



# 2026-27 OEGB Insurance Committee Webinar





# Medical and pharmacy



# 2026-27 OEBC medical plan changes

- The individual deductible and out-of-pocket maximum for all medical plans increased by \$250.
- The family deductible and out-of-pocket maximum (OOPM) for all medical plans are increased by \$500.
- Garner HRA incentive will increase by \$250/\$500
  - This means the new Garner HRA will be \$950 for an individual plan and \$1,900 for a family plan.
- The following copays of medical plans 1-5 increased by \$10:
  - PCP 360 (Primary care) office visits
  - Primary care office visits with a provider other than your chosen PCP 360
  - Specialist office visits
  - Mental health office visits and chemical dependency services
  - Alternative care office visits
  - Urgent care
- Removing the incentive care office visit and virtual care for primary care copays. These visits will be paid at the standard cost sharing of the plan.

# 2026-27 OEBC medical/pharmacy plan changes

- All genetic testing will require prior authorizations.
- Home infusion will now be covered at no member cost share
- Teledoc (aka Livongo) diabetes management program
  - This program will no longer be available to OEBC members.
  - Current member will receive notification letting them know this program will be discontinued.
- Mandatory 90-day supply
  - Members will now be required to fill a 90-day supply for certain maintenance drugs and for GLP1 drugs for managing diabetes through mail order or at a 90-day supply retail pharmacy.
  - To learn more about mail order or to locate a 90-day supply pharmacy, visit [modahealth.com/oebc/members/pharmacy.shtml](https://modahealth.com/oebc/members/pharmacy.shtml) or call our Moda 360 Health Navigator team.
  - If a member is impacted and is currently taking a maintenance drug or GLP1 for diabetes, they'll receive a letter 60 days in advance to let them know.

# Medical plan overview

The deductibles, out-of-pocket maximums and copays increased for the 2026-27 plan year.

Medical plan	Individual Deductible		Family Deductible		Individual Out-of-Pocket		Family Out of Pocket		Primary care		Specialist care/Urgent Care		Alternative Care	
	Coordinated	Non-coordinated	Coordinated	Non-Coordinated	Coordinated	Non-coordinated	Coordinated	Non-Coordinated	Coordinated	Non-coordinated	Coordinated	Non-coordinated	Coordinated	Non-coordinated
Plan 1 <sup>2</sup>	\$950	\$1,050	\$2,100		\$4,000	\$4,400	\$8,800		\$35 <sup>1</sup>	20%	\$55 <sup>1</sup>	20%	\$55 <sup>1</sup>	20%
Plan 2 <sup>2</sup>	\$1,350	\$1,450	\$2,900		\$5,000	\$5,400	\$10,800		\$35 <sup>1</sup>	20%	\$55 <sup>1</sup>	20%	\$55 <sup>1</sup>	20%
Plan 3 <sup>2</sup>	\$1,750	\$1,850	\$3,700		\$6,000	\$6,400	\$12,800		\$40 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%
Plan 4 <sup>2</sup>	\$2,150	\$2,250	\$4,500		\$7,850	\$8,250	\$16,500		\$40 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%
Plan 5 <sup>2</sup>	\$2,550	\$2,650	\$5,300		\$7,950	\$8,350	\$16,700		\$45 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%	\$65 <sup>1</sup>	25%
Plan 6 <sup>2</sup> HSA optional	\$2,150	\$2,250	\$4,500		\$7,550	\$7,900	\$15,800		15%	20%	15%	20%	15%	20%
Plan 7 <sup>2</sup> HSA optional	\$2,550	\$2,650	\$5,300		\$7,650	\$7,900	\$15,800		20%	25%	20%	25%	20%	25%

# Pharmacy benefits

	Medical Plans 1-5	Medical Plans 6-7	
Out-of-pocket maximum	Accrues towards out-of-pocket maximum	Accrues towards out-of-pocket maximum	
		Coordinated Care	Non-Coordinated Care
Value	\$4 per 31-day supply	\$4* per 31-day supply	\$4* per 31-day supply
Select generic	\$12 per 31-day supply	20%	25%
Preferred brand	25% up to \$75 per 31-day supply	20%	25%
Non-preferred brand **	50% up to \$350 per 31-day supply	20%	25%
Mail			
Value	\$8 per 90-day supply	\$8* per 90-day supply	\$8* per 90-day supply
Select generic	\$24 per 90-day supply	20%	25%
Preferred brand	25% up to \$150 per 90-day supply	20%	25%
Non-preferred brand **	50% up to \$900 per 90-day supply	20%	25%
Specialty***			
Generic	\$12 per 31-day supply or \$36 dollars when allowed 90-day supply	20%	25%
Preferred brand	25% up to \$200 per 31-day supply	20%	25%
Non-preferred brand **	50% up to \$1,000 per 31-day supply for \$2,000 for 90-day supply when allowed	20%	25%

\* Deductible waived

\*\*A formulary exception must be approved for non-preferred brand prescription medication

\*\*\*Allows 90-day fills for select specialty medications (2 times the copay)

