

Choose a better
experience with your
health insurance



2027



Better value and a
better experience with
the flexibility you want

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



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

Plans that put *you first*



Your personal member support team

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



A wide medical network, with 24/7 doctor access

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



Behavioral health that's right for you

You have access to [Spring Health](#), which provides mental health telehealth services for care navigation, therapy, coaching, self-guided exercises and more.



One of the largest networks of dentists

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



Find in-network providers near you

Our online provider directory, [Find Care](#), makes it easy to locate an in-network provider or PCP 360 near you. PCP 360 providers are marked with a 360 icon so they're easy to spot. Providence Primary Care providers are now PCP 360s. You and your family can now select them as your PCP 360 and you will receive in-network benefits for primary care services.



Choose a better experience.

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

Two plans. *Quality care.*

We offer two medical plans to choose from – a **Coordinated Care plan** and a **PPO plan**. Both provide access to quality care. Choose the plan that best fits your needs.

Both plans include:

-  Access to Providence providers, now **PCP 360 providers**
-  **Coverage** for chiropractic, acupuncture and massage therapy
-  **No referrals** needed to see in-network providers
-  Access to Moda’s largest network, **Connexus**

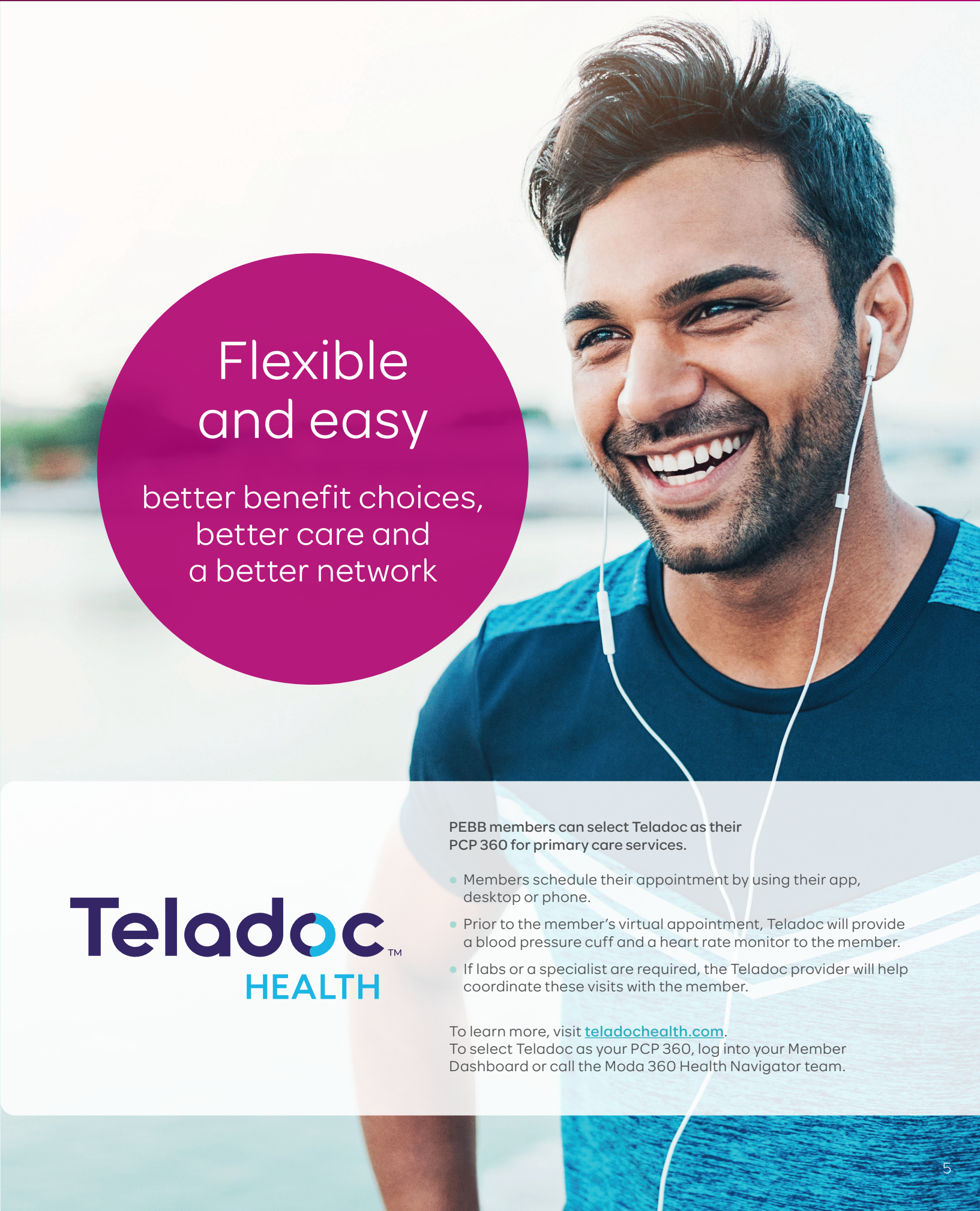
Coordinated Care plan	PPO plan
- Members who live in Oregon and surrounding counties can select the Coordinated Care plan. - Through this plan, you must select and use a PCP 360 to receive in-network benefits for primary care services. - For care outside of the Connexus service area, members will utilize the Aetna PPO® Network through Aetna Signature Administrators®. - Subscribers who have a dependents who live outside the Connexus service area, can still enroll in Coordinated Care plan. These dependents will use the Aetna PPO® Network when outside of the service area.	- The PPO plan is available is nationwide. Members can select this plan if they live in Oregon or throughout the country. - Members on the plan who live in Oregon, Southwest Washington, Idaho, or Alaska will utilize the Connexus network. - If you live or need care outside of the service area, you will use the Aetna PPO® Network through Aetna Signature Administrators.

