

Experience better with Moda Health



Public Employees' Benefit Board

2022 PEBB Plans



moda
HEALTH

 **DELTA DENTAL**®

We're committed to making healthcare work better for everyone.

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

Diversity:

We value, respect and celebrate people of all backgrounds, identities, and abilities and actively seek to identify how uniqueness makes us better.

Equity:

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

Inclusion:

We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education, and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

We will be better. We will do better. It is the right thing to do and we expect it of ourselves.



Welcome to Moda Health and Delta Dental of Oregon, the place you go when you want to experience better – better people, better plans, better services and better health.



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High-quality health plans *made for you*

Our medical plans are made for PEBB members like you. They include nearby providers who work with you to keep you and your family well. As a public employee, you and your family deserve a health plan that's centered on your healthcare needs. We're excited to support you on your journey to better health and wellness.

As a Moda member, you'll find:

- A wide selection of high-quality in-network providers in Oregon, Southern Washington and Idaho, including **Oregon Health & Science University (OHSU), Legacy Health and Adventist Health**
- **Moda 360 Health Navigators** to help you navigate the healthcare system so you can get the most of your health benefits
- **No referrals!** Moda Health does not require referrals for in-network specialists. Plus, you'll only pay a \$10 copay after your deductible has been met
- **Alternative Care** – take advantage of the largest network of alternative care providers (including **licensed massage therapists**) for only a \$10 copay after deductible has been met. To find in-network providers, use our online provider directory, Find Care
- Medical, pharmacy and dental benefits delivered by a single health plan

Moda Synergy Plan Highlights

- Medical \$250 deductible per person
- Pharmacy benefits, including \$0 copay for value medications and vaccines
- Cost-effective mail-order pharmacy options Postal Prescription Services (PPS) and Effective 1/1/22, Costco too.

We love our health plans - and we hope you will too. They're designed to help busy, hardworking people, just like you!

Our medical plans also cover most routine, in-network preventative 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
- Preventative cancer and other health screenings

No cost sharing for chronic care office visits

This means that members have no out-of-pocket costs when they see their chosen PCP 360 or in-network specialist for the following chronic conditions:

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



No referrals required for in-network specialist visits



With Moda 360, the world of healthcare revolves **around you**

Healthcare can be complicated. That's why we created Moda 360 – your own enhanced member support team.

Here's how it works

Every time you call Moda Health, you will be connected to a Moda 360 Health Navigator. The Health Navigator will not only answer any questions you may have, but will also serve as your guide to connect you with the care, resources and programs that will work best for you.

Moda 360 Health Navigators can help you with:

- Access to personalized support for many chronic conditions
- Coordination with your PCP
- Access to CirrusMD, a 24/7, nationwide telehealth option
- Access to Meru Health, a digital app that provides behavioral health support
- Personalized app-based solution to help with diabetes. The solution is member-specific and supports diabetes management towards better overall health.

Let a Health Navigator **be your guide**

Moda 360 Health Navigators understand the healthcare system. They also know about your benefits and how they work, as well as all the programs, services and tools available to you.

You can contact a Health Navigator if you need help with:

Scheduling support

A Health Navigator can help you find in-network providers and specialists. They can also help you with setting up appointments.

Care programs

We have many resources that help members with certain conditions or concerns. A Health Navigator can help connect you to programs that are just right for you.

Prior authorization

Some medical services require prior approval. A Health Navigator can assist you and your provider during this process and help with any questions you may have.

Selecting a PCP 360

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care and coordinate with other providers as needed. A Health Navigator can help you find and select a PCP 360 to receive in-network benefits for primary care services.

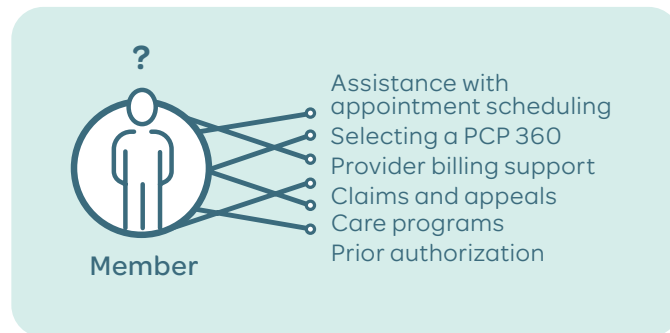
Claims and provider billing support

Questions about a claim or a bill you received from your provider? A Health Navigator will answer your questions and can even work with your provider to resolve issues.

