

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 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.



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



## 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.



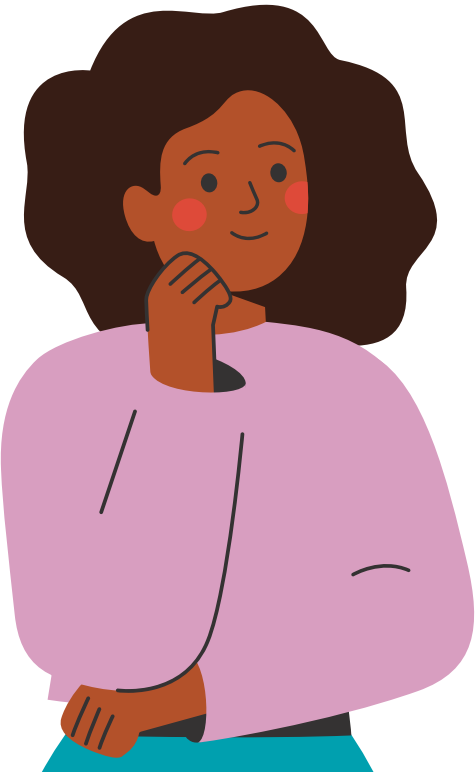
## Choose a better experience

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/oebbbrx](https://modahealth.com/oebbbrx).



**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



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

*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.

To learn more, visit [teladochealth.com](https://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](https://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:**

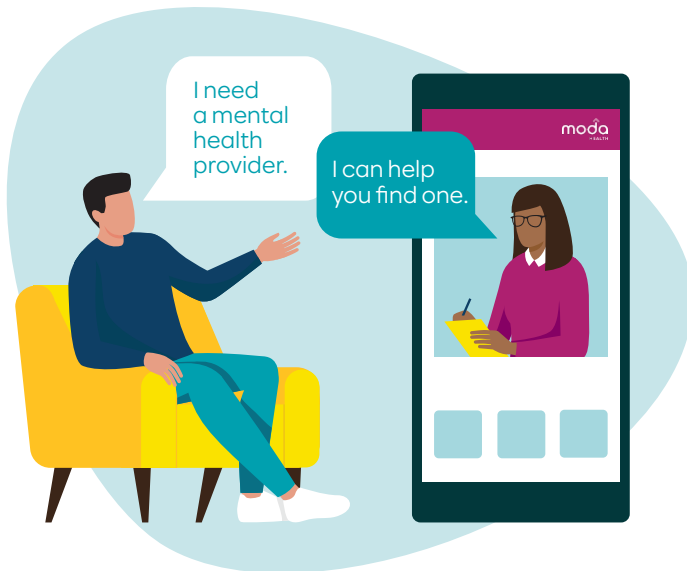
- Coordination with other providers, as needed
- Lower individual deductible
- Lower individual out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits



To see if your provider is a PCP 360, head to [modahealth.com/pcp360](https://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.