Before you seek care

To receive in-network benefits, you must update your addresses and your dependent’s address in the PEBB enrollment system before receiving care.



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



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

Teladoc
HEALTH

PEBB members can select Teladoc as their PCP 360 for primary care services.

- 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.
To select Teladoc as your PCP 360, log into your Member Dashboard or call the Moda 360 Health Navigator team.



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.

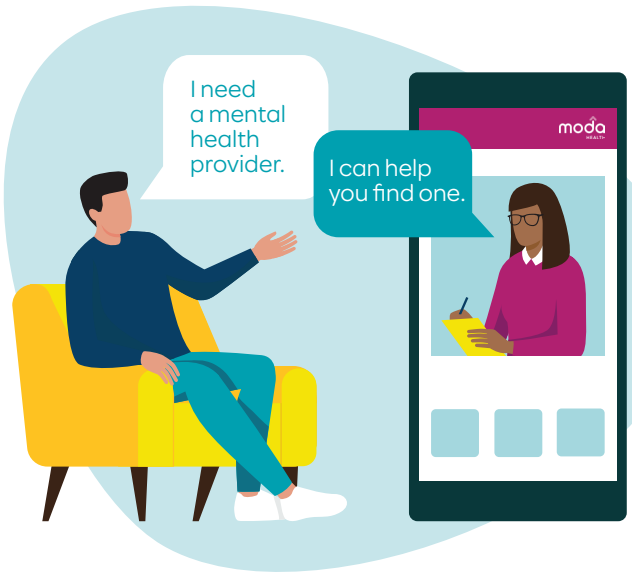


Moda 360 Health Navigators can help you with:

- 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

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**, bhchampions@modahealth.com or take the Self-Guided Assessment on your **Member Dashboard**



Benefits that support your *family planning journey.*

Through PEBB, you have enhanced benefits to support your family planning journey.

Progyny is a leading fertility benefit that provides personalized care and guidance every step of the way. The Progyny Smart Cycle is offered to members at no cost.

With Progyny, you'll get:



Dedicated Patient Care Advocate (PCA)



Comprehensive coverage from tests to treatments



Personalized support and guidance



Access to top fertility specialists



Custom treatment plans

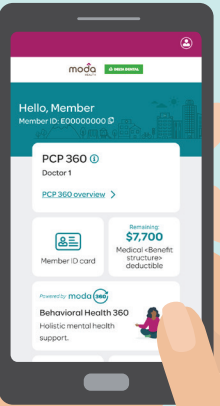
PEBB members seeking to fertility support must use **Progyny** as their fertility provider to receive in-network care.



