



OEBB plans | Oct. 1, 2015 – Sept. 30, 2016

Connexus, Synergy and Summit Networks

modahealth.com/oebb

Hello and welcome.

To be your healthy best you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more – and we're excited to help you start on a journey to be better.

For our part, we'll provide networks of doctors and dentists, expert health coaches, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

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

Tools for your health journey

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

Get started with myModa

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

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

Be Better tools

These handy resources come with every plan. 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"
- > Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- > Research conditions and medications
- > Set goals and track progress
- > Create a Family Health Record
- > Find health content and resources

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
- > Lifestyle Coaching
- > Women's Health & Maternity Care
- > Respiratory Care
- > Spine & Joint Care
- > Weight Care

Care coordination and case management

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

- > Understand your benefits
- > Navigate the healthcare system
- > Communicate with your providers
- > Arrange care ordered by your provider
- > Find community resources

To connect with a case manager, just call 800-592-8283.

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 into myModa to find medication cost estimates and generic options.

Treatment Cost Navigator

See what you'll pay for a healthcare treatment or service beforehand. The Treatment Cost Navigator provides useful information about:

- > Costs associated with a specific treatment
- > The portion of costs covered by your plan
- > Out-of-pocket cost, based on your benefits

You can also use it to compare provider costs, as well as search by provider, procedure, distance, language, gender, network status or specialty.

Helping you maintain a healthy weight

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

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

Roux-en-Y surgery is available for OEGB plan subscribers age 18 and over (no coverage for dependents).

Certain presurgery 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.

Be healthy and *save money*

Through OEBB's Healthy Futures program, you and your spouse/partner can earn a lower deductible. To qualify, simply take these steps:¹

- 1 Enroll in your medical plan
- 2 Do your online health assessment by Oct. 15, 2015
- 3 Complete two healthy actions by Aug. 15, 2016
- 4 Report your healthy actions in the MyOEBB system during open enrollment 2016

Taking your health assessment

Both you and your spouse/partner must take a health assessment to earn lower deductibles. To get started, log in to myModa and look for Momentum. Then, take your health assessment and see your "health age." It's easy and completely confidential.

The sooner you take action, the sooner you'll be on your way to saving.

To learn more about this Healthy Futures incentive, visit Oregon.gov/OHA/OEBB and select "Healthy Futures."



¹ If you cover a spouse/partner on your medical plan, you both need to complete these steps for either of you to earn the reward. If only one of you completes the steps, the requirements have not been met. You and your spouse/partner will need to complete the health assessment through your own individual myModa account.

eDoc

Email a health professional about any health concern. eDoc keeps it private and customized to you. Connect with:

- > Board-certified physicians
- > Licensed psychologists
- > Pharmacists
- > Dentists
- > Dietitians
- > Fitness experts
- > eDocVoice – leave a message for a provider, and 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. Just call toll-free at 866-321-7580 for guidance on:

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

Quitting tobacco

Stop smoking or chewing tobacco for good. We connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act, 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
- > Tips on dealing with cravings
- > Information about medications that can help you quit
- > Free in-network medical office visits for tobacco cessation support.
- > Free tobacco cessation medications when filled by an in-network retail pharmacy.
- > Useful articles, videos and online tracking tools

How your health plan works

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

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it's easier to create healthy moments. As required under the Affordable Care Act (ACA), Moda Health medical plans cover most routine, in-network preventive care. These services may include:

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

Additional Cost Tier

The Additional Cost Tier (ACT) refers to select procedures, including:

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

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

Professional services

Primary care and specialist office visit services performed by a licensed healthcare provider. When you see a participating Moda medical home provider, you will have a better benefit for incentive and primary care office visits on plans A – G.

Incentive services

Office visits to help you manage certain conditions, including:

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

Moda medical home

When you seek care from a Moda medical home provider, you'll receive a higher benefit level.

A medical home is a place you go for care and where you see your preferred doctors. They include local primary care providers who deliver high-quality, individualized care and integrated support. Many of our medical homes have been recognized as a Patient-Centered Primary Care Home through the state-run PCPCH program. PCPCHs are clinics that have been recognized for their commitment to a patient-centered approach to care.

Learn more at modahealth.com/oebb under the medical home tab.

Networks protect you, near and far

Health happens, whether you're at home or on the road. So, we've made it easy for you to find in-network coverage in your hometown and across the country.

