

moda  
HEALTH



+ Dental plans that will make you smile

oebb | Oct. 1, 2019 – Sept. 30, 2020

DELTA DENTAL



*Welcome to Moda Health and Delta Dental of Oregon, the place you go when you want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.*



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# High-quality, affordable coverage at a ***great value.***

For more than 10 years, Moda Health Plan, Inc. and Delta Dental Plan of Oregon have provided OEGB members like you with integrated, whole health plans with robust programs and services. Our plans include nearby providers who work together to keep you and your family well.

As a Moda member, you'll find:

- A wide 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
- Team-based, coordinated care that's centered on you
- Caring customer service to help you every step of the way

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

## How your plan works

This year, we are making it easier to choose the right benefit package for you and for your family. You'll enjoy better benefit choices and better care.

## Better benefit choices and better care

You only need to make two choices

- 1 Which plan design works best for your family
- 2 Whether you and your family members want to coordinate your care to receive enhanced benefits

## Our plans

Each of our plans has different deductibles and copays, and comes with our largest network – Connexus. Connexus is a statewide network of contracted providers and hospitals. Staying within network will save you money.

You'll also enjoy:

- Access to more than 80 hospitals & 26,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits

## Coordinated care

Each plan comes with a coordinated-care option and a non-coordinated care option for you, and for each of your family members.

If you and/or your family members choose coordinated care, you must choose and use a "PCP 360," a primary care provider who has agreed to be accountable for your health. Each covered family member can choose if they want coordinated care, and if so, their own PCP 360. Regardless, none of you will need a referral to see a specialist.

Choosing coordinated care means that you will receive **enhanced benefits** like:

- A lower deductible
- A lower out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

Whether or not you choose coordinated care, you will pay the same premium, share the same wide Connexus Network of providers and never need referrals. You can join the coordinated-care option at any time of the year.

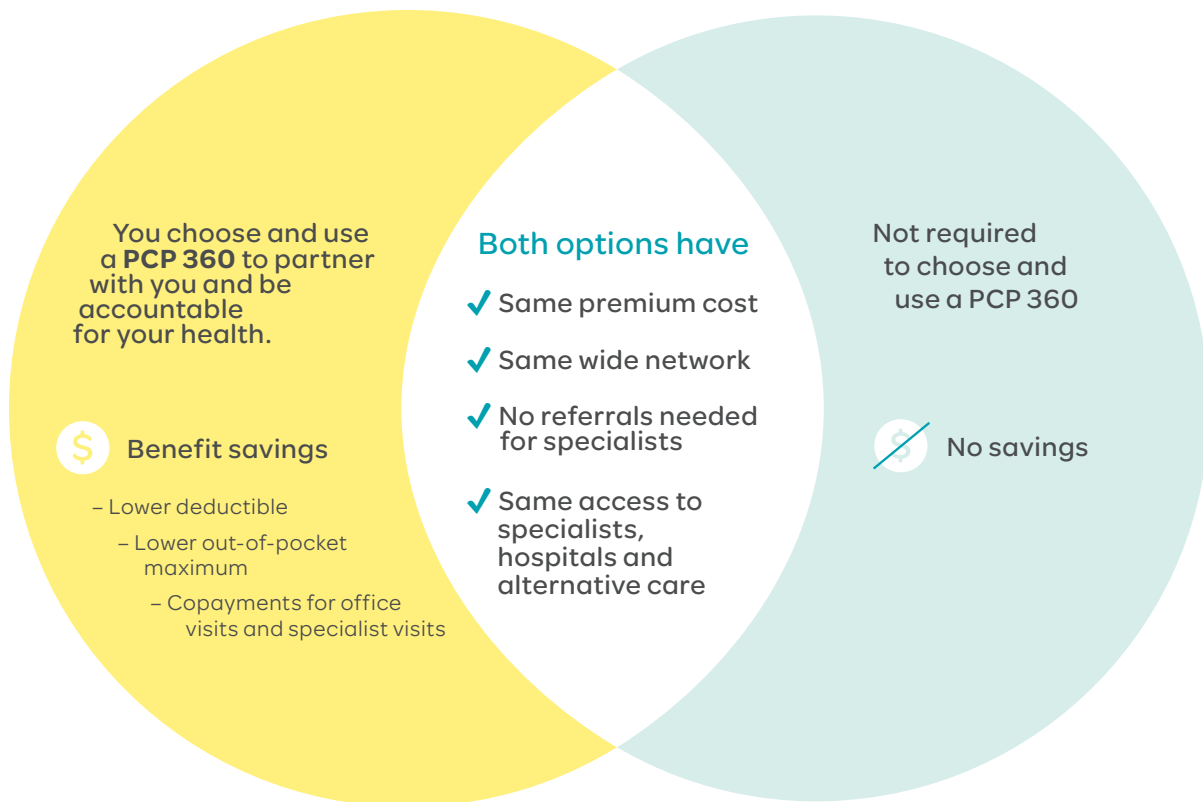
## What is a PCP 360?

