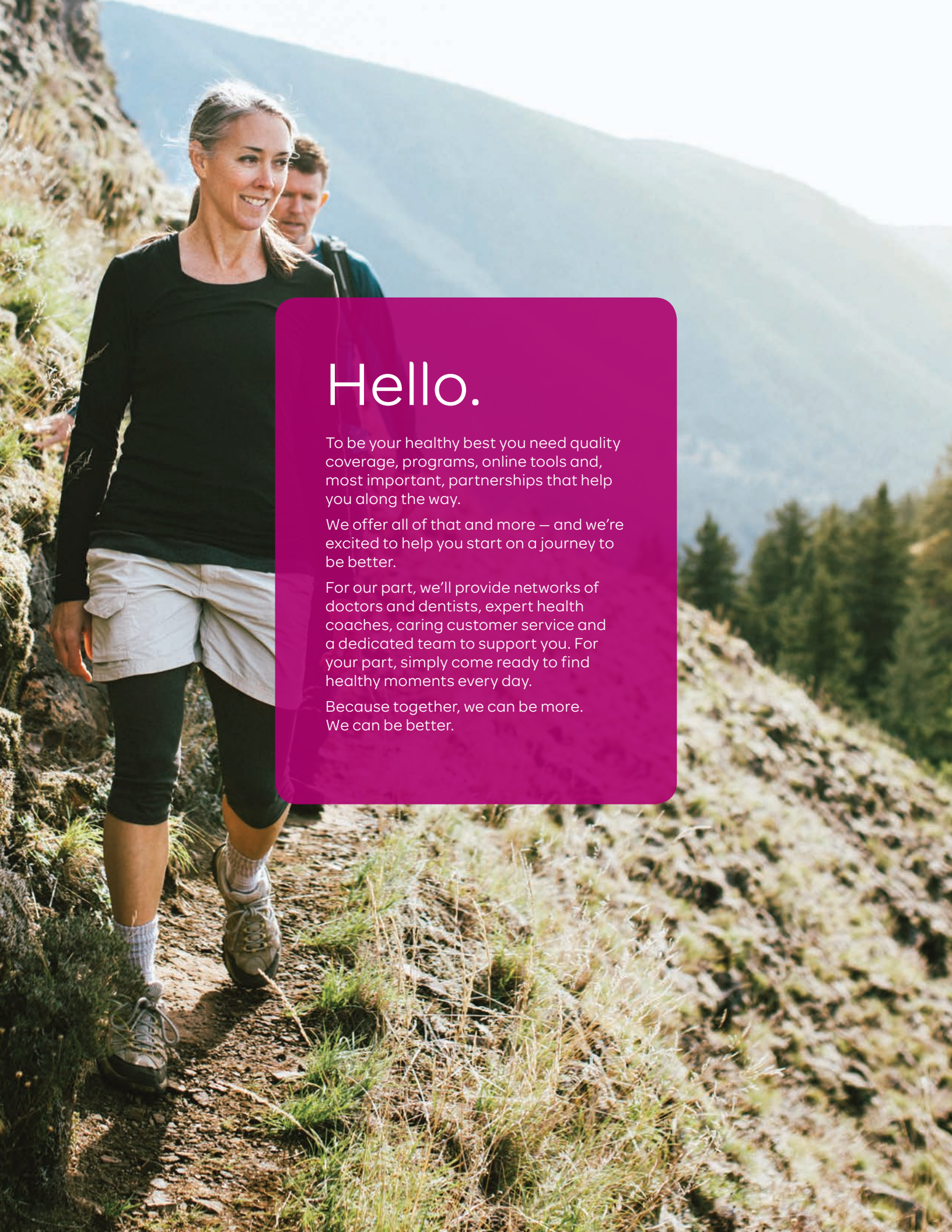




OEBB plans | Oct. 1, 2016 – Sept. 30, 2017

Synergy, Summit and Connexus Networks





Hello.

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 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.

Wellness resources

Explore the tools for your health journey.

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Meet our benefits and networks.

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Check out our vision options.

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Find coverage for your healthy smile.