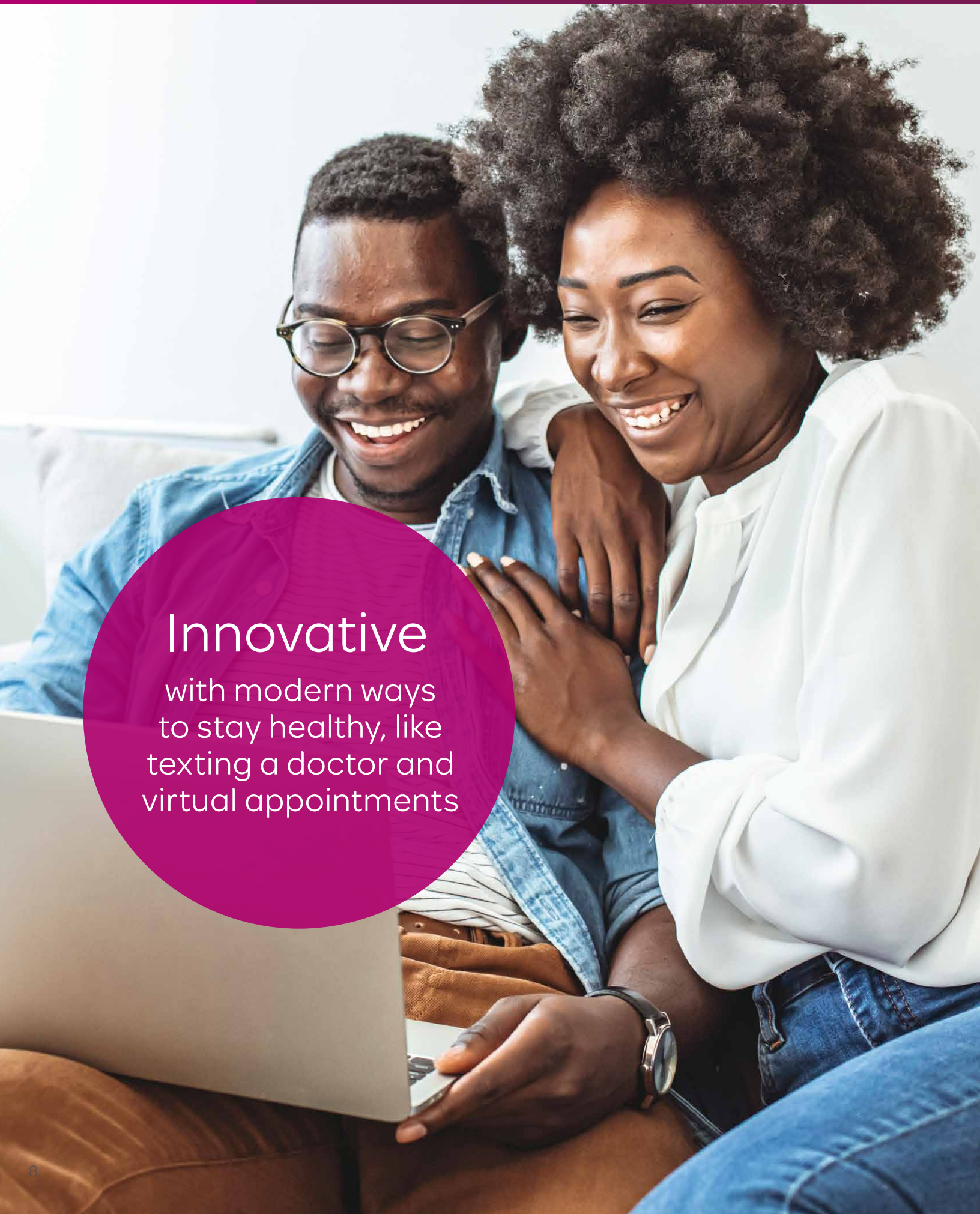
**Meru Health** gives you smartphone access to a licensed therapist for simple lessons and activities to support your mental well-being.



**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](mailto:bhchampions@modahealth.com) or take the Self-Guided Assessment on your **Member Dashboard**

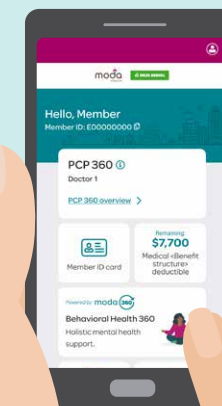




Innovative  
with modern ways  
to stay healthy, like  
texting a doctor and  
virtual appointments

## 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.

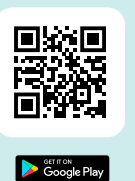


### Now available as an app!

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.



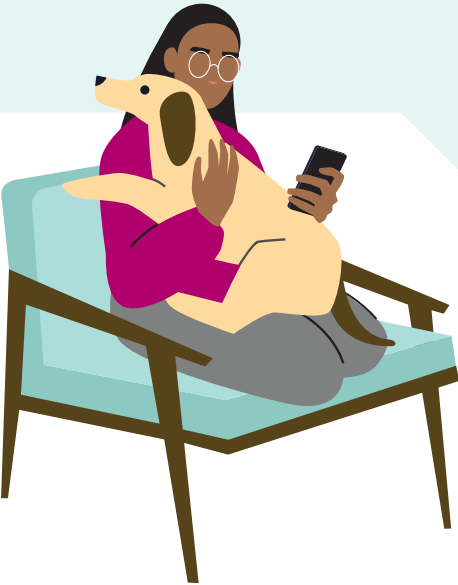
Moda 360 programs

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...

