



Choose a better
experience with your
health insurance

 oebb
2026 - 27


moda
HEALTH

 DELTA DENTAL®

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 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 confusing and sometimes stressful parts of healthcare.



A wide medical network, with 24/7 doctor access

Enjoy more choices and better access to care. The [CirrusMD app](#) connects you to a doctor in under a minute, anytime, anywhere, at no cost.*

*Members with a High Deductible Health Plan (Medical Plan 6 or 7) will first have to meet their deductible before this service is covered 100% by their plan.



Behavioral health that's right for you

Seeking mental health support, but not sure where to start? We can help. Connect with a Behavioral Health Champion or complete a Self-Guided Assessment to [find the right support](#) to help you feel your best. To learn more, visit page 7.



Get money back when you see Top Doctors

As a member, you have access to [Garner™](#), which connects you with trusted, high-quality doctors and reimburses you for out-of-pocket medical costs. When you see a Garner Top Provider, you can get reimbursed for out-of-pocket medical costs up to \$950 for an individual plan and up to \$1,900 for a family plan.



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 a 90-day mail-order prescription and take advantage of Ardon Health, the mail-order specialty pharmacy exclusively for OEBB members with certain chronic conditions.



Choose a better experience

Enroll in medical and/or dental today at [myoebb.org](#)

Make a *better choice*

Insurance can be confusing. We want to make the experience better 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 10.



Are my medications covered?

Look them up on the medication search page at modahealth.com/oebbrx.



How does the plan work?

See comparison chart on page 18.

When you sign up for a PCP 360, you pay less for your appointments and get coordinated care

You must choose a PCP 360 in your Member Dashboard and use the selected PCP 360 to receive the better benefits



A **lower** individual deductible



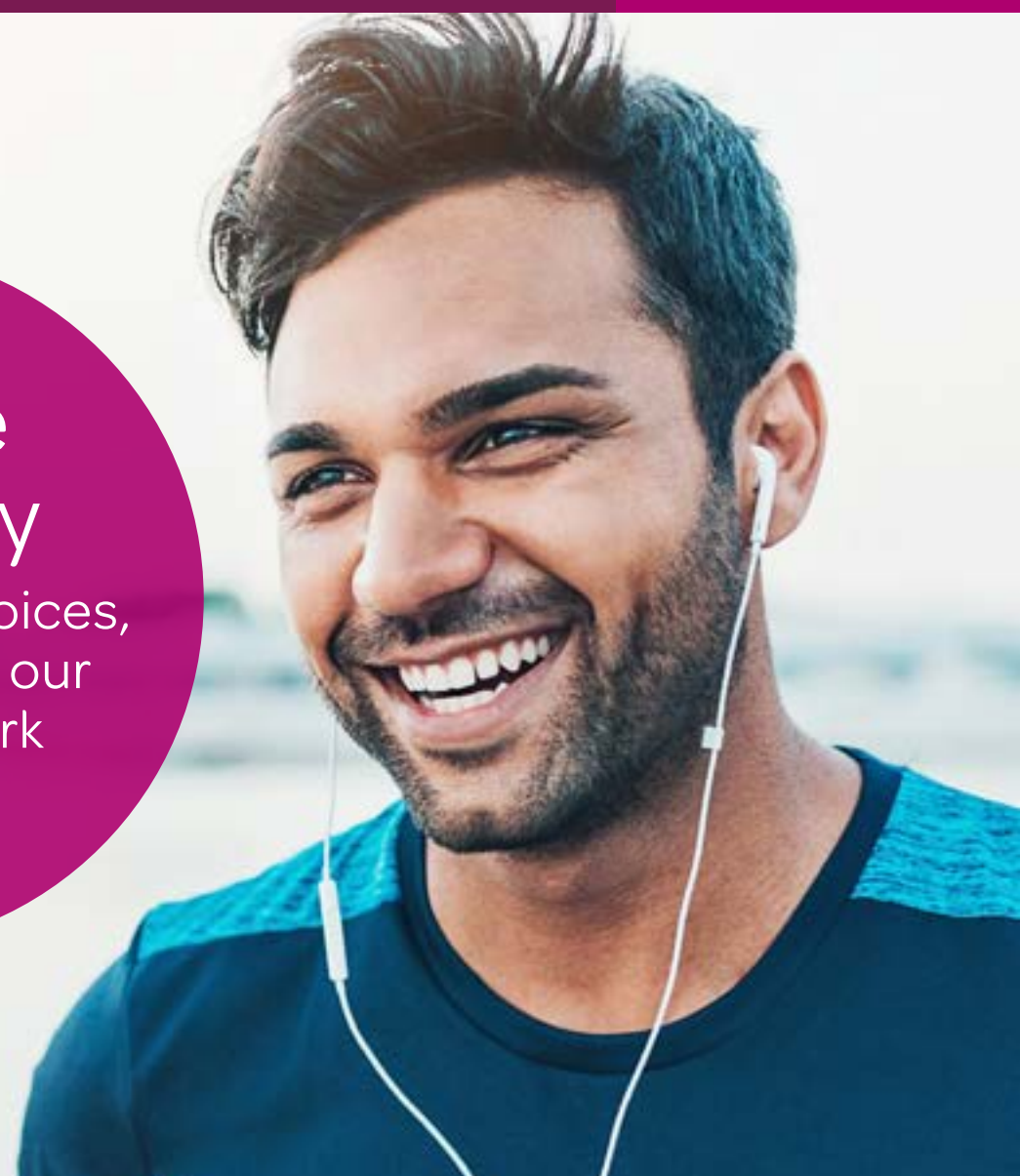
A **lower** individual out-of-pocket maximum