A PCP 360 delivers full-circle care, coordinating your care with other providers as needed. They are high quality primary care providers who are willing to partner with you and be accountable for your health. You can count on your PCP 360 to provide higher-quality care with lower out-of-pocket costs.

## Coordinated care

VS.

## Non-coordinated care



### What does coordinated care really mean?

With coordinated care, you can count on higher quality care for a lower cost. Your PCP 360 will be accountable for your care, as well as for meeting certain standards for safety and effectiveness. They will be there when you need them, and will help you get the information and services that work best for you.

PCP 360

# How to choose a **PCP 360**

Once your medical plan is active, you'll need to choose and use a PCP 360. Your PCP 360 will be accountable for your care, as well as for meeting certain standards for safety and effectiveness. They will be there when you need them, and will help you get the information and services that work best for you.

You and each of your covered family members can pick the same PCP 360 or a different one – it's up to you. To choose your PCP 360, please log in to myModa and choose the "PCP 360" tab. Follow the steps listed on the screen to let us know your choice for your PCP 360.

Also, you can find a directory of in-network PCP 360s on myModa under Find Care or by contacting Moda Customer Service for help.

Learn more at [modahealth.com/oebb](http://modahealth.com/oebb) under the "PCP 360" tab.



# A network that *protects* 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 the Connexus Network

Each medical plan comes with our Connexus provider network. Within the Connexus Network, members have access to more than 30,000 providers, 87 hospitals and 64,000 pharmacies across Oregon, Idaho, Southern Washington and Northern California. 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." 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.

## Connect with care across the state

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.





## How coordinated care works for out-of-area members

Dependents (for example: college students) who live part-time out of the Connexus Network service area must use their chosen PCP 360 when home to continue receiving enhanced benefits. Please let your employer and Moda Customer Service know their out-of-area address. That way, they can access our travel network to get in-network benefits for services they receive away from home. They will receive benefits at the “not my chosen PCP 360” level if they get primary care from someone outside of the Connexus Network service area.

Retiree members, members with COBRA and dependents who live full-time outside of the Connexus Network service area are not eligible for coordinated care and enhanced benefits.

## Is your provider in a network?

Find out by visiting [modahealth.com](http://modahealth.com) and choosing Find Care, Moda’s online provider directory. Simply select the Connexus 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. Please note that traveling for the purpose of seeking care does not qualify for the travel network benefit. It would be paid as out-of-network.

Outside the United States, you may access any provider for in-network emergency or urgent care. This care is subject to balance billing.