# Coordinated care: PCP 360 and better benefits

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



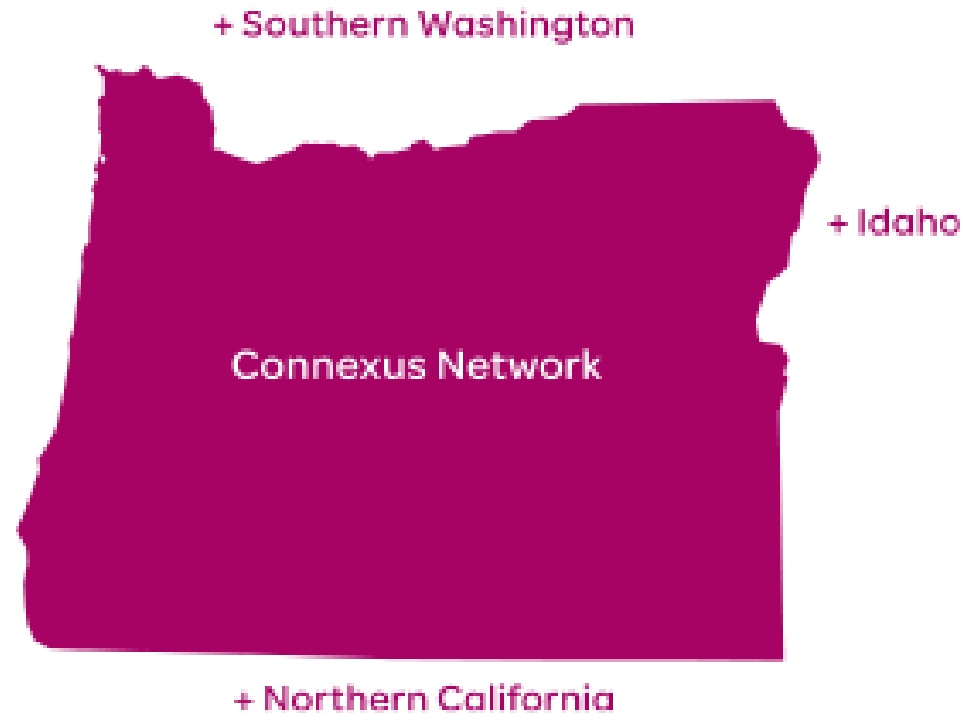
**A PCP who is responsible** for making sure you get all the care you need



# Network overview



# Network – Connexus



Effective 10/1/26, members living in Alaska will also use the Connexus Network. This means members living in Alaska will no longer use the First Health Network.

# Members who live outside the service area

## **OEGB members have access to Moda's national network, Aetna PPO® Network through Aetna Signature Administrators®**

- Members who need care outside of the Connexus service area can utilize our Aetna PPO network.
- Members who live outside the Connexus service area (Oregon, SW Washington, Idaho and Alaska) will also utilize the Aetna PPO network

## **Coordinated Care Model (CCM) and Selecting a PCP360**

- Dependents who live outside the Connexus service area part-time can still participate in coordinated care by selecting a PCP 360. When they are in the Connexus service area, they will use their PCP 360. When they are away, they will use the appropriate network listed above.
- Subscribers who are full-time outside of the service can participate in the CCM to receive the better benefits by selecting a Teladoc P360 provider as their PCP360.

To ensure members receive in-network benefits, the member will need to make sure they update their or their dependent's address in the myOEGB system before seeking care. For more information about which network to use, visit the OEGB coverage FAQs.