Lower copayments for office visits, specialist visits and alternative care visits



Flexible and easy better benefit choices, better care and our largest network



Subscribers who live out-of-state can now participate in coordinated care and receive the better benefits!

- Members schedule their appointment by using their app, desktop or phone.
- Prior to the member's virtual appointment, Teladoc will provide a blood pressure cuff and a heart rate monitor to the member.
- If labs or a specialist are required, the Teladoc provider will help coordinate these visits with the member.



Members who select Teladoc as their PCP 360 will be able to participate in Coordinated Care and receive the better benefits.

To learn more, or to schedule an appointment with a primary care provider virtually, visit teladochealth.com. To select Teladoc as your PCP 360, log into your Member Dashboard or call the Moda 360 Health Navigator team.



Ready to choose?
Make your selection at myoebb.org



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 means you will receive:

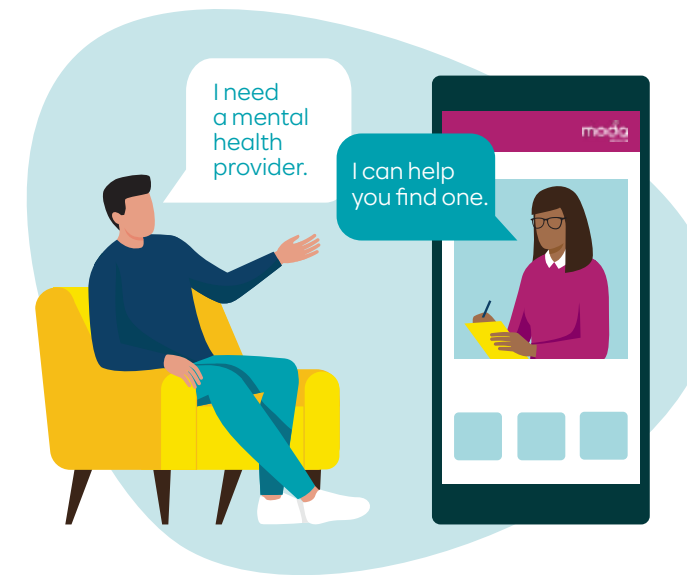
- Coordination with other providers, as needed
- Lower individual deductible
- Lower individual out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits



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 Behavioral Health 360

Our **Behavioral Health Champions** and **Self-Guided Assessment** offer two ways to help you find care that suits you best. Whether you want personal guidance or prefer to assess your needs privately, we make it easy to find the mental health care and support that's right for you.



Go to the **Behavioral Health 360 tab** in your **Member Dashboard**

- Connect with a Behavioral Health Champion
- Complete a Self-Guided Assessment

Our **Behavioral Health 360 Champions** can connect you with a local provider that's right for you. Plus, we've partnered with specialized mental and behavioral health experts to make sure you find the right type of care that you need.

Hazelden Betty Ford offers treatment and resources to help individuals and their families recover from substance use and addiction.

Gemiini provides family support and resources for children with special needs and developmental disorders such as autism, Down syndrome and speech delay.