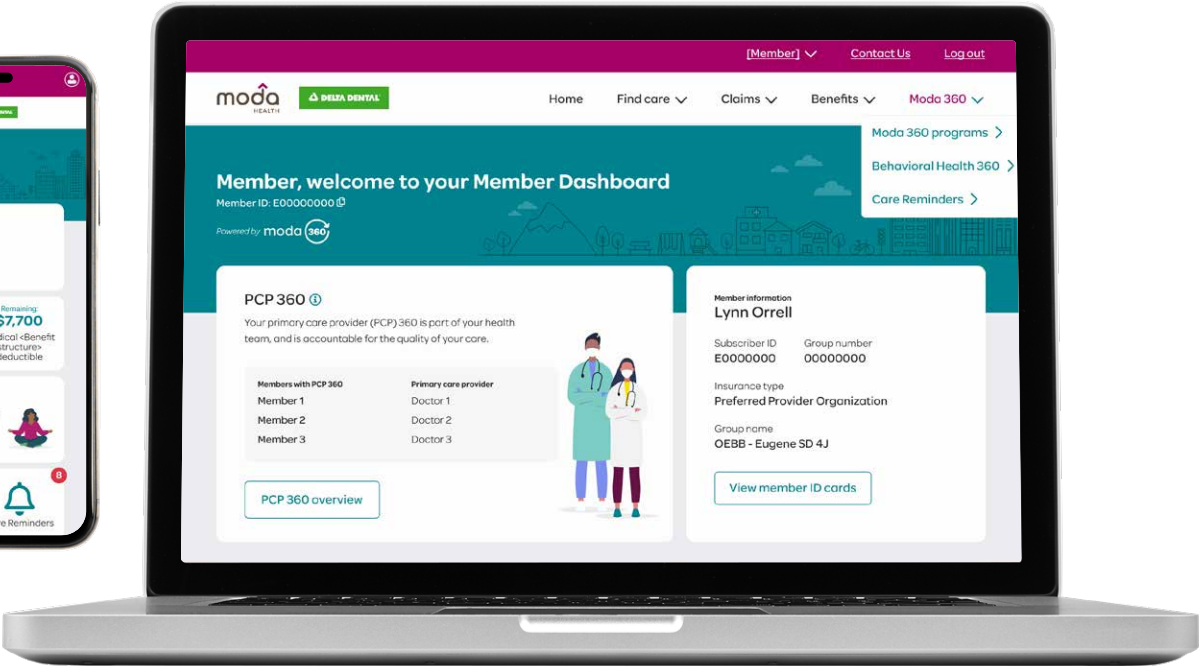
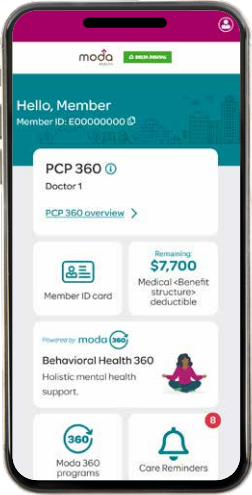
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



Log in to your Member Dashboard at [ModaHealth.com/MemberDashboard](https://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.