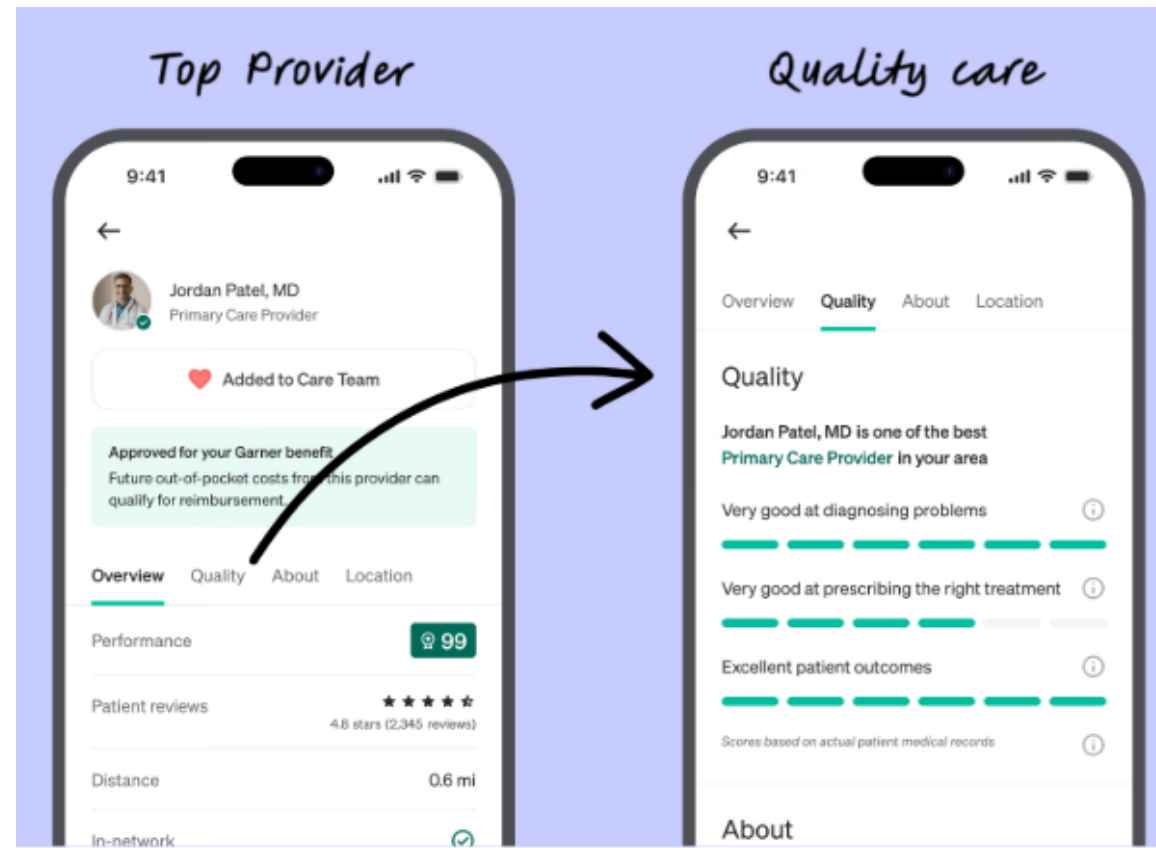


garner™

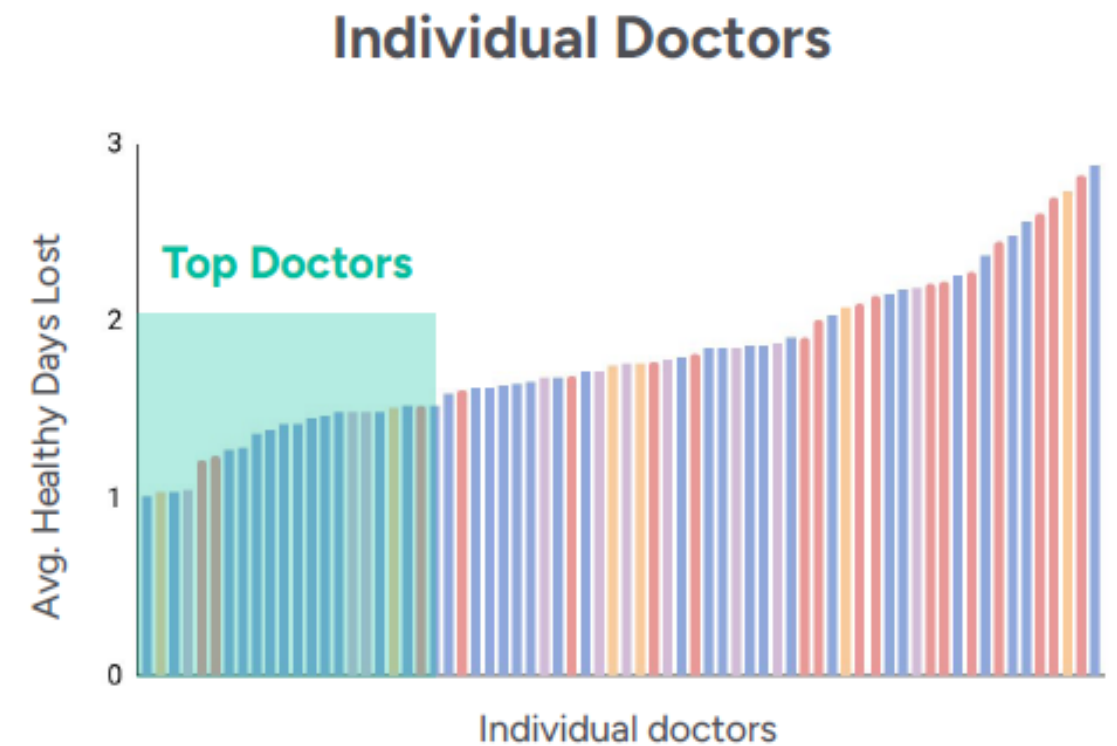
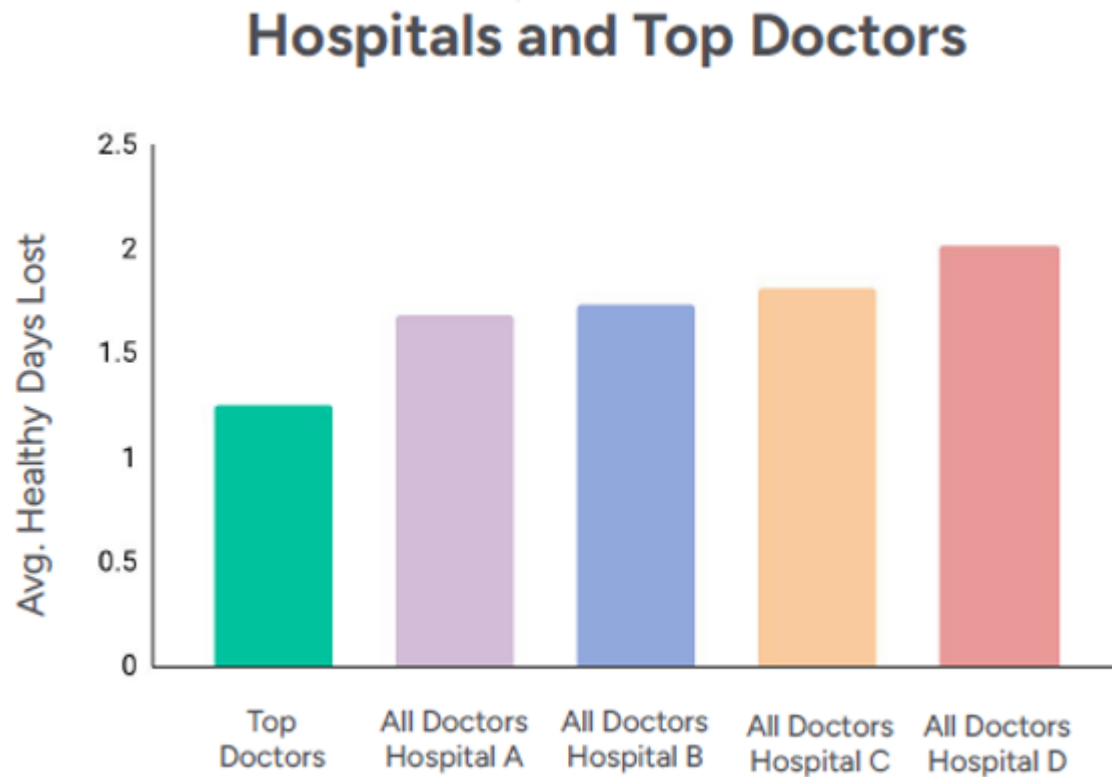
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HEALTH