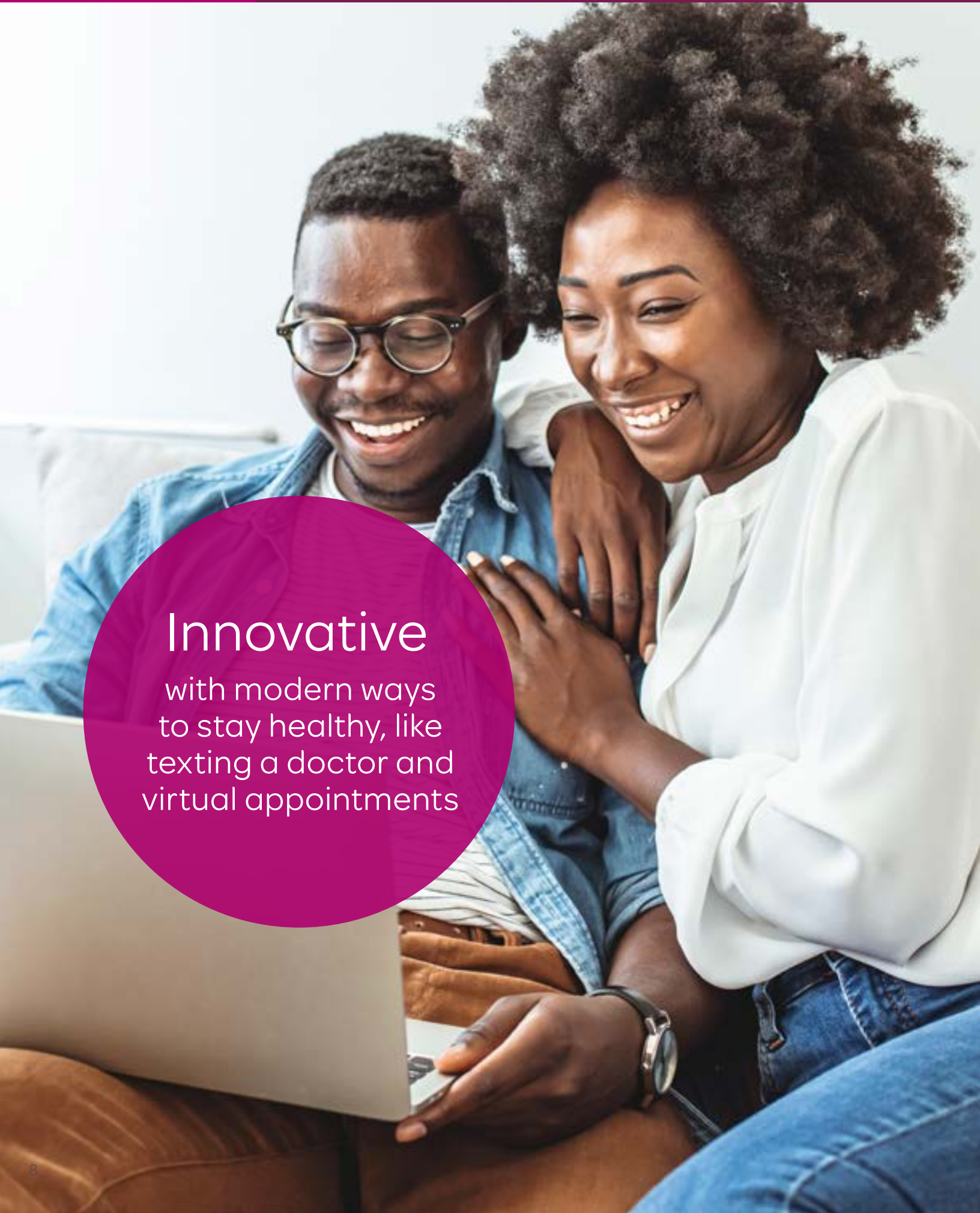
Spring Health connects individuals and family members with telehealth services for mental health therapy, psychiatry, care navigation and digital cognitive behavioral therapy.

Meru Health gives you smartphone access to a licensed therapist for simple lessons and activities to support your mental well-being.



Find the right mental health support for you.

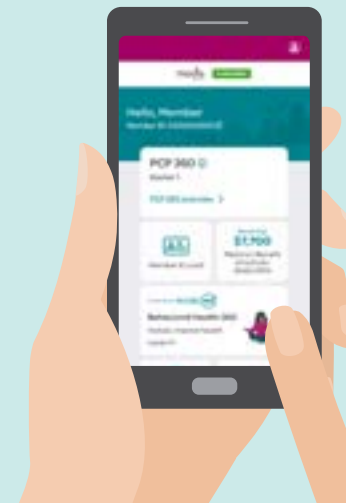
Contact a Behavioral Health 360 Champion at [833-212-5027](tel:833-212-5027), bhchampions@modahealth.com or take the Self-Guided Assessment on your **Member Dashboard**



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

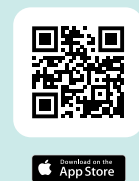
Unleash the power of *your Member Dashboard*

Your Member Dashboard is a personalized digital experience that puts the power of your 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.



Now available as an app!

Scan the QR code to your app store. Download the Moda 360 mobile app and take charge of your health – no matter where you are.



Download on the App Store



GET IT ON Google Play

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.



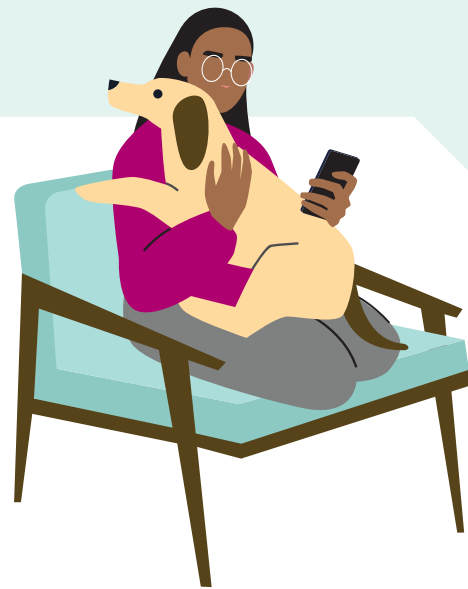
Moda 360 programs

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.