# 2019–20 Medical plan benefit table

	Medical Plan 1 Connexus Network <sup>5</sup>	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
<b>Plan-year costs</b>		
Deductible per person / family	<b>\$400</b> / \$1,500	<b>\$500</b> / \$1,500
Out-of-pocket max per person	<b>\$2,850</b>	<b>\$3,250</b>
Out-of-pocket max per family	\$9,750	\$9,750
Maximum cost share per person (includes OOP and ACT)	\$7,900	\$7,900
Maximum cost share per family (includes OOP and ACT)	\$15,800	\$15,800
<b>Preventive care</b>		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>\$15 copay<sup>1,7</sup></b>	<b>20%</b>
Periodic health exams, routine women's exams, annual obesity screening, immunizations <sup>3</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
<b>Professional services</b>		
Primary care office visits	<b>\$20 copay<sup>1,3</sup></b>	<b>20%</b>
Primary care office visits with a provider other than your chosen PCP 360	\$40 copay <sup>1</sup>	N/A
Specialist office visits	<b>\$40 copay<sup>1</sup></b>	<b>20%</b>
Mental health office visits	\$20 copay <sup>1</sup>	\$20 copay <sup>1</sup>
Chemical dependency services	\$20 copay <sup>1</sup>	\$20 copay <sup>1</sup>
Virtual Visits	\$10 copay <sup>1</sup>	\$10 copay <sup>1</sup>
<b>Alternative care services (\$2,000 plan year maximum)</b>		
Acupuncture/chiropractic manipulation/naturopathic remedies <sup>6</sup>	<b>\$20 copay<sup>1</sup></b>	<b>20%</b>
<b>Maternity care</b>		
Physician or midwife services and hospital stay	20%	20%
<b>Outpatient and hospital services</b>		
Inpatient care and outpatient hospital/facility care	20%	20%
Skilled nursing facility care (60 days per plan year)	20%	20%
Surgery	20%	20%
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 + 20%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 20%
Gastric bypass (Roux-en-Y) <sup>4</sup>	\$500 copay + 20%	\$500 copay + 20%
<b>Emergency care</b>		
Urgent care visit	<b>\$40 copay<sup>1</sup></b>	<b>20%</b>
Emergency room (copay waived if admitted)	\$100 copay + 20%	\$100 copay + 20%
Ambulance	20%	20%
<b>Other covered services</b>		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	10%
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%	20%
Outpatient diagnostic lab and X-ray	20%	20%
Durable medical equipment	20%	20%

**highlight** = enhanced benefits

Out-of-network, you pay <sup>2</sup>	Medical Plan 2 Connexus Network <sup>5</sup>		
	Coordinated care	Non-coordinated care	Out-of-network, you pay <sup>2</sup>
	in-network, you pay	in-network, you pay	
\$800 / \$2,400	<b>\$800</b> / \$2,700	<b>\$900</b> / \$2,700	\$1,600 / \$4,800
\$6,000	<b>\$3,850</b>	<b>\$4,250</b>	\$8,000
\$18,000	\$12,750	\$12,750	\$24,000
N/A	\$7,900	\$7,900	N/A
N/A	\$15,800	\$15,800	N/A
N/A	<b>\$15 copay<sup>1,7</sup></b>	<b>20%</b>	N/A
50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
50%	<b>\$20 copay<sup>1,3</sup></b>	<b>20%</b>	50%
50%	\$40 copay <sup>1</sup>	N/A	50%
50%	<b>\$40 copay<sup>1</sup></b>	<b>20%</b>	50%
50%	\$20 copay <sup>1</sup>	\$20 copay <sup>1</sup>	50%
50%	\$20 copay <sup>1</sup>	\$20 copay <sup>1</sup>	50%
50%	\$10 copay <sup>1</sup>	\$10 copay <sup>1</sup>	50%
50%	<b>\$20 copay<sup>1</sup></b>	<b>20%</b>	50%
50%	20%	20%	50%
50%	20%	20%	50%
50%	20%	20%	50%
50%	20%	20%	50%
\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 50%
\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 50%
Not covered	\$500 copay + 20%	\$500 copay + 20%	Not covered
20%	<b>\$40 copay<sup>1</sup></b>	<b>20%</b>	20%
\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 20%	\$100 copay + 20%
20%	20%	20%	20%
50%	10%	10%	50%
50%	20%	20%	50%
50%	20%	20%	50%
50%	20%	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 their chosen PCP 360.
- 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 handbook for more details.
- 5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.
- 6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- 7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

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](http://modahealth.com/oebb/members) and refer to your Member Handbook.

