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Hello

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

Our plans are made for PEBB members like you. They include nearby providers who work together to keep you and your family well. As a Moda member, you'll find:

- A large choice of quality providers in Oregon, Washington and Idaho
- Low-cost premiums
- Robust benefits that cover the care you need
- Both medical and dental benefits delivered by one health partner
- Caring customer service to help you along the way

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

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

Wellness resources

Member website

Online health tools

Tools for your health journey

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

Get started with myModa

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

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

Health tools

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



Momentum

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

Log in to myModa and look for Momentum to:

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



Health coaching

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

Our care programs include:

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



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing.

We can help you:

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



Prescription price check

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

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



eDoc

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

You can connect with:

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

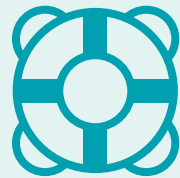


Nurse line

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

Call for guidance on:

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



Quitting tobacco

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

Take advantage of these perks:

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



More ways to a healthy weight

Losing weight and staying on track isn't always easy. As a Moda Health PEBB member you can participate at no cost in Weight Watchers® programs – up to four times a year:

- Attend 13-week Weight Watchers classes in your community or at work
- Get a 3-month subscription to Weight Watchers online tools and resources



Healthcare Cost Estimator

You shouldn't learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:

- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.

Be healthy with HEM

As part of PEBB's Health Engagement Model (HEM), you could earn payment incentives by taking a health assessment through Momentum, Moda Health's interactive wellness tool. Simply follow these steps:

- 1 Enroll in your medical plan.
- 2 Take a private 15-minute assessment by logging in to myModa and choosing Momentum.
- 3 Enroll in the HEM program.

The sooner you do it, the sooner you'll be on your way to saving.

Why take a health assessment?

Health assessments can help you understand your health risks and improve your overall wellness. Use Momentum, our health assessment tool, to learn:

- Whether your health age equals your actual age
- If you are at risk for various health conditions
- Which of your habits are healthy
- What you can do to improve your health

Medical plan details

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Better plans for the real you

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

Medical plan options

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

Lots of value you'll love

Synergy and Summit CCM plans simply give you bigger benefits at an even better savings. Here are a few highlights:

- \$10 in-network specialist visits
- Doctors who connect with each other to coordinate your care
- Medical \$250 deductible per person
- Pharmacy benefits, including \$0 copay for value medications and vaccines
- Cost-effective mail-order pharmacy options

Our medical plans also cover most routine, in-network preventive care at no cost to you. These services may include:

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

Medical Homes make care personal

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

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

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

Choosing your Moda Medical Home

Both Synergy and Summit networks offer access to many recognized Medical Homes. This means that the provider has been certified by the Oregon Patient-Centered Primary Care Program. Moda's provider directory shows tier levels one through five. The higher the tier, the better coordinated the care. Each of your covered family members can pick the same provider, or a different one – it's up to each of you. Please note, a naturopathic provider is not considered a Moda medical home unless they are credentialed as a primary care provider.

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

Networks protect you near and far

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

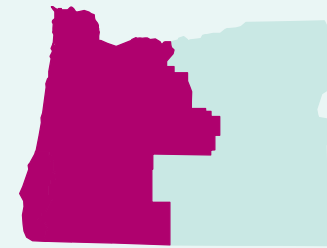
Is a provider in-network?

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

Travel network – First Health Network

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

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



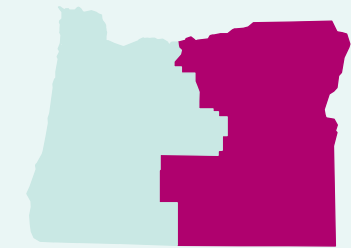
Synergy Network

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

- Adventist Health
- Asante
- Bay Area Hospital
- Columbia Memorial Hospital
- Legacy Health
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Silverton Health
- Sky Lakes Medical Center (affiliated with OHSU)
- St. Charles Health System
- Tillamook Regional Medical Center
- Tuality Healthcare (Partners with OHSU)

Synergy Network covers these counties:

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



Summit Network

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

- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Good Shepard Health Care System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec Health System
- Lake Health District
- Morrow County Health District
- Pioneer Memorial Hospital - Heppner
- Saint Alphonsus Health System
- Trios Health
- Wallowa County Memorial Hospital

Summit Network covers these counties:

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



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 do our best to provide quality coverage that reflects the most current industry standards.