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Wellness resources

Member website

Online health tools

Special programs

Tools for your health journey

Moda Health is here to help you feel well so you can live better longer. We even have special programs and clinical teams to give you support 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 wellness resources come with every 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 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:

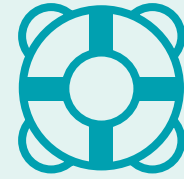
- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice – Just leave a message for a provider, and you'll get a phone response within 24 hours



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'll connect you with programs that make kicking the habit a little easier. Coaching to help you stop smoking is covered in full when you see an in-network provider. You can tap into:

- Phone, text and online support from Quit Coaches, 24 hours a day
- Tips for 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



More ways to 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 (Roux-en-Y) and gastric sleeve*



Treatment Cost Navigator

The Treatment Cost Navigator provides useful information about:

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

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

Be healthy & 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 Take your online health assessment between Aug. 15, 2016 and Oct. 15, 2016
- 3 Complete two healthy actions by Aug. 15, 2017
- 4 Report your healthy actions in the MyOEBB system during open enrollment 2017

Taking your health assessment

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. If you are covering a spouse/partner on your medical plan, both of you must take a health assessment to earn a lower deductible. You will both need to be logged into your own personal myModa account.

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

To learn more about the 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.

*Roux-en-Y or gastric sleeve surgery is available for OEBB 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.

Medical plans

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Networks *page 15*

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HSA plan *page 20*

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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. Moda Health medical plans 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
- Colorectal cancer and other screenings

Additional Cost Tier

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.

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
- Spinal injections
- Viscosupplementation

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 Alder, Birch, Cedar and Dogwood plans.

Incentive services

Office visits to help you manage certain conditions, including:

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

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

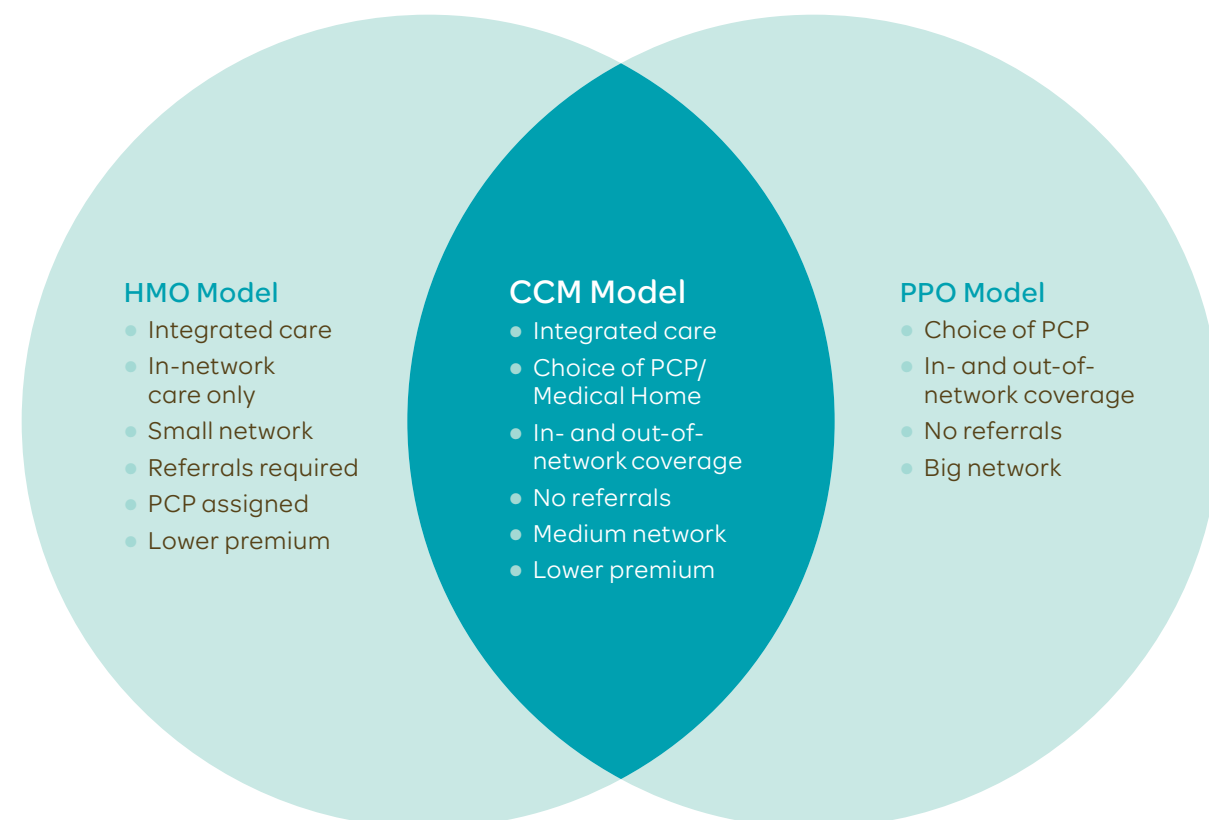
² Additional Cost Tier applies for members under age 18 who have chronic tonsillitis or sleep apnea.