# 2019–20 Medical plan benefit table

	Medical Plan 3 Connexus Network <sup>5</sup>	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
<b>Plan-year costs</b>		
Deductible per person / family	<b>\$1,200</b> / \$3,900	<b>\$1,300</b> / \$3,900
Out-of-pocket max per person	<b>\$4,850</b>	<b>\$5,250</b>
Out-of-pocket max per family	\$15,750	\$15,750
Maximum cost share per person (includes OOP and ACT)	\$7,900	\$7,900
Maximum cost share per family (includes OOP and ACT)	\$15,800	\$15,800
<b>Preventive care</b>		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>\$20 copay<sup>1,7</sup></b>	<b>25%</b>
Periodic health exams, routine women's exams, annual obesity screening, immunizations <sup>3</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
<b>Professional services</b>		
Primary care office visits	<b>\$25 copay<sup>1,3</sup></b>	<b>25%</b>
Primary care office visits with a provider other than your chosen PCP 360	\$50 copay <sup>1</sup>	N/A
Specialist office visits	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>
Mental health office visits	\$25 copay <sup>1</sup>	\$25 copay <sup>1</sup>
Chemical dependency services	\$25 copay <sup>1</sup>	\$25 copay <sup>1</sup>
Virtual Visits	\$10 copay <sup>1</sup>	\$10 copay <sup>1</sup>
<b>Alternative care services (\$2,000 plan year maximum)</b>		
Acupuncture/chiropractic manipulation/naturopathic remedies <sup>6</sup>	<b>\$25 copay<sup>1</sup></b>	<b>25%</b>
<b>Maternity care</b>		
Physician or midwife services and hospital stay	25%	25%
<b>Outpatient and hospital services</b>		
Inpatient care and outpatient hospital/facility care	25%	25%
Skilled nursing facility care (60 days per plan year)	25%	25%
Surgery	25%	25%
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 + 25%	\$100 copay + 25%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%
Gastric bypass (Roux-en-Y) <sup>4</sup>	\$500 copay + 25%	\$500 copay + 25%
<b>Emergency care</b>		
Urgent care visit	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%
Ambulance	25%	25%
<b>Other covered services</b>		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	10%
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>	25%	25%
Outpatient diagnostic lab and X-ray	25%	25%
Durable medical equipment	25%	25%

**highlight** = enhanced benefits

Out-of-network, you pay <sup>2</sup>	Medical Plan 4 Connexus Network <sup>5</sup>		
	Coordinated care	Non-coordinated care	Out-of-network, you pay <sup>2</sup>
	in-network, you pay	in-network, you pay	
\$2,400 / \$7,200	<b>\$1,600</b> / \$5,100	<b>\$1,700</b> / \$5,100	\$3,200 / \$9,600
\$10,000	<b>\$6,700</b>	<b>\$7,100</b>	\$13,700
\$27,400	\$15,800	\$15,800	\$27,400
N/A	\$7,900	\$7,900	N/A
N/A	\$15,800	\$15,800	N/A
N/A	<b>\$20 copay<sup>1</sup></b>	<b>25%</b>	N/A
50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
50%	<b>\$25 copay<sup>1,3</sup></b>	<b>25%</b>	50%
50%	\$50 copay <sup>1</sup>	N/A	50%
50%	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>	50%
50%	\$25 copay <sup>1</sup>	\$25 copay <sup>1</sup>	50%
50%	\$25 copay <sup>1</sup>	\$25 copay <sup>1</sup>	50%
50%	\$10 copay <sup>1</sup>	\$10 copay <sup>1</sup>	50%
50%	<b>\$25 copay<sup>1</sup></b>	<b>25%</b>	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	50%
\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%
Not covered	\$500 copay + 25%	\$500 copay + 25%	Not covered
25%	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>	25%
\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 25%
25%	25%	25%	25%
50%	10%	10%	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	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 their chosen PCP 360.
- 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 handbook for more details.
- 5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.
- 6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- 7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

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](http://modahealth.com/oebb/members) and refer to your Member Handbook.