All plans include a provider network

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

Choose your network

When you enroll, you may be able to choose from different network options. Look over the following pages to learn more about these networks and what they offer.

- > Connexus Network
- > Synergy Network
- > Summit Network

In- and out-of-network care

It's important to remember that 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 the 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.

Is your provider in a network?

Find out by visiting modahealth.com and using Find Care. Choose a network and look for providers near you.

Travel with peace of mind

When members hit the road, care is never far. While traveling outside the network service areas, members can receive emergency or urgent care through the PHCS Healthy Directions Network, which is paid at the in-network amount. Other covered care received while traveling is paid at the out-of-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

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

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

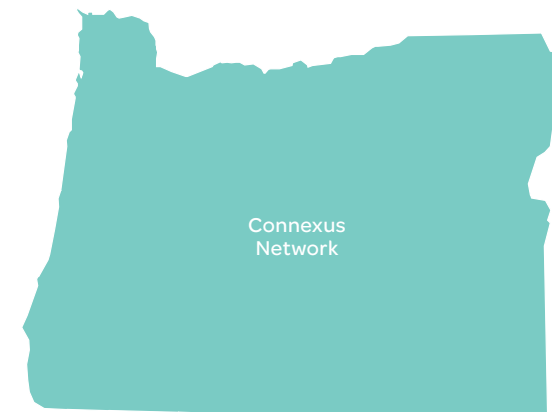
² Additional Cost Tier applies for members under age 18 who have chronic tonsillitis or sleep apnea.



Together, we
can find a way to
better health.

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 out-of-the-way places.



Connexus Network

This is one of the largest preferred provider organization (PPO) networks in Oregon. It includes thousands of primary care providers and specialists working together with Moda Health to help keep members healthy. Members living anywhere in Oregon can choose a plan with this network. They can see in-network providers in all counties in Oregon and some areas in Washington, Idaho and California.



*We take clinical quality seriously.
That commitment has earned our PPO
plans National Committee for Quality
Assurance (NCQA) accreditation.*

Medical plans	Plan A		Plan B		Plan C		Plan D		Plan E		Plan F		Plan G	
	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
Plan-year costs														
Deductible per person / family	\$200 / \$600		\$350 / \$1,050		\$500 / \$1,500		\$750 / \$2,250		\$1,000 / \$3,000		\$1,250 / \$3,750		\$1,500 / \$4,500	
Out-of-pocket max per person	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700
Out-of-pocket max per family	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400
Maximum cost share per person (includes OOP, ACT, and Rx)	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA
Maximum cost share per family (includes OOP, ACT, and Rx)	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA
Preventive care														
Moda Health medical home wellness visit (ages 21 and over)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive care														
Moda Health medical home incentive care (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	20% ¹	50%	20% ¹	50%	20% ¹	50%	20% ¹	50%	20% ¹	50%	20% ¹	50%	20% ¹	50%
Professional services														
Moda Health medical home primary office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Primary care and specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Mental Health office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Chemical dependency services	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Alternative care services (\$2,000 plan year maximum)														
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity care														
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient and hospital services														
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Surgery	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement, ³ knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
Emergency care														
Urgent care visit	\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%		20%		20%		20%		20%	
Other covered services														
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%

¹ Deductible waived. All amounts reflect member responsibility.

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

³ Benefit is subject to a reference price of \$25,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

⁴ This benefit is only for the plan subscriber. 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.

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

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

Get care closer to work and home

We want to make sure you stay covered, from the valley to the mountains to the big city. Our Synergy or Summit Networks connect you with personalized care near you.