Garner is a benefit that helps members find high quality, in-network doctors. Members can get reimbursed for qualifying out-of-pocket medical costs when they visit Garner Top Providers.



# The doctor you choose has a big impact on your health



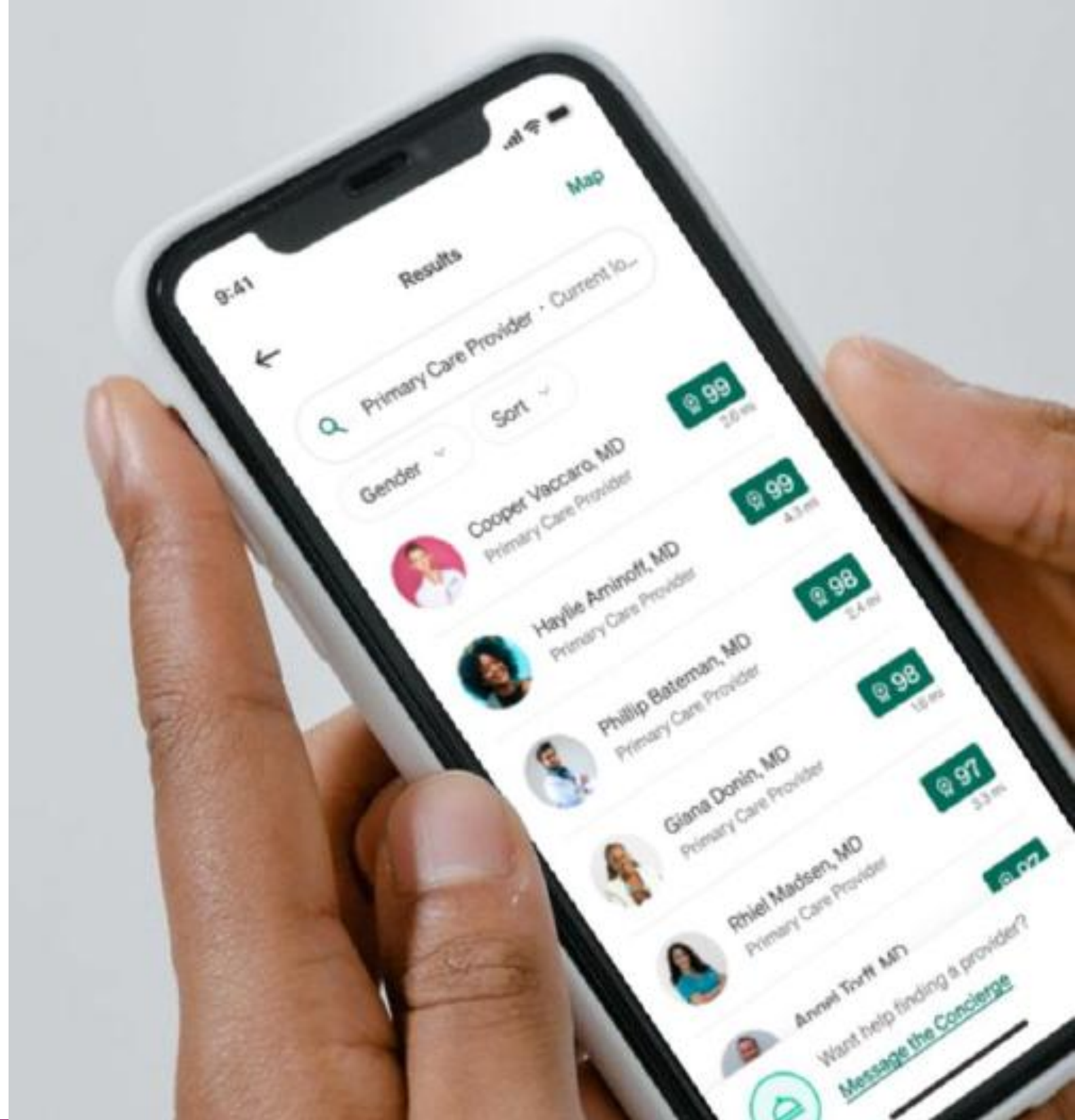


# How Garner identifies Top Providers

Doctors cannot pay to influence Garner.