# 2019–20 Medical plan benefit table

	Medical Plan 5 Connexus Network <sup>5</sup>	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
<b>Plan-year costs</b>		
Deductible per person / family	<b>\$2,000</b> / \$6,300	<b>\$2,100</b> / \$6,300
Out-of-pocket max per person	<b>\$6,800</b>	<b>\$7,200</b>
Out-of-pocket max per family	\$15,800	\$15,800
Maximum cost share per person (includes OOP and ACT)	\$7,900	\$7,900
Maximum cost share per family (includes OOP and ACT)	\$15,800	\$15,800
<b>Preventive care</b>		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>\$25 copay<sup>1,7</sup></b>	<b>25%</b>
Periodic health exams, routine women's exams, annual obesity screening, immunizations <sup>3</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
<b>Professional services</b>		
Primary care office visits	<b>\$30 copay<sup>1,3</sup></b>	<b>25%</b>
Primary care office visits with a provider other than your chosen PCP 360	\$50 copay <sup>1</sup>	N/A
Specialist office visits	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>
Mental health office visits	\$30 copay <sup>1</sup>	\$30 copay <sup>1</sup>
Chemical dependency services	\$30 copay <sup>1</sup>	\$30 copay <sup>1</sup>
Virtual Visits	\$10 copay <sup>1</sup>	\$10 copay <sup>1</sup>
<b>Alternative care services (\$2,000 plan year maximum)</b>		
Acupuncture/chiropractic manipulation/naturopathic remedies <sup>6</sup>	<b>\$30 copay<sup>1</sup></b>	<b>25%</b>
<b>Maternity care</b>		
Physician or midwife services and hospital stay	25%	25%
<b>Outpatient and hospital services</b>		
Inpatient care and outpatient hospital/facility care	25%	25%
Skilled nursing facility care (60 days per plan year)	25%	25%
Surgery	25%	25%
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 + 25%	\$100 copay + 25%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	\$500 copay + 25%
Gastric bypass (Roux-en-Y) <sup>4</sup>	\$500 copay + 25%	\$500 copay + 25%
<b>Emergency care</b>		
Urgent care visit	<b>\$50 copay<sup>1</sup></b>	<b>25%</b>
Emergency room (copay waived if admitted)	\$100 copay + 25%	\$100 copay + 25%
Ambulance	25%	25%
<b>Other covered services</b>		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	10%
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>	25%	25%
Outpatient diagnostic lab and X-ray	25%	25%
Durable medical equipment	25%	25%

Out-of-network, you pay <sup>2</sup>
\$4,000 / \$12,600
\$13,700
\$27,400
N/A
N/A
N/A
50%
50%
50%
50%
50%
50%
50%
50%
50%
50%
50%
50%
50%
\$100 copay + 50%
\$500 copay + 50%
Not covered
25%
\$100 copay + 25%
25%
50%
50%
50%
50%

**highlight** = enhanced benefits

- 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 their chosen PCP 360.
- 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 handbook for more details.
- 5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.
- 6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT, PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- 7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

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/](http://modahealth.com/oebb/) members and refer to your Member Handbook.



# Be a better saver with an **HSA**

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.

## Plans 6 and 7 with the HSA option

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 plan, 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 Plans 6 and 7. The plans include value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.