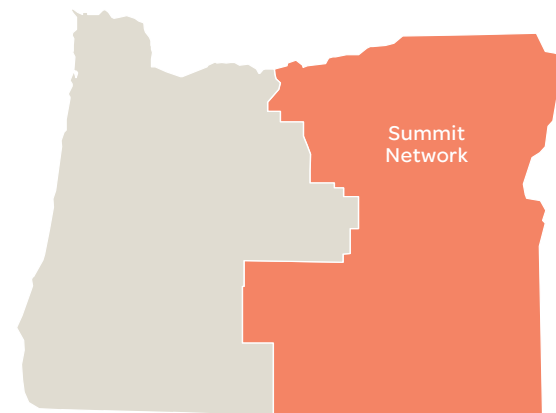
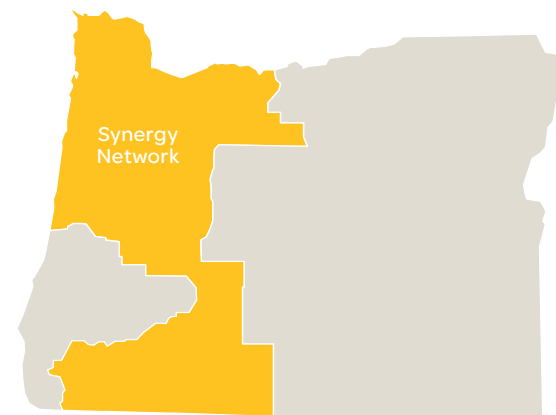
Enjoy more ways to feel right at home

When you choose a Summit or Synergy plan, you get you more than just coverage. You'll also be part of a Moda medical home – the place you go for care and where you see your preferred doctors.

Your provider team gets to know you and works together to keep you healthy. They create a strategy to support your way to wellness over time. It's a personal touch to your healthcare that can't be beat.

Options near you

Depending on where you live or work, you can enroll in a Synergy or Summit plan. Simply select a Moda medical home with the doctors you like, in the network nearest you. Here's the breakdown:



Synergy Network

This network serves members living or working in the Portland metro area, Southwest Washington, Salem, Eugene or parts of southern Oregon, the north coast or the Columbia River Gorge communities. It connects members with high-quality care, close to home. Members choose a Moda medical home from a diverse and wide selection of participating providers.

- > Oregon Health & Science University (OHSU)
- > Salem Health
- > Salem Clinic
- > Adventist Health
- > Tuality Healthcare
- > Legacy Health
- > PeaceHealth
- > Samaritan Health
- > Tillamook Regional Medical Center
- > Mid-Columbia Medical Center
- > Columbia Memorial Hospital
- > Asante
- > Sky Lakes Medical Center

This network covers these counties:

Clark, Multnomah, Clackamas, Washington, Yamhill, Marion, Polk, Benton, Linn, Lane, Jackson, Josephine, Clatsop, Columbia, Hood River, Klamath, Lincoln, Tillamook and Wasco

Summit Network

This network serves members living or working in eastern Oregon. It connects members with high-quality care at an affordable cost. Members pick a Moda medical home from a diverse and wide selection of participating providers.

- > Good Shepherd Medical Center
- > Grande Ronde Hospital
- > St. Anthony Hospital
- > Lake Health District Hospital
- > Harney District Hospital
- > Blue Mountain Hospital
- > Wallowa Memorial Hospital
- > Pioneer Memorial Hospital – Heppner
- > Saint Alphonsus Medical Center – Baker City, Nampa and Ontario
- > Saint Alphonsus Regional Medical Center – Boise
- > Kadlec Regional Medical Center and Kadlec Health System
- > Trios Southridge Hospital (formerly Kennewick General Hospital) and Trios Health Medical Group
- > Walla Walla General Hospital and Walla Walla Clinic

This network covers these counties:

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

Medical plans	Plan A		Plan B		Plan C		Plan D		Plan E		Plan F		Plan G	
	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
Plan-year costs														
Deductible per person / family	\$200 / \$600		\$350 / \$1,050		\$500 / \$1,500		\$750 / \$2,250		\$1,000 / \$3,000		\$1,250 / \$3,750		\$1,500 / \$4,500	
Out-of-pocket max per person	\$2,400	\$4,800	\$2,950	\$5,900	\$3,300	\$6,600	\$3,800	\$7,600	\$4,250	\$8,500	\$5,500	\$11,000	\$6,350	\$12,700
Out-of-pocket max per family	\$7,200	\$14,400	\$8,850	\$17,700	\$9,900	\$19,800	\$11,400	\$22,800	\$12,700	\$25,400	\$12,700	\$25,400	\$12,700	\$25,400
Maximum cost share per person (includes OOP, ACT, and Rx)	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA	\$6,600	NA
Maximum cost share per family (includes OOP, ACT, and Rx)	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA	\$13,200	NA
Preventive care														
Moda Health medical home wellness visit (ages 21 and over) ³	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ³	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive care														
Moda Health medical home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ³	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Professional services														
Moda Health medical home primary care office visits ³	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Mental health office visits	\$20 copay ¹	50%	\$20 copay ¹	50%	\$20 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Chemical dependency services	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Alternative care services (\$2,000 plan year maximum)														
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Maternity care														
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient and hospital services														
Inpatient care and outpatient hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Surgery	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
Emergency care														
Urgent care visit	\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹		\$50 ¹	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%		20%		20%		20%		20%	
Other covered services														
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%	10%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%

¹ Deductible waived. All amounts reflect member responsibility.

