629-0554
 Monday - Friday, 8:00am - 11:00pm ET



Innovative
with modern ways
to stay healthy, like
texting a doctor and
virtual appointments

Unleash the power of ***your Member Dashboard***

Your Member Dashboard is a new personalized digital experience that puts the power of our health at your fingertips. Easy to use and accessible from anywhere, log in to connect to care and support that's tailored to your specific health needs.



The power of your health at your fingertips

Personalized just for you, your **Member Dashboard** has everything you need to manage your health, wherever you may be. Check your Care Reminders, chat with a Health Navigator, join Moda 360 programs matched just for you, and so much more. Log in often to stay your healthy best.



Personal Care Reminders

Care Reminders are designed just for you and your health benefits. Log in to your dashboard to see important notifications for preventive care, vaccines and much more.



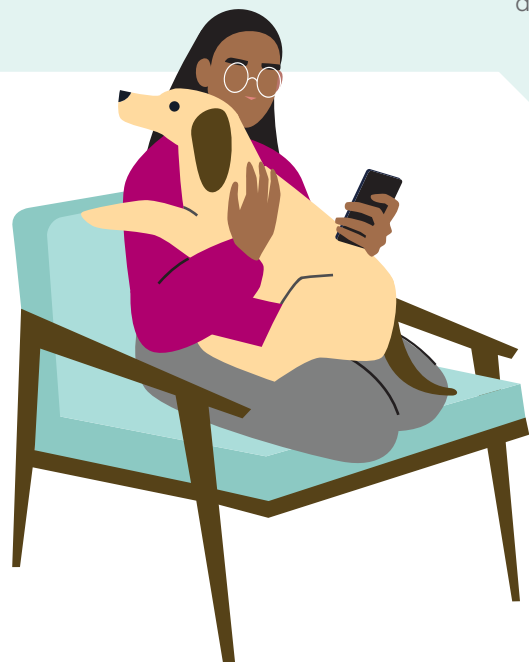
Health Navigators

Chat live with an expert Moda 360 Health Navigator for help choosing your PCP 360, scheduling appointments and much more. They can connect you with the right care, resources and programs.



Moda 360 programs

Engage with Moda 360 programs matched to your personal health needs. Your dashboard shows you programs that are right for you, today. As your needs change, so will the recommended programs in your dashboard.



You can also...

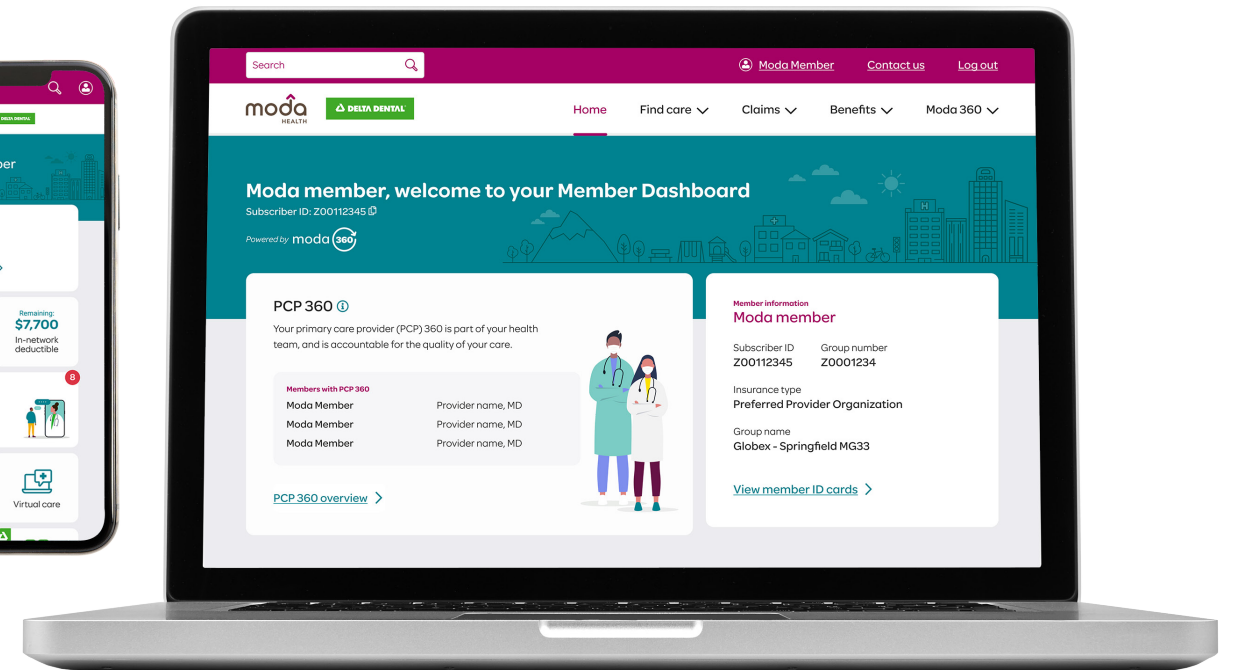
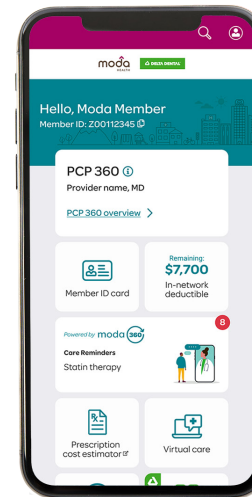
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