# 2019–20 Medical HDHP plan benefit table

	Medical Plan 6 Connexus Network HSA Optional <sup>9</sup>		
	Coordinated care	Non-coordinated care	Out-of-network, you pay <sup>2</sup>
	in-network, you pay	in-network, you pay	
<b>Plan-year costs</b>			
Subscriber-only plan deductible <sup>3</sup>	<b>\$1,600</b>	<b>\$1,700</b>	\$3,200
Family plan deductible <sup>4</sup>	\$3,400	\$3,400	\$6,400
Individual out-of-pocket max	<b>\$6,400</b>	<b>\$6,750</b>	\$13,100
Family plan out-of-pocket max <sup>4</sup>	\$13,500	\$13,500	\$26,200
<b>Preventive care</b>			
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	<b>15%<sup>11</sup></b>	<b>20%</b>	N/A
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Professional services</b>			
Primary care office visits	<b>15%</b>	<b>20%</b>	50%
Primary care office visits with a provider other than your chosen PCP 360	<b>15%</b>	N/A	50%
Specialist office visits	<b>15%</b>	<b>20%</b>	50%
Mental health office visits	<b>15%</b>	<b>20%</b>	50%
Chemical dependency services	<b>15%</b>	<b>20%</b>	50%
Virtual Visits	\$10 copay	\$10 copay	50%
<b>Alternative care services (\$2,000 plan year maximum)</b>			
Acupuncture/chiropractic/naturopathic care <sup>8</sup>	<b>20%</b>	<b>25%</b>	50%
<b>Maternity care</b>			
Physician or midwife services and hospital stay	<b>20%</b>	<b>25%</b>	50%
<b>Outpatient and hospital services</b>			
Inpatient care and outpatient hospital/facility care	<b>20%</b>	<b>25%</b>	50%
Skilled nursing facility care (60 days per plan year)	<b>20%</b>	<b>25%</b>	50%
Surgery	<b>20%</b>	<b>25%</b>	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	<b>20%</b>	<b>25%</b>	50%
Spine surgery, knee and hip replacement, <sup>5</sup> knee and shoulder arthroscopy, uncomplicated hernia repair	<b>20%</b>	<b>25%</b>	50%
Gastric bypass (Roux-en-Y) <sup>6</sup>	<b>\$500 copay + 20%</b>	<b>\$500 copay + 25%</b>	Not covered
<b>Emergency care</b>			
Urgent care visit	<b>15%</b>	<b>20%</b>	20%
Emergency room	<b>20%</b>	<b>25%</b>	25%
Ambulance	<b>20%</b>	<b>25%</b>	25%
<b>Other covered services</b>			
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	<b>20%</b>	<b>25%</b>	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>	<b>20%</b>	<b>25%</b>	50%
Outpatient diagnostic lab and X-ray	<b>20%</b>	<b>25%</b>	50%
Durable medical equipment	<b>20%</b>	<b>25%</b>	50%
Major medical prescription coverage <sup>7</sup>	<b>20%</b>	<b>25%</b>	50%
Value tier	\$4 per 31 day supply <sup>1</sup>	\$4 per 31 day supply <sup>1</sup>	\$4 per 31 day supply <sup>1</sup>

**highlight** = enhanced benefits

Medical Plan 7 Connexus Network HSA Optional<sup>9</sup>

Coordinated care	Non-coordinated care	Out-of-network, you pay <sup>2</sup>
in-network, you pay	in-network, you pay	
<b>\$2,000</b>	<b>\$2,100</b>	\$4,000
\$4,200	\$4,200	\$8000
<b>\$6,500</b>	<b>\$6,750</b>	\$13,300
\$13,500	\$13,500	\$26,600
<b>20%<sup>7</sup></b>	<b>25%</b>	N/A
\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	N/A	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
\$10 copay	\$10 copay	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>\$500 copay + 20%</b>	<b>\$500 copay + 25%</b>	Not covered
<b>20%</b>	<b>25%</b>	25%
<b>20%</b>	<b>25%</b>	25%
<b>20%</b>	<b>25%</b>	25%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
<b>20%</b>	<b>25%</b>	50%
\$4 per 31 day supply <sup>1</sup>	\$4 per 31 day supply <sup>1</sup>	\$4 per 31 day supply <sup>1</sup>