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

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

⁴ This benefit is only for the plan subscriber. 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.

Deductibles, copayments (excluding ACT) and coinsurance apply to the medical out-of-pocket maximum.

Medical out-of-pocket, ACT copays, Rx copays and coinsurance apply to the maximum cost share.

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

> HSA plan

Be a better saver with an HSA

Our health savings account (HSA)–compliant, high-deductible PPO health plan gives you freedom and choice. To enjoy the benefits of an HSA-compliant plan, you must use a financial institution that has an HSA option.*

Plan H

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 plan H. The plan includes value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.

HSA plan	Plan H	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Subscriber-only plan deductible		\$1,500 ³
Deductible per family		\$3,000 ⁴
Subscriber-only plan out-of-pocket max		\$5,000 ³
Out-of-pocket max per family		\$10,000 ⁴
Preventive care		
Moda Health medical home wellness visit (ages 21 and over) ⁵	\$0 ¹	Not covered
Periodic health exams, routine women’s exams, annual obesity screening, immunizations ⁵	\$0 ¹	50%
Incentive care		
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ⁵	20%	50%
Professional services		
Office visits ⁵	20%	50%
Mental health and chemical dependency services	20%	50%
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	20%	50%
Spine surgery, knee and hip replacement, ⁶ knee and shoulder arthroscopy, uncomplicated hernia repair	20%	50%
Gastric bypass (Roux-en-Y) ⁷	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		20%
Emergency room		20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	20%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%
Major medical prescription coverage		20%
Value tier		\$0 ¹

¹ Deductible waived. All amounts reflect member responsibility.
² Out-of-network coinsurance based on MPA for these services.
³ Individual deductible and out-of-pocket apply only if employee is enrolling in the plan with no other family members.
⁴ Family deductible and out-of-pocket maximum can be met by one or more family members. This deductible must be met before benefits will be paid. Plan H’s deductible and copayments apply toward the plan-year out-of-pocket maximum.
⁵ For plans in the Summit or Synergy network, members must see a provider at their preselected Moda medical home to receive the in-network benefit for primary care and preventive services.
⁶ Benefit is subject to a reference price of \$25,000 on Connexus Plan H and applies to the facility charge. This is not applicable to Summit or Synergy Plan H. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
⁷ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of \$20,000 for the facility charge.

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

*OEBB has chosen WageWorks as the preferred administrator of the HSA plan, effective Oct. 1, 2015. Members must have an HSA account set up to qualify for this plan.

Count on 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.

As the administrator of the Oregon Prescription Drug Program (OPDP), we take pride in actively managing your pharmacy benefits. We do our best to provide quality, comprehensive coverage that reflects the most up-to-date industry standards and the changes occurring in the marketplace.

We understand that each member is unique. Through the prescription program, you can access an open formulary with options under the value, select generic, preferred and nonpreferred tiers.

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 also can fill a 90-day prescription for value and select generic medications at a retail pharmacy.

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

Ardon Health specialty pharmacy services

Ardon Health is the specialty and mail-order pharmacy for OEGB members. Operating out of a state-of-the-art facility in Portland, Oregon, specialty medications are conveniently delivered free to a patient's home or physician's office. To get started or ask questions, call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

Prescription drug plans ¹	Retail	Mail order	Specialty
	For a 31-day supply ² , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$0	\$0	N/A
Select generic	\$8	\$16	\$16
Preferred ^{3,4}	25%, up to \$50 max	25%, up to \$100 max	25%, up to \$100 max
Nonpreferred brand name ⁴	50%, up to \$150 max	50%, up to \$300 max	50%, up to \$300 max

¹ Pharmacy copays and coinsurances apply toward the maximum cost share (\$6,600 per individual/\$13,200 per family)

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

³ This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

⁴ Copay maximum is per prescription.

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

A healthy body can do wonders for your peace of mind.