Behavioral Health 360 programs

Explore the Behavioral Health 360 programs section to complete your Self-Guided Assessment or connect with a Behavioral Health Champion to explore the top programs that match your health needs.



You can also...

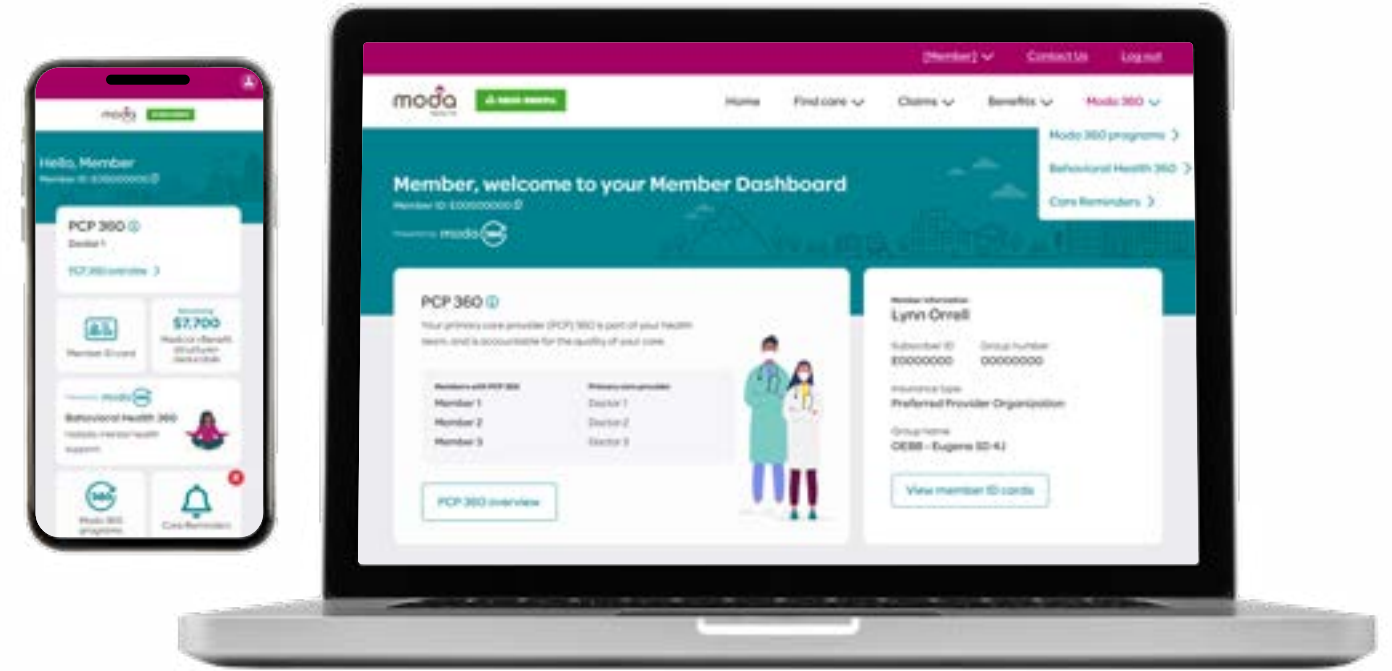
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



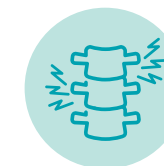
Log in to your Member Dashboard at ModaHealth.com/MemberDashboard

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.



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.



Our **Pre-D Program** is designed to help members who are at risk for developing type 2 diabetes and is offered at no additional cost.



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 15). Plus, preventive services do not accrue towards your benefit maximum which means your benefits go farther.

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



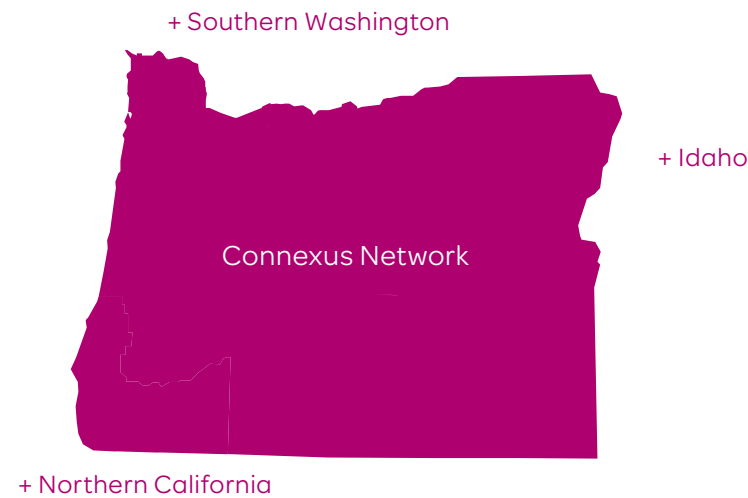
Freedom to choose a dentist



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 (PCPs), PCP 360s, specialists and partner health systems, so you'll have better value and better care.