Garner identifies Top Providers who:

1. Follow current medical research
2. Successfully diagnose problems
3. Achieve the patient outcomes
4. Receive the highest patient satisfaction rates



## Garner will reimburse members for using high-quality providers\* for:

- Office visits
- Imaging
- Lab work
- Procedures
- Prescriptions

\*If members are on High-Deductible Health Plan (Medical Plans 6 and 7), they must first meet the IRS minimum annual deductible of \$1,700 for a self-only plan and \$3,400 for a family plan before they can use the Garner incentive.

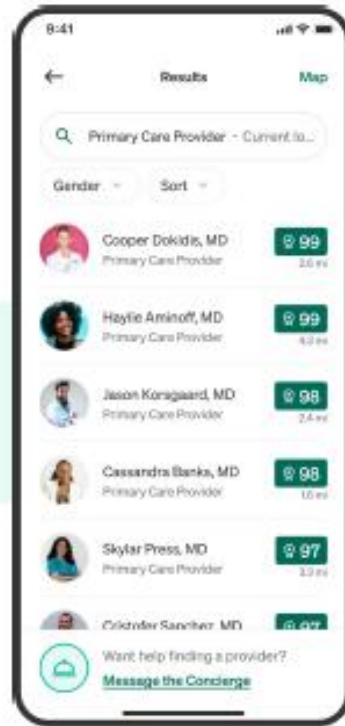


**\$950**  
for individuals



**\$1,900**  
for families

# How to use Garner



**1.**  
**Find a Top Provider**



**2.**  
**Visit a Top Provider**

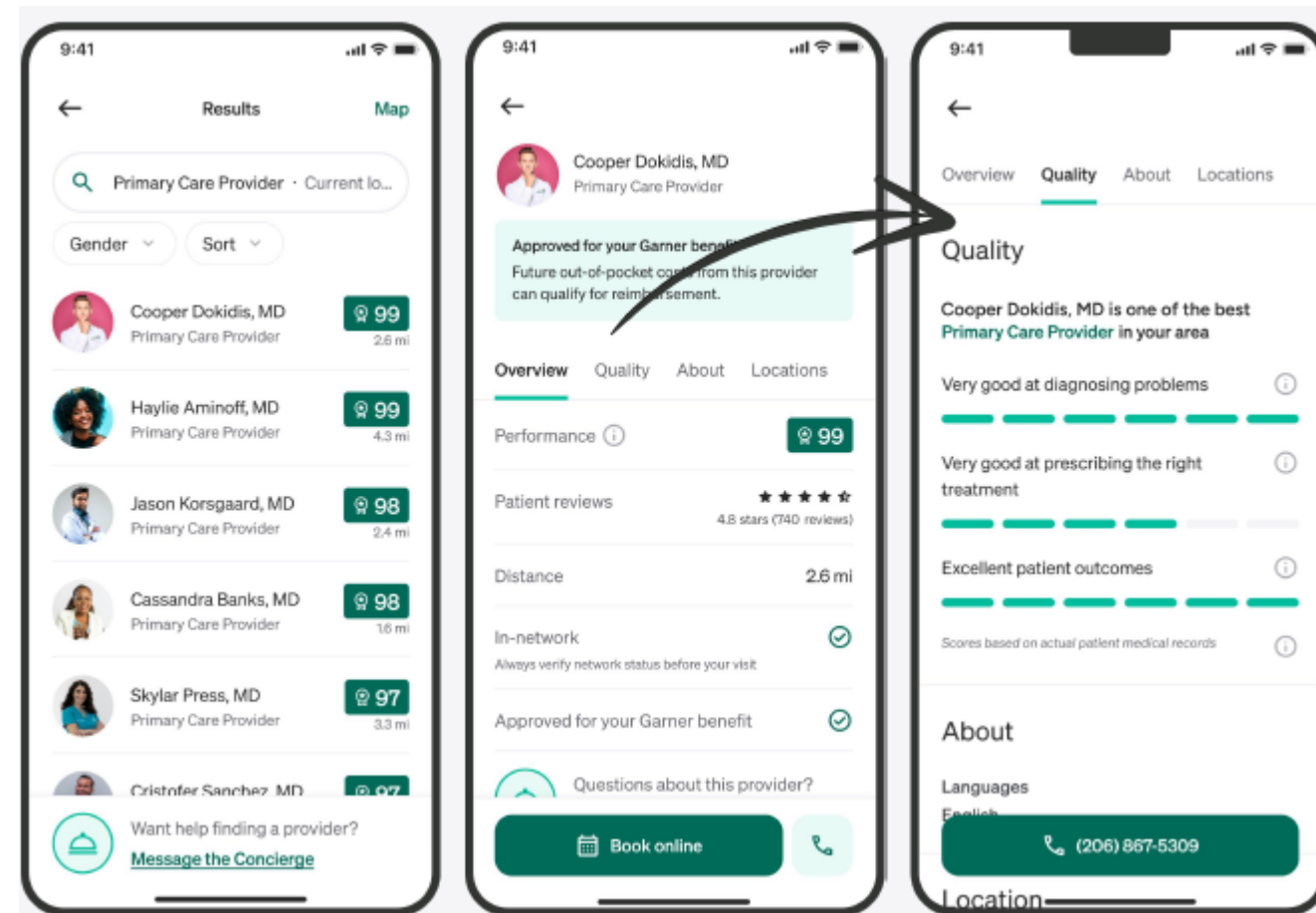


**3.**  
**Get Reimbursed**

# Find Garner Top Providers

You can find nearby providers based on symptoms, name or the type of care needed.