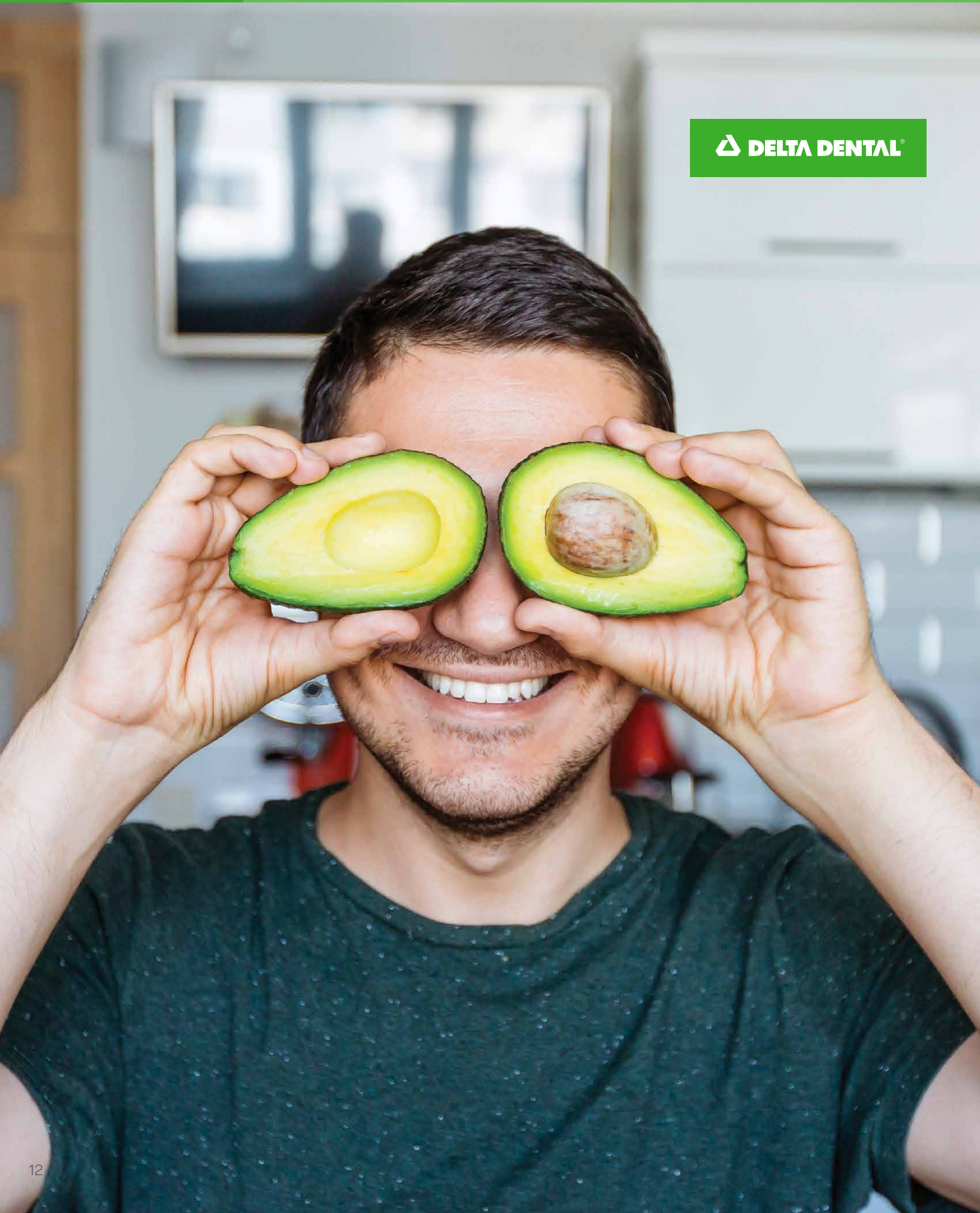


Our **Pre-D Program** is designed to help members who are at risk for developing type 2 diabetes and is offered at no additional cost.



Access additional tools and resources at [ModaHealth.com/MemberDashboard](https://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, 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