Members living outside of the Connexus service area use Moda's national network, the Aetna PPO Network®, to receive the in-network benefit level. New this year (effective 10/1/2026) Alaska members will be moving from the First Health network to the Connexus network.



OEBB members who live inside the Connexus service area (ie. Oregon, SW Washington, Alaska, and Idaho) have access to the Aetna PPO network for coverage beyond urgent and emergent services.

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

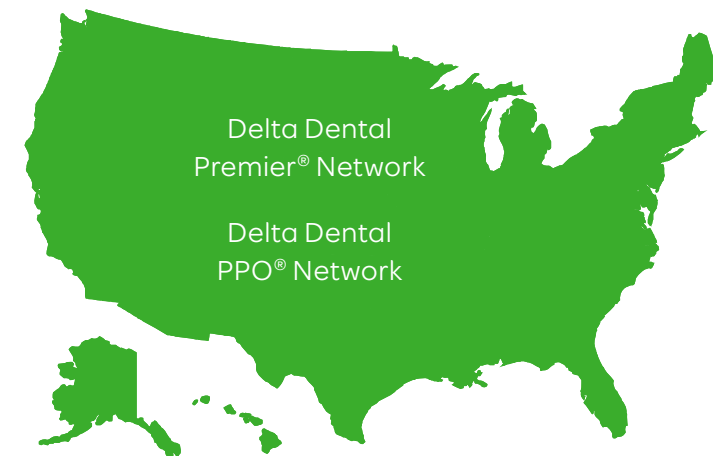


See if your doctor is in-network at modahealth.com/ConnexusProviders

Delta Dental networks go where you go

With one of the largest PPO dental networks in Oregon, you can choose from more than 1,200 PPO dentists in the state and over 115,000 Dental PPO dentists nationwide.

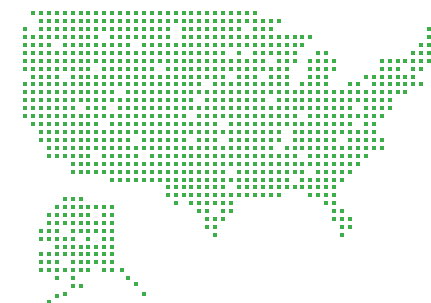
The Delta Dental Premier® Network is the largest network of dental providers, connecting you with more than 2,300 dentists in Oregon and over 151,000 across the country.



Delta Dental PPO® Network

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

Choose from a large selection of dentists



Delta Dental Premier® Network

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

Even more choice and one of the largest dental networks in Oregon



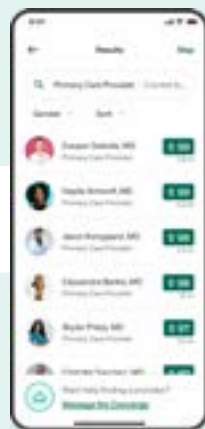
See if your dentist is in network at modahealth.com/oebb click on Find Care > select your dental network

Get money back when you see top-rated doctors

You have access to **Garner™**, which connects you with trusted, high-quality doctors and reimburses you for out-of-pocket medical costs.

When you see a Garner Top Provider, you can get reimbursed for out-of-pocket medical costs up to \$950 on an individual plan and up to \$1,900 for a family plan. Save on doctor visits, imaging, lab work, prescription and more!

Saving is easy!



1

Sign up on Garner's website or app



2

Choose a top provider before you make an appointment



3

See that doctor for care and get reimbursed

Sign up for Garner today

Members can sign up through Garner's [website](#) or [mobile app](#) using the QR code to view their coverage and reimbursement benefit.



A short [How to Create Your Account](#) video is available for assistance.

Members will need:

- Email address
- Employer name
Select/type OEBS
- First and last name
As shown on the Moda ID card
- Phone number
- Date of birth
- Subscriber E number
From the Moda ID card

Moda is not affiliated with Garner, does not aid in data collection or provider scoring, is not responsible for any reimbursement from utilizing Garner to see top providers, etc.

