



OEBB plans | Oct. 1, 2018 – Sept. 30, 2019

Synergy, Summit and Connexus networks



Delta Dental of Oregon & Alaska





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Hello

Welcome to Moda Health Plan, Inc. and Delta Dental Plan of Oregon. We're the place you go when you want high-quality, compassionate health coverage at a great value.

Our plans are made for OEGB members like you. They include nearby providers who work together to keep you and your family well.

As a Moda member, you'll find:

- A large choice of quality providers in Oregon, Washington and Idaho
- Robust benefits that cover the care you need
- Medical, pharmacy, vision and dental benefits by one health partner
- Caring customer service to help you along the way

As your health partner, we offer all of that and more – and we're excited to help you start on a journey to be better.

Because together, we can be more. We can be better.

Medical plans

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Better plans for better health

You have a lot to think about when choosing the right medical benefits. That's why we've made it easy to compare details. We offer both coordinated care model (CCM) and preferred provider organization (PPO) plans. Both are great and can help you on your journey to better health.

CCM plans

Our CCM plans, powered by the Synergy and Summit networks, connect your primary care provider with the rest of your care team (other providers, specialists, etc.) to bring you and your family coordinated care, facilitated through a Medical Home. This provides you with cost-effective plans that save you money and keep you healthier.

A CCM plan is the best option if you are looking for a health partner to help you on your healthcare journey. This is also the ideal option if you are managing an existing condition because of its focus on wellness, prevention and improving quality of life.

By choosing a CCM plan, you'll enjoy:

- A team-based approach to healthcare
- Coordinated care organized across the healthcare system
- Better health outcomes
- A dedicated Medical Home that coordinates your care
- Access to specialists without a referral as long as they are in network
- 10 percent savings because your medical home is agreeing to coordinate your care for your better health

PPO plans

Our traditional PPO plans give members access to the Connexus Network. By choosing a PPO plan, you'll enjoy:

- Access to more than 80 hospitals and 26,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits
- No primary care selection required

If you're looking for statewide coverage, the PPO plans may be the best option for you.



Medical Homes make care personal

Once your Synergy or Summit plan is active, you'll need to pick a Moda Medical Home. Your Medical Home is the place you go for your primary care needs.

Your primary care providers will work together with you and the rest of your team on the best treatments for you. This team-based approach offers:

- 1 Personalized care centered on you
- 2 Faster, easier ways to find and access quality care
- 3 Support in meeting your health goals
- 4 Lower out-of-pocket costs with your Medical Home

Choosing your Moda Medical Home

The Synergy and Summit Networks offer access to many recognized Medical Homes. This means that the provider has been certified by the Oregon Patient Centered Primary Care Program.

Each of your covered family members can pick the same provider, or a different one – it's up to each of you. Please note, a naturopathic provider is not considered a Medical Home unless they are a certified primary care provider.

After you receive your Moda Health ID card, log into myModa and choose the "Medical Home" tab to make your selection. Follow the steps listed on the screen to let us know which Medical Home you have chosen.

Learn more at modahealth.com/oebb under the "Medical Home" tab.

Networks protect you

Health happens, whether at home or on the road. We want to make sure you stay covered, no matter where you go. So we've made it easy for you to find in-network coverage.

All plans include a provider network

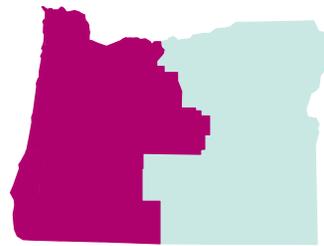
Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network care

It's important to remember you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill you for the difference between your maximum plan allowance and their billed charges. This is known as "balance billing."

Balance billing is the charges for out-of-network care beyond what your plan allows. In-network providers don't do this. Please see our plan summaries or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Options near you



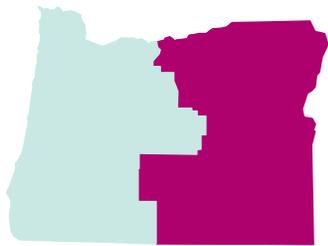
Synergy Network

This network serves you living or working in the Portland metro area, Southwest Washington, the Oregon coast, the Columbia River Gorge, Salem, Eugene, central and southern Oregon communities. It connects you with high-quality care close to home. You can choose a Medical Home from a diverse and wide selection of participating providers, including:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Columbia Memorial Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Salem Clinic
- Salem Health
- Samaritan Health
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Medical Center
- Tillamook Regional Medical Center
- Tuality Healthcare (OHSU partner)

This network covers these counties:

Benton, Clackamas, Clark, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill.