Log in to your Member Dashboard at ModaHealth.com/MemberDashboard

Additional solutions for better health

Your Member Dashboard also includes other tools and resources to help you stay your healthy best.



Text a doctor, 24/7, and get private access to care in under a minute with **CirrusMD**, a nationwide telehealth option.



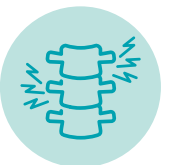
Livongo is a simplified diabetes management program that empowers individuals to manage their chronic conditions with ease and convenience.



Access a fun and engaging **digital wellness platform** with your Health Risk Assessment. Then improve your health with challenges, wellness goals and social streams.



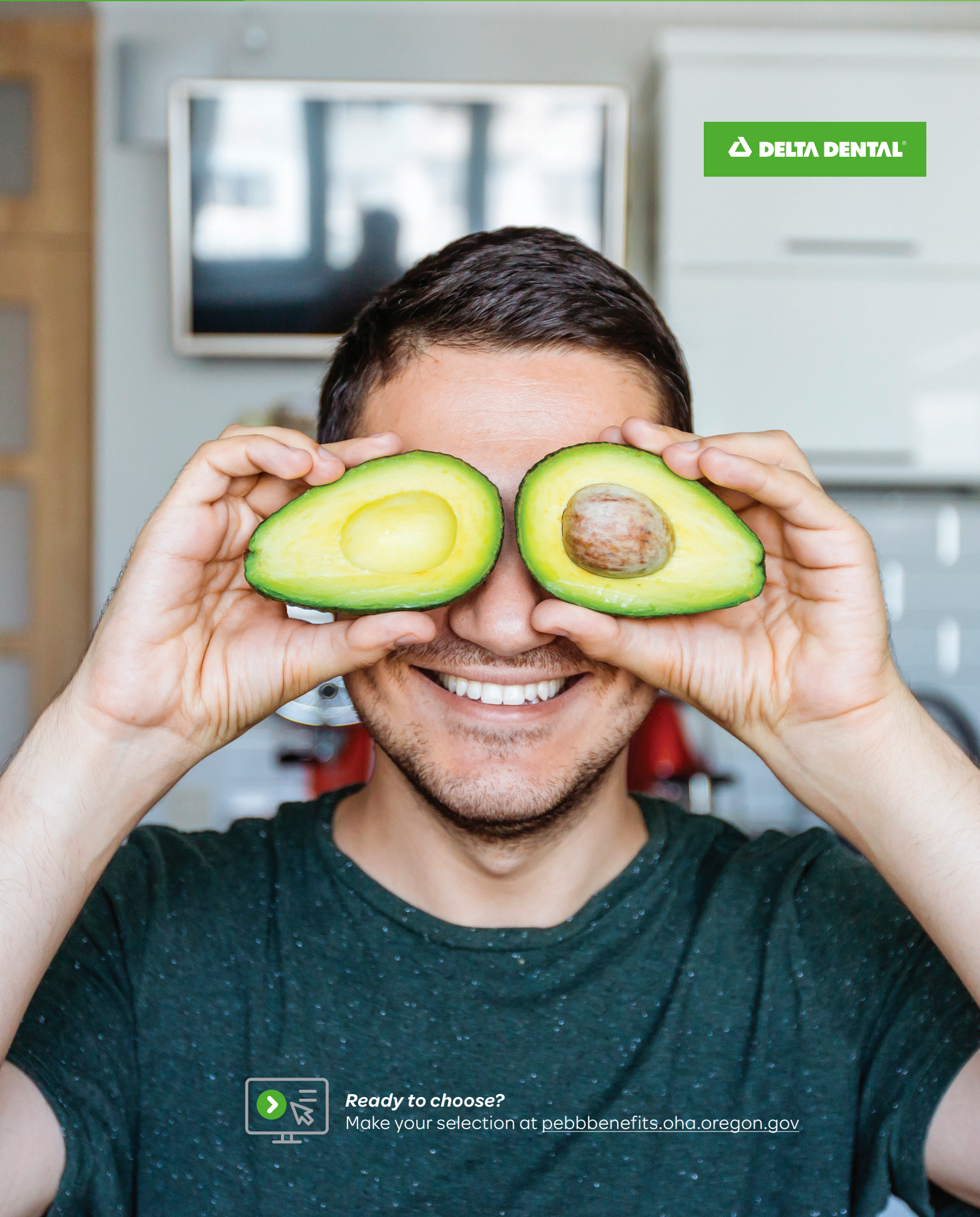
Spring Health provides mental health telehealth services for care navigation, therapy, coaching, self-guided exercises and more.



Sword is a virtual physical care program for back, joint and muscle pain that you can do from the comfort of home, or on the go.



Access additional tools and resources at ModaHealth.com/MemberDashboard



Quality coverage *for your smile*

When you need dental insurance, we've got you covered

Our dental plans give you access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country (see the full network on page 17).

Plus, our **Health through Oral Wellness[®]** program offers additional benefits if you have a greater risk for oral diseases. Qualifying members have access to extra benefits and related care that include additional cleanings, fluoride treatments, sealants, periodontal maintenance and more.