Through the program, you can access medications based on tier: value, generic and brand. Each tier has a copay or coinsurance amount set by the plan.

Value 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 value tier includes products for the following health issues:

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

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

Pharmacy plan savings

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

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

Find an in-network pharmacy

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

Get vaccinated

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

Other handy pharmacy features

Along with great benefits, you'll also get tools that make finding medications a little easier. The "prescription price check" lets you look up estimated medication prices online.

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

Full-time medical plan

	Synergy or Summit plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$250	\$500
Deductible per family ¹	\$750	\$1,500
Out-of-pocket max per person	\$1,500	\$4,000
Out-of-pocket max per family	\$4,500	\$12,000
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	40% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	40% after deductible
Professional services		
Primary care (medical home) ^{2,3} & specialist office visits	\$10/visit after deductible	40% after deductible
Chronic condition office visits	0%	40% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	40% after deductible
Allergy shots, serums & injectable medications	\$10/service after deductible	40% after deductible
ACT 100: Bunionectomy, hammertoe surgery, knee viscosupplementation, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 40% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 40% ⁴ after deductible
Mental health	\$10	40% after deductible
Chemical dependency treatment	0%	40% after deductible
Alternative care services		
Acupuncture/chiropractic/naturopathic visits (\$1,000 per year maximum spinal manipulation/acupuncture combined)	\$10	40% ⁶ after deductible
Maternity care services		
Physician or midwife services	0%	40% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/visit after deductible
Emergency room (copay waived if admitted)	\$100/visit ⁴ after deductible	\$100/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	0%	40% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100 ⁴ after deductible	\$100, then 40% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$10/visit after deductible	40% after deductible
Outpatient surgery	\$10/service after deductible	40% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$10/service after deductible	40% after deductible
Durable medical equipment & supplies	15% after deductible	40% after deductible
Diabetic supplies & insulin	0%	0%

¹ Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.

² Deductible waived on first 4 PCP visits in-plan, per calendar year.

³ To receive in-network benefits, members must see a provider at their preselected Moda Health medical home.

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

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

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

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

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

Full-time pharmacy plan

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

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

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

Part-time medical plan

	Synergy or Summit plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$500	\$1,000
Deductible per family ¹	\$1,500	\$6,000
Out-of-pocket max per person	\$2,500	\$8,000
Out-of-pocket max per family	\$7,500	\$13,500
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women's exams, immunizations & hearing screenings	0%	50% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (medical home) ^{2,3} & specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery & anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums & injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, knee viscosupplementation, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 50% ⁴ after deductible
Mental health	\$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Alternative care services		
Acupuncture/chiropractic/naturopathic visits (\$1,000 per year maximum spinal manipulation/acupuncture combined)	\$40/visit ⁴ after deductible	50% ⁶ after deductible
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Bariatric surgery	\$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$40/visit after deductible	\$40/visit after deductible
Emergency room (copay waived if admitted)	\$100/visit ⁴ after deductible	\$100/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	Quest – \$0 Other providers – 20% after deductible	50% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 20% ⁴ after deductible	\$100, then 50% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$40/visit after deductible ⁸	50% after deductible
Outpatient surgery	\$40/service after deductible ⁸	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$40/service after deductible ⁸	50% after deductible
Durable medical equipment & supplies	20% after deductible	50% after deductible
Diabetic supplies & insulin	0%	0%

¹ Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.

² Deductible waived on first 4 PCP visits in-plan, per calendar year.

³ To receive in-network benefits, members must see a provider at their preselected Moda Health medical home.

