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 PEBB 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
- Both medical and dental benefits delivered by one health partner
- Caring customer service to help you along the way

Simply come ready to create healthy moments every day. We’re excited to join you on a journey to be better.

Because together, we can be more. We can be better.
Member care resources

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/pebb 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 handy 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

Care coordination and case management
When you’re sick, need hospitalization or surgery, or are seriously injured, we’ll give you support — 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

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.
eDoc
Email a health professional about any health concern. eDoc keeps it private and customized to you.
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 help you stop smoking is covered in full when you see an in-network provider. Take advantage of these perks:
• Phone, text and online support from Quit Coaches, 24 hours a day
• Free in-network medical office visits for tobacco cessation support
• 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

More ways to a healthy weight
Losing weight and staying on track isn’t always easy. As a Moda Health PEBB member you can participate at no cost in Weight Watchers® programs — up to four times a year:
• Attend 13-week Weight Watchers classes in your community or at work
• Get a 3-month subscription to Weight Watchers online tools and resources

Healthcare Cost Estimator
You shouldn’t learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:
• Procedure costs
• Cost comparisons across providers
• Your specific out-of-pocket costs
Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.

Be healthy with HEM
As part of PEBB’s Health Engagement Model (HEM), you could earn payment incentives by taking a health assessment through Momentum, Moda Health’s interactive wellness tool. Simply follow these steps:
1. Enroll in your medical plan.
2. Take a private 15-minute assessment by logging in to myModa and choosing Momentum.
3. Enroll in the HEM program. The sooner you do it, the sooner you’ll be on your way to saving.

Why take a health assessment?
Health assessments can help you understand your health risks and improve your overall wellness. Use Momentum, our health assessment tool, to learn:
• Whether your health age equals your actual age
• If you are at risk for various health conditions
• Which of your habits are healthy
• What you can do to improve your health

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• What you can do to improve your health
Better plans for the real you

We love our health plans — and we hope you will, too. They are meant to help you find moments every day to be your healthy best.

Medical plan options
Depending on your location, choose either a Moda Synergy or Summit coordinated care model (CCM) plan. Each plan connects you with expert care, close to home — at a low cost. Your plan also includes access to the Synergy or Summit network — a group of quality doctors, clinics, pharmacies and hospitals located near you.

Lots of value you’ll love
Moda plans simply give you bigger benefits at an even better savings. Here are a few highlights:
• $10 in-network specialist visits
• Doctors who connect with each other to coordinate your care
• Medical $250 deductible per person
• Pharmacy benefits, including $0 copay for value medications and vaccines
• Cost-effective mail-order pharmacy options

Moda does not require a referral for in-network specialist care
Our medical plans also cover most routine, in-network preventive care at no cost to you. These services may include:
• Periodic health exams
• Well-baby care
• Women’s annual exams
• Many immunizations and lab services
• Preventive cancer and other health screenings

Synergy Network
This network serves members living or working in the Portland Metro, SW Washington, the Oregon coast, the Columbia River Gorge, Salem, Eugene, central Oregon or southern Oregon communities. It connects members with high-quality care, close to home. Members choose a Moda 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 Health Hospitals and Clinics
• Santiam Health Services
• Santiam Hospital
• Sky Lakes Medical Center
• St. Charles Health System
• Tillamook Regional Medical Center
• Tuality Healthcare (OHSU partner)

Synergy 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 members living or working in eastern Oregon. It connects members with high-quality care at an affordable cost. Members pick a Moda Medical Home from a diverse and wide selection of participating providers in eastern Oregon, SW Washington and Idaho, including:
• Blue Mountain Hospital District
• CHI St. Anthony Hospital
• Good Shepard Healthcare System
• Grande Ronde Hospital
• Harney District Hospital
• Kadlec Health System
• Lake Health District
• Morrow County Health District
• Pioneer Memorial Hospital - Heppner
• Saint Alphonsus Health System
• St. Luke’s Hospital
• Trios Health
• Wallowa County Memorial Hospital

Summit Network covers these counties:
Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler
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.

Medical Homes make care personal

Once your Moda plan is active, you’ll need to pick a Moda Medical Home. Your Medical Home is the place you go for care and where you see your preferred doctors or primary care physician. They will work together with you and the rest of your team on the best treatments for you. This team-based approach offers:

- Personalized care centered on you
- Faster, easier ways to find care
- Support in meeting your health goals
- Lower out-of-pocket costs with your Moda Medical Home

Moda plans are the best option for you — if you are looking for partners to help you on your healthcare journey. This is also the ideal option if you are managing an existing condition because of its laser focus on wellness, prevention and improving your quality of life.