2026-27 *Medical plan* benefit table

	Medical Plan 1 Connexus Network		Medical Plan 2 Connexus Network		Medical Plan 3 Connexus Network		Medical Plan 4 Connexus Network		Medical Plan 5 Connexus Network ⁵	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
360 Coordinated care = Selecting a PCP clinic in your Member Dashboard										
Plan-year costs										
Deductible per person / family	\$950 / \$2,100	\$1,050 / \$2,100	\$1,350 / \$2,900	\$1,450 / \$2,900	\$1,750 / \$3,700	\$1,850 / \$3,700	\$2,150 / \$4,500	\$2,250 / \$4,500	\$2,550 / \$5,300	\$2,650 / \$5,300
Out-of-pocket max per person ⁷	\$4,000	\$4,400	\$5,000	\$5,400	\$6,000	\$6,400	\$7,850	\$8,250	\$7,950	\$8,350
Out-of-pocket max per family ⁷	\$8,800		\$10,800		\$12,800		\$16,500		\$16,700	
Preventive care										
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹		\$0 ¹		\$0 ¹		\$0 ¹		\$0 ¹	
Professional services										
Primary care office visits	\$35 copay^{1,2}	20%	\$35 copay^{1,2}	20%	\$40 copay^{1,2}	25%	\$40 copay^{1,2}	25%	\$45 copay^{1,2}	25%
Primary care office visits with a provider other than your chosen PCP 360	\$55 copay¹	N/A	\$55 copay¹	N/A	\$65 copay¹	N/A	\$65 copay¹	N/A	\$65 copay¹	N/A
Specialist office visits	\$55 copay¹	20%	\$55 copay¹	20%	\$65 copay¹	25%	\$65 copay¹	25%	\$65 copay¹	25%
Mental health office visits and Meru Health	\$35 copay ¹		\$35 copay ¹		\$40 copay ¹		\$40 copay ¹		\$45 copay ¹	
Chemical dependency services	\$35 copay ¹		\$35 copay ¹		\$40 copay ¹		\$40 copay ¹		\$45 copay ¹	
Virtual Care (CirrusMD telehealth)	\$0 copay ¹		\$0 copay ¹		\$0 copay ¹		\$0 copay ¹		\$0 copay ¹	
Alternative care services										
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	\$35 copay¹	20%	\$35 copay¹	20%	\$40 copay¹	25%	\$40 copay¹	25%	\$45 copay¹	25%
Maternity care										
Physician or midwife services and hospital stay	20%		20%		25%		25%		25%	
Outpatient and hospital services										
Inpatient care and outpatient hospital/facility care	20%		20%		25%		25%		25%	
Skilled nursing facility care (60 days per plan year)	20%		20%		25%		25%		25%	
Surgery	20%		20%		25%		25%		25%	
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	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 25%		\$100 copay + 25%		\$100 copay + 25%	
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%		\$500 copay + 20%		\$500 copay + 25%		\$500 copay + 25%		\$500 copay + 25%	
Gastric bypass (Roux-en-Y) ³	\$500 copay + 20%		\$500 copay + 20%		\$500 copay + 25%		\$500 copay + 25%		\$500 copay + 25%	
Emergency care										
Urgent care visit	\$55 copay¹	20%	\$55 copay¹	20%	\$65 copay¹	25%	\$65 copay¹	25%	\$65 copay¹	25%
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 25%		\$100 copay + 25%		\$100 copay + 25%	
Ambulance	20%		20%		25%		25%		25%	
Other covered services										
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older. One aid per ear every 3 years for members under age 26	10%		10%		10%		10%		10%	
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – 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.	20%		20%		25%		25%		25%	
Outpatient diagnostic lab and X-ray	20%		20%		25%		25%		25%	
Durable medical equipment	20%		20%		25%		25%		25%	

1,2,3,4,5,6,7 See footnotes on page 21

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

2026-27 Medical **HDHP plan** benefit table

	Medical Plan 6 Connexus Network HDHP HSA Compliant ⁹		Medical Plan 7 Connexus Network HDHP HSA Compliant ⁹	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
Plan-year costs				
Subscriber-only plan deductible ²	\$2,150	\$2,250	\$2,550	\$2,650
Family plan deductible ³		\$4,500		\$5,300
Individual out-of-pocket max	\$7,550	\$7,900	\$7,650	\$7,900
Family plan out-of-pocket max ³		\$15,800		\$15,800
Preventive care				
Periodic health exams, routine women's exams, annual obesity screening, immunizations		\$0 ¹		\$0 ¹
Professional services				
Primary care office visits	15%	20%	20%	25%
Primary care office visits with a provider other than your chosen PCP 360	15%	N/A	20%	N/A
Specialist office visits	15%	20%	20%	25%
Mental health office visits	15%	20%	20%	25%
Chemical dependency services	15%	20%	20%	25%
Virtual Care (CIRRUSMD telehealth)		\$0 copay		\$0 copay
Alternative care services				
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	20%	25%	20%	25%
Maternity care				
Physician or midwife services and hospital stay	20%	25%	20%	25%
Outpatient and hospital services				
Inpatient care and outpatient hospital/facility care	20%	25%	20%	25%
Skilled nursing facility care (60 days per plan year)	20%	25%	20%	25%
Surgery	20%	25%	20%	25%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	20%	25%	20%	25%
Spine surgery, knee and hip replacement, ⁵ knee and shoulder arthroscopy, uncomplicated hernia repair	20%	25%	20%	25%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	\$500 copay + 25%	\$500 copay + 20%	\$500 copay + 25%
Emergency care				
Urgent care visit	15%	20%	20%	25%
Emergency room	20%	25%	20%	25%
Ambulance	20%	25%	20%	25%
Other covered services				
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older. One aid per ear every 3 years for members under age 26	20%	25%	20%	25%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – 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.	20%	25%	20%	25%
Outpatient diagnostic lab and X-ray	20%	25%	20%	25%
Durable medical equipment	20%	25%	20%	25%
Major medical prescription coverage ⁶	20%	25%	20%	25%
Value tier		\$4 per 31 day supply ¹		\$4 per 31 day supply ¹