Savings from in-network dentists



Cleanings twice per calendar year

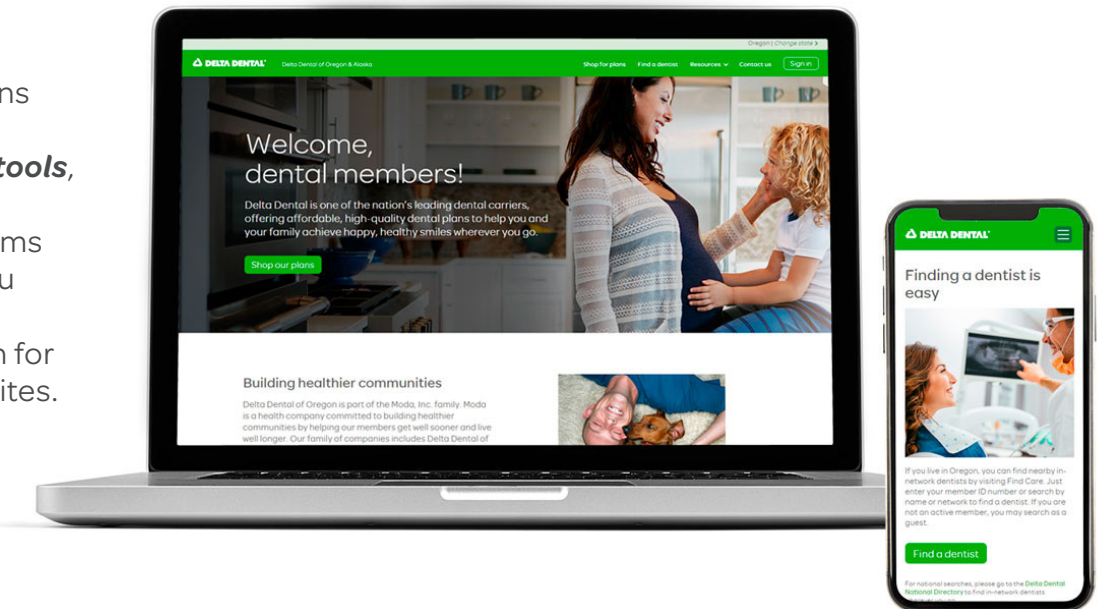


Superior customer service



Freedom to choose a dentist

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.



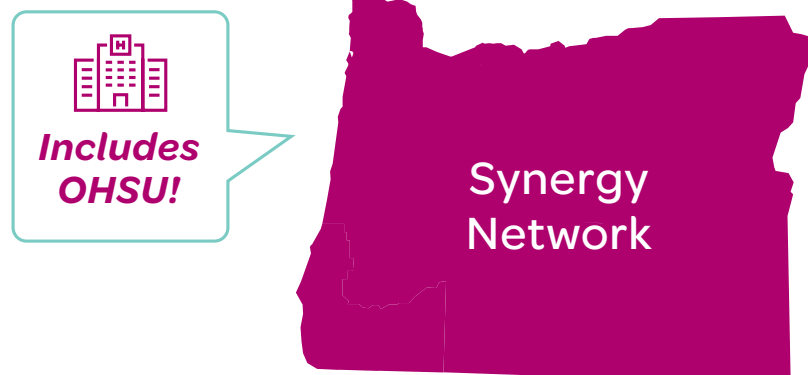
Ready to choose?
Make your selection at pebbbenefits.oha.oregon.gov



Review your dental plan options on page 23

A network that connects you to care

For your medical care needs, we've carefully selected a community of primary care providers (PCP 360s), specialists and partner health systems, so you'll have better value and better care.



Getting care outside the network. If you live outside the Synergy Network service area or want peace of mind when traveling, our national network, the Aetna PPO Network, has you covered. Out-of-area dependents (i.e., college students) who live outside of the service area will also use the Aetna PPO Network to receive the in-network benefit level, except for those living in Idaho or Alaska. If they live in Idaho, they will have access to both the Synergy Network and the First Health Network. Those living in Alaska will use the First Health Network.

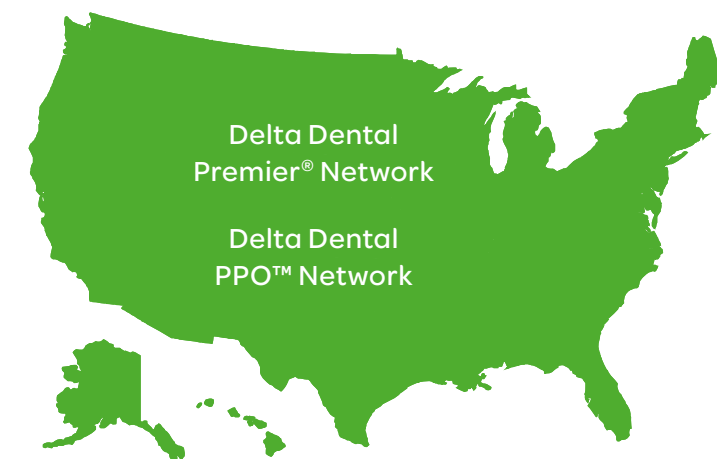
Here are some of our larger in-network hospital partners:



See if your doctor is in network at modahealth.com/findcare/synergy

Delta Dental networks go where you go

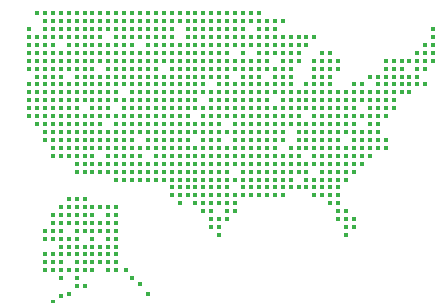
With thousands of dentists across the state and country, In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental PPO™ Network

Potential savings in-network = \$\$\$

Choose from a large selection of dentists



Delta Dental Premier® Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Oregon



See if your dentist is in network at modahealth.com/pebb click on Find Care > select your dental network

2024 Full time *Medical plan* benefit table

	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 Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$10 after deductible	30% ⁶ after deductible
Massage therapy ¹¹	\$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%

- 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 see an in-network licensed massage therapist.
- 10 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.
- 11 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



2024 Part time *Medical plan* benefit table

	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 Care (CirrurMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$40/visit ⁴ after deductible	50% ⁶ after deductible
Massage therapy ¹¹	\$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 ⁹	50% after deductible
Outpatient surgery	\$40/service after deductible ⁹	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$40/service after deductible ⁹	50% after deductible
Durable medical equipment & supplies	20% after deductible	50% after deductible
Diabetic supplies & insulin	0%	0%

2024 Full time *Pharmacy plan* benefit table

	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	\$10 after deductible
Brand tier	\$30 after deductible	\$75 after deductible	\$100 after deductible

When allowed, the copay for a specialty pharmacy 90-day supply is 2.5 times the copay for a 30-day supply. When out of network, member pays any difference between the in-network rate and the billed amount.

2023 Part time *Pharmacy plan* benefit table

	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	\$20 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

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

 Your pharmacy network name is the **ArrayRx core network**. Go to **Find Care** to search for in-network pharmacies near you. Under Search by network, choose the ArrayRx core network. Continue to the Navitus website to start your search.

- Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.
- Deductible waived on first 4 PCP visits in-plan, per calendar year.
- To receive in-network benefits, members must see their chosen PCP 360.
- Copayment does not apply to out-of-pocket maximums.
- No benefit for out-of-network bariatric surgery.
- Coinsurance does not apply to out-of-pocket maximums.
- Copayments do not apply to services related to cancer diagnosis and treatment.
- Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.
- Copay applies when members see an in-network licensed massage therapist.
- Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.
- Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



Better value with Preventive First
 Regular cleanings don't count against your annual maximum benefit

2024 *Dental plan* benefit table

	Full-time Delta Dental PPO plan ¹		Full-time Delta Dental Premier plan ¹	Part-time Delta Dental Premierplan 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 - \$1,800	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.

Trusted with years of providing medical and dental plans to *PEBB members like you*



All in one

Medical, pharmacy and dental benefits by one health partner



Robust network

A wide choice of quality providers in Oregon, SW Washington and Idaho utilizing the Synergy Network

Ready to choose **better health?**



Learn more about our plans at modahealth.com/pebb



Enroll online at pebbplans.com

Questions? We're here to help!

PEBBcustomerservice@modahealth.com

Medical Health Navigator Team: 844-776-1593

Pharmacy Health Navigator Team: 844-776-1594

Dental Health Navigator Team (Members with Medical and Dental): 833-681-2117

Dental Customer Service (Members with Dental only): 844-827-7100

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service,
877-299-9062 (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. Please mail or fax it to:

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

Scott White coordinates our nondiscrimination work:

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

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).

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)

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）

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)

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

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 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).

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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 (TYT、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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-877-605-3229 (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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ 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.

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

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)

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Questions?

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