Choosing your Moda Medical Home

Both Moda 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 Moda medical home unless they are credentialed as a primary care provider.

After you receive your Moda Health ID card, log in to myModa and choose the “Medical Home” tab to make your selection. Then follow the steps in your Member Handbook to let us know which Medical Home you have chosen.

Networks protect you near and far

Health happens, whether you’re 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 in your hometown and across the country.

Is a provider in-network?

Find out by visiting modahealth.com and using Find Care. Just search as a guest and choose the Synergy or Summit network. Then locate Medical Home providers near you. Be sure to check back often, since we add new providers all the time.

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.

Travel network — First Health Network

When members hit the road, care is never far. While traveling outside the network service area, members can receive emergency and urgent care through the First Health Network, which is 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, members 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 20.
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 program, you can access medications based on tier: value, generic and brand. 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 PEBB value tier includes products for the following health issues:
• Asthma
• Heart, cholesterol, high blood pressure
• Diabetes
• Osteoporosis
• Depression

For a list of medications included under the value tier, visit modahhealth.com/pebb.

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 medication 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 also fill a 90-day prescription at select Choice 90 retail pharmacies. You may have more savings options through our preferred pharmacy partners.

Find an in-network pharmacy

Just visit modahhealth.com/pebb and use Find Care to locate a pharmacy near you.

Get vaccinated

Moda Health pharmacy benefits include free immunizations (also called vaccinations) when you see an in-network provider. Take advantage of this feature! Vaccinations are an important way to protect you, your family and the community from infectious diseases.

Other handy pharmacy features

Along with great benefits, you’ll also get tools that make finding medications a little easier. The “prescription price check” lets you look up estimated medication prices online. Just log in to myModa and enter a medication name to find cost estimates by medication tier. You can compare pricing estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with your doctor.
### Full-time medical plan

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Synergy or Summit plan</th>
<th>Plan-year costs</th>
<th></th>
<th>In-network you pay</th>
<th>Out-of-network you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible per person</td>
<td>$250</td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$750</td>
<td>$13,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$1,500</td>
<td>$4,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$4,500</td>
<td>$12,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum cost share (per person), includes medical &amp; pharmacy</td>
<td>$5,850</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum cost share (per family), includes medical &amp; pharmacy</td>
<td>$13,700</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Periodic health exams, well-baby care, routine women's exams, immunizations &amp; hearing screenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care (medical home)</td>
<td></td>
<td></td>
<td></td>
<td>$10/visit after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Inpatient physician services (including surgery and anesthesia)</td>
<td></td>
<td></td>
<td></td>
<td>$10/service after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient physician services (including surgery and anesthesia)</td>
<td></td>
<td></td>
<td></td>
<td>$10/service after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>ACT 100: Bunionectomy, hammertoe surgery, knee viscosupplementation, Morton's neuritis, spinal injections for pain &amp; upper GI endoscopy</td>
<td></td>
<td></td>
<td></td>
<td>$100 after deductible</td>
<td>$100, then 30% after deductible</td>
</tr>
<tr>
<td>ACT 500: Knee arthroscopy, knee/hip replacement &amp; resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery</td>
<td></td>
<td></td>
<td></td>
<td>$500 after deductible</td>
<td>$500, then 30% after deductible</td>
</tr>
<tr>
<td>Maternal health</td>
<td></td>
<td></td>
<td></td>
<td>$10</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Chemical dependency treatment</td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Alternative care services</td>
<td></td>
<td></td>
<td></td>
<td>$10</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Acupuncture/chiropractic/naturopathic visits</td>
<td></td>
<td></td>
<td></td>
<td>$10</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Maternity care services</td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Physician or midwife services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital stay</td>
<td></td>
<td>$50 per day</td>
<td>up to $250 per admission after deductible</td>
<td>40% after deductible + $500 copay*</td>
<td></td>
</tr>
<tr>
<td>Hospital services</td>
<td></td>
<td>$50 per day</td>
<td>up to $250 per admission after deductible</td>
<td>40% after deductible + $500 copay*</td>
<td></td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td></td>
<td>$50 per day</td>
<td>up to $250 per admission after deductible</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Emergency care</td>
<td></td>
<td></td>
<td></td>
<td>$25/visit after deductible</td>
<td>$25/visit after deductible</td>
</tr>
<tr>
<td>Emergency room (copay waived if admitted)</td>
<td></td>
<td>$75/visit after deductible</td>
<td>$75/visit after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
<td></td>
<td>$75/trip after deductible</td>
<td>$75/trip after deductible</td>
</tr>
<tr>
<td>Other covered services</td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient diagnostic lab &amp; X-ray</td>
<td></td>
<td></td>
<td></td>
<td>$100 after deductible</td>
<td>$100, then 30% after deductible</td>
</tr>
<tr>
<td>Imaging services* (such as PET, CT, MRI)</td>
<td></td>
<td></td>
<td></td>
<td>$100 after deductible</td>
<td>$100, then 30% after deductible</td>
</tr>
<tr>
<td>Outpatient rehabilitative services (50 sessions per calendar year)</td>
<td></td>
<td></td>
<td></td>
<td>$10/service after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td></td>
<td>$10/service after deductible</td>
<td></td>
<td>40% after deductible + $100 copay*</td>
<td></td>
</tr>
<tr>
<td>Dialysis, infusion, chemotherapy &amp; radiation therapy</td>
<td></td>
<td>$10/service after deductible</td>
<td>30% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment &amp; supplies</td>
<td></td>
<td>15% after deductible</td>
<td>30% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic supplies &amp; insulin</td>
<td></td>
<td>0%</td>
<td>15% after deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Additional deductible: $100/individual, $300/family applies for non-HEM participant.
2. Deductible waived on first 4 PCP visits in-plan, per calendar year.
3. To receive in-network benefits, members must see a provider at their preselected Moda Health medical home.
4. Copayment does not apply to out-of-pocket maximums.
5. No benefits for out-of-network bariatric surgery.
6. Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.
7. Copayment does not apply to out-of-pocket max or deductible but does apply to the max cost share.
8. Coinsurance does not apply to out-of-pocket maximums.
9. Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.