To learn more, visit benefits.mypgny.com/members/pebb, log in to your **Member Dashboard** or call Progyny at 833-233-0843.

Unleash the power of *your Member Dashboard*

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



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.



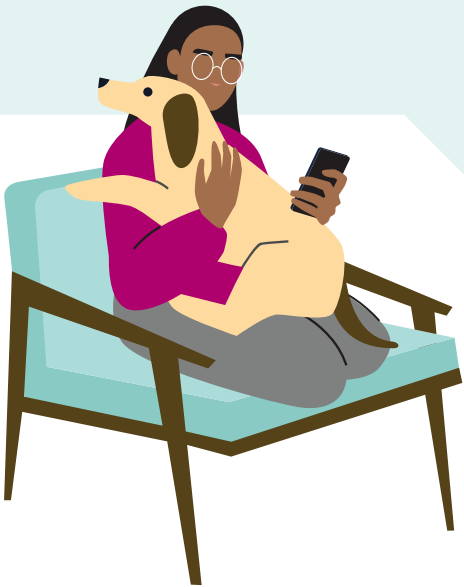
Moda 360 programs

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...

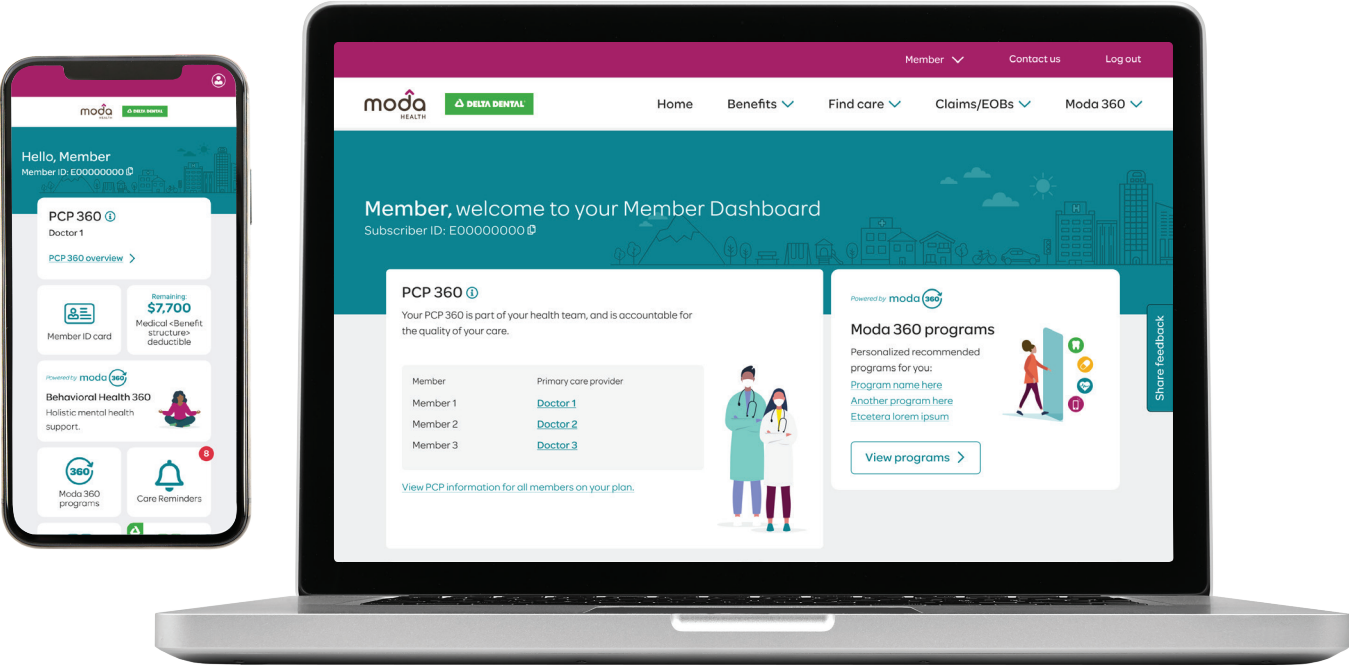
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



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.



Prediabetes program

Our 12-month Prediabetes (Pre-D) program is available at no cost to support individuals at higher risk of developing type 2 diabetes with tools to reduce their risk and make lasting lifestyle changes for better overall health.



Sprout

is an all-in-one digital wellness community designed to help you build health habits. You can access your Health Risk Assessment, then improve your health through wellness goals, challenges and social streams.



Sword

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



Access additional tools and resources at ModaHealth.com/MemberDashboard



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





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

Quality coverage *for your smile*

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

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

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



Savings from
in-network dentists



Cleanings twice
per calendar year

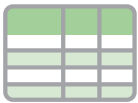
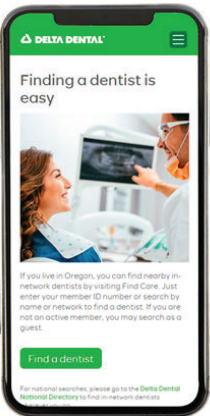
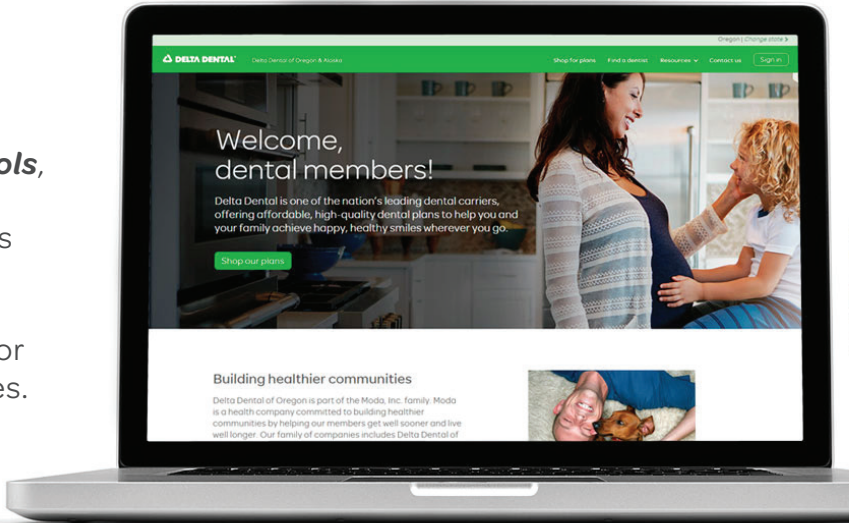


Superior
customer service



Freedom to
choose a dentist

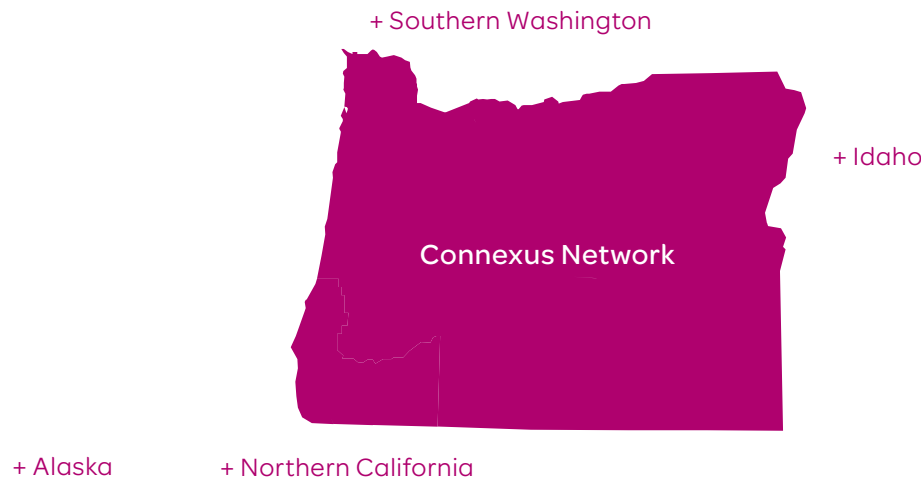
Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



Review your dental plan
options on page 23

A network that connects you to care

The Connexus Network connects you with a community of in-network primary care providers (PCPs), PCP 360s, specialists and partner health systems, helping you get better care and greater value from your benefits.