- Deductible waived. All amounts reflect member responsibility.
- Out-of-network coinsurance based on MPA for these services.
- Individual deductible applies only if employee is enrolling in the plan with no other family members.
- 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. Deductible and copayments apply toward the plan-year out-of-pocket maximum.
- Benefit is subject to a reference price of \$25,000 on Connexus and applies to the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- 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.
- A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.
- For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.
- To receive the coinsurance benefit, members must see their chosen PCP 360.
- Members must see their chosen PCP 360 or any in-network specialist to receive the coinsurance benefit.

For limitations and exclusions, visit [modahealth.com/oebb/](http://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 take pride in actively managing your pharmacy benefits. 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.

## 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.

## 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](http://modahealth.com/oebb)

## Ardon Health specialty pharmacy services

Ardon Health is our specialty and mail-order pharmacy. Operating out of Portland, Oregon, specialty medications are conveniently delivered free 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. You can learn about Ardon Health at [ardonhealth.com](http://ardonhealth.com). You can also call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

## Pharmacy benefits

	Medical Plans 1-5 <sup>4</sup>	Medical Plans 6-7 <sup>5</sup>	
	Coordinated and non-coordinated care	Coordinated care	Non-Coordinated care
Value	\$4 per 31-day supply <sup>1</sup>	\$4 per 31-day supply*	\$4 per 31-day supply*
Select generic	\$12 per 31-day supply <sup>1</sup>	20%	25%
Preferred <sup>2,3</sup>	25% up to \$75 per 31-day supply <sup>1</sup>	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$175 per 31-day supply <sup>1</sup>	20%	25%
<b>Mail</b>			
Value	\$8 per 90-day supply		
Select generic	\$24 per 90-day supply	20%	25%
Preferred <sup>2,3</sup>	25% up to \$150 per 90-day supply	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$450 per 90-day supply	20%	25%
<b>Specialty</b>			
Preferred <sup>2,3</sup>	25% up to \$200 per 31-day supply	20%	25%
Non-preferred brand <sup>3</sup>	50% up to \$500 per 31-day supply	20%	25%

\*Deductible waived. All amounts reflect member responsibility.

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

2 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.

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

4 Pharmacy expenses accrue towards the maximum cost share.

5 Pharmacy expenses accrue towards the out-of-pocket maximum.

For limitations and exclusions, visit [modahealth.com/oebb/members](http://modahealth.com/oebb/members) and refer to your Member Handbook.



# 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.

## 2019–20 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% <sup>1</sup>	
Lenses <sup>2</sup> <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>		0% <sup>1</sup>	
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% <sup>1</sup>	

<sup>1</sup> Subject to benefit maximum.

<sup>2</sup> 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](http://modahealth.com/oebb/members) and refer to your Member Handbook.

# Quality coverage for your *smile*

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 we pay 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 156,000 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 PPO<sup>SM</sup> Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,388 participating providers in Oregon and offers access to over 112,451 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 patient-centered program provides enhanced benefits designed to help you maintain better oral health through risk assessment, education and additional evidence-based preventive care.