Summit Network

This network serves you living or working in eastern Oregon. It connects you with high-quality care at an affordable cost. You can pick a Medical Home from a diverse and wide selection of participating providers in eastern Oregon, SW Washington and Idaho, including:

- Good Shepherd Medical Center
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec Regional Medical Center and Kadlec Health System
- Lake Health District Hospital
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Medical Center – Baker City, Nampa and Ontario
- Saint Alphonsus Regional Medical Center – Boise
- St. Anthony Hospital
- St. Luke’s Hospital
- Trios Southridge Hospital and Trios Health Medical Group
- Wallowa Memorial Hospital

This network covers these counties:

Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler.

Connect with care across the state



Connexus Network

When you want a broad selection of providers across Oregon, Connexus Network has you covered. You’ll find in-network doctors and specialists just about everywhere – even in some outlying places.

Is your provider in a network?

Find out by visiting modahealth.com and using Find Care, Moda’s online provider directory. Simply choose a network option and look for providers near you.

Travel with peace of mind

When you hit the road, care is never far. While traveling outside the network service area, you can receive care through the First Health Travel Network, paid at the in-network amount. Other covered care received while traveling is paid at the out-of-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, you may access any provider for in-network emergency or urgent care. This care is subject to “balance billing.”* All other care received outside the United States is not covered.

*See definition of “balance billing” on page 29.

How your health plan works

Better than anyone, you understand that knowledge is power. When you know your plan, you can get the most out of your benefits.

Preventive care matters

Regular checkups are vital to staying well. When you feel good, it's easier to create healthy moments. These services may include:

- Periodic health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other screenings

Additional Cost Tier

The Additional Cost Tier (ACT) is designed to encourage exploration of less invasive treatment alternatives. It is important to understand and consider all factors, including additional costs, as you discuss treatment options with your provider.

The ACT refers to select procedures, including:

- Spine surgery
- Knee and hip replacement¹
- Arthroscopies (knee and shoulder)
- Advanced imaging
- Sleep studies
- Upper endoscopies
- Tonsillectomies²
- Uncomplicated hernia repair

Professional services

Primary care and specialist office visit services are performed by a licensed healthcare provider. It is also important to remember that if you select a Synergy or Summit medical plan, you must select a Medical Home with Moda and use that clinic for all of your primary care needs in order to receive in-network benefits.

Incentive services

Our incentive services offer you lower copayments for office visits for chronic conditions such as:

- Asthma
- Heart conditions
- Cholesterol
- Diabetes
- High blood pressure

Reference Price Program

To receive quality care at an affordable price, the Reference Price Program helps members contain costs for major joint replacement surgery, bariatric surgery and oral appliances. Specific facilities throughout the state have agreed to accept a set amount for these services. We encourage you to seek this care from a participating facility. Members may be responsible for the difference in price above the set amount if a more costly healthcare provider or facility is selected. The Reference Price Program is only applicable for the Connexus Network plans.

For a list of participating facilities, please visit modahealth.com/oebb, or call our medical customer service to learn more.

¹Benefit is subject to a reference price limitation of \$25,000 under the Connexus Network plans.

²Additional Cost Tier applies to members under age 18 who have chronic tonsillitis or sleep apnea.

Next time you're sick, **get care at home**

Moda Health members, you can get urgent care from home!

Use Virtual Visits to see a licensed Oregon Health & Science University (OHSU) doctor, physician assistant or nurse practitioner on your computer or mobile device for:

- Colds and flu
- Allergies and poison ivy
- Bites, stings and more*

Plus, you will pay less for a Virtual Visit than traditional urgent care. To schedule a Virtual Visit, go to ohsu.edu/virtualvisits.