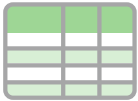
Cleanings every six months



Superior customer service



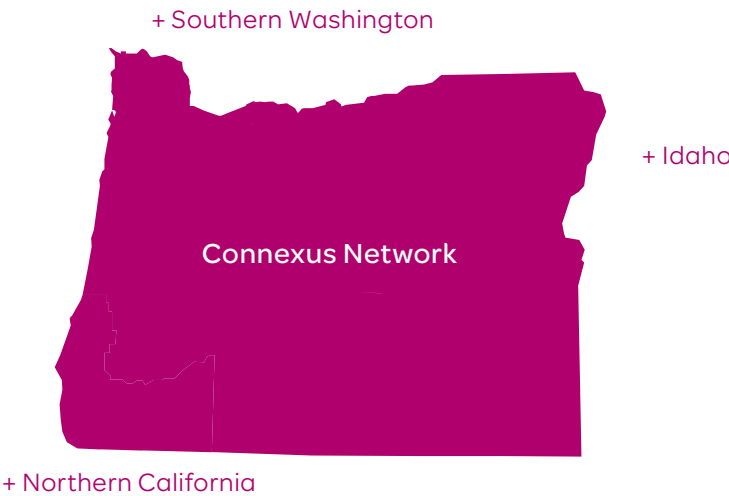
Freedom to choose a dentist



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, except for those living in Idaho or Alaska. If you live in Idaho, you will have access to the Connexus Network. Those living in Alaska use the First Health Network.



**New this year!** (effective 10/1/25)

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

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

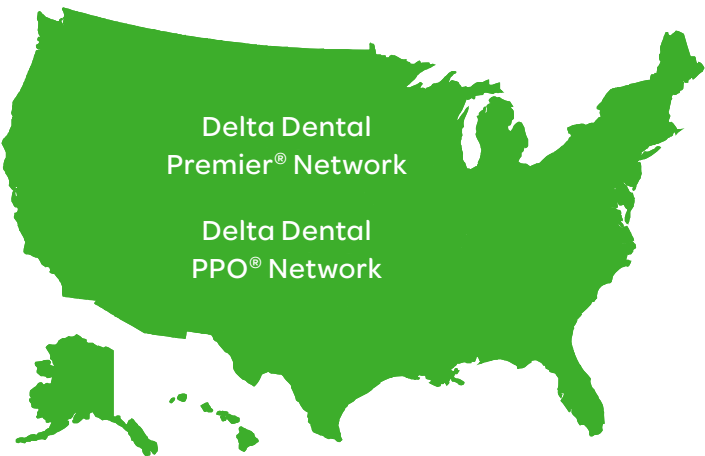


See if your doctor is in-network at [modahealth.com/ConnexusProviders](https://modahealth.com/ConnexusProviders)

# 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 114,000 Dental PPO dentists nationwide.

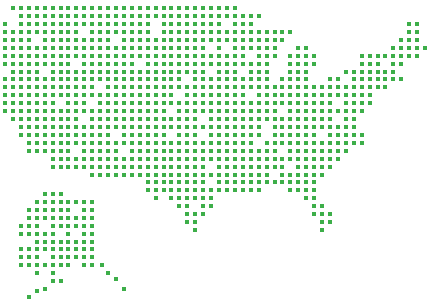
The Delta Dental Premier® Network is the largest network of dental providers, connecting you with more than 2,300 dentists in Oregon and over 148,000 across the country.



## Delta Dental PPO® Network

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

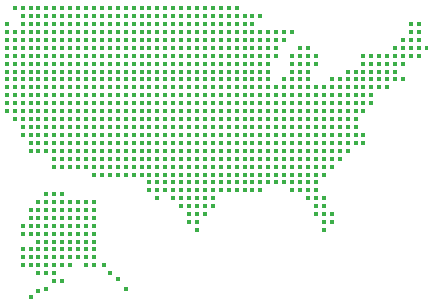
Choose from a large selection of dentists



## 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](https://modahealth.com/oebb) click on Find Care > select your dental network



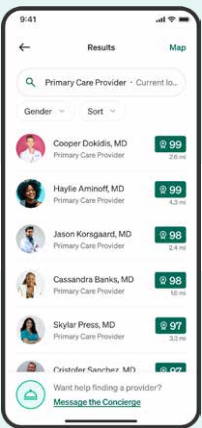
# Get money back when you see top-rated doctors

★ NEW reimbursement benefit starts 10/1/2025! ★

Starting October 1, 2025, you'll have access to Garner™, a new healthcare benefit that connects you with trusted, high-quality doctors and eases the cost of staying healthy.