## Dental tools

You can use our dental tools to manage your dental health easily, in one online location. Use dental tools to:

- Find a dentist
- Schedule appointments
- View benefits and claims
- Find out your risk for cavities and gum disease
- View articles about dental health topics



# 2019 - 20 Dental plan benefit table

	Plan 1 <sup>2</sup>	Plan 5 <sup>2</sup>	Plan 6 <sup>3</sup>	Exclusive PPO <sup>3,4</sup>
Network	Premier			PPO
	In-network, you pay			In-network, you pay
<b>Plan-year costs</b>				
Deductible	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$1,500
<b>Preventive and diagnostic services<sup>1</sup></b>				
Exam and prophylaxis/cleanings (once every six months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%
Sealants and space maintainers	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%
<b>Restorative services</b>				
Fillings (posterior teeth paid to composite)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	10%
Inlays (composite reimbursement fee)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	10%
Oral surgery and extractions	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	10%
Endodontics and periodontics	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	10%
<b>Major restorative services</b>				
Gold or porcelain crowns	30% - 0% <sup>2</sup>	30%	50%	20%
Implants	30% - 0% <sup>2</sup>	50%	50%	20%
Onlays	30% - 0% <sup>2</sup>	30%	50%	20%
<b>Prosthodontics services</b>				
Dentures and partial dentures	30% - 0% <sup>2</sup>	50%	50%	20%
Bridges	30% - 0% <sup>2</sup>	50%	50%	20%
Nitrous Oxide	50%	50%	50%	50%
<b>Other services</b>				
Occlusal guards (night guards <sup>5</sup> and athletic mouthguards)	50%	50%	50%	50%
<b>Orthodontic services<sup>1,6</sup></b>				
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](http://modahealth.com/oebb/members) 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 myModa

myModa 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 myModa at [modahealth.com](http://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

## Tools for better health

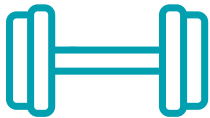
These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to myModa to get started.



## 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



## 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 just \$25 a month 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 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 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



## MyIDCare

Keep your information safe with complete identity protection through MyIDCare, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm.

Simply enroll in MyIDCare for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.



## 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
- Dieticians
- 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

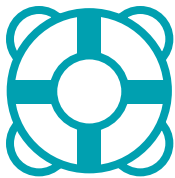


## Healthcare Cost Estimator

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.



## 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



## 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
- WW® formerly known as 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.

*\* 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](http://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.

## **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, 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.

## **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**

Coordinated care is a patient-centered approach. To receive the enhanced benefits of coordinated care on a Moda Health medical plan, you need to choose and use a PCP 360. Your PCP 360 will provide high-quality care and will be accountable for keeping you up-to-date with the preventive services you need to stay healthy. 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.

## Out-of-pocket maximum

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.

## PCP 360

A PCP 360 delivers full-circle care, coordinating your care with other providers as needed. They are a primary care provider who is licensed as an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a 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. As a PCP 360, this provider is accountable for your health and for meeting high standards of care.

## Reference price

The maximum dollar amount your policy will allow for certain services. If a facility charges more than this amount, that facility can charge you for the additional amount. A Reference Price Participating Facility has agreed to a contracted rate that is at or below this maximum so that you will not be responsible for these additional costs.

## 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. No referrals are needed to see a specialist.

## Learn more

To find more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit [modahealth.com/oebb](http://modahealth.com/oebb)

# Nondiscrimination notice

**We follow 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.

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## **If you need any of the above, call:**

**Medicare Customer Service,**  
877-299-9062 (TDD/TTY 711)

**Medicaid Customer Service,**  
888-788-9821 (TDD/TTY 711)

**Customer Service for all other plans,**  
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 Partners, 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](http://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](http://hhs.gov/ocr/office/file/index.html).

## **Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto: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).

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)

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）

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)

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

ہلتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو امانت آپ کے لیے یا معاونت دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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。

अवगतुयन्तु: जो तमे (भाषांतर करेले भाषा अर्थात् दशरुवो) ओलो छो तो ते भाषामा तमारे माटे विना मुल्ये सहाय उपलब्ध छे. 1-877-605-3229 (TTY: 711) पर कॉल करे

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ 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.

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

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)

## Questions?

We're here to help. Just email [OEBBquestions@modahealth.com](mailto: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](https://modahealth.com/oebb)



Delta Dental of Oregon & Alaska