> Vision plans

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.

Vision plans	Plan 1	Plan 2	Plan 3	Plan 4
Plan-year costs				
Benefit maximum	\$250	\$350	\$450	\$600
	What you pay			
Eye examinations (including refraction) <i>Frequency: Once per plan year</i>		0% ¹		
Lenses ² <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>		0% ¹		
Frames <i>Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.</i>		0% ¹		

¹ Subject to benefit maximum

² Includes single vision, bifocal, trifocal or contacts

Limitations and exclusions

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

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

Quality coverage for your smile

Healthy teeth are happy teeth. With our Delta Dental of Oregon plans, you have access to Delta Dental, the nation’s largest dental network. Your smile will thank you, wherever you roam.

ODS to Delta Dental of Oregon

Previously, our dental plans were provided by ODS. Starting this year, our dental plans will be provided by Delta Dental Plan of Oregon.

ODS has always been powered by Delta Dental. Back in 1966 we were one of the founding members of the Delta Dental Association. Today, through Delta Dental of Oregon, we’re proud to offer affordable, quality Delta Dental plans.

You’ll find the same great benefits and access to the Delta Dental network. Our plans also include useful online tools, resources and special programs for folks who need a little extra attention for their pearly whites.

Delta Dental Premier Network

This is the largest dental network in Oregon and nationally. It includes more than 2,300 providers in Oregon and over 151,000 Delta Dental Premier dentists nationwide.

In-network dental care

You’ll save money by seeing providers in the Delta Dental Premier Network. These dentists have agreed to accept our contracted fees as full payment. They also don’t balance bill – the difference between the allowed amount and the dentist’s fee. If you see providers outside the network, you may pay more for care.

Dental Optimizer

Dental Optimizer™ allows you to store dental health information and share it with caregivers to create a more coordinated and effective care experience.

Online tools, such as risk assessment quizzes and a treatment cost calculator, help you:

- > Understand how to prevent dental disease
- > Research new and effective treatments
- > Lower your out-of-pocket costs

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when you see a dentist regularly and keep your mouth and teeth healthy, you help keep the rest of your body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screening, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Dental plans	Plan 1 ²	Plan 2 ²	Plan 3 ²	Plan 4 ³	Plan 6 ³
Plan-year costs					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200
In-network, you pay					
Preventive and diagnostic services¹					
Exam and prophylaxis/cleanings (once every six months)	30% - 0%	30% - 0%	30% - 0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0%	30% - 0%	30% - 0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0%	30% - 0%	30% - 0%	0%	0%
Sealants and space maintainers	30% - 0%	30% - 0%	30% - 0%	0%	0%
Restorative services					
Fillings (posterior teeth paid to amalgam fee)	30% - 0%	30% - 0%	30% - 0%	20%	20%
Inlays (amalgam reimbursement fee)	30% - 0%	30% - 0%	30% - 0%	20%	20%
Oral surgery and extractions	30% - 0%	30% - 0%	30% - 0%	20%	20%
Endodontics and periodontics	30% - 0%	30% - 0%	30% - 0%	20%	20%
Major restorative services					
Gold or porcelain crowns	30% - 0%	30% - 0%	30% - 0%	20%	50%
Onlays	30% - 0%	30% - 0%	30% - 0%	20%	50%
Prosthodontics services					
Implants	30% - 0%	30% - 0%	50%	50%	50%
Dentures and partial dentures	30% - 0%	30% - 0%	50%	50%	50%
Bridges	30% - 0%	30% - 0%	50%	50%	50%
Orthodontic services^{1,4}					
Lifetime maximum – \$1,800	20%	20%	20%	20%	N/A

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 (4 or 6) to an incentive benefit plan (1, 2 or 3) will cause the benefit level to start at 70 percent.

⁴ Orthodontic services do not apply toward the plan-year benefit maximum.

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

Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts. For more detailed information, visit modahealth.com/oebb.

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.

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, waste less money and consider the patient's needs and experience.

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.

Preferred provider

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

Preferred Provider Organization (PPO)

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

Primary care provider

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

Reference price

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

Specialist

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

Questions?

We're here to help. Just call one of our customer service teams.

Medical/Vision Customer Service, call 866-923-0409.

Dental Customer Service, call 866-923-0410.

Pharmacy Customer Service, call 866-923-0411.

TTY users, please call 711.