**Please do not use Virtual Visits for medical emergencies, including chest pain, uncontrolled bleeding or difficulty breathing. Go to an Emergency Room instead.*

2018–19 Medical plan benefit table

	Alder CCM	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Deductible per person / family	\$400 / \$1,200	\$800 / \$2,400
Out-of-pocket max per person	\$3,000	\$6,000
Out-of-pocket max per family	\$9,000	\$18,000
Maximum cost share per person (includes OOP and ACT)	\$7,350	N/A
Maximum cost share per family (includes OOP and ACT)	\$14,700	N/A
Preventive care		
Moda Medical Home wellness visit (ages 21 and over) ³	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ³	\$0 ¹	50%
Incentive care		
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ³	\$10 copay ¹	50%
Professional services		
Moda Medical Home primary care office visits ³	\$20 copay ¹	50%
Specialist office visits	20%	50%
Mental health office visits	\$20 copay ¹	50%
Chemical dependency services	\$0 ¹	50%
Virtual Visits	\$10 copay	N/A
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
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 + 50%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		\$50 ¹
Emergency room (copay waived if admitted)		\$100 copay + 20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%
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>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ To receive the copay benefit, members must see a provider at their preselected Moda Medical Home.

⁴ 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. Benefit is subject to a reference price

Birch CCM		Cedar CCM		Dogwood CCM	
In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
\$800 / \$2,400	\$1,600 / \$4,800	\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
\$7,350	N/A	\$7,350	N/A	\$7,350	N/A
\$14,700	N/A	\$14,700	N/A	\$14,700	N/A
\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
20%	50%	20%	50%	20%	50%
\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
\$10 copay	N/A	\$10 copay	N/A	\$10 copay	N/A
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
\$50 ¹		\$50 ¹		\$50 ¹	
\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
20%		20%		20%	
10%	50%	10%	50%	10%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%

of \$20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

Medical and Rx copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum. Medical out-of-pocket and ACT copays apply to the maximum cost share.

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

2018–19 Medical plan benefit table

	Birch PPO	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Deductible per person / family	\$800 / \$2,400	\$1,600 / \$4,800
Out-of-pocket max per person	\$4,000	\$8,000
Out-of-pocket max per family	\$12,000	\$24,000
Maximum cost share per person (includes OOP, ACT and Rx)	\$7,350	N/A
Maximum cost share per family (includes OOP, ACT and Rx)	\$14,700	N/A
Preventive care		
Moda Medical Home wellness visit (ages 21 and over)	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	50%
Incentive care		
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$15 copay ¹	50%
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	20% ¹	50%
Professional services		
Moda Medical Home primary care office visits	\$30 copay ¹	50%
Primary care and specialist office visits	20%	50%
Mental health office visits	\$30 copay ¹	50%
Chemical dependency services	\$0 ¹	50%
Virtual Visits	\$10 copay	N/A
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
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 + 50%
ACT 500: Spine surgery, knee and hip replacement ³ , knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		\$50 ¹
Emergency room (copay waived if admitted)		\$100 copay + 20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%
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>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%

1 Deductible waived. All amounts reflect member responsibility.

2 Out-of-network coinsurance based on MPA for these services.

3 This benefit is subject to a reference price of \$25,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing.

Please see your Member Handbook for more details.

4 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.

Benefit is subject to a reference price

of \$20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your Member Handbook for more details.

Cedar PPO		Dogwood PPO	
In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
\$5,000	\$10,000	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400
\$7,350	N/A	\$7,350	N/A
\$14,700	N/A	\$14,700	N/A
\$0 ¹	Not covered	\$0 ¹	Not covered
\$0 ¹	50%	\$0 ¹	50%
\$15 copay ¹	50%	\$15 copay ¹	50%
20% ¹	50%	20% ¹	50%
\$30 copay ¹	50%	\$30 copay ¹	50%
20%	50%	20%	50%
\$30 copay ¹	50%	\$30 copay ¹	50%
\$0 ¹	50%	\$0 ¹	50%
\$10 copay	N/A	\$10 copay	N/A
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
\$50 ¹		\$50 ¹	
\$100 copay + 20%		\$100 copay + 20%	
20%		20%	
10%	50%	10%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%

Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum. Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share. For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Expect quality pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Access medications your way

As the administrator of the Oregon Prescription Drug Program (OPDP), we provide quality, comprehensive coverage that reflects the most current industry standards.

Through the prescription program, you can access a high performance formulary (a list of prescription drugs) with options under the value, select generic and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

Value-tier medications

Value medications include commonly prescribed products used to treat chronic medical conditions and preserve health. They are identified – based on the latest clinical information and medical literature – as being safe, effective, cost-preferred treatment options.