When you see a top-rated Garner provider, you can get reimbursed for out-of-pocket medical costs up to \$700 for yourself or up to \$1,400 for your covered family members. Save on doctor visits, imaging, lab work, prescriptions and more!

## Saving is easy!



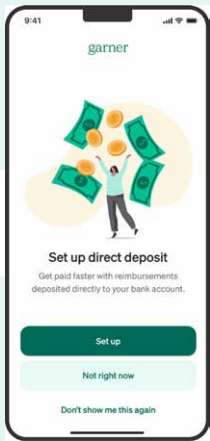
1

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 after the claim is processed




### Get ready now

Scan the QR code to sign up and choose a nearby Garner provider so you're ready when this benefit begins on October 1.



2025-26 *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 <sup>5</sup>	
 <b>Coordinated care = Selecting a PCP clinic in your Member Dashboard</b>	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay
Plan-year costs										
Deductible per person / family	<b>\$700</b> / \$1,600	<b>\$800</b> / \$1,600	<b>\$1,100</b> / \$2,400	<b>\$1,200</b> / \$2,400	<b>\$1,500</b> / \$3,200	<b>\$1,600</b> / \$3,200	<b>\$1,900</b> / \$4,000	<b>\$2,000</b> / \$4,000	<b>\$2,300</b> / \$4,800	<b>\$2,400</b> / \$4,800
Out-of-pocket max per person <sup>7</sup>	<b>\$3,750</b>	<b>\$4,150</b>	<b>\$4,750</b>	<b>\$5,150</b>	<b>\$5,750</b>	<b>\$6,150</b>	<b>\$7,600</b>	<b>\$8,000</b>	<b>\$7,700</b>	<b>\$8,100</b>
Out-of-pocket max per family <sup>7</sup>	\$8,300		\$10,300		\$12,300		\$16,000		\$16,200	
Preventive care										
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>\$20 copay<sup>1,6</sup></b>	<b>20%</b>	<b>\$20 copay<sup>1,6</sup></b>	<b>20%</b>	<b>\$25 copay<sup>1,6</sup></b>	<b>25%</b>	<b>\$25 copay<sup>1,6</sup></b>	<b>25%</b>	<b>\$30 copay<sup>1,6</sup></b>	<b>25%</b>
Periodic health exams, routine women’s exams, annual obesity screening, immunizations	\$0 <sup>1</sup>		\$0 <sup>1</sup>		\$0 <sup>1</sup>		\$0 <sup>1</sup>		\$0 <sup>1</sup>	
Professional services										
Primary care office visits	<b>\$25 copay<sup>1,2</sup></b>	<b>20%</b>	<b>\$25 copay<sup>1,2</sup></b>	<b>20%</b>	<b>\$30 copay<sup>1,2</sup></b>	<b>25%</b>	<b>\$30 copay<sup>1,2</sup></b>	<b>25%</b>	<b>\$35 copay<sup>1,2</sup></b>	<b>25%</b>
Primary care office visits with a provider other than your chosen PCP 360	<b>\$45 copay<sup>1</sup></b>	N/A	<b>\$45 copay<sup>1</sup></b>	N/A	<b>\$55 copay<sup>1</sup></b>	N/A	<b>\$55 copay<sup>1</sup></b>	N/A	<b>\$55 copay<sup>1</sup></b>	N/A
Specialist office visits	<b>\$45 copay<sup>1</sup></b>	<b>20%</b>	<b>\$45 copay<sup>1</sup></b>	<b>20%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>
Mental health office visits and Meru Health	\$25 copay <sup>1</sup>		\$25 copay <sup>1</sup>		\$30 copay <sup>1</sup>		\$30 copay <sup>1</sup>		\$35 copay <sup>1</sup>	
Chemical dependency services	\$25 copay <sup>1</sup>		\$25 copay <sup>1</sup>		\$30 copay <sup>1</sup>		\$30 copay <sup>1</sup>		\$35 copay <sup>1</sup>	
Virtual Care (CirrusMD telehealth)	\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>	
Virtual Care (Other Providers - primary care only)	\$10 copay <sup>1</sup>		\$10 copay <sup>1</sup>		\$10 copay <sup>1</sup>		\$10 copay <sup>1</sup>		\$10 copay <sup>1</sup>	
Alternative care services										
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) <sup>5</sup>	<b>\$25 copay<sup>1</sup></b>	<b>20%</b>	<b>\$25 copay<sup>1</sup></b>	<b>20%</b>	<b>\$30 copay<sup>1</sup></b>	<b>25%</b>	<b>\$30 copay<sup>1</sup></b>	<b>25%</b>	<b>\$35 copay<sup>1</sup></b>	<b>25%</b>
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) <sup>3</sup>	\$500 copay + 20%		\$500 copay + 20%		\$500 copay + 25%		\$500 copay + 25%		\$500 copay + 25%	
Emergency care										
Urgent care visit	<b>\$45 copay<sup>1</sup></b>	<b>20%</b>	<b>\$45 copay<sup>1</sup></b>	<b>20%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>	<b>\$55 copay<sup>1</sup></b>	<b>25%</b>
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](https://modahealth.com/oebb/members/handbooks) and refer to your Member Handbook.