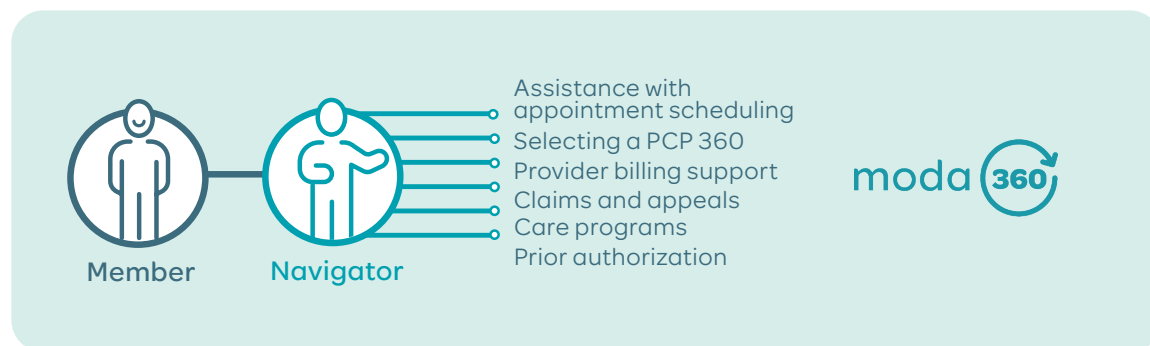
NEW!

Message a Health Navigator, instantly! Just use the new chat feature in your Member Dashboard.

Healthcare can be complicated



Let Moda 360 help make it easier



Additional Moda 360 programs

Through Moda 360, you can access the following programs created to help you be your healthy best.

Specialized support for depression, anxiety and burnout

Now you can get therapy on your smartphone through our partner, **Meru Health**. Completely confidential, this online program provides 12 weeks of treatment to help with depression, anxiety and burnout.

The program offers:

- Confidential access to a personal, licensed therapist and psychiatrist
- 12 weeks of empowering content
- Anonymous peer support
- A biofeedback device to increase focus and manage stress
- Mindfulness practices for balancing mood and energy
- Habit-changing activities for sleep, nutrition and more that you can access any time and anywhere

Meru Health's program is available to qualified Moda Health members 18 or older located in Oregon, Washington or Idaho. The initial evaluation call is the standard mental health cost sharing (which may be subject to the deductible). After that, the program is available at zero cost.

Note: They also accept FSA/HSA accounts to cover the cost of the initial copay/coinsurance.

To sign up, go to modahealth.com/meru



Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute! Use the CirrusMD app for any health question or advice. Whether you have a question about COVID-19, need an inhaler prescription, have a runny nose, etc., doctors are available 24/7 to help with **no member cost-share**.

With the CirrusMD app, all you need is internet access to:

- Ask an urgent or general health question
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

To start using CirrusMD, download the app and register with your date of birth and ZIP code. Open the app and start chatting with a doctor, just like you'd text with a friend.

For more details, go to modahealth.com/cirrusmd



Better together – Moda 360 integrates medical and dental care

NEW!

Let a Moda 360 Health Navigator be your guide for both medical and dental care.