The Moda Health OEGB value tier includes products for the following health issues:

- Asthma
- Heart, cholesterol, high blood pressure
- Diabetes
- Osteoporosis
- Depression

A list of medications included under the value tier can be found on the pharmacy tab at modahealth.com/oebb.

Ardon Health specialty pharmacy services

Ardon Health provides specialty medications and mail-order pharmacy conveniently delivered free to a patient's home or physician's office. To get started or ask questions, call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

Pharmacy plan savings

There are a few ways to save on prescription drug costs. Use your 90-day mail-order benefit through Postal Prescription Services (PPS). You can receive significant savings by using the mail-order benefit.

You can fill a 90-day prescription for value, select generic, and preferred medications at any Choice 90 pharmacy. To find Choice 90 participating pharmacies, you should select "Choice 90" when searching for participating pharmacies through myModa.

You may have more savings options through our preferred pharmacy partners. Log in to myModa and choose Find Care to use the Pharmacy Locator and get started.

Find an in-network pharmacy

Just visit modahealth.com/oebb and use Find Care to locate a pharmacy near you.



Alder, Birch, Cedar and Dogwood CCM plans – 2018–19 Prescription drug plan benefit table¹

	Retail	Mail order	Specialty
	For a 31-day supply ² , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$0	\$0	N/A
Select generic	\$8	\$16	N/A
Preferred ^{3,4}	25%, up to \$50 max	25%, up to \$100 max	25%, up to \$100 max
Nonpreferred brand name ⁴	50%, up to \$150 max	50%, up to \$300 max	50%, up to \$300 max

Birch, Cedar, and Dogwood PPO plans – 2018–19 Prescription drug plan benefit table⁵

	Retail	Mail order	Specialty
	For a 31-day supply ² , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$4	\$8	N/A
Select generic	\$12	\$24	N/A
Preferred ^{3,4}	25%, up to \$75 max	25%, up to \$150 max	25%, up to \$200 max
Nonpreferred brand name ⁴	50%, up to \$175 max	50%, up to \$450 max	50%, up to \$500 max

¹ Pharmacy expenses in Synergy and Summit Networks accrue toward the medical plan's out-of-pocket max.

² A 90-day supply for value and select generic medications is available at retail pharmacies for three times the 31-day copay.

³ 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.

⁴ Copay maximum is per prescription. A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.

⁵ Pharmacy expenses in the Connexus Network accrue toward the medical plan's maximum cost share.

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

Flexible spending with an HDHP

Our health savings account (HSA)-compliant, high-deductible health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA.

Evergreen and Fir plans

You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA, you must:

- Be covered by a qualified high-deductible health plan
- Not be covered under another non-HSA-compliant medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

Prescriptions

Your pharmacy benefit is covered under the medical portion of the Evergreen and Fir plans. The plan includes value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.

2018 – 19 Medical HDHP plan benefit table

	Evergreen HDHP CCM and PPO (HSA compatible)		Fir HDHP CCM and PPO (HSA compatible)	
	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
Plan-year costs				
Subscriber-only plan deductible ³	\$1,600	\$3,200	\$2,000	\$4,000
Deductible per family ⁴	\$3,200	\$6,400	\$4,000	\$8,000
Subscriber-only plan out-of-pocket max ³	\$6,550	\$13,100	\$6,650	\$13,300
Out-of-pocket max per family ⁴	\$13,100	\$26,200	\$13,300	\$26,600
Embedded per member out-of-pocket max	\$6,550	\$13,100	\$6,650	\$13,300
Preventive care				
Moda Medical Home wellness visit (ages 21 and over) ⁵	\$0 ¹	Not covered	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ⁵	\$0 ¹	50%	\$0 ¹	50%
Incentive care				
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ⁵	20%	50%	20%	50%
Professional services				
Office visits ⁵	20%	50%	20%	50%
Mental health and chemical dependency services	20%	50%	20%	50%
Virtual Visits (subject to the deductible)	\$10 copay	N/A	\$10 copay	N/A
Alternative care services (\$2,000 plan year maximum)				
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%
Maternity care				
Physician or midwife services and hospital stay	20%	50%	20%	50%
Outpatient and hospital services				
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%
Surgery	20%	50%	20%	50%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	20%	50%	20%	50%
Spine surgery, knee and hip replacement, ⁶ knee and shoulder arthroscopy, uncomplicated hernia repair	20%	50%	20%	50%
Gastric bypass (Roux-en-Y) ⁷	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
Emergency care				
Urgent care visit		20%		20%
Emergency room		20%		20%
Ambulance		20%		20%
Other covered services				
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	20%	50%	20%	50%
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>	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%
Durable medical equipment	20%	50%	20%	50%
Major medical prescription coverage ⁸		20%		20%
Value tier	Evergreen CCM = \$0 ¹ Evergreen PPO = \$4 ¹		Fir CCM = \$0 ¹ Fir PPO = \$4 ¹	

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ Individual deductible applies only if employee is enrolling in the plan with no other family members.