PPO plan members

If you live or need to seek care outside of the Connexus service area (Oregon, SW Washington, Idaho, and Alaska), you have access to the Aetna PPO® Network through Aetna Signature Administrators®.

CCM plan members

If you need to seek care outside of the Connexus service area, you will also have access to the the Aetna PPO® Network through Aetna Signature Administrators®.

If you have a dependent who lives outside of the Connexus service area, you can still enroll in this plan. The out-of-area dependent will utilize the Aetna PPO® Network.

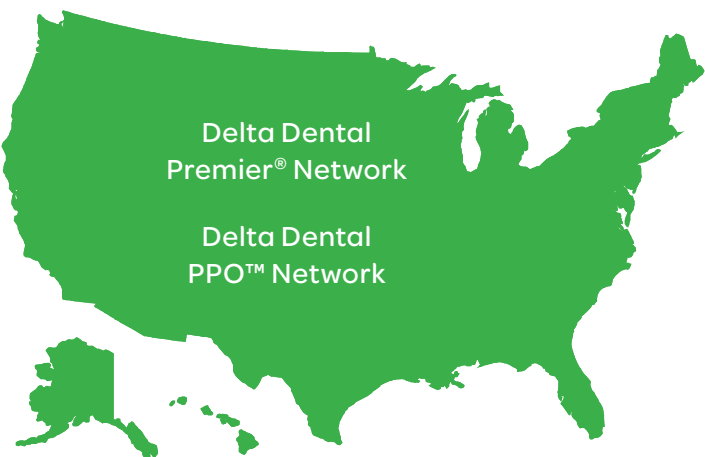
Here are some of our larger in-network hospital partners:



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

Delta Dental networks go where you go

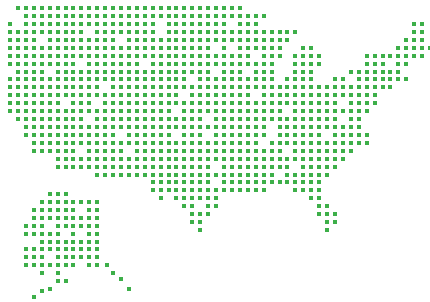
With thousands of dentists across the state and country, in-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental PPO™ Network

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

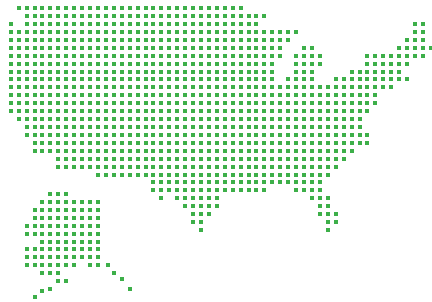
Choose from a large selection of dentists



Delta Dental Premier® Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Oregon



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

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.

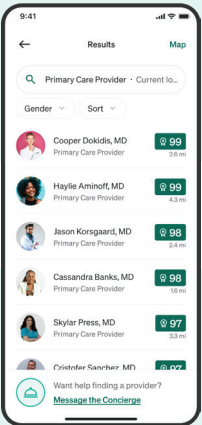
When you see a Garner Top Provider, you can save on eligible out-of-pocket medical costs for doctor visits, imaging, lab work, prescription and more!

PPO Plan members (full & part-time) can get reimbursed up to \$1,000 with individual coverage or up to \$2,000 with family coverage.

Coordinated Care plan members (full & part-time) are eligible for to \$1,250 in savings with individual coverage or up to \$2,500 with family coverage.



Saving is easy!



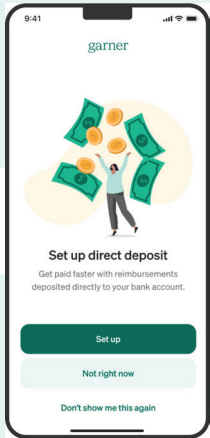
1

Sign up on Garner’s website or app and enter “PEBB” as your employer or health plan sponsor



2

Add your Top Provider to your care team before you make an appointment



3

See that Top Provider 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 PEBB
- ☐ First and last name
As shown on the Moda ID card
- ☐ Phone number
- ☐ Date of birth
- ☐ Subscriber P 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.

2027 Coordinated Care *Medical plan* benefit table

	In-network you pay	Out-of-network you pay ⁸
Plan-year costs		
Deductible per person	\$500	\$500
Deductible per family	\$1,500	\$1,500
Out-of-pocket max per person	\$1,500	\$4,000
Out-of-pocket max per family	\$4,500	\$12,000
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	30% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) office visits ^{1,2}	\$10/visit after deductible	30% after deductible
Specialist office visits	\$25 visit after deductible	30% coinsurance after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	30% after deductible
Outpatient physician services (including surgery and anesthesia)	\$10/service after deductible	30% after deductible
Allergy shots, serums and injectable medications	\$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100 ³ after deductible	\$100, then 30% ³ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁴	\$500 ³ after deductible	\$500, then 30% ³ after deductible
Mental Health Office visit	\$10/visit	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹⁰	\$10 after deductible	30% ⁵ after deductible
Massage therapy ¹⁰	\$10/visit ^{3, 8} after deductible	30%
Maternity care services		
Physician or midwife services	0%	30% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁷
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁷
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered ⁴
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ³ after deductible	\$150/visit ³ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
X-ray	0%	30% after deductible
Imaging services ⁶ (such as PET, CT, MRI)	\$100 ³ after deductible	\$100, then 30% ³ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$10/visit after deductible	30% after deductible
Outpatient surgery	\$10/service after deductible	40% after deductible + \$100 copay ⁷
Dialysis, infusion, chemotherapy and radiation therapy	\$10/service after deductible	30% after deductible
Durable medical equipment and supplies	15% after deductible	30% after deductible

1 Deductible waived on first four PCP visits in-plan, per calendar year.

2 To receive in-network benefits, members must see their chosen PCP 360.

3 Copayment does not apply to out-of-pocket maximums.

4 No benefit for out-of-network bariatric surgery.

5 Coinsurance does not apply to out-of-pocket maximums.

6 Copayments do not apply to services related to cancer diagnosis and treatment.

7 Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.

8 Copay applies when members see an in-network licensed massage therapist.

9 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

10 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



2027 Part-time Coordinated Care *Medical plan* benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person	\$500	\$1,000
Deductible per family	\$1,500	\$3,000
Out-of-pocket max per person	\$2,500	\$6,000
Out-of-pocket max per family	\$7,500	\$18,000
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	50% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} and specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery and anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums and injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 50% ⁴ after deductible
Mental health	\$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$40/visit ⁴ after deductible	50% ⁶ after deductible
Massage therapy ¹¹	\$40/visit ^{4,9} after deductible	50% ¹⁰
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Bariatric surgery	\$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$30/visit after deductible	\$30/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ⁴ after deductible	\$150/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
X-ray	20% after deductible	50% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 20% ⁴ after deductible	\$100, then 50% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$40/visit after deductible ⁸	50% after deductible
Outpatient surgery	\$40/service after deductible ⁸	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy and radiation therapy	\$40/service after deductible ⁸	50% after deductible
Durable medical equipment and supplies	20% after deductible	50% after deductible