### Full-time pharmacy plan

| Service Category | Pharmacy plan | Plan-year costs | | Retail | Mail order & preferred retail | Specialty |
|------------------|--------------|-----------------|-----------------|-----------------|-----------------|
| Deductible per person | $50 | | | |
| Deductible per family | $150 | | | |
| Out-of-pocket max per person | $1,000 | | | |
| Out-of-pocket max per family | $3,000 | | | |
| Prescription medications | | | | 1. For a 30-day supply, you pay | 2. For a 90-day supply, you pay | 3. For a 30-day supply, you pay |
| Value tier | $0 | $0 | N/A |
| Generic tier | $10 after deductible | $25 after deductible | $100 after deductible |
| Brand tier | $30 after deductible | $75 after deductible | $100 after deductible |

1. When out of network, member pays any difference between the in-network rate and the billed amount.

For limitations and exclusions, visit modahealth.com/pebb and refer to your Member Handbook.
### Part-time medical plan

<table>
<thead>
<tr>
<th>Synergy or Summit plan</th>
<th>Synergy or Summit plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network you pay</strong></td>
<td><strong>Out-of-network you pay</strong></td>
</tr>
<tr>
<td><strong>Plan-year costs</strong></td>
<td></td>
</tr>
<tr>
<td>Deductible per person¹</td>
<td>$500</td>
</tr>
<tr>
<td>Deductible per family²</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$2,500</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$7,500</td>
</tr>
<tr>
<td>Maximum cost share (per person), includes medical &amp; pharmacy</td>
<td>$6,850</td>
</tr>
<tr>
<td>Maximum cost share (per family), includes medical &amp; pharmacy</td>
<td>$13,700</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td></td>
</tr>
<tr>
<td>Periodic health exams, well-baby care, routine women’s exams, immunizations &amp; hearing screenings</td>
<td>0% 50% after deductible</td>
</tr>
<tr>
<td>Prostate screening exam &amp; colorectal cancer screenings (sigmoidoscopy, colonoscopy)</td>
<td>0% 50% after deductible</td>
</tr>
<tr>
<td><strong>Professional services</strong></td>
<td></td>
</tr>
<tr>
<td>Primary care (medical home)³ &amp; specialist office visits</td>
<td>$40/visit after deductible 50% after deductible</td>
</tr>
<tr>
<td>Inpatient physician services (including surgery &amp; anesthesiology)</td>
<td>$40/visit after deductible 50% after deductible</td>
</tr>
<tr>
<td>Allergy shots, serums &amp; injectable medications</td>
<td>$15/service after deductible 50% after deductible</td>
</tr>
<tr>
<td>ACT 100: Bunionectomy, hammer toe surgery, knee viscosupplementation, Morton’s neuroma, spinal injections for pain &amp; upper GI endoscopy</td>
<td>$100² after deductible $100, then 50% after deductible</td>
</tr>
<tr>
<td>ACT 500: Knee arthroscopy, knee/hip replacement &amp; resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery⁴</td>
<td>$500² after deductible $500, then 50% after deductible</td>
</tr>
<tr>
<td>Mental health</td>
<td>$40/visit 50% after deductible</td>
</tr>
<tr>
<td>Chemical dependency treatment</td>
<td>0% 50% after deductible</td>
</tr>
<tr>
<td>Veterinary visits</td>
<td>0% 50% after deductible</td>
</tr>
<tr>
<td><strong>Alternative care services</strong></td>
<td></td>
</tr>
<tr>
<td>Acupuncture/chiropractic/rutunopathic visits ($1,000 per year maximum spinal manipulation/acupuncture combined)</td>
<td>$40/visit⁶ after deductible 50% after deductible</td>
</tr>
<tr>
<td><strong>Maternity care services</strong></td>
<td></td>
</tr>
<tr>
<td>Physician or midwife services</td>
<td>0% 50% after deductible</td>
</tr>
<tr>
<td>Inpatient care, observation care, rehabilitative care (30 days per calendar year, 60 days total or spinal cord injuries), skilled nursing facility (180 days per calendar year)</td>
<td>$500 per admission after deductible 50% after deductible $500 copay⁸</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>$30/visit after deductible $30/visit after deductible</td>
</tr>
<tr>
<td>Emergency room (copay waived if admitted)</td>
<td>$150/visit after deductible $150/visit after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$75/trip after deductible $75/trip after deductible</td>
</tr>
<tr>
<td><strong>Other covered services</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient diagnostic lab &amp; X-ray</td>
<td>Quest – $0 Other providers – 20% after deductible 50% after deductible</td>
</tr>
<tr>
<td>Imaging services¹ (such as PET, CT, MRI)</td>
<td>$100, then 20% after deductible $100, then 50% after deductible</td>
</tr>
<tr>
<td>Outpatient rehabilitative services (50 sessions per calendar year)</td>
<td>$400 after deductible 50% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$400/service after deductible⁴ $50% after deductible $100 copay⁸</td>
</tr>
<tr>
<td>Dialysis, infusion, chemotherapy &amp; radiation therapy</td>
<td>$40/service after deductible⁴ 50% after deductible</td>
</tr>
<tr>
<td>Durable medical equipment &amp; supplies</td>
<td>20% after deductible 50% after deductible</td>
</tr>
<tr>
<td>Diabetic supplies &amp; insulin</td>
<td>0% 0%</td>
</tr>
</tbody>
</table>

1. Additional deductible: $100/individual, $200/family applies for non-HEM participants.
2. Deductible waived on first 4 PCP visits in-plan. Per calendar year. 
3. To receive in-network benefits, members must see a provider at their preselected Moda Health medical home.
4. Copayments do not apply to out-of-pocket maximums.

### Part-time pharmacy plan

<table>
<thead>
<tr>
<th>Pharmacy plan</th>
<th>Pharmacy plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan-year costs</strong></td>
<td></td>
</tr>
<tr>
<td>Deductible per person</td>
<td>$50</td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$150</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$1,000</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Prescription medications</strong></td>
<td></td>
</tr>
<tr>
<td>For a 30-day supply, you pay</td>
<td>For a 90-day supply, you pay</td>
</tr>
<tr>
<td>Value tier</td>
<td>$0</td>
</tr>
<tr>
<td>Generic tier</td>
<td>$20 after deductible</td>
</tr>
<tr>
<td>Brand tier</td>
<td>$50 after deductible</td>
</tr>
</tbody>
</table>

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

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¹ When out of network, member pays any difference between the in-network rate and the billed amount.
Dental 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
- Freedom to choose your dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings twice per year
- Predetermination of benefits if requested in a pretreatment plan
- No claims
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Is my dentist in the network?
With our big dental networks, chances are your dentist participates. To find out, visit modahealth.com and use our Find Care tool. Choose a dental network and then search for participating dentists near you. You can look up:
- Delta Dental Premier dentists
- Delta Dental PPO dentists
- Delta Dental dentists nationwide

Pick from two plans

Delta Dental PPO™ Network
This is one of the largest preferred provider organizations (PPO) dental networks in Oregon and across the country. It includes access to more than 1,300 Delta Dental PPO dentists in Oregon and over 108,000 Delta Dental PPO dentists nationwide.

Delta Dental Premier® Network
This is the largest dental network in Oregon and nationally. It includes access to more than 2,400 Delta Dental Premier dentists in Oregon and over 154,000 Delta Dental Premier dentists nationwide.