Providers with a Top Provider badge are eligible for reimbursement. Viewing Top Provider badge will automatically add them to the member's approved providers list.



Add your preferred approved providers to your Care Team list for an easy way to organize the providers that matter to you.

# Garner concierge: Live chat for support

Garner's Concierge team is here to help members:

- Understand the benefit
- Explain the reimbursement process
- Find Top Providers

Members can reach the concierge team (Monday through Friday, 5 a.m.-7 p.m., PST):

- Through the app or web page – visit <https://app.getgarner.com> to learn more.
- Email: [concierge@getgarner.com](mailto:concierge@getgarner.com)
- Phone: 458-488-4828



# Behavioral Health 360

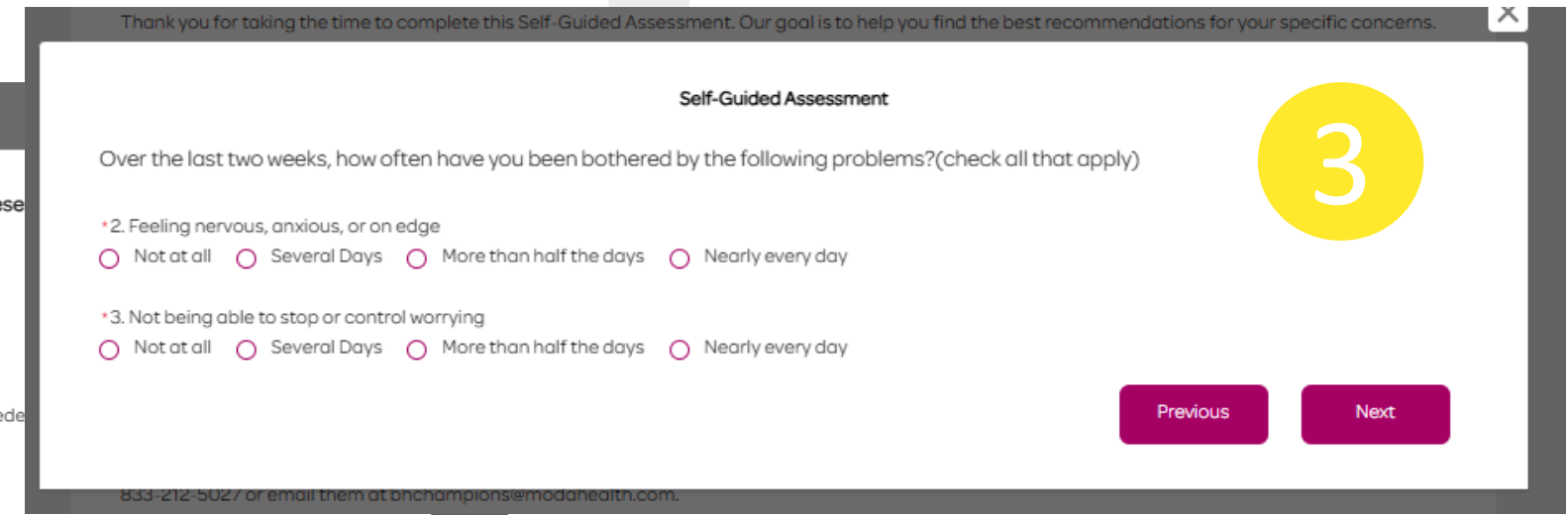
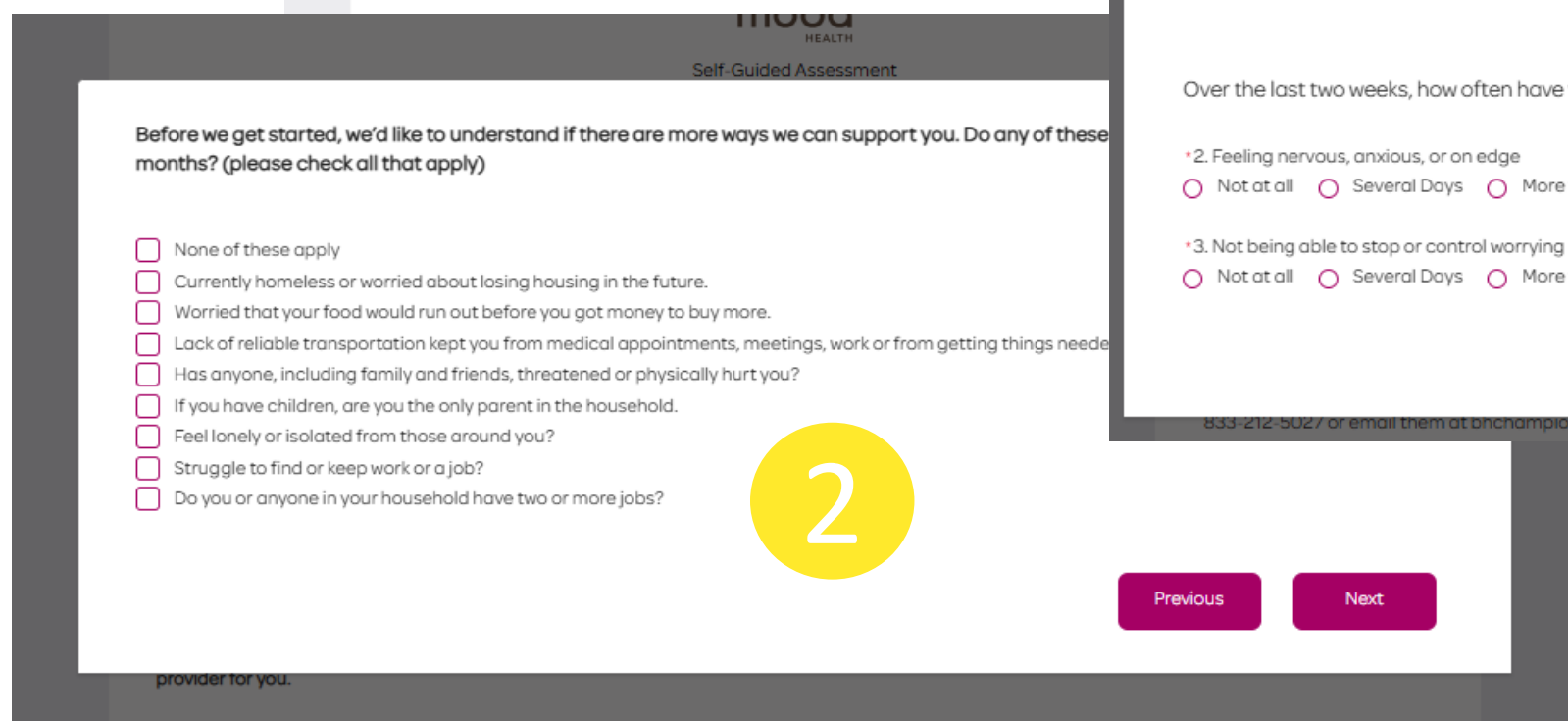
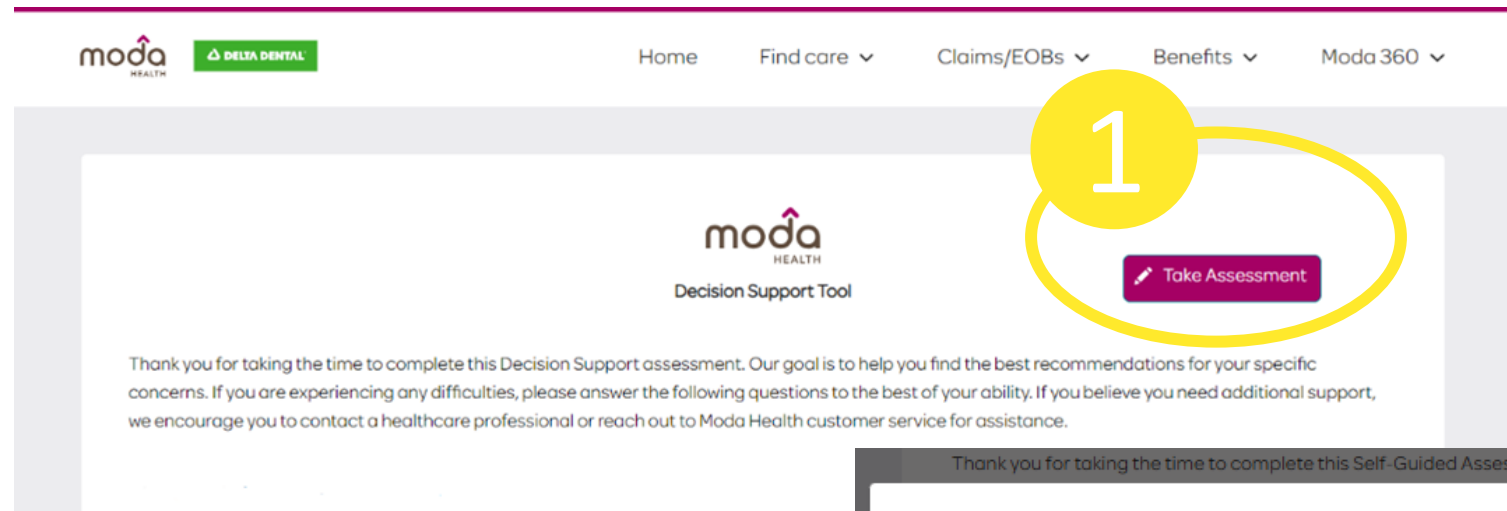
# Behavioral Health 360 experience

Our Behavioral Health Champions and Self-Guided Assessment offer two ways to help members find care they need to feel their best. **Our Behavioral Health Champions can help members with:**



Call a Behavioral Health Champion at **833-212-5027** or email them at [bhchampions@modahealth.com](mailto:bhchampions@modahealth.com)

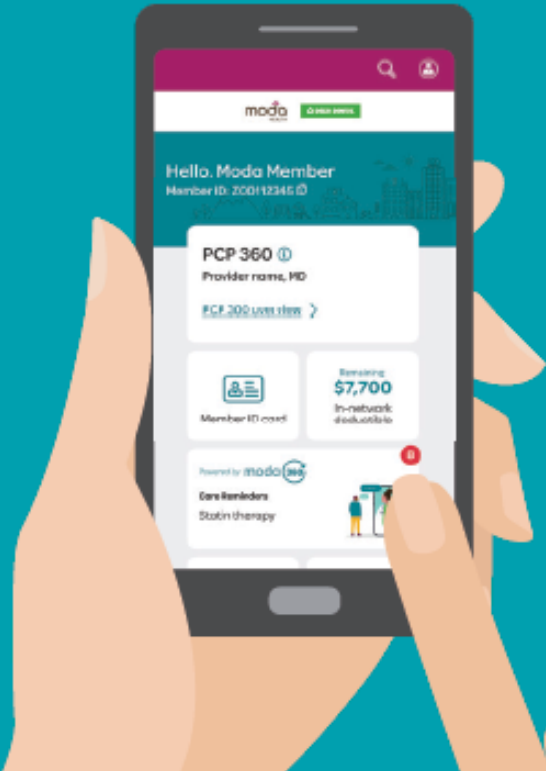
# Behavioral Health 360



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# moda Member Dashboard



**Connect to care –  
wherever you are**

To access these programs, log in to your Member Dashboard account on your computer or scan the QR code to download the Moda 360 app on your smartphone.






# Personalized programs

moda HEALTH DELTA DENTAL Home Find care ▾ Claims/EOBs ▾ Benefits ▾ Moda 360 ▾

Moda 360 Programs Behavioral Health 360 Care Reminders

## Moda 360 programs

Healthcare can be complicated. That's why we created Moda 360-personalized programs to help you on your health journey.



- [Hearing aid discounts with TruHearing](#)  
Connect better with others with a routine hearing aid exam and discounts on hearing aids. >
- [Mental health support with Spring Health](#)  
Spring Health provides counseling, psychiatry, and more via phone, tablet or computer. To find out more, reach out to our Behavioral Health Champions at 833-212-5027 or email them at bhchampions@modahealth.com. >
- [Text a doctor with CirrusMD](#)  
Never be without a doctor. Text a medical doctor about non-emergency health concerns 24/7. >

Tell us more...

Live Chat



A sensor-based physical care program that can treat all major MSK conditions.



All-in-one digital wellness community designed to help you build healthy habits on your well-being journey.



Reachable weigh loss goals with simple, science-backed changes.



A digital breast cancer risk self-assessment.

## Pre – Diabetes Program

Prevent or delay type 2 diabetes with lasting changes to improve your overall health.



Never be without a doctor. Text a medical doctor about non-emergency health concerns 24/7.



Dental



# Delta Dental plans

- **NEW!** Effective 10/1/2026, the OEGB board voted to update coverage for dental exams, cleaning and topical application of fluoride to be covered twice per calendar year instead of covered once in any six-month period
- OEGB members have the **Preventive First benefit.**
  - This means preventive services do not accrue towards the annual benefit maximum, leaving additional dollars to use for basic and major services
- The Exclusive PPO plans do not include out-of-network benefit coverages
  - If you are enrolled in an Exclusive PPO plan, you must see a Delta Dental PPO provider or Specialist in order to receive benefits



# Delta Dental plan options – No changes

Plan options	Plan 1	Plan 5	Plan 6	Exclusive PPO – Incentive plan	Exclusive PPO Plan
Network	Delta Dental Premier			Delta Dental PPO	Delta Dental PPO
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$2,300	\$1,500
In-network, members pay					
Preventive/diagnostic	30% - 0%	30% - 0%	0%	0%	0%
Restorative	30% - 0%	30% - 0%	20%	30% - 0%	10%
Major restorative - crowns/onlays	30% - 0%	30%	50%	30% - 0%	20%
Prosthodontic - implants	30% - 0%	50%	50%	30% - 0%	20%
Orthodontic (lifetime maximum - \$1,800)	20%	20%	N/A	20%	20%
Occlusal guards (night guards* and athletic mouth guards)	50%	50%	50%	50%	50%
Nitrous oxide	50%	50%	50%	50%	50%



Vision



# Vision plan options – No changes

Vision plan options	Opal	Pearl	Quartz
<b>Benefit maximum</b>	\$600	\$400	\$250
	<b>What members pay</b>		
<b>Eye examinations</b> Frequency: Once per plan year	0%		
<b>Lenses</b> Frequency: Contacts or one pair of lenses per plan year	0%		
<b>Frames</b> Frequency: One pair per plan year for members under age 17; One pair per every two plan years for members age 17 and older	0%		

# moda Health Navigators

Available Monday through Friday from 7:30 a.m. to 5:30 p.m. Pacific time.



**Medical/Vision**  
866-923-0409



**Pharmacy**  
866-923-0411



**Dental**  
866-923-0410



Or email Moda Health at [OEBBquestions@modahealth.com](mailto:OEBBquestions@modahealth.com).

You can also chat with the Moda 360 Health Navigator team instantly through your [Member Dashboard](#).

# Moda Health Account Management team

Please feel free to email us at [OEBC\\_Marketing@modahealth.com](mailto:OEBC_Marketing@modahealth.com) at any time with any questions.



**Erica Hedberg**  
Director Govt. Programs



**Aleenna Rebitzke**  
Sr. Account Executive



**Kirsten Cofer**  
Associate Account Executive



**Meg Spear**  
Govt. Programs Coordinator

# Thank you



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