High-Deductible Health Plans (HDHPs) are designed to be paired with Health Savings Accounts (HSAs) to help with medical and pharmacy expenses. However, plans 6 and 7 don't require an HSA enrollment.

Preventive services are fully covered with these plans, but other services may require deductible and coinsurance payments.

When you buy medicine, you may also need to pay a deductible and coinsurance, except for value-tier drugs. The family deductible must be met first before the plan will pay any pharmacy expenses unless it is a value-tier drug. There is no individual deductible on the family plan.

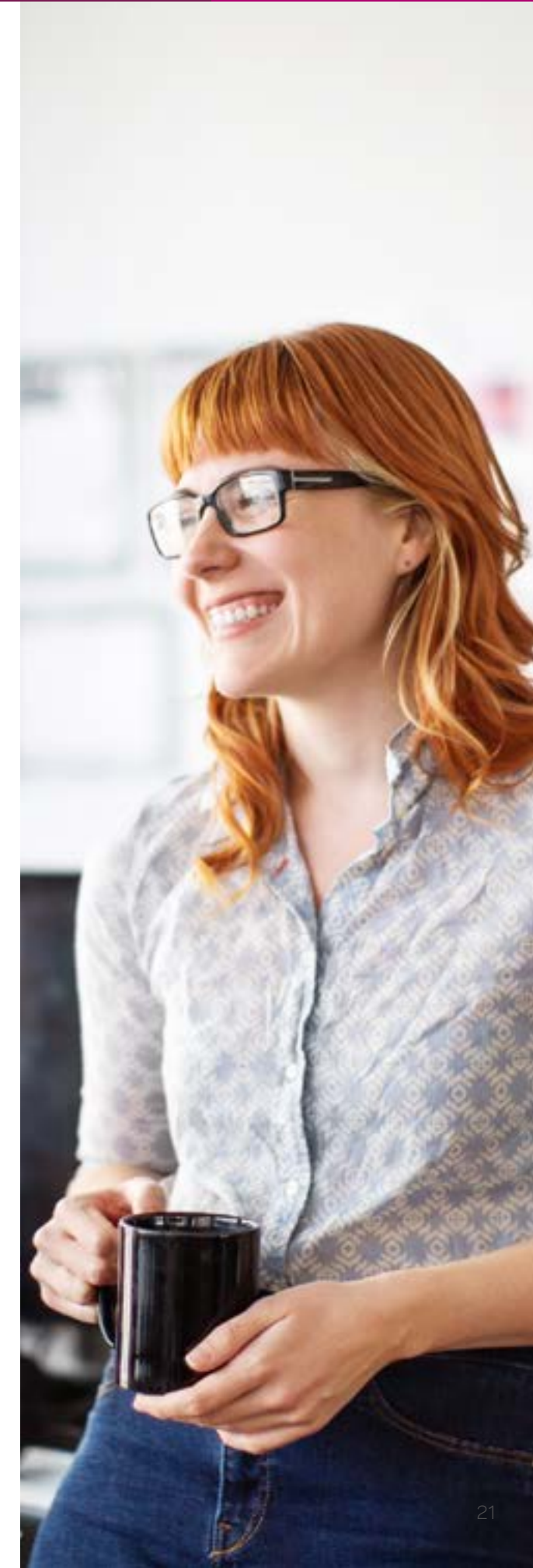
2026-27 **Medical plan** benefit table footnotes

- Deductible waived. All amounts reflect member responsibility.
- To receive the copay benefit, members must see PCP 360 clinic.
- This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 clinic with Moda for that individual to receive the enhanced "coordinated" benefit shown in the right column under that plan when using a provider in the Connexus network. If an individual has been seen at their chosen PCP 360 clinic with Moda, they will receive the "non coordinated" benefit shown on the left if using an in-network provider.
- For all other services (e.g., labs, diagnostics, specified imaging (MRI, CT, PET), office visits, etc.) will be subject to the appropriate benefit level listed for each services provided.
- Members must be seen at their chosen PCP 360 clinic or any in-network specialist to receive the copay benefit.
- Medical copays, coinsurance, deductibles, ACT copays and pharmacy expenses apply to the medical out-of-pocket maximum.