1 Deductible waived on first four PCP visits in-plan, per calendar year.

2 To receive in-network benefits, members must see their chosen PCP 360.

3 Copayment does not apply to out-of-pocket maximums.

4 No benefit for out-of-network bariatric surgery.

5 Coinsurance does not apply to out-of-pocket maximums.

6 Copayments do not apply to services related to cancer diagnosis and treatment.

7 Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

8 Copay applies when members see an in-network licensed massage therapist.

9 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

10 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



2027 PPO *Medical plan* benefit table

	In-network you pay	Out-of-network you pay ^a
Plan-year costs		
Deductible per person	\$250	\$500
Deductible per family	\$750	\$1,500
Out-of-pocket max per person	\$1,900	\$4,800
Out-of-pocket max per family	\$5,700	\$14,400
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	30% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary Care office visits	Primary care office visits: 15% or 10% ¹ first four visits, per calendar year, deductible waived	30% after deductible
Specialist office visits	15% after deductible	30% coinsurance after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	15% visit after deductible	30% after deductible
Allergy shots, serums and injectable medications	15%/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100 ² then 15% after deductible	\$100, then 30% ² after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ³	\$500 ² then 15% after deductible	\$500, then 30% ² after deductible
Mental Health Office visit	15%/visit	30% after deductible
Chemical dependency treatment	15%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ⁹	15%/visit ² after deductible	30% ⁴ after deductible
Massage therapy ⁹	15%/visit ²⁻⁹ after deductible	30% ¹⁰
Maternity care services		
Physician or midwife services	15%	30% after deductible
Hospital stay	15% per admission after deductible	30% after deductible
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	15% per admission after deductible	40% after deductible + \$500 copay ⁶
Bariatric surgery	15% per admission after deductible	Not covered
Emergency care		
Urgent care visit	15%/visit after deductible	15%/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ² then 15% after deductible	\$150/visit ² then 15% after deductible
Ambulance	15%/trip after deductible	15%/trip after deductible
Other covered services		
X-ray	15% after deductible	30% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 15% ⁴ after deductible	\$100, then 30% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	15%/visit after deductible ⁶	30% after deductible
Outpatient surgery	15%/service after deductible ⁶	40% after deductible + \$100 copay ⁶
Dialysis, infusion, chemotherapy and radiation therapy	15%/service after deductible ⁶	30% after deductible
Durable medical equipment and supplies	15% after deductible	30% after deductible

1 Moda PPO plan members whose in-network provider has been recognized by the Oregon Health Authority as a patient-centered primary care home will have the lower coinsurance.

2 Copayment does not apply to out-of-pocket maximums.

3 No benefit for out-of-network bariatric surgery.

4 Coinsurance does not apply to out-of-pocket maximums.

5 Copayments do not apply to services related to cancer diagnosis and treatment.

6 Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

7 Copay applies when members see an in-network licensed massage therapist.

8 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

9 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



2027 Part-time PPO Plan *Medical plan* benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person	\$500	\$1,000
Deductible per family	\$1,500	\$3,000
Out-of-pocket max per person	\$3,200	\$7,500
Out-of-pocket max per family	\$9,600	\$22,500
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	50% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} and specialist office visits	20% or 15% ³ first four visits, per calendar year, deductible waived	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery and anesthesia)	20%/visit after deductible	\$500 + 50%
Allergy shots, serums and injectable medications	20%/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100, then 20%	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ then 20%	\$500, then 50% ⁴ after deductible
Mental health	20%/visit	50% after deductible
Chemical dependency treatment	20%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	20% ¹¹	50% ¹¹
Massage therapy ¹¹	20% ¹¹	50% ¹⁰
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	20%	50% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	20%	50% after deductible + \$500 copay ⁸
Bariatric surgery	20%	Not covered
Emergency care		
Urgent care visit	20%	20%/visit after deductible
Emergency room (copay waived if admitted)	\$150, then 20%	\$150, then 20%
Ambulance	20%/trip after deductible	\$75/trip after deductible
Other covered services		
X-ray	20% after deductible	50% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 20% ⁴ after deductible	\$100, then 50% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	20%/visit after deductible ⁸	50% after deductible
Outpatient surgery	20%/service after deductible ⁸	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy and radiation therapy	20%/service after deductible ⁸	50% after deductible
Durable medical equipment and supplies	20% after deductible	50% after deductible

1 Deductible waived on first four PCP visits in-plan, per calendar year.

2 To receive in-network benefits, members must see their chosen PCP 360.

3 Copayment does not apply to out-of-pocket maximums.

4 No benefit for out-of-network bariatric surgery.

5 Coinsurance does not apply to out-of-pocket maximums.

6 Copayments do not apply to services related to cancer diagnosis and treatment.

7 Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

8 Copay applies when members see an in-network licensed massage therapist.

9 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

10 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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



Your *pharmacy benefits* through Judi Rx

Your PEBB plan includes pharmacy benefits that are managed by Judi Rx, your pharmacy benefits provider.