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

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.

Delta Dental plans

<table>
<thead>
<tr>
<th>Plan-year costs</th>
<th>Full-time Delta Dental PPO plan¹</th>
<th>Full-time Delta Dental Premier plan¹</th>
<th>Part-time Delta Dental Premier plan¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$150</td>
<td>$150</td>
<td>N/A</td>
</tr>
<tr>
<td>Benefit maximum</td>
<td>$1,750</td>
<td>$1,750</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

Preventive* & diagnostic services
- Exam & 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 amalgam or composite⁴):
  - 1st year – 20%²
  - 2nd year – 10%²
  - 3rd year – 0%²
- Oral surgery (surgical extractions & certain minor surgical procedures):
  - 30% 20% 50%
- Endodontic (pulp therapy & 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 & bridge work (construction or repair of fixed bridges, partials & complete dentures):
  - 50% 50% 50% 50%
- Nitrous Oxide: 50% 50% 50% 50%
- Occlusal guards⁴: 100% no deductible, 100% no deductible, 100% no deductible, 100% no deductible
- Orthodontic services (lifetime maximum – $1,500):
  - 50% 50% 50% N/A

¹ You can enroll in Delta Dental dental coverage even if you are not enrolled in a Moda Health medical plan. Waiting periods may apply to certain Delta Dental enrollees.

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 Composite fillings on posterior teeth are given an alternate benefit of amalgam.

⁴ $150 maximum, once every five years

For limitations and exclusions, visit modahealth.com/pebb and refer to your Member Handbook.
Additional Cost Tier
Select procedures, including spine procedures, knee and hip replacement, arthroscopies (knee and shoulder), bariatric surgery, spinal injections for pain, upper gastrointestinal endoscopy, bunions (toe and sinus surgery).

The ACT is designed to encourage exploration of less invasive treatment alternatives. It is important for members to understand and consider all factors — including additional costs — when discussing treatment options with providers.

Alternative care
Eligible chiropractic, acupuncture and naturopathic services.

Balance billing
Charges for out-of-network care beyond what the health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges.

Brand tier medications
Brand medications reviewed by Moda Health and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under the value, select and/or preferred medication tiers.

Chronic care services
Services provided during office visits that help members manage certain conditions, including asthma, heart conditions, cholesterol, high blood pressure and diabetes.

Coinsurance
The percentage members pay for a covered healthcare service after they meet their 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
The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay $25 for a doctor visit.

Deductible
The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Evidence-based practices
Healthcare options or decisions that research shows work best, are most cost-effective and consider the patient’s needs and experience.

Generic tier medications
Generic medications that have been determined by physicians and pharmacists to be therapeutically equivalent to the brand alternatives and are often the most cost-effective option. Generic medications must contain the same active ingredients as their brand name counterparts and be identical in strength, dosage form and route of administration.

Maximum cost share
This is different from the out-of-pocket maximum. It is the annual limited amount members pay for covered in-network services that qualify as essential health benefits under the Affordable Care Act (ACA). This includes pharmacy and medical deductibles and all eligible copayments and coinsurance (including amounts that may not have counted towards the out-of-pocket maximum). Once the cost share maximum is reached, the plan pays 100 percent for covered essential health benefits.

Out-of-pocket costs
What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum
The most members pay in a calendar year for some covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent, except for services that are not applicable to the out-of-pocket maximum or do not qualify as essential health benefits. The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing from out-of-network providers.
Preferred provider
A person or place contracted with a health network to provide care. By choosing a preferred provider, members’ out-of-pocket expenses will be less than if they choose a provider outside the network.

Primary care provider (PCP)
The family doctor who treats members or family. PCPs are also called primary care providers.

Professional services
Primary care and specialist office visit services performed by a licensed healthcare provider. Members seeking a participating Moda Medical Home provider will have a better benefit for chronic and primary care office visits.

Value tier medications
Commonly prescribed medications used to treat chronic medical conditions and preserve health.

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 accptr.hhs.gov/ocr/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
855-232-911
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Líame al 1-877-605-3229 (TTY 711).

NOTA: Si habla chino o coreano, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Líame al 1-877-605-3229 (TTY 711).

ATENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiama il numero 1-877-605-3229 (TTY 711).

Notes: Moda Health nondiscrimination notice is available in other formats. For TTY, please call 1-877-605-3229 (TTY 711).
Questions?
We’re here to help.
Just email PEBBcustomerservice@modahealth.com
or call one of our customer service teams.
Medical Customer Service, call 844-776-1593.
TTY users, please call 711.

modahealth.com/pebb