⁴ 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.

⁵ Deductible and copayments apply toward the plan-year out-of-pocket maximum.

⁵ For plans in the Summit or Synergy network, members must see a provider at their preselected Moda Medical Home to receive the in-network benefit for primary care and preventive services.

⁶ Benefit is subject to a reference price of \$25,000 on Connexus and applies to the facility charge. This is not applicable to Summit or Synergy.

⁷ Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

⁷ 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.

⁸ Benefit is subject to a reference price of \$20,000 for the facility charge.

⁸ A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.

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

Vision plans

Overview *page 21*

Benefit table *page 21*



Bringing it all into focus

Seeing is believing when it comes to better health. These vision plans ensure that you can focus on feeling your best.

2018–19 Vision plan benefit table

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

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.
- Percentages shown reflect what members pay for covered vision exam, frames and lenses.
- Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum.

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

Dental plans

Overview *page 22*

Networks *page 23*

Benefit table *page 25*

Quality coverage for your total health

With Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental network.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

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.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance bill – the difference between what Delta Dental pays and the dentist's fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental Premier® Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,400 providers in Oregon and over 154,000 Delta Dental Premier Dentists nationwide. To have access to our Premier Network, you will want to select Dental Plan 1, 5 or 6.

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 108,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. In order to access the PPO network savings, you will want to select the Exclusive PPO plan.

Exclusive PPO plan option

The Exclusive PPO plan option uses the Delta Dental PPO Network. It is important to keep in mind that the Exclusive PPO plan does not pay for services provided by a Premier or non-contracted dentist.

Health through Oral Wellness® program

All plans include access to the Health through Oral Wellness Program. This program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance. Talk to your dentist about the program. If they're not registered ask them to call our Provider Line at 844-663-4433. Once registered they can perform an oral health risk exam and let you know if you qualify.

Dental Optimizer™

This set of online tools makes great dental health a little easier. From risk assessment quizzes to a treatment cost calculator, you can use it to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower your costs



2018 – 19 Dental plan benefit table

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

Member care resources

Member website

Online health tools

Special programs

Tools for your health journey

We're here to help you feel well so you can live better longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. As a member, log in at modahealth.com/oebb to:

- Find in-network providers and choose a medical home
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access health tools to get and stay healthy
- Connect with health professionals
- Look up medication prices
- Download your member ID card

Health tools

These helpful tools and resources come with every health plan. Use them to create a healthier you! Simply log in to myModa to get started.



Momentum

Take charge of your health – and follow your progress. It’s easy with Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:

- Take a health assessment and see your “health age”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes

Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:



- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women’s Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care

Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.



This tool makes it easy. Simply log in to myModa to find medication cost estimates and generic options.



Care coordination and case management

When you’re sick, need hospitalization or surgery, or are seriously injured, we’ll give you a hand – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



eDoc

Email a health professional about any health concern. eDoc keeps it private and customized. You can connect with:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice – When you leave a message for a provider, you’ll get a phone response within 24 hours.



Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Quitting tobacco

Stop smoking or chewing tobacco for good. We'll connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to stop smoking is covered in full when you see an in-network provider.

You can tap into:

- Tips on dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by your doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



Helping you maintain a healthy weight

We know maintaining and losing weight can be an ongoing struggle. We are here to help. Your weight management benefit includes five areas of focus:

- Annual screening and assessment
- Online educational resources
- Health coaching
- Weight Watchers®
- Gastric bypass surgery (Roux-en-Y and gastric sleeve)*

Roux-en-Y and gastric sleeve surgery is available for OEGB plan subscribers and members age 18 and over.