2025-26 Medical **HDHP plan** benefit table

	Medical Plan 6 Connexus Network HDHP HSA Compliant <sup>9</sup>		Medical Plan 7 Connexus Network HDHP HSA Compliant <sup>9</sup>	
 <b>Coordinated care</b> = Selecting a PCP clinic in your Member Dashboard	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay	<b>Coordinate your care for better benefits</b>	With in-network, non-coordinated care, you pay
<b>Plan-year costs</b>				
Subscriber-only plan deductible <sup>2</sup>	<b>\$1,900</b>	<b>\$2,000</b>	<b>\$2,300</b>	<b>\$2,400</b>
Family plan deductible <sup>3</sup>	\$4,000		\$4,800	
Individual out-of-pocket max	<b>\$7,300</b>	<b>\$7,650</b>	<b>\$7,400</b>	<b>\$7,650</b>
Family plan out-of-pocket max <sup>3</sup>	\$15,300		\$15,300	
<b>Preventive care</b>				
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>15%</b> <sup>10</sup>	<b>20%</b>	<b>20%</b> <sup>10</sup>	<b>25%</b>
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 <sup>1</sup>		\$0 <sup>1</sup>	
<b>Professional services</b>				
Primary care office visits	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>25%</b>
Primary care office visits with a provider other than your chosen PCP 360	<b>15%</b>	N/A	<b>20%</b>	N/A
Specialist office visits	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>25%</b>
Mental health office visits	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>25%</b>
Chemical dependency services	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>25%</b>
Virtual Care (CirrusMD telehealth)	\$0 copay		\$0 copay	
Virtual Care (Other Providers - primary care only)	\$10 copay		\$10 copay	
<b>Alternative care services</b>				
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) <sup>8</sup>	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
<b>Maternity care</b>				
Physician or midwife services and hospital stay	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
<b>Outpatient and hospital services</b>				
Inpatient care and outpatient hospital/facility care	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Skilled nursing facility care (60 days per plan year)	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Surgery	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Spine surgery, knee and hip replacement, <sup>5</sup> knee and shoulder arthroscopy, uncomplicated hernia repair	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Gastric bypass (Roux-en-Y) <sup>4</sup>	<b>\$500 copay + 20%</b>	<b>\$500 copay + 25%</b>	<b>\$500 copay + 20%</b>	<b>\$500 copay + 25%</b>
<b>Emergency care</b>				
Urgent care visit	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>25%</b>
Emergency room	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Ambulance	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
<b>Other covered services</b>				
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	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>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.</i>	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Outpatient diagnostic lab and X-ray	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Durable medical equipment	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Major medical prescription coverage <sup>6</sup>	<b>20%</b>	<b>25%</b>	<b>20%</b>	<b>25%</b>
Value tier	\$4 per 31 day supply <sup>1</sup>		\$4 per 31 day supply <sup>1</sup>	

**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.

2025-26 **Medical plan** benefit table footnotes

- 1 Deductible waived. All amounts reflect member responsibility.
- 2 To receive the copay benefit, members must see PCP 360 clinic.
- 3 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.
- 4 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.
- 5 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.
- 6 Members must be seen at their chosen PCP 360 clinic or any in-network specialist to receive the copay benefit.
- 7 Medical copays, coinsurance, deductibles, ACT copays and pharmacy expenses apply to the medical out-of-pocket maximum.