Care that focuses on you

There's a lot to think about when choosing the right medical benefits for you and your family. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda Health offers both coordinated care model (CCM) and preferred provider organization (PPO) plans. Both are great and can help you on your journey to better health.

Let us tell you about each type so you can make the best choice for you!



CCM plans

Our CCM plans offer the best of both worlds – they are a perfect hybrid of the traditional health maintenance organization (HMO) and PPO models.

Our CCM plans, powered by the Synergy and Summit networks, offer patient-centered care with a team-based approach. The plans connect one doctor or primary care provider with the rest of your care team (other providers, specialists, etc.), to bring you the best treatments. This process provides you with more cost-effective plans and better health outcomes.

By choosing a CCM plan, you'll enjoy:

- A team-based approach to healthcare
- Coordinated care organized across the healthcare system
- Lower out-of-pocket costs and monthly premiums
- A dedicated Medical Home that coordinates your care

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:

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

The Medical Home is the engine that makes the CCM plan run.

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 focus on wellness, prevention and improving your quality of life.

PPO plans

Our PPO plans, powered by the Connexus network, offer a wide selection of providers to meet your needs. PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help you save money.

By choosing a PPO plan, you'll enjoy:

- Access to more than 80 hospitals & 30,000 providers in Oregon, Washington, Idaho and Northern California
- In-network and out-of-network benefits
- No primary care selection required

If you're looking for statewide coverage and want to access care through Connexus, one of the largest PPO networks in Oregon, the PPO plan is the best option for you.



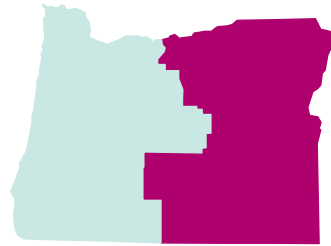
Synergy plans (CCM)

These plans serve members living or working in most of western and central Oregon. They connect 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
- Columbia Memorial Hospital
- Legacy Health
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Salem Clinic
- Salem Health
- Samaritan Health
- Santiam Memorial Hospital
- Silverton Hospital
- Sky Lakes Medical Center
- St. Charles Medical Center
- Tillamook Regional Medical Center
- Tuality Healthcare

Synergy plans cover these counties:

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



Summit plans (CCM)

These plans serve members living and working in eastern Oregon, connecting them with high-quality care at an affordable cost. Members pick a Moda Medical Home from a wide selection of participating providers in eastern Oregon, southeast Washington and Idaho, including:

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

Summit plans cover these counties:

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



Connexus plans (PPO)

These plans use 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 Connexus plan. They can see in-network providers in all counties in Oregon and some areas in Washington, Idaho and California.





Networks protect you, near and far

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.

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 bill you for the difference between their maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan benefit tables to learn more about in-network and out-of-network benefits and costs. You can also review your Member Handbook for details.

Is your provider in a network?

Find out by visiting modahealth.com/oebb and using Find Care. Choose a network 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 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, you may access any provider for in-network emergency or urgent care. This care is subject to balance billing.

* The First Health Network is a new network available starting Oct. 1, 2016.

2016 Medical plan benefit table

	Alder		Birch		Cedar		Dogwood	
	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	\$400 / \$1,200	\$800 / \$2,400	\$800 / \$2,400	\$1,600 / \$4,800	\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
Out-of-pocket max per person	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket max per family	\$9,000	\$18,000	\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person (includes OOP and ACT)	\$6,850	N/A	\$6,850	N/A	\$6,850	N/A	\$6,850	N/A
Maximum cost share per family (includes OOP and ACT)	\$13,700	N/A	\$13,700	N/A	\$13,700	N/A	\$13,700	N/A
Preventive care								
Moda 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
Periodic health exams, routine women's exams, annual obesity screening, immunizations ³	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive care								
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ³	\$10 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Professional services								
Moda Medical Home primary care office visits ³	\$20 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%
Mental health office visits	\$20 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%
Alternative care services (\$2,000 plan year maximum)								
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	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%
Outpatient and hospital services								
Inpatient care and outpatient hospital/facility care	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%
Surgery	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%
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%
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
Emergency care								
Urgent care visit		\$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%
Ambulance		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%
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%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	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.