Healthcare Cost Estimator

See what medical services will cost before you have them. This online tool gives you estimates based on your personal health benefits and usage. Use the Healthcare Cost Estimator to:

- Browser or search by procedure to get cost estimates
- Compare costs across providers and clinics
- See how much you have spent and how much you have left to spend before you meet your out-of-pocket maximum
- See how having a procedure will change your balance

* Certain pre-surgery requirements must be met, and patients will need to use an approved Center of Excellence. To learn more about the weight management benefits and program guidelines, log in to myModa at modahealth.com/oebb.

Healthcare lingo explained

We realize that the words used in health plan brochures can be confusing, so we've made a cheat sheet to help you along.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill you the difference between the maximum plan allowance and their billed charges. In-network providers can't do this.

Coinsurance

The percentage you pay for a covered healthcare service, after you meet your deductible.

Coordinated care model

The coordinated care model (CCM) offers patient-centered care with a team-based approach. Our plans, powered by the Synergy and Summit networks, connect a primary care provider with the rest of your care team (other providers, specialists, etc.) to bring you the best treatments, facilitated through a Medical Home. This process provides you with more cost-effective plans and better health outcomes.

Copay (copayment)

The fixed amount you pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, you might pay \$25 for a doctor visit. Moda Health pays the rest. Usually, you will not pay coinsurance if you have a copay.

Deductible

The amount you pay in a plan year for care that requires a deductible before the health plan starts paying. Fixed dollar copayments, prescription medication out-of-pocket costs and disallowed charges may not apply toward the deductible.

Evidence-based practices

Healthcare options or decisions that research shows work best, are more cost-effective and consider the patient's needs and experience.

Filed-fee savings

Savings due to a Premier or PPO network provider's accepted or contracted fee with Delta Dental.

Maximum cost share

This is different from the out-of-pocket maximum. This plan year limit includes Additional Cost Tier (ACT) copays, pharmacy copays and coinsurance, as well as the eligible medical expenses that accrue toward your in-network out-of-pocket maximum. Once the cost share maximum is reached, the plan covers all eligible medical and pharmacy expenses at 100 percent.

Medical Home

The main place members go to for care. Members who enroll in a plan that uses a coordinated care model (CCM) will need to pick a Medical Home before receiving care. Medical Homes can make it easier for members to access quality care. Primary doctors, pharmacists, specialists and other providers work together to keep members healthy over time.

Out-of-pocket maximum – Connexus plans

The most you pay in a plan year for covered medical services before benefits are paid in full. Once you meet your out-of-pocket maximum, the plan covers eligible medical expenses at 100 percent. The out-of-pocket maximum includes medical deductibles, coinsurance and copays. It does not include ACT copays, pharmacy expenses, disallowed charges or balance billing amounts for out-of-network providers.

Out-of-pocket maximum – Synergy and Summit plans

The most you pay in a plan year for covered medical and pharmacy services before benefits are paid in full. Once you meet your out-of-pocket maximum, the plan covers eligible medical and pharmacy expenses at 100 percent. The out-of-pocket maximum includes medical deductibles, coinsurance and copays. It does not include ACT copays, disallowed charges or balance billing amounts for out-of-network providers.

Preferred provider

A provider contracted within a health network to provide care. By choosing a preferred provider, your out-of-pocket expenses will be less than if you choose a provider outside the network.

Preferred provider organization (PPO)

A PPO is a panel of medical providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

Primary care provider (PCP)

The main doctor who treats you or coordinates your healthcare to keep you healthy. An M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine), nurse practitioner or physician assistant who practices primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology or women's health.

Reference price

The maximum reimbursement amount for a covered service, established for medical services for which a wide variation in provider charges exists.

Specialist

A medical provider specializing in a specific type of health condition or care. Specialists can include cardiologists, dermatologists, naturopaths, oncologists, urologists and many others.

To find more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit modahealth.com/oebb.

Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Customer Service,
503-243-2987 or 800-342-0526
(TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call the applicable Customer Service department listed to the left.

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, or by mail or phone to:

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).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@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).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：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)

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

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 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).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 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 (TTY、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。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

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

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

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

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ បើយីត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

Questions?

We're here to help. Just email OEBBquestions@modahealth.com
or call one of our customer service teams.

Medical/Vision Customer Service: 866-923-0409

Dental Customer Service: 866-923-0410

Pharmacy Customer Service: 866-923-0411

TTY users, please call 711.

modahealth.com/oebb



Delta Dental of Oregon & Alaska