2025-26 Medical **HDHP plan** benefit table footnotes

For limitations and exclusions, visit [modahealth.com/oebb/members](https://modahealth.com/oebb/members) and refer to your Member Handbook.

- 1 Deductible waived. All amounts reflect member responsibility.
- 2 Individual deductible applies only if employee is enrolling in the plan with no other family members.
- 3 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.
- 4 Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- 5 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.
- 6 A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.
- 7 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.
- 8 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.
- 9 To receive the lower coinsurance benefit, members must be seen at their chosen PCP 360 clinic.
- 10 Members must be seen at their chosen PCP 360 clinic or any in-network specialist to receive the lower coinsurance benefit.



2025-26 *Pharmacy* benefit table

	Medical Plans 1-5 <sup>4</sup>	Medical Plans 6-7 <sup>5,6</sup>	
	Coordinated and non-coordinated care	Coordinated care	Non-Coordinated care
Value	\$4 per 31-day supply <sup>1&amp;7</sup>	\$4 per 31-day supply*	\$4 per 31-day supply*
Select generic	\$12 per 31-day supply <sup>1</sup>	20%	25%
Preferred <sup>2,3</sup>	25% up to \$75 per 31-day supply <sup>1</sup>	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$175 per 31-day supply <sup>1</sup>	20%	25%
Mail			
Value	\$8 per 90-day supply		
Select generic	\$24 per 90-day supply	20%	25%
Preferred <sup>2,3</sup>	25% up to \$150 per 90-day supply	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$450 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 <sup>2,3</sup>	25% up to \$200 per 31 day supply or \$400 for 90-day supply when allowed	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$500 per 31 day supply or \$1,000 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 For certain medications, you may receive a 6-month supply at Costco for \$6. To see a list of medications, please visit: <http://info.navitus.com/6for6>.*

*For limitations and exclusions, visit [modahealth.com/oebb/members](http://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.

2025-26 *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% <sup>1</sup>		
Lenses <sup>2</sup> <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>	0% <sup>1</sup>		
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% <sup>1</sup>		

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

**Limitations and exclusions**

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- 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](http://modahealth.com/oebb/members) and refer to your Member Handbook.*

2025-26 *Dental plan* benefit table

	Plan 1 <sup>2</sup>	Plan 5 <sup>2</sup>	Plan 6 <sup>3</sup>	Exclusive PPO Incentive Plan <sup>3,4</sup>	Exclusive PPO <sup>3,4</sup>
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 services <sup>1</sup>					
Exam and prophylaxis/cleanings (once every six months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Sealants and space maintainers	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Restorative services					
Fillings (posterior teeth paid to composite)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Inlays (composite reimbursement fee)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Oral surgery and extractions	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Endodontics and periodontics	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Major restorative services					
Gold or porcelain crowns	30% - 0% <sup>2</sup>	30%	50%	30 - 0% <sup>2</sup>	20%
Implants	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
Onlays	30% - 0% <sup>2</sup>	30%	50%	30 - 0% <sup>2</sup>	20%
Prosthodontics services					
Dentures and partial dentures	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
Bridges	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
Other services					
Nitrous Oxide	50%	50%	50%	50%	50%
Occlusal guards (night guards <sup>5</sup> and athletic mouthguards)	50%	50%	50%	50%	50%
Orthodontic services <sup>1,6</sup>					
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.

For limitations and exclusions, visit [modahealth.com/oebb/members](http://modahealth.com/oebb/members) and refer to your Member Handbook.



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Dental coverage .....866-923-0410  
Pharmacy coverage .....866-923-0411



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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](https://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](https://hhs.gov/ocr/office/file/index.html).

[modahealth.com](https://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)

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

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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 Sprachassistenzenzdienste 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（TY、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

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

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

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IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

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