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

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

2016 Medical plan benefit table

	Alder ⁵		Birch		Cedar		Dogwood	
	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	\$400 / \$1,200	\$800 / \$2,400	\$800 / \$2,400	\$1,600 / \$4,800	\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
Out-of-pocket max per person	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket max per family	\$9,000	\$18,000	\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person (includes OOP, ACT and Rx)	\$6,850	N/A	\$6,850	N/A	\$6,850	N/A	\$6,850	N/A
Maximum cost share per family (includes OOP, ACT and Rx)	\$13,700	N/A	\$13,700	N/A	\$13,700	N/A	\$13,700	N/A
Preventive care								
Moda Medical Home wellness visit (ages 21 and over)	\$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%
Incentive care								
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$10 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%
Professional services								
Moda Medical Home primary care office visits	\$20 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%
Mental health office visits	\$20 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%
Alternative care services (\$2,000 plan year maximum)								
Acupuncture/chiropractic/naturopathic care	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	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%
Outpatient and hospital services								
Inpatient care and outpatient hospital/facility care	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%
Surgery	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%
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%
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
Emergency care								
Urgent care visit		\$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%
Ambulance		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%
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%
Outpatient diagnostic lab and X-ray	20%	50%	20%	50%	20%	50%	20%	50%
Durable medical equipment	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 This 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 Member 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 Member Handbook for more details.

⁵ This plan is available in Coos and Curry counties only.

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 and refer to your Member Handbook.

Be a better saver with an HSA

Our health savings account (HSA)–compliant, high-deductible 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.*

Evergreen Plan

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

2016 Medical plan benefit table

	Evergreen (HSA plan)	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Subscriber-only plan deductible ³	\$1,600	\$3,200
Deductible per family ⁴	\$3,200	\$6,400
Subscriber-only plan out-of-pocket max ³	\$6,550	\$13,100
Out-of-pocket max per family ⁴	\$13,100	\$26,200
Embedded per member out-of-pocket max	\$6,550	\$13,100
Preventive care		
Moda 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	Synergy/Summit Network = \$0 ¹ Connexus Network = \$4 ¹	

¹ Deductible waived. All amounts reflect member responsibility.

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

³ Individual deductible applies 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.

⁵ Deductible and copayments apply toward the plan-year out-of-pocket maximum.

⁶ 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.

⁷ Benefit is subject to a reference price of \$25,000 on Connexus and applies to the facility charge. This is not applicable to Summit or Synergy.

Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

⁸ 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.

* OEGB 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.

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 prescription program, you can access an open formulary with options under the value, select generic, preferred and nonpreferred 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 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 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.

Synergy/Summit Plan – 2016 Prescription drug plan benefit table¹

	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	N/A
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

Connexus Plan – 2016 Prescription drug plan benefit table⁵

	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	\$4	\$8	N/A
Select generic	\$12	\$24	N/A
Preferred ^{3,4}	25%, up to \$75 max	25%, up to \$150 max	25%, up to \$200 max
Nonpreferred brand name ⁴	50%, up to \$175 max	50%, up to \$450 max	50%, up to \$500 max

¹ Pharmacy expenses in Synergy and Summit Networks accrue toward the medical plan's out-of-pocket max.

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.

⁵ Pharmacy expenses in the Connexus Network accrue toward the medical plan's maximum cost share.

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

Vision plans

Overview *page 24*

Benefit table *page 25*

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.

2016 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% 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.

Dental plans

Overview *page 26*

Networks *page 27*

Benefit table *page 29*

Quality coverage for your smile

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

Moda Health began as ODS in 1955, providing dental plans to folks in the Northwest. In 1966, we were a founding member of the Delta Dental Plans Association. Today, through Delta Dental of Oregon, we're proud to offer affordable, quality Delta Dental plans.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- Filed-fee savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- 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.

Delta Dental networks go where you go

Each OEBO Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state, and the country.

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

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

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.



2016 Dental plan benefit table

	Plan 1 ²	Plan 2 ²	Plan 3 ²	Plan 4 ³	Plan 6 ³
	In-network, you pay				
Plan-year costs					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200
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%
Other services					
Occlusal guards (night guards) ⁴	50%	50%	50%	50%	50%
Orthodontic services^{1,5}					
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 \$150 maximum, once every five years.
⁵ 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.

Glossary

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

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, 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 – Connexus plans

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.

Out-of-pocket maximum – Synergy and Summit plans

The most you pay in a plan year for covered medical and pharmacy services before benefits are paid in full. Once you meet your out-of-pocket maximum, the plan covers eligible medical and pharmacy expenses at 100 percent. The out-of-pocket maximum includes medical deductibles, coinsurance and copays. It does not include ACT copays, disallowed charges or balance billing amounts for out-of-network providers.

Preferred provider

A provider contracted within a health network to provide care. By choosing a preferred provider, your out-of-pocket expenses will be less than if you choose a provider 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.

To find even more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit modahealth.com/oebb.

Questions?

We're here to help. Just email 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.

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Delta Dental of Oregon & Alaska