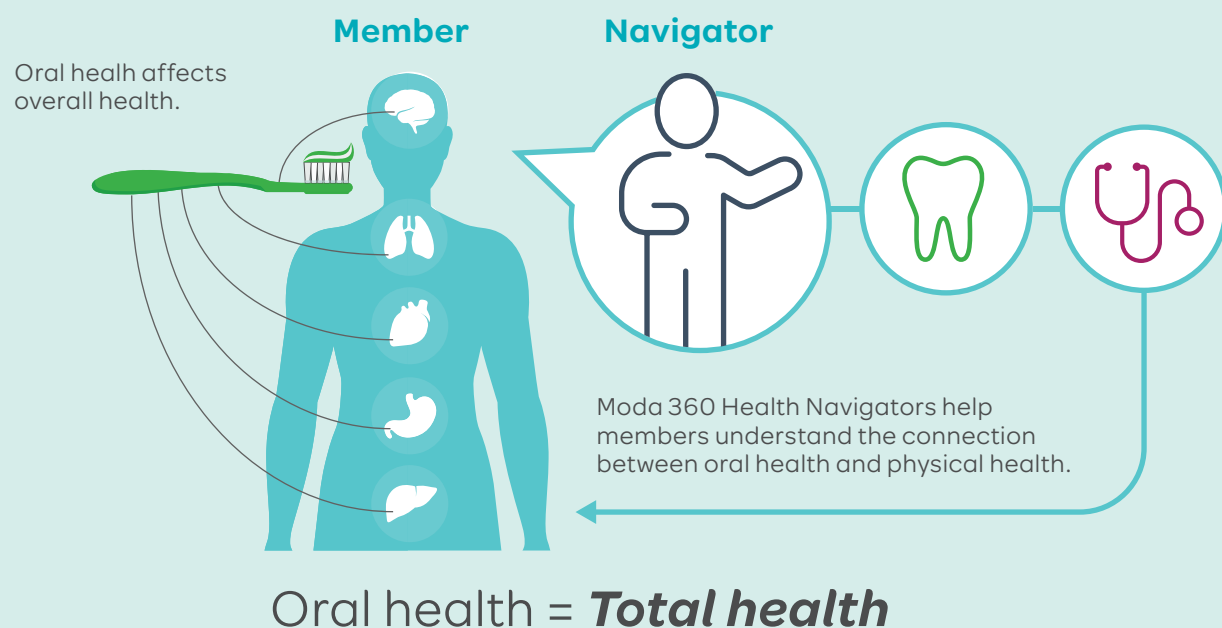
Why are medical and dental better together?

Our oral health affects our overall health. In fact, gum disease has been connected to:

- Diabetes
- Coronary heart disease (plaque buildup on the walls of the arteries that supply blood to the heart)
- Cerebrovascular disease (conditions that affect the flow of blood to the brain)

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take good care of your whole body.

Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.



Coordinated care

Coordinated care made **better**

Our plans come with coordinated care for you and your family. Each enrolled Moda Health PEBB member will need to choose a PCP 360 to receive in-network benefits for primary care services. For all other services, members may see any in-network Synergy provider. *Regardless, you will never need a referral to see a specialist.*

What is a PCP 360?

A PCP 360 is a high-quality primary care provider who is willing to partner with you and provide higher quality care with lower out-of-pocket costs.

A PCP 360 delivers full-circle of care, including:

- 24/7 medical advice by phone
- Preventive, short-term and long-term care
- Hospital coordination
- Ongoing health education
- Wellness support
- Opportunities for you to evaluate their services



How to choose a PCP 360

- 1 **Log in to the Member Dashboard.** Go to modahealth.com/pebb. Select the PCP 360 tab.
- 2 **Search for a PCP 360.** Search Find Care for a PCP 360. You can search by facility or provider name.
- 3 **Choose a PCP 360.** Select a PCP 360 for you, your spouse and your dependents.
- 4 **Check your email.** You will receive a confirmation email for your records.

Also, you can find a directory of in-network PCP 360s on the Member Dashboard under Find Care, or you can call a Moda 360 Health Navigator at 844-776-1593 for help.

You can also chat with your Health Navigators through your Member Dashboard instantly or email them at pebbcustomerservice@modahealth.com

You and each of your covered family members can have the same PCP 360, or a different one – it's up to you. *You can choose or update your PCP 360 at any time.*

A network that *protects* you

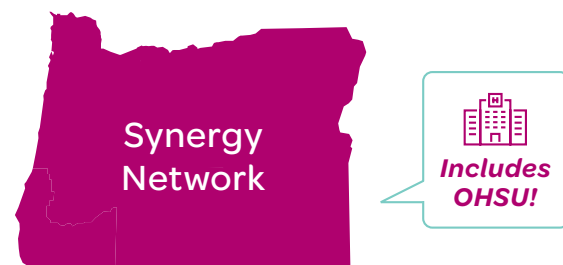
Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you go. So, we've made it easy for you to find in-network coverage in your hometown and across the country.

All plans include the Synergy Network

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

Access care statewide through our Synergy Network

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



The Synergy Network includes a diverse and wide selection of hospitals, such as:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Health System
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tillamook Regional Medical Center
- Trios Health
- Tuality Healthcare (OHSU partner)
- Wallowa County Memorial Hospital

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." In-network providers don't do this. See our plan summaries or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Please note, you and your covered dependents must select a PCP 360 to receive in-network benefits for primary care services.

Is your provider in a network?

Find out by visiting modahealth.com and choosing Find Care, Moda's online provider directory. Simply select the applicable network option and look for providers near you.

**See definition of "balance billing" on page 30.*

Travel with peace of mind

When you hit the road, care is never far. While traveling outside the network service area, you can use the First Health Travel Network for urgent and emergent care to receive the in-network benefit level. Traveling for the purpose of seeking care will not be covered at the in-network benefit level and may be subject to balance billing.*

Out-of-area dependents

The Moda Synergy plan covers dependents who live outside of the service area (for example: college students). Out-of-area dependents will need to select a PCP 360 and utilize that provider when they are in the service area. When they are away from the service area they have access to our travel network and will receive in-network benefits. Please update the out-of-area dependent in the PEBB database system or contact your employer.



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 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 conditions:

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

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

Ardon Health Specialty

Ardon Health is the specialty pharmacy for PEBB members. Ardon, based in Portland, Oregon, provides free delivery of specialty medications to a patient's home or physician's office. Ardon Health provides specialty medications for conditions including Crohn's disease, hepatitis C, multiple sclerosis, rheumatoid arthritis and more. 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) or Costco. You can receive significant savings by using the mail-order benefit.

You can also fill a 90-day prescription at many participating pharmacies. You may have more savings options through our preferred pharmacy partners.

Get vaccinated

Moda Health pharmacy benefits include vaccinations to support your health! Vaccinations are an important tool for immunization from infectious diseases – protecting you, your family, your workplace and your community.

Find an in-network pharmacy

Just visit modahealth.com/pebb and use Find Care to locate a participating 2022 NW Prescription Drug Consortium Core network pharmacy near you.

Other handy pharmacy features

Our prescription price check tool allows the ability to look up estimated medication prices online.

Just log in to the Member Dashboard and enter a medication name to find cost estimates. You can compare estimates from various in-network pharmacies and see generic and/or lower-cost options to discuss with your doctor.



New pharmacy updates

We are changing our pharmacy benefits manager (PBM) to Navitus. The change will take place Jan. 1, 2022. For PEBB medical members, this means:

- New ID cards
- Changes to the prescription drug list
- Changes to the pharmacy network
- A new mail-order pharmacy option

Please remember to show your new ID card at the pharmacy when you have your first prescription filled after Dec. 31, 2021.

If you don't have a new ID card on hand, you will need to share the following information with your pharmacy starting Jan. 1, 2022:

PCN: NVT
BIN: 610602
Rx group: PEBB

Effective 1/1/22 - CVS pharmacy will no longer be in-network. However, Walgreens will now be in-network.

To find in-network pharmacies for 2022. Use Find Care (Moda's online provider directory), at modahealth.com/pebb. Then select the 2022 NW Prescription Drug Consortium Core network to find in-network pharmacies.

You can also call your Health Navigator team at 844-776-1593

Starting Jan. 1, 2022, the Pharmacy Search tool in our Member Dashboard will reflect the new 2022 pharmacy network.

Full-time medical plan

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$250	\$500
Deductible per family ¹	\$750	\$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 & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	30% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$10/visit after deductible	30% 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 & injectable medications	\$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 30% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 30% ⁴ after deductible
Mental health	\$10	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$10 after deductible	30% ⁵ after deductible
Massage therapy ¹¹	\$10/visit ^{4,9} after deductible	30% ¹⁰
Maternity care services		
Physician or midwife services	0%	40% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% 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)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/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		
Outpatient diagnostic lab & X-ray	0%	30% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100 ⁴ after deductible	\$100, then 30% ⁴ 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 ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$10/service after deductible	30% after deductible
Durable medical equipment & supplies	15% after deductible	30% after deductible
Diabetic supplies & insulin	0%	0%

Full-time pharmacy plan

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty ¹
Plan-year costs			
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			
	For a 30-day supply ² , you pay	For a 90-day supply ² , you pay	For a 30-day supply ² , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$10 after deductible	\$25 after deductible	\$10 after deductible
Brand tier	\$30 after deductible	\$75 after deductible	\$100 after deductible

¹ When allowed, the copay for a specialty pharmacy 90-day supply is 2.5 times the copay for a 30-day supply.

² When out of network, member pays any difference between the in-network rate and the billed amount.

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 their chosen PCP 360.

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

⁵ No benefit for out-of-network bariatric surgery.

⁶ Coinsurance does not apply to out-of-pocket maximums.

⁷ Copayments do not apply to services related to cancer diagnosis and treatment.

⁸ Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.

⁹ Copay applies when members sees an in-network licensed massage therapist.

¹⁰ Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

¹¹ 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.

Part-time medical plan

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$500	\$1,000
Deductible per family ¹	\$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 & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	50% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery & anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums & injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & 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		
Outpatient diagnostic lab & X-ray	Quest – \$0 Other providers – 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 & radiation therapy	\$40/service after deductible ⁸	50% after deductible
Durable medical equipment & supplies	20% after deductible	50% after deductible
Diabetic supplies & insulin	0%	0%

Part-time pharmacy plan

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty
Plan-year costs			
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			
	For a 30-day supply ¹ , you pay	For a 90-day supply ¹ , you pay	For a 30-day supply ¹ , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$20 after deductible	\$50 after deductible	\$20 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

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

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 their chosen PCP 360.

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

⁵ No benefit for out-of-network bariatric surgery.

⁶ Coinsurance does not apply to out-of-pocket maximums.

⁷ Copayments do not apply to services related to cancer diagnosis and treatment.

⁸ Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

⁹ Copay applies when members sees an in-network licensed massage therapist.

¹⁰ Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

¹¹ 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.

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

- No 24-month waiting period for orthodontia services for new enrollees
- No 12-month waiting period for basic and major services for new enrollees
- Coverage of composite (white) fillings for molars
- 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 claim forms
- 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.

NEW!

Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.



Oral health can improve overall health

With the combination of a medical plan from Moda Health and a dental plan from Delta Dental, you'll get coordinated care and service that can address and combat health issues that start in your mouth, such as:

- Diabetes
- Coronary heart disease
- Cerebrovascular disease

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take care of yourself from head to toe.

Is my dentist in the network?

With our extensive dental networks, chances are good 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

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (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 112,000 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 156,000 Delta Dental Premier dentists nationwide.

* You can enroll in Delta Dental dental coverage even if you are not enrolled in a Moda Health medical plan.

Health through Oral wellness

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness[®] program offers extra benefits to members who have a greater risk for oral diseases.

The 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.

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify:

- 1 Visit modahealth.com/pebb to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
- 2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and let you know if you qualify.

To see which providers are participating in HtOW, there is a green badge shown in Find Care





2022 Dental plan benefit table

	Full-time Delta Dental PPO plan ¹		Full-time Delta Dental Premier plan ¹	Part-time Delta Dental Premierplan 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 & 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)		30%	20%	50%
Oral surgery (surgical extractions & certain minor surgical procedures)	1st year – 20% ² 2nd year – 10% ² 3rd year – 0% ²	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 guards ³	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
Lifetime maximum – \$1,500	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.



Member care resources

Tools for your health journey

Moda Health and Delta Dental of Oregon are here to help you feel better and live longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with your Member Dashboard

Your Member Dashboard is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, just log in to your Member Dashboard at modahealth.com to:

- Find in-network providers
- Select or change your PCP 360
- 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
- Look up medication prices
- Download your member ID card
- Access tools to get and stay healthy and manage your dental care needs
- Moda 360 digital resources

Tools for better health

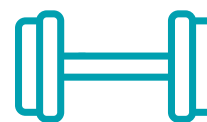
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health. Log in to your Member Dashboard 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



Active&Fit Direct™

Staying fit is important to your overall health and well-being. As a Moda Health or Delta Dental member, you have access to the Active&Fit Direct™ program.

For a small monthly charge, you can choose from over 9,000 participating health clubs and YMCAs nationwide. The program offers:

- A free guest pass to try out a fitness center before joining (where available)
- An option to switch fitness centers to make sure you found the right fit
- Access to online directory maps and a fitness center and YMCA locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment



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 your Member Dashboard 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 support – so you can focus on healing. We can help you:

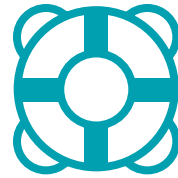
- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Helping you maintain a healthy weight

Losing weight and staying on track isn't always easy. As a Moda Health PEBB member, you, your spouse, your domestic partner and covered dependents over the age of 18 can subscribe to WW (formerly Weight Watchers) plans at no cost.

- Digital Plan - Includes access to the WW mobile app and website, 5,000+ recipes and real-time support
- Digital + Workshops - All the benefits and tools included in the Digital WW plan, along with motivation and lessons from weekly workshops
- Children who are age 10-17 can enroll in Kurbo by WW, a pilot program for children and teens
- Visit PEBB.ww.com for more information



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



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 a part of PEBB's Health Engagement Model (HEM), you could earn payment incentives by taking a health assessment.

Existing Moda PEBB members who already participate in the HEM program will need to take their Health Assessment this plan year to be enrolled in the HEM program for the 2022 Plan Year.

If you are an existing Moda PEBB member who doesn't yet participate in the HEM program, you can opt in for 2022. Simply follow these steps:

- 1 Enroll in your medical plan in the PEBB enrollment system (opt in to take part in HEM).
- 2 Take a private 15-minute assessment by logging in to your Member Dashboard and choosing Momentum (Moda's health interactive wellness tool).
- 3 Save your email confirmation.

Are you already a PEBB member but NEW to Moda?

If you are and want to participate in the HEM, follow these steps:

- 1 Enroll in your Moda medical plan in the PEBB enrollment system (opt in to take part in HEM).
- 2 Take a private 15-minute assessment with your current medical carrier.
- 3 Save your email confirmation.

Newly hired Moda PEBB members who want to take part in HEM will follow the same steps. Call PEBB (503-373-1102) to get instructions on where to take the assessment.

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.

Additional Cost Tier

Select services, including spinal procedures, knee and hip replacements, arthroscopies (knee and shoulder), bariatric surgery, spinal injections for pain, upper gastrointestinal endoscopy, bunionectomy 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, naturopathic and massage therapies and 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 Network, connect a primary care provider (PCP) 360, or PCP 360, with the rest of your care team (other providers, specialists, etc.) to bring you the best treatments. 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 ACT copays, pharmacy expenses, disallowed charge or balance billing amounts from out-of-network providers.

PCP 360

A PCP 360 is a primary care provider (PCP) who has agreed to partner with you and be accountable for your health. A PCP 360 delivers full-circle care by coordinating your care with other providers, as needed.

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 coordinates their care to keep them healthy. Examples of a PCP include an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician assistant. These providers may practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology and women's health.

Professional services

Primary care and specialist office visit services performed by a licensed healthcare provider. Members seeing 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. follows federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

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

If you need help filing a complaint, please call Customer Service.

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:

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)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
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 مجاناً. 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 ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដើមឥតគិតថ្លៃ 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 PEBBcustomerservice@modahealth.com or call our Moda 360 Health Navigator team.

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 Health Navigator Team:
844-776-1594

TTY users, please call 711.

modahealth.com/pebb