The following pharmacy benefit summaries give you a quick look at your plan’s coverage and benefits.



Plan name	Plan-year costs		Retail			Mail order and preferred retail			Specialty		
	Deductible per person / family	Out-of-pocket max per member / family	Value drugs	Generic drugs	Brand drugs	Value drugs	Generic drugs	Brand drugs	Value drugs	Generic drugs	Brand drugs
			For a 30-day supply, you pay			For a 90-day supply, you pay			For a 30-day supply, you pay		
Moda PPO Plan	\$50 / \$150	\$1,000 / \$3,000	\$0	\$10	\$0	\$0	\$25	\$75	N/A	\$10	\$100
Moda PPO Part-Time Plan	\$50 / \$150	\$1,000 / \$3,000	\$0	\$20	40%	\$0	\$50	\$125	N/A	\$20	\$100
Moda Coordinated Care Plan	\$50 / \$150	\$1,000 / \$3,000	\$0	\$10	\$30	\$0	\$25	\$75	N/A	\$10	\$100
Moda Coordinated Care Part-Time Plan	\$50 / \$150	\$1,000 / \$3,000	\$0	\$20	\$50	\$0	\$50	\$125	N/A	\$20	\$100

For details about your 2027 pharmacy benefits, visit: judi.health/solutions/pharmacy-benefits-manager or call 833-895-9846 (TTY: 711).





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

2027 *Dental plan* benefit table

	Full-time Delta Dental PPO plan ¹		Full-time Delta Dental Premier plan ¹	Part-time Delta Dental Premier plan ¹
	In-network, you pay	Out-of-network, you pay	In-network, you pay	In-network, you pay
Plan-year costs				
Deductible per person	\$50		\$50	\$50
Deductible per family	\$150		\$150	N/A
Benefit maximum	\$1,750		\$1,750	\$1,250
Preventive* & diagnostic services				
Exam and prophylaxis/cleanings	0% no deductible	10%	0% no deductible	0%
X-rays	0% no deductible	10%	0% no deductible	0%
Fissure sealants	0% no deductible	10%	0% no deductible	0%
Basic services				
Restorative dentistry (treatment of tooth decay with composite)	1st year – 20% ² 2nd year – 10% ² 3rd year – 0% ²	30%	20%	50%
Oral surgery (surgical extractions and certain minor surgical procedures)		30%	20%	50%
Endodontic (pulp therapy and root canal filling)		30%	20%	50%
Periodontics (treatment of tissues supporting the teeth)		30%	20%	50%
Major services				
Implants	50%	50%	50%	N/A
Crowns	50%	50%	50%	50%
Cast restorations	50%	50%	50%	50%
Dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures)	50%	50%	50%	50%
Nitrous Oxide	50%	50%	50%	50%
Occlusal guards ³	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
Lifetime maximum - \$1,800	50%	50%	50%	N/A

*Preventive costs will not accrue toward the plan maximum.

- 1 To find in-network providers, go to modahealth.com/pebb and choose Find Care.
2 Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.
3 \$150 maximum, once every five years

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

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



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

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Questions? We're here to help!

PEBBcustomerservice@modahealth.com

Medical Health Navigator Team: 844-776-1593

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

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

Pharmacy administered by JudiRx: 833-895-9846

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: [한국어]를 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で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 Sprachassistenzenzdienste 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 ከሆኑ፣ 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。

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

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

توجه دیں: 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۔ - (TTY: 711) 1-877-605-3229 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।

ശ്രദ്ധിക്കുക: നിങ്ങളിൽ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആകസസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

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 ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో 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 sọ Yorùbá, awọn işe iranlọwọ ede ọfẹ 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.

MAKINIKI: 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.

Questions?

We're here to help. Just email PEBBcustomerservice@modahealth.com
or call one of our Health Navigators.

Medical Health Navigator Team: 844-776-1593

Pharmacy administered by JudiRx: 833-895-9846

Dental Health Navigator Team: 833-681-2117

TTY users, please call 711.

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