2026-27 Medical **HDHP plan** benefit table footnotes

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

- Deductible waived. All amounts reflect member responsibility.
- Individual deductible applies only if employee is enrolling in the plan with no other family members.
- 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. Deductible and copayments apply toward the plan-year out-of-pocket maximum.
- Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence.
- A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.
- For all other services (e.g., labs, diagnostics, specified imaging (MRI, CT, PET), office visits, etc.) will be subject to the appropriate benefit level listed for each services provided.
- If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 clinic with Moda for that individual to receive the enhanced "coordinated" benefit shown in the left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 clinic with Moda, they will receive the "non coordinated" benefit shown in the right column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level regardless of whether the individual has selected a PCP 360 clinic with Moda or not.
- To receive the lower coinsurance benefit, members must be seen at their chosen PCP 360 clinic.
- Members must be seen at their chosen PCP 360 clinic or any in-network specialist to receive the lower coinsurance benefit.



2026-27 **Pharmacy** benefit table

	Medical Plans 1-5 ⁴		Medical Plans 6-7 ^{5,6}	
	Coordinated and non-coordinated care		Coordinated care	Non-Coordinated care
Value	\$4 per 31-day supply ^{1&7}		\$4 per 31-day supply*	\$4 per 31-day supply*
Select generic	\$12 per 31-day supply ¹		20%	25%
Preferred ^{2,3}	25% up to \$75 per 31-day supply ¹		20%	25%
Non-preferred brand ³	50% up to \$350 per 31-day supply ¹		20%	25%
Mail				
Value	\$8 per 90-day supply			
Select generic	\$24 per 90-day supply		20%	25%
Preferred ^{2,3}	25% up to \$150 per 90-day supply		20%	25%
Non-preferred brand ³	50% up to \$900 per 90-day supply		20%	25%
Specialty				
Select generic	\$12 per 31 day supply or \$36 for 90-day supply when allowed		20%	25%
Preferred ^{2,3}	25% up to \$200 per 31 day supply or \$400 for 90-day supply when allowed		20%	25%
Non-preferred brand ³	50% up to \$1,000 per 31-day supply for \$2,000 for 90-day supply when allowed		20%	25%

**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 medication.


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 other than value medications are paid.

7 New this year! Effective 10/1/26, OEGB members will be required to fill a 90-day supply for certain generic maintenance medications and for GLP-1 products used to manage diabetes through mail order or at retail pharmacies that offer 90-day fills.

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

 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.

2026-27 **Vision plan** benefit table

	Opal	Pearl	Quartz
Benefit maximum	\$600	\$400	\$250
What you pay			
Eye examinations (including refraction) <i>Frequency: Once per plan year</i>	0% ¹		
Lenses ² <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>	0% ¹		
Frames <i>Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.</i>	0% ¹		

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- 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.

¹ Subject to benefit maximum.

² Includes single vision, bifocal, trifocal or contacts.

2026-27 **Dental plan** benefit table

	Plan 1 ²	Plan 5 ²	Plan 6 ³	Exclusive PPO Incentive Plan ^{3,4}	Exclusive PPO ^{3,4}
Network	Premier			PPO	PPO
	In-network, you pay			In-network, you pay	In-network, you pay
Plan-year costs					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$2,300	\$1,500
Out-of-network benefits included	✓	✓	✓	✗	✗
Preventive* and diagnostic services¹					
Exam and prophylaxis/cleanings (Twice per calendar year)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Sealants and space maintainers	30% - 0% ²	30% - 0% ²	0%	0%	0%
Restorative services					
Fillings (posterior teeth paid to composite)	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Inlays (composite reimbursement fee)	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Oral surgery and extractions	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Endodontics and periodontics	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Major restorative services					
Gold or porcelain crowns	30% - 0% ²	30%	50%	30 - 0% ²	20%
Implants	30% - 0% ²	50%	50%	30 - 0% ²	20%
Onlays	30% - 0% ²	30%	50%	30 - 0% ²	20%
Prosthodontics services					
Dentures and partial dentures	30% - 0% ²	50%	50%	30 - 0% ²	20%
Bridges	30% - 0% ²	50%	50%	30 - 0% ²	20%
Other services					
Nitrous Oxide	50%	50%	50%	50%	50%
Occlusal guards (night guards ⁵ and athletic mouthguards)	50%	50%	50%	50%	50%
Orthodontic services^{1,6}					
Lifetime maximum – \$1,800	20%	20%	N/A	20%	20%

*Preventive costs will not accrue toward the benefit maximum.

¹ Deductible waived.


² Under this incentive plan, benefits start at 70 percent for the individual's 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, palliative 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.

 If you move from a constant plan (Plan 6 or the exclusive PPO) to an incentive plan (Plans 1, 5, or the Exclusive PPO - incentive) the incentive level starts at 70% regardless of the original date of hire

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

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Pharmacy coverage866-923-0411

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen Dienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

දຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دین: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ ”

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

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PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫారాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రావైడర్‌తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba so Yorùbá, awọn işe iranlọwọ ede oṣẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn işe lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

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