

2026 – 27 Moda Health plan updates and clarifications

Effective Oct. 1, 2026

Medical

- Medical Plans 1-7 will continue to be offered.
 - The individual deductible and out-of-pocket maximum increased by \$250 on all plans.
 - The family deductible and out-of-pocket maximum (OOPM) increased by \$500 on all plans.
 - All copays on medical plans 1-5 increased by \$10 dollars except for the ER copay and the additional cost tier copays.
 - Removing the incentive care office visit and PCP virtual copay. This will match the standard office visit copays.
- Garner: Garner HRA incentive will increase by \$250/\$500.
 - A benefit that helps you find high-quality doctors and get reimbursed for eligible out-of-pocket medical costs.
 - Garner will reimburse members for using high-quality providers for office visits, imaging, lab work, procedures, and prescriptions up to \$950 for an individual plan and \$1,900 for a family plan¹.
 - Create your Garner account at www.garnerguide.com/state-of-oregon-oebb and start searching for Top Garner Providers. To create your account, you will need to enter 'OE'BB' as your employer's name.
- NEW! Home infusion for chemotherapy will be covered at no member cost.
- NEW! All genetic testing will require prior authorization.
- NEW! Effective 10/1/26, OE'BB members living in Alaska (AK) will utilize Moda's Connexus network.

This means members living in AK will no longer have access to the First Health network.

- Effective 10/1/26 - Teledoc (also known as Livongo) Diabetes Management Program will no longer be available to OE'BB members.
- PCP 360: Members still have the option to participate in coordinated care and receive the benefits by selecting a PCP 360 for primary care services.

The **better benefits** include:

- A lower individual deductible
- A lower individual out-of-pocket maximum
- Lower cost for certain services like primary care office visits, specialist office visits, and alternative care.

Pharmacy

- Mandatory 90-day supply. This means members will now be required to fill a 90-day supply for certain maintenance drugs and for GLP1 drugs used to manage diabetes through mail order or at a 90-day supply retail pharmacy.

Vision

- No changes.

Dental

- No changes to dental copays and coinsurance.
- NEW! Cleanings and x-rays are now covered twice a year instead of once every 6 months.
- The Exclusive PPO plans require members to use a Delta Dental PPO provider. There are no out-of-network benefits.

OE'BB dental members have the Preventive First benefit. This means all preventive services do not accrue towards the annual benefit maximum and you will have additional dollars to use for basic and major services (ie. fillings, crowns, and implants).

¹If you are on High-Deductible Health Plan (Medical Plans 6 and 7), you must meet the IRS minimum annual deductible of \$1,650 for a self only plan and \$3,300 for a family plan before you can use the Garner incentive.

Delta Dental plan options

Dental plan	Plan 1 ¹	Plan 5 ²	Plan 6	Exclusive PPO ³	Exclusive PPO incentive plan ³
Network	Delta Dental Premier			Delta Dental PPO	
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$1,500	\$2,300
	In-network members pay				
Preventative/ diagnostic ¹	30%-0%	30%-0%	0%	0%	0%
Restorative	30%-0%	30%-0%	20%	10%	30%-0%
Major restorative	30%-0%	30%	50%	20%	30%-0%
Prosthetic	30%-0%	50%	50%	20%	30%-0%
Orthodontic (Lifetime maximum - \$1,800)	20%	20%	N/A	20%	20%

¹ Deductible waived.

² Under this incentive plan, benefits start at 70 percent for your 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 This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency.

Medical plans 1-7 (Connexus network)³

Medical plan	Deductible		Out-of-pocket		Primary care		Specialist visits		Alternative care		Urgent care	
	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM	CCM	Non-CCM
Medical plan 1	\$950	\$1,050	\$4,000	\$4,400	\$35 ¹	20%	\$55 ¹	20%	\$35 ¹	20%	\$55 ¹	20%
Medical plan 2	\$1,350	\$1,450	\$5,000	\$5,400	\$35 ¹	20%	\$55 ¹	20%	\$35 ¹	20%	\$55 ¹	20%
Medical plan 3	\$1,750	\$1,850	\$6,000	\$6,400	\$40 ¹	25%	\$65 ¹	25%	\$40 ¹	25%	\$65 ¹	25%
Medical plan 4	\$2,150	\$2,250	\$7,850	\$8,250	\$40 ¹	25%	\$65 ¹	25%	\$40 ¹	25%	\$65 ¹	25%
Medical plan 5	\$2,550	\$2,650	\$7,950	\$8,350	\$45 ¹	25%	\$65 ¹	25%	\$45 ¹	25%	\$65 ¹	25%
HDHP Medical plan 6	\$2,150	\$2,250	\$7,550	\$7,900	15%	20%	15%	20%	20%	25%	15%	20%
HDHP Medical plan 7	\$2,550	\$2,650	\$7,650	\$7,900	20%	25%	20%	25%	20%	25%	20%	25%

¹ Deductible waived. All amounts reflect member responsibility.

² Subscriber-only amounts shown. Family deductible and out-of-pocket maximums vary by plan. See plan options brochure for details.

³ Cost shares reflect individual amounts.