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

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

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

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

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

Part-time pharmacy plan

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications			
	For a 30-day supply ¹ , you pay	For a 90-day supply ¹ , you pay	For a 30-day supply ¹ , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$20 after deductible	\$50 after deductible	\$100 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

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

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

Dental plan details

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Dental coverage for your total health

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

Dental benefit highlights

- Freedom to choose your dentist
- Fixed-fee savings from participating dentists
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payments
- Superior customer service

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

Is my dentist in the network?

With our big dental networks, chances are good your dentist participates. To find out, visit modahealth.com and use our Find Care tool. Choose a dental network and then search for participating dentists near you. You can look up:

- Delta Dental Premier dentists
- Delta Dental PPO dentists
- Delta Dental dentists nationwide

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes access to more than 1,300 Delta Dental PPO dentists in Oregon and over 105,000 Delta Dental PPO dentists nationwide.

Delta Dental Premier[®] Network

This is the largest dental network in Oregon and nationally. It includes access to more than 2,300 Delta Dental Premier dentists in Oregon and over 152,000 Delta Dental Premier dentists nationwide.

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

Pick from two plans

Both our PPO and Premier dental plans have participating providers who will not charge more than the Delta Dental of Oregon allowed amount. However, you will pay less with participating in-network providers on the PPO plan.

Dental Optimizer[™]

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

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

Delta Dental plans

	Full-time Delta Dental PPO plan ¹	Full-time Delta Dental Premier plan	Part-time plan
	In-network, you pay		
Plan-year costs			
Deductible per person	\$50	\$50	\$50
Deductible per family	\$150	\$150	N/A
Benefit maximum	\$1,750	\$1,750	\$1,250
Preventive* & diagnostic services			
Exam & prophylaxis/cleanings	0%	0%	0% after deductible
X-rays	0%	0%	0% after deductible
Fissure sealants	0%	0%	0% after deductible
Basic services			
Restorative dentistry (treatment of tooth decay with amalgam or composite)		20% after deductible	50% after deductible
Oral surgery (surgical extractions & certain minor surgical procedures)	1st year – 20% ² 2nd year – 10% ² 3rd year – 0% ²	20% after deductible	50% after deductible
Endodontic (pulp therapy & root canal filling)		20% after deductible	50% after deductible
Periodontics (treatment of tissues supporting the teeth)		20% after deductible	50% after deductible
Major services			
Implants	50% after deductible	50% after deductible	N/A
Crowns	50% after deductible	50% after deductible	50% after deductible
Cast restorations	50% after deductible	50% after deductible	50% after deductible
Dentures & bridge work (construction or repair of fixed bridges, partials & complete dentures)	50% after deductible	50% after deductible	50% after deductible
Orthodontic services			
Lifetime maximum – \$1,500	50%	50%	N/A

*Preventive costs will not accrue toward the plan maximum.

¹ Out-of-network services are reimbursed at a lower benefit level.
² Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.

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

Glossary

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

Healthcare lingo explained

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.

Alternative care

Eligible chiropractic, acupuncture and naturopathic services.

Balance billing

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

Brand tier medications

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

Chronic care services

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

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible.

Coordinated care model

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

Copay

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

Deductible

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

Evidence-based practices

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

Filed-fee savings

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

Generic tier medications

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

Maximum cost share

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

Out-of-pocket costs

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

Out-of-pocket maximum

The most members pay in a calendar year for some covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent, except for services that are not applicable to the out-of-pocket maximum or do not qualify as essential health benefits.

The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing from out-of-network providers.

Preferred provider

A person or place contracted with a health network to provide care. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Primary care provider (PCP)

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

Professional services

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

Value tier medications

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

Moda Health nondiscrimination notice

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

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

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

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

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD).

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

Moda's efforts to assure nondiscrimination are coordinated by:

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

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

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

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

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

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

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

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

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

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

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

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

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

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

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

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

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

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

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

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

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

Questions?

We're here to help.

Just email PEBBcustomerservice@modahealth.com
or call one of our customer service teams.

Medical Customer Service, call 844-776-1593.

Dental Customer Service, call 888-217-2365.

Pharmacy Customer Service, call 844-776-1594.

TTY users, please call 711.

modahealth.com/pebb



